

## **Louisiana Medicaid Olezarsen (Tryngolza™)**

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for olezarsen (Tryngolza™).

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  $\geq 880$  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 score  $\geq 10$ ; **OR**
    - North American familial chylomicronemia syndrome score  $\geq 45$ ; **OR**
    - History of recurrent abdominal pain or acute pancreatitis; **AND**
- The medication is prescribed by, or the request states that this medication is being prescribed in consultation with, a cardiologist, an endocrinologist, or a specialist experienced in treatment of FCS; **AND**
- The prescriber **states on the request** that there are 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**

ClinicalTrials.gov. A Study of Olezarsen (Formerly Known as AKCEA-APOCIII-LRx) Administered to Patients With Familial Chylomicronemia Syndrome (FCS) (BALANCE). <https://clinicaltrials.gov/study/NCT04568434>

Geier RR, Tannock LR. Risk of Fasting and Non-Fasting Hypertriglyceridemia in Coronary Vascular Disease and Pancreatitis. [Updated 2022 Jan 10]. In: Feingold KR, Anawalt B, Blackman MR, et al., editors. Endotext [Internet]. South Dartmouth (MA): MDTText.com, Inc.; 2000-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK513129/>

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.

Tryngolza (olezarsen) [package insert]. Carlsbad, CA: Ionis Pharmaceuticals, Inc; December 2024. <https://www.ionis.com/sites/default/files/2024-12/TRYNGOLZA-olezarsen-FPI.pdf>

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