Mass General Brigham
Health Plan

Tryngolza (olezarsen)
Effective 08/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Tryngolza (olezarsen) is an APOC-III-directed antisense oligonucleotide (ASO) indicated as an adjunct to diet to reduce triglycerides in adults with familial chylomicronemia syndrome (FCS).

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted when all of the following criteria are met:
1. Diagnosis of familial chylomicronemia syndrome (FCS)
2. Member is 18 years of age or older
3. Requested medication is prescribed by or in consultation with one of the following: cardiologist, gastroenterologist, lipid specialist (lipidologist), endocrinologist
4. Baseline fasting triglyceride levels ≥ 880 mg/dL prior to initiating treatment with the requested medication
5. Requested medication will be used in conjunction with a low-fat diet (≤ 20 grams fat/day)

Continuation of Therapy
Requests for reauthorization will be approved when the following criteria are met:
1. Documentation demonstrating member has had a positive response to therapy (e.g., reduction in triglyceride levels)

Limitations
1. Initial approvals will be granted for 6 months.
2. Reauthorization approvals will be granted for 12 months.

3. The following quantity limitations apply:

Drug Name	Quantity Limitation
Tryngolza	1 injection per 28 days

References

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2. Bergmark BA, Marston NA, Prohaska TA, et al. Olezarsen for hypertriglyceridemia in patients at high cardiovascular risk. *N Engl J Med*. 2024;390(19):1770-1780. doi: 10.1056/NEJMoa2402309. Epub 2024 Apr 7.
3. Chait A. Multifactorial chylomicronemia syndrome. *Curr Opin Endocrinol Diabetes Obes*. 2024;31(2):78-83. doi: 10.1097/MED.0000000000000846.
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5. Christian JB. Bourgeois N, Snipes R, Lowe KA. Prevalence of severe (500 to 2,000 mg/dl) hypertriglyceridemia in United States adults. *Am J Cardiol*. 2011;107(6):891-897. doi: 10.1016/j.amjcard.2010.11.008. Epub 2011 Jan 19.
6. Davidson M, Stevenson M, Hsieh A, et al. The burden of familial chylomicronemia syndrome: Results from the global IN-FOCUS study. *J Clin Lipidol*. 2018;12(4):898-907.e2. doi: 10.1016/j.jacl.2018.04.009. Epub 2018 Apr 26.
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11. Hooper AJ, Bell DA, Burnett JA. Olezarsen, a liver-directed APOC3 ASO therapy for hypertriglyceridemia. *Expert Opin Pharmacother*. 2024;25(14):1861-1866. doi: 10.1080/14656566.2024.2408369.
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13. Stroes ESG, Alexander VJ, Karwatowska-Prokopczuk E, et al. Olezarsen, acute pancreatitis, and familial chylomicronemia syndrome. *New Engl J Med*. 2024;390(19):1781-1792. doi: 10.1056/NEJMoa2400201. Epub 2024 Apr 7.
14. Tryngolza (olezarsen) [prescribing information]. Carlsbad, CA: Ionis Pharmaceuticals; December 2024.

Review History

05/14/2025 – Created and reviewed at May P&T. Effective 08/01/2025.