UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2026 P 1330-7
Program	Prior Authorization/Notification
Medication	Dojolvi® (triheptanoin)
P&T Approval Date	10/2020, 10/2021, 10/2022, 10/2023, 5/2024, 5/2025, 5/2026
Effective Date	8/1/2026

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

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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.
5/2026	Annual review with no change to clinical coverage criteria.

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