

Clinical Policy: Triheptanoin (Dojolvi)

Reference Number: ERX.SPA.412

Effective Date: 12.01.20

Last Review Date: 11.22

Line of Business: Commercial, Medicaid

[Revision Log](#)

See **Important Reminder** at the end of this policy for important regulatory and legal information.

Description

Triheptanoin (Dojolvi[™]) is medium-chain triglyceride.

FDA Approved Indication(s)

Dojolvi is 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).

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions[™] that Dojolvi is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Long-Chain Fatty Acid Oxidation Disorders (must meet all):

1. Diagnosis of a LC-FAOD (*see Appendix D*);
2. Prescribed by or in consultation with an endocrinologist, geneticist, or metabolic disease specialist;
3. Member has gene mutation(s) associated with LC-FAOD (*see Appendix D for examples*);
4. Medical justification supports the inability to use medium-chain triglyceride (MCT) oil (e.g., contraindications to excipients in MCT oil brands);
5. Documentation of member's daily caloric intake (DCI);
6. Dose does not exceed 35% of the member's DCI (*see Appendix D*).

Approval duration: 6 months

B. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Long-Chain Fatty Acid Oxidation Disorders (must meet all):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
2. Member is responding positively to therapy (*see Appendix E*);
3. If request is for a dose increase, new dose does not exceed 35% of the member's DCI (*see Appendix D*).

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.

Approval duration: Duration of request or 6 months (whichever is less); or

2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

DCI: daily caloric intake

FDA: Food and Drug Administration

LC-FAOD: long-chain fatty acid oxidation disorders

MCT: medium-chain triglycerides

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria.

The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
MCT oil	0.5 g/kg/day in three divided doses, which can be gradually increased to 1.0 to 1.5 g/kg per day	Varies

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings

None reported

Appendix D: General Information

- LC-FAOD examples and associated genetic mutation locations:

LC-FAOD examples	Associated Genes
trifunctional protein deficiency (TFPD)	HADHA, HADHB
long-chain 3-hydroxyacyl CoA dehydrogenase deficiency (LCHADD)	HADHA
very long-chain acyl CoA dehydrogenase deficiency (VLCADD)	ACADVL
carnitine palmitoyltransferase-1 or 2 deficiency (CPT1/2D)	CPT1A, CPT2
carnitine-acylcarnitine translocase deficiency (CACTD)	SLC25A20

- Dosage calculation:

- Caloric value of Dojolvi = 8.3 kcal/mL
- Round the total daily dosage to the nearest whole number
- Total Daily Dose (___ mL) = $\frac{\text{Patient's DCI (\# kcal) x Target \# \% dose of DCI}}{8.3 \text{ kcal/mL of Dojolvi}}$

Appendix E: Response to Therapy

- In adults, examples may include but are not limited to a reduced incidence of muscle myalgias, rhabdomyolysis, exercise intolerance, hypoglycemia, or vomiting and dehydration precipitated by infections.
- In pediatrics, early treatment may not prevent symptomatology. Positive response can be demonstrated by continued tolerance to Dojolvi administration.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
LC-FAOD	Target daily dosage of Dojolvi is up to 35% of the patient's total prescribed DCI divided into at least four doses and administered at mealtimes or with snacks	35% of patient's DCI

VI. Product Availability

Oral liquid: 500 mL (100% w/w of triheptanoin)

VII. References

1. Dojolvi Prescribing Information. Novato, CA: Ultragenyx Pharmaceutical Inc. November 2021. Available at: <https://www.ultragenyx.com/wp-content/uploads/2021/11/DOJOLVI-USPI.pdf#page=1>. Accessed July 29, 2022.
2. Gillingham MB, Heitner SB, Martin J, et al. Triheptanoin versus trioctanoin for long-chain fatty acid oxidation disorders: a double blinded, randomized controlled trial. *J Inherit Metab Dis*. 2017;40(6):831-843.
3. Yamada K and Taketani T. Management and diagnosis of mitochondrial fatty acid oxidation disorders: focus on very-long-chain acyl-CoA dehydrogenase deficiency. *Journal of Human Genetics* 2019; 64:73-85.
4. Merrit JL 3rd, Norris M, and Kanungo S. Fatty Acid Oxidation Disorders. *Ann Transl Med* 2018; 6(24):473.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	08.18.20	11.20
4Q 2021 annual review: no significant changes; references reviewed and updated.	07.15.21	11.21
4Q 2022 annual review: no significant changes; references reviewed and updated.	08.01.22	11.22

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

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