

Policy Name:	Ryplazim (plasminogen, human)	Policy#:	3255P
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for Ryplazim (plasminogen, human)

Statement of the Policy

Health Alliance Medical Plans will approve the use of Ryplazim (plasminogen, human) under the specialty medical benefit if the following criteria are met.

Criteria

1. Coverage Criteria

- 1.1 Documented diagnosis of plasminogen deficiency Type I (hypoplasminogenemia)
- 1.2 Documentation of symptomatic internal or external lesions (area of damaged tissue in soft areas such as lungs, eyes, ears, etc)
- 1.3 Documentation of baseline plasminogen activity level $\leq 45\%$ of laboratory standard
- 1.4 Prescribed by or in consultation with a hematologist (blood doctor)
- 1.5 Age 11 months or older
- 1.6 Documentation patient has completed (or at least started) vaccine series for hepatitis A and B
- 1.7 Review for coverage performed by both a pharmacist and medical director

2. Approval Period

- 2.1 Initial: 42 visits over 12 months (dosed every 2 days for 12 weeks)
- 2.2 Reauthorization: 42 visits over 12 months with documentation of the following:
 - Documented increase in plasminogen activity from baseline
 - Documented improvement in symptomatic lesions

CPT Codes

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HCPCS Codes

J2998	Injection, plasminogen, human-tvmh, 1 mg
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References

1. Ryplazim (plasminogen human-tvmh) [prescribing information]. Fort Lee, NJ: Prometic Biotherapeutics Inc; June 2023.
2. Shapiro AD, Nakar C, Parker JM, et al. Plasminogen replacement therapy for the treatment of children and adults with congenital plasminogen deficiency. *Blood*. 2018;131(12):1301-1310.
3. Celkan T. Plasminogen deficiency. *J Thromb Thrombolysis*. 2017;43(1):132-138.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.