olezarsen (Tryngolza™)

EOCCO POLICY

Policy Type: PA/SP Pharmacy Coverage Policy: EOCCO323

Description

Olezarsen (Tryngolza) is a conjugated antisense oligonucleotide that is administered subcutaneously.

Length of Authorization

- Initial: Six months
- Renewal: 12 months

Quantity Limits

Product Name	Indication	Dosage Form	Quantity Limit
olezarsen (Tryngolza)	Adjunct to diet to reduce triglycerides in adults with familial chylomicronemia syndrome (FCS)	80 mg/0.8 mL autoinjector	0.8 mL/30 days

Initial Evaluation

I. **Olezarsen (Tryngolza)** may be considered medically necessary when the following criteria are met:
   A. Member is 18 years of age or older; **AND**
   B. Medication is prescribed by, or in consultation with, a cardiologist, endocrinologist, or provider that specializes in the treatment of lipid disorders (e.g., lipidologist); **AND**
   C. A diagnosis of **familial chylomicronemia syndrome (FCS)** when the following are met:
      1. Documentation of biallelic pathogenic variants in at least one gene causing familial chylomicronemia syndrome (FCS) (e.g., LPL, GP1HBP1, APOA5, APOC2, or LMF1); **AND**
      2. Documentation member has a fasting triglyceride level greater than, or equal to, 880 mg/dL; **AND**
      3. Provider attestation member has a history of pancreatitis; **AND**
   D. Provider attestation that the use of traditional lipid lowering medications (e.g., statin, fibrate, omega-3 fatty acid, etc.) has been ineffective in lowering fasting triglyceride level; **AND**
   E. Provider attestation olezarsen (Tryngolza) will be used in combination with a low-fat diet (i.e., no more than 20 g of total fat per day)

II. Olezarsen (Tryngolza) is considered investigational when used for all other conditions, including but not limited to:
   A. Hypertriglyceridemia

Renewal Evaluation

I. Member has received a previous prior authorization approval for this agent through this health plan or has been established on therapy from a previous health plan; **AND**
II. Member is not continuing therapy based off being established on therapy through samples, manufacturer coupons, or otherwise. If they have, initial policy criteria must be met for the member to qualify for renewal evaluation through this health plan; **AND**
III. Documentation member has exhibited a reduction in fasting triglyceride level from baseline; **AND**
IV. Provider attestation medication will be used in combination with a low-fat diet (i.e., no more than 20 g of fat per day)

Supporting Evidence

I. Familial chylomicronemia syndrome (FCS) is a rare genetic disorder characterized by the body's inability to efficiently break down triglycerides due to a lack of functional lipoprotein lipase (LPL), leading to extremely elevated serum triglyceride levels. Diagnosis is confirmed by genetic testing showing the presence of biallelic pathogenic variants FCS-causing genes (e.g., LPL, GP1HBP1, APOA5, APOC2, or LMF1). Symptoms of FCS include frequent abdominal pain, episodes of acute pancreatitis, nausea/vomiting, and presence of xanthomas and/or lipemia retinalis. Traditional medications used to lower triglycerides are often ineffective in this population. Currently, FCS is managed through dietary intake (less than 20 g of fat intake daily) and other lifestyle interventions (e.g., exercise, avoidance of alcohol, etc.). Olezarsen (Tryngolza) is the first FDA-approved product for the treatment of FCS. The goal of treatment is to reduce the risk of acute pancreatitis and avoid long-term organ damage associated with it. There is no specific fasting triglyceride goal for this population of patients. Some literature suggests a goal <750-880 mg/dL is thought to reduce the risk of acute pancreatitis, but there is no consensus on this threshold.
II. Olezarsen (Tryngolza) is indicated as an adjunct to diet to reduce triglycerides in adults with familial chylomicronemia syndrome (FCS). The pivotal trial that evaluated the safety and efficacy of olezarsen (Tryngolza) required participants to be 18 years of age or older. Safety and efficacy has not been established in pediatric patients.
III. Given the rarity and complexity of FCS, diagnosis and management should be directed by a specialist such as a cardiologist, endocrinologist, or provider that specializes in the treatment of lipid disorders.
IV. The study population in the Balance study, the pivotal clinical trial that evaluated the safety and efficacy of olezarsen (Tryngolza), were diagnosed with familial chylomicronemia syndrome. Diagnosis was confirmed with documentation of biallelic pathogenic variants in FCS-causing genes (e.g., LPL, GP1HBP1, APOA5, APOC2, or LMF1). Additionally, study participants were

required to have fasting triglyceride levels ≥880 mg/dL and a history of pancreatitis (including episodes of acute pancreatitis). There have been US-based studies conducted to estimate the prevalence of FCS and most of those studies utilized a fasting triglyceride level of at least 880 mg/dL as one of the requirements for diagnosis. This population is at higher risk of experiencing acute pancreatitis compared to other populations with elevated fasting triglyceride levels.

V. Although traditional lipid-lowering medications (e.g., statin, omega-3 fatty acid, fibrate, etc.) are normally ineffective in this population of patients, some triglyceride lowering may be exhibited depending on the patient. Traditional lipid-lowering medications are deemed ineffective if they do not lower triglyceride levels by at least 20%.

VI. There are no established formal treatment guidelines for the management of FCS. Current standard of care involves lifestyle modifications such as implementing a low-fat diet (e.g., less than 20 g of fat intake daily) and avoiding alcohol consumption and medications known to increase triglyceride levels (e.g., thiazide diuretics, beta-blockers, second-generation antipsychotics, corticosteroids, exogenous estrogen, etc.).

Investigational or Not Medically Necessary Uses

I. Olezarsen (Tryngolza) has not been FDA-approved, or sufficiently studied for safety and efficacy for the conditions or settings listed below:
   A. Hypertriglyceridemia
      i. Olezarsen (Tryngolza) is currently under investigation for the treatment of severe hypertriglyceridemia, and hypertriglyceridemia with atherosclerotic cardiovascular disease. There are multiple trials recruiting, currently active or completed with results yet to be posted. Requests for this indication are considered experimental and investigational at this time.

References

1. Tryngolza. Package insert. Ionis Pharmaceuticals, Inc.; December 2024
2. Tryngolza Product Dossier. Ionis Pharmaceuticals, Inc. January 2025.
3. Stroes ESG, Alexander VJ, Karwatowska-Prokopczuk E, et al. Olezarsen, Acute Pancreatitis, and Familial Chylomicronemia Syndrome. N Engl J Med. 2024;390(19):1781-1792. doi:10.1056/NEJMoa2400201
4. Virani SS, Morris PB, Agarwala A, et al. 2021 ACC Expert Consensus Decision Pathway on the Management of ASCVD Risk Reduction in Patients With Persistent Hypertriglyceridemia: A Report of the American College of Cardiology Solution Set Oversight Committee. *J Am Coll Cardiol*. 2021;78(9):960-993. doi:10.1016/j.jacc.2021.06.011
5. Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ ASPC/NLA/PCNA guideline on the management of blood cholesterol: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. J Am Coll Cardiol. 2019;73: e285–e350.

Related Policies

Currently there are no related policies.

Policy Implementation/Update:

Action and Summary of Changes	Date
Policy created	05/2024