Policy and Procedure	
PHARMACY PRIOR AUTHORIZATION POLICY AND CRITERIA ORPTCCAR047.0226	**CARDIOVASCULAR AGENTS** **REDEMPLO** (plozasiran injection) **TRYNGOLZA** (olezarsen injection)
Effective Date: 4/1/2026	**Review/Revised Date**: 02/26 (JEF)
Original Effective Date: 06/25	**P&T Committee Meeting Date**: 04/25, 02/26
Approved by: Oregon Region Pharmacy and Therapeutics Committee	

SCOPE:
Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as "Company" and collectively as "Companies").

APPLIES TO:
Commercial
Medicaid

POLICY CRITERIA:

COVERED USES:
All Food and Drug Administration (FDA)-Approved Indications

REQUIRED MEDICAL INFORMATION:
For initial authorization, the following must be met:
1. Diagnosis of familial chylomicronemia syndrome (FCS) confirmed by one of the following (a or b):
    a. Genetic testing
    b. Both of the following (i. and ii.):
        i. History of at least three triglyceride measurements over 1000 mg/dL (over 11.3 mmol/L), and
        ii. Previous episode in the past year of acute pancreatitis not caused by alcohol or cholelithiasis
2. For Tryngolza only: documented trial, failure, intolerance, or contraindication to plozasiran (Redemplo)

For reauthorization, must have documentation of benefit (such as a reduction in episodes of acute pancreatitis)

EXCLUSION CRITERIA: N/A

AGE RESTRICTIONS:
Age must be appropriate based on FDA-approved indication

PRESCRIBER RESTRICTIONS:
Must be prescribed by, or in consultation with, a specialist experienced in the treatment of familial chylomicronemia syndrome (FCS)

COVERAGE DURATION:
Initial authorization will be approved for six months. Reauthorization will be approved for one year.

QUANTITY LIMIT:
Redemplo: One syringe (0.5 mL) every 90 days
Tryngolza: One injector (0.8 mL) per 28 days

Requests for indications that were approved by the FDA within the previous six (6) months may not have been reviewed by the health plan for safety and effectiveness and inclusion on this policy document. These requests will be reviewed using the New Drug and or Indication Awaiting P&T Review; Prior Authorization Request ORPTCOPS047

Requests for a non-FDA approved (off-label) indication requires the proposed indication be listed in either the American Hospital Formulary System (AHFS), Drugdex, or the National Comprehensive Cancer Network (NCCN) and is considered subject to evaluation of the prescriber's medical rationale, formulary alternatives, the available published evidence-based research and whether the proposed use is determined to be experimental/investigational.

Coverage for Medicaid is limited to a condition that has been designated a covered line item number by the Oregon Health Services Commission listed on the Prioritized List of Health Care Services.

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case

INTRODUCTION:
Olezarsen is an antisense oligonucleotide (ASO)-GalNAc3 conjugate that binds to apoC-III mRNA leading to mRNA degradation, resulting in a reduction of serum apoC-III protein. Reduction of apoC-III protein leads to increased clearance of plasma triglycerides (TG) and very-low-density lipoprotein (VLDL).

Plozasiran is a siRNA conjugated with GalNAc that degrades the apoC-III mRNA through the RNA interference mechanism resulting in reduced levels of hepatic and serum apoC-III protein. Reduction of apoC-III protein leads to increased clearance of serum triglycerides. Plozasiran is the second FDA-approved treatment for familial chylomicronemia syndrome (FCS).

FDA APPROVED INDICATIONS:

Adjunct to diet to reduce triglycerides in adults with familial chylomicronemia syndrome (FCS)

POSITION STATEMENT:
Familial chylomicronemia syndrome (FCS) is a rare genetic form of severe hypertriglyceridemia which develops due to loss-of-function mutations which disrupt the activity of lipoprotein lipase (LPL). This causes a decrease in the break-down of chylomicrons and a subsequent increase in triglycerides. While FCS can be diagnosed at any age, it is most often diagnosed in children and young adults. Common symptoms include abdominal pain and fatigue however the most serious adverse effect is pancreatitis.[3] Acute pancreatitis has been documented as early at 30 days of age and can lead to multiorgan failure.[4]

The goal of FCS therapy is to reduce the risk of pancreatitis by decreasing the level of triglycerides. Management of FCS has traditionally involved implementation of a very-low-fat diet consisting of less than 20-30 grams of fat per day. Conventional treatments such as omega-3 fatty acids have been found to be minimally effective.[3]

Olezarsen was studied in a phase 3, double-blind, randomized, placebo-control trial of patients at least 18 years of age with FCS and a fasting triglyceride level of at least 880 mg/dL (9.9 mmol per liter). FCS was confirmed by genetic testing for loss-of-function variants. Patients were limited to 20 g of total fat per day with a run in of two weeks if diet was not stable. Patients were randomized 1:1 to receive 80 mg or 50 mg then randomized 2:1 within the two cohorts to receive treatment versus placebo. The co-primary efficacy endpoints were the percent change in fasting triglyceride level from baseline to six months in the 80 mg and 50 mg cohort. Secondary endpoints included the following:

- Percent change in fasting triglyceride level from baseline to 12 months
- Percent change in fasting apolipoprotein C-III, apolipoprotein B-48, and non-high-density lipoprotein cholesterol from baseline to six months and 12 months
- Reduction in fasting triglyceride level of at least 40% and 70% at six months
- Pancreatitis
- Fasting triglyceride level of 880 mg/dL or less and 500 mg/dL or less at six months

Primary endpoint results showed that olezarsen 80 mg every four weeks significantly reduced the level of triglycerides however olezarsen 50 mg did not. As the second primary endpoint was not significant, no differences could be ascertained in the secondary endpoints.

The most common adverse events were abdominal pain and diarrhea however these were not significantly higher than placebo. Of note, by 53 weeks, two episodes

of pancreatitis in two patients occurred in the treatment group while 11 episodes occurred in seven patients in the placebo group.[4]

Plozasiran was FDA approved based of one small (n=75) phase 3 randomized, placebo-controlled, double-blind trial in adult patients with or without genetically confirmed FCS showing a significant decrease in triglyceride levels from baseline to ten months in the treatment group versus placebo (−80% in the 25-mg plozasiran group, −78% in the 50-mg plozasiran group, and −17% in the placebo group ($p<0.001$).[11]

The most common adverse events in the clinical trial were abdominal pain, nasopharyngitis, headache, and nausea. Severe and serious adverse events were less common with plozasiran than with placebo. Hyperglycemia with plozasiran occurred in some patients with prediabetes or diabetes at baseline.[11]

REFERENCE/RESOURCES:

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3. Falko JM. Familial Chylomicronemia Syndrome: A Clinical Guide for Endocrinologists. *Endocr Pract*. 2018;24:756-763.
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5. Redemplo Package insert. Pasadena, CA. Arrowhead Pharmaceuticals, Inc. November 2025.
6. Redemplo In: DRUGDEX® System [Internet database]. Ann Arbor, MI: Merative Micromedex. Updated periodically. Accessed December 17, 2025.
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11. Watts G., Rosenson R., Hegele R., et al. Plozasiran for managing persistent chylomicronemia and pancreatitis risk. *N Engl J*. 2025; 392:127-137. Available at: https://www.nejm.org/doi/full/10.1056/NEJMoa2409368.
12. Plozasiran for treating familial chylomicronaemia syndrome [ID6593]. NICE National Institute for Health and Care Excellence. Available at: https://www.nice.org.uk/guidance/indevelopment/gid-ta11793.