



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

PLASMINOGEN

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
PLASMINOGEN HUMAN-TVMH	RYPLAZIM	47437		GPI-10 (8540005070)	

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of plasminogen deficiency type 1 (hypoplasminogenemia)?

If yes, **approve for 12 months by HICL or GPI-10.**

If no, do not approve.

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **PLASMINOGEN (Ryplazim)** requires the following rule(s) be met for approval:

- A. You have a diagnosis of plasminogen deficiency type 1 (hypoplasminogenemia: a type of genetic condition)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Ryplazim.

**REFERENCES**

- Ryplazim [Prescribing Information]. Laval, Quebec, Canada: Prometic Bioproduction, Inc.; June 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/01/22

Created: 01/22

Client Approval: 02/22

P&T Approval: 01/22