BlueCross BlueShield Federal Employee Program

TRYNGOLZA
PRIOR APPROVAL REQUEST

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn. Clinical Services
Fax: 1-877-378-4727

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Patient Information (required)			**Provider Information (required)**		
Date:			Provider Name:		
Patient Name:			Specialty:	NPI:	
Date of Birth:	Sex: ❑Male ❑Female		Office Phone:	Office Fax:	
Street Address:			Office Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Patient ID: **R**			Physician Signature:		
PHYSICIAN COMPLETES					

Tryngolza
(olezarsen)

****Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit**

NOTE: Form must be completed in its **entirety** for processing

Is this request for brand or generic? ❑Brand ❑Generic

1. Will the patient need more than 3 autoinjectors per 80 days? ❑Yes***** ❑No
   If YES, please specify the requested quantity: _____ autoinjectors per 84 days
2. Does the patient have a diagnosis of familial chylomicronemia syndrome (FCS)? ❑Yes ❑No*
   If NO, please specify the diagnosis: _____
3. Will this medication be used in combination with a low-fat diet (less than or equal to 20g of fat per day)? ❑Yes ❑No
4. Has the patient been on this medication continuously for the last **6 months** excluding samples? ***Please select answer below:***

   ❑**NO** – this is **INITIATION** of therapy, please answer the following questions:
   a. Has the diagnosis been confirmed by genetic testing documenting biallelic pathogenic variants in FCS-causing genes (e.g., LPL, GPIHBP1, APOA5, APO2, LMF1, GPD1, CREB3L3)? ❑Yes ❑No
   b. Does that patient have documented fasting triglyceride (TG) levels greater than or equal to 880 mg/dL? ❑Yes ❑No

   ❑**YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the following question:
   a. Has there been a reduction in fasting triglycerides from baseline? ❑Yes ❑No

