UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2021 P 1330-2
Program	Prior Authorization/Notification
Medication	Dojolvi™ (triheptanoin)
P&T Approval Date	10/2020, 10/2021
Effective Date	2/1/2022; Oxford only: N/A

1. Background:

Dojolvi™ (triheptanoin) is a medium-chain triglyceride indicated as a source of calories and fatty acids for the treatment of pediatric and adult patients with molecularly confirmed long-chain fatty acid oxidation disorders (LC-FAOD).

Coverage will be provided for members who meet the following criteria.

2. Coverage Criteria:

A. Initial Authorization

1. Dojolvi will be approved based on **ALL** of the following criteria:

a. Diagnosis of long-chain fatty acid oxidation disorders (LC-FAOD)

- AND -

b. Disease has been molecularly confirmed (i.e., genetic testing)

- AND -

c. Patient is not receiving Dojolvi in combination with any other medium-chain triglyceride (MCT) products

Authorization will be issued for 6 months.

B. Reauthorization

1. **Dojolvi** will be approved based on all the following criteria:

a. Documentation of positive clinical response to Dojolvi therapy

- AND -

b. Patient is not receiving Dojolvi in combination with any other medium-chain

triglyceride (MCT) products

Authorization will be issued for 12 months.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits and/or Medical Necessity may be in place.

4. References:

1. Dojolvi [package insert]. Novato, CA: Ultragenyx Pharmaceutical, Inc.; September 2020.

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Change Control	
10/2020	New program
10/2021	Annual review with no change to clinical coverage criteria. Updated reference.