Tryngolza®
(olezarsen) injection

Getting Your Patients Started With TRYNGOLZA® (olezarsen)

Now that you have decided to prescribe TRYNGOLZA, use this guide to help you complete the prescription process, understand support offered by Ionis Every Step™, learn how patients can enroll, and track key steps to getting them started with treatment.

Support to help your patients take control

IONIS EVERY STEP SUPPORT SERVICES

Ionis Every Step offers a broad range of support to help your patients at every step of their TRYNGOLZA treatment journey.

Access Support From Our Pharmacy Partners
Assistance with managing prior authorization requests and appeal submissions

Coverage and Affordability Programs
Programs to help eligible patients with out-of-pocket costs and access to TRYNGOLZA, regardless of insurance type*

Support to Start and Stay on Treatment
Ongoing support throughout treatment, such as injection training, regular check-ins, and connecting patients with an extra level of support, if needed

Patient Education and Engagement
Continued access to digital resources to help patients take control of their health, reach their treatment goals, and confidently administer TRYNGOLZA

Encourage patients to sign up today at TRYNGOLZA.com/Enroll, or for additional support, they can call 1-844-789-8744 (select option 2), Monday to Friday, 8 AM to 8 PM ET

*Subject to program terms, conditions, and limits. Ionis Every Step consent is required for participation in all Ionis Every Step coverage and affordability programs.

Completing the Prescription Process

TRYNGOLZA can be prescribed using 1 of the 2 following options

Electronically through your EHR

e-Prescribe TRYNGOLZA through your electronic health record (EHR) system to an in-network pharmacy listed below

Include documented diagnosis and ICD-10-CM code

OR

Fax the completed Start Form

Download the TRYNGOLZA Start Form at **TRYNGOLZAhcp.com** or use the **Tear Pad** from your Account Specialist, then **fax** the completed form to an in-network pharmacy listed below

Complete all required sections, including signatures

TRYNGOLZA is available through a select pharmacy network

Use of a specific pharmacy may be required by some insurance plans or pharmacy benefit managers (PBMs), so it is important to confirm with the patient's plan prior to sending the prescription

Pharmacy	Accredo	BlinkRx	CVS Specialty	Optum Specialty Pharmacy
Phone number	1-844-516-3319	1-844-926-2480	1-800-237-2767	1-855-427-4682
Fax number	1-888-302-1028	1-866-585-4631	1-800-323-2445	1-877-342-4596
Website	accredo.com/prescribers	blinkrx.com/providers	cvsspecialty.com	specialty.optumrx.com
Common payer/ PBM affiliations	• Cigna • Express Scripts • Prime Therapeutics	• Independent health plans	• Aetna • CVS Health	• Optum Rx • UnitedHealthcare

Prescription Checklist

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Whether you e-Prescribe or use the TRYNGOLZA Start Form, including the following information and documentation with the prescription may help minimize treatment delays:

- ☐ **Copies of the front and back of the patient's insurance card(s)**
- ☐ **Patient information, such as age and diet**
- ☐ **Documented diagnosis and ICD-10-CM code**

  Potential ICD-10-CM diagnosis codes include:

  - E78.1 (pure hyperglyceridemia)
  - E78.2 (mixed hyperlipidemia)
  - E78.3 (hyperchylomicronemia)
  - E78.4 (other hyperlipidemia)

- ☐ **Supporting clinical documentation**

  - Fasting triglyceride levels (current and historical)
  - Previous or current therapies, as well as response and/or reason for discontinuation
  - Medical history, including previous acute pancreatitis events
  - Prescribed by, or in consultation with, a specialist

After sending the prescription using your preferred prescribing method, the pharmacy will send your office **a PA request electronically through CoverMyMeds® or via fax.**

The pharmacy will provide plan-specific forms to your office. Although they will initiate this request, it is important you complete the form, verify that your patient meets the plan-specific coverage criteria, and submit the request through CoverMyMeds in a timely manner.

Visit TRYNGOLZAhcp.com to download helpful resources as you get your patients started on treatment.

For more information about how our pharmacy partners can support your office, call the TRYNGOLZA Support Center at 1-844-789-8744 (select option 1), Monday to Friday, 8 AM to 8 PM ET.

EHR=electronic health record; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification.

Getting Your Patients Started

Use this checklist to keep track of key steps and get your patients started on TRYNGOLZA as quickly as possible.

1 Send the TRYNGOLZA prescription to an in-network pharmacy and encourage your patient to enroll in Ionis Every Step

- [ ] e-Prescribe through your EHR or fax the completed TRYNGOLZA Start Form to an in-network pharmacy

If utilizing the TRYNGOLZA Start Form:

- Save time—prepopulate "Prescriber Information" and keep this form on your computer
- Ensure your patient signs the **Patient Consent and Support Programs Enrollment** section, or direct them to **TRYNGOLZA.com/Enroll** to provide consent online
- Leave the "What to Expect" page with your patient for next steps

- [ ] **Send documentation** (eg, diagnosis, relevant lab results, previous therapies) along with the prescription to help minimize delays
- [ ] Encourage your patient to save their pharmacy's number in their phone so they are able to confirm delivery details

2 Work with your patient's pharmacy to manage coverage for TRYNGOLZA

Our pharmacy partners will provide plan-specific forms and can direct you to resources to support the PA and appeals processes.

Submitting PA requests:

- [ ] The pharmacy will send the request through CoverMyMeds or fax for you to complete
- [ ] Submit the PA request to the insurance plan in a timely manner

Submitting appeals if coverage is denied:

- [ ] Submit a copy of the denial letter to the pharmacy; they can help you navigate next steps
- [ ] Set up a peer-to-peer review or file a formal appeal; submission package should include a Letter of Appeal and relevant clinical documentation

3 Monitor your patient as they continue to take TRYNGOLZA

- [ ] **Document the length of initial approval** and when reauthorization is needed
- [ ] Collect relevant clinical documentation, and **submit the reauthorization package**

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