

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1330-6
Program	Prior Authorization/Notification
Medication	Dojolvi® (triheptanoin)
P&T Approval Date	10/2020, 10/2021, 10/2022, 10/2023, 5/2024, 5/2025
Effective Date	8/1/2025

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:**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 12 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.

^a State mandates may apply. Any federal regulatory requirements and the member specific

benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

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.; October 2023.

Program	Prior Authorization/Notification - Dojolvi® (triheptanoin)
Change Control	
10/2020	New program
10/2021	Annual review with no change to clinical coverage criteria. Updated reference.
10/2022	Annual review with no change to clinical coverage criteria. Updated reference. Added state mandate footnote.
10/2023	Annual review with no change to clinical coverage criteria.
5/2024	Revised initial authorization to 12 months. Updated reference.
5/2025	Annual review with no change to clinical coverage criteria.