

Tryngolza (olezarsen)
Effective 07/01/2026

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange		Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit			
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.			
Contact Information	Medical Benefit	Phone: 833-895-2611	Fax: 888-656-6671	
	Pharmacy Benefit	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

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, 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) (type 1 hyperlipoproteinemia)
2. Member is 18 years of age or older
3. ONE of the following:
 - a. Disease is confirmed by the presence of genetic confirmation of biallelic pathogenic variants in FCS-causing genes (i.e., LPL, GPIHBP1, APOA5, APOC2, or LMF1) as detected by an FDA-approved test or a test performed at a facility approved by Clinical Laboratory Improvement Amendments (CLIA)
 - b. A North American FCS (NAFCS) Score of greater than or equal to 45
 - c. A Moulin score greater than 10
4. BOTH of the following:
 - a. One of the following:
 - i. Member has tried or will receive treatment with standard of care triglyceride lowering therapy (i.e., prescription omega-3 fatty acid [e.g. Lovaza, icosapent ethyl] and a fibrate [e.g., fenofibrate, gemfibrozil])
 - ii. Member has an intolerance to standard of care triglyceride lowering therapy (i.e., prescription omega-3 fatty acid [e.g. Lovaza, icosapent ethyl] and a fibrate [e.g., fenofibrate, gemfibrozil])
 - b. Baseline fasting triglyceride levels are greater than or equal to 880 mg/dL prior to treatment with requested drug
5. Requested medication is prescribed by or in consultation with one of the following:
 - a. Cardiologist

- b. Gastroenterologist
 - c. Lipid specialist (lipidologist)
 - d. Endocrinologist
6. Requested medication will be used in conjunction with a low-fat diet
 7. Requested medication will not be used in combination with Redemlo (plozasiran)

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Submission of medical records (e.g., chart notes) demonstrating member has had a positive response to therapy (e.g., reduction in triglyceride levels)
2. Requested medication will not be used in combination with Redemlo (plozasiran)

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 and Dosage Form	Quantity Limitation
Tryngolza autoinjector	1 injection per 28 days

References

1. Baass A, Paquette M, Bernard S, Hegele RA. Familial chylomicronemia syndrome: an under-recognized cause of severe hypertriglyceridaemia. *J Intern Med.* 2020;287(4):340-348. doi: 10.1111/joim.13016. Epub 2020 Jan 8.
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.
4. Chait A, Eckel RH. The chylomicronemia syndrome is most often multifactorial: A narrative review of causes and treatment. *Ann Intern Med.* 2019;170(9):626-634. doi: 10.7326/M19-0203.
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.
7. Falko JM. Familial chylomicronemia syndrome: A clinical guide for endocrinologists. *Endocr Pract.* 2018;24(8):756-763. doi: 10.4158/EP-2018-0157.
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9. Hegele RA, Borén J, Ginsberg HN, et al. Rare dyslipidaemias, from phenotype to genotype to management: a European Atherosclerosis Society task force consensus statement. *Lancet Diabetes Endocrinol.* 2020;8(1):50-67.



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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.
12. Newman CB, Blaha MJ, Boord JB, et al. Lipid management in patients with endocrine disorders: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2020;105(12):dgaa674.
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; September 2025.

Review History

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

04/15/2026 – Reviewed and updated at April P&T. Updating language for members who are new to the Plan. Adding diagnostic criteria for FCS and requiring trial and failure with standard of care TG-lowering therapy. Updating initial and reauthorization criteria to require that Tryngolza will not be used in combination with Redempro. Updating verbiage in reauthorization criteria from “documentation” to “submission of medical records (e.g., chart notes).” Effective 07/01/2026.

