

**Louisiana Medicaid
Plozasiran (Redemplo®)**

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for plozasiran (Redemplo®).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available [HERE](#).

Approval Criteria for Initiation of Therapy

- The recipient is 18 years of age or older on the date of the request; **AND**
- The recipient has a fasting triglyceride level ≥ 880 mg/dL; **AND**
- The recipient has a diagnosis of familial chylomicronemia syndrome (FCS); **AND**
- The recipient has received genetic testing and meets **ONE** of the following:
 - A positive genetic test confirming the diagnosis of FCS; **OR**
 - An indeterminate genetic test and the recipient has **ONE** of the following:
 - Familial chylomicronemia syndrome (FCS) score ≥ 10 ; **OR**
 - North American familial chylomicronemia syndrome (NAFCS) score ≥ 45 ; **OR**
 - History of recurrent abdominal pain or acute pancreatitis; **AND**
- The prescriber **states on the request** that there on no known secondary causes for the recipient’s severe hypertriglyceridemia (sHTG); **AND**
- The prescriber **states on the request** that the requested medication will be used concomitantly with dietary management of FCS, including a low-fat diet.

Approval Criteria for Continuation of Therapy

- The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy with improvement in fasting triglyceride (TG) levels.

Duration of approval for initiation and continuation of therapy: 12 months

References

Hegele RA, Ahmad Z, Ashraf A, et al. Development and validation of clinical criteria to identify familial chylomicronemia syndrome (FCS) in North America. *J Clin Lipidol*. 2024 Nov 12.

Moulin P, Dufour R, Averna M, et al. Identification and diagnosis of patients with familial chylomicronaemia syndrome (FCS): expert panel recommendations and proposal of an “FCS score”. *Atherosclerosis*. 2018;275:265-272.

Redemplo (plozasiran) [package insert]. Pasadena, CA: Arrowhead Pharmaceuticals, Inc; November 2025. <https://arrowheadpharma.com/en-us/redemplo/prescribing-information.pdf>

Revision / Date	Implementation Date
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