

Plozasiran (REDEMPLO) Injection for Familial Chylomicronemia Syndrome Criteria for Use March 2026

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National PBM-MAP-VPE Monograph on this drug at the [PBM INTRAnet](#) site for further information.

Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive Plozasiran.

None

Inclusion Criteria

All of the following criteria must be met.

- Provider is a VA or VA Community Care Cardiologist, Endocrinologist, or designated lipid expert with experience in managing familial lipid disorders.
- Patient with a genetically confirmed diagnosis of familial chylomicronemia syndrome (FCS).
- Patient commits to adhering to a fat restricted diet of <20 grams/day.

Because of the availability of effective triglyceride lowering medications (e.g., fibrates, niacin and FDA approved fish oil products), no FDA approved indication, and unknown long-term safety of plozasiran, patients with severe hypertriglyceridemia due to multifactorial chylomicronemia syndrome (MCS) or other causes, including secondary causes, or mixed hyperlipidemia are not candidates for plozasiran.

Additional Inclusion Criteria

- For patients who can become pregnant: Counseling provided on potential risks vs benefits of treatment and the use of effective contraception during therapy.

Revised: N/A

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