STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Services
Prior Authorization Criteria
Dojolvi® (triheptanoin)
Effective 5/26/2021

Prior Authorization Request Form

Dojolvi *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).*

CRITERIA FOR APROVAL:

1. Patient has confirmed diagnosis of long-chain fatty acid oxidation disorders (LC-FAOD); **AND**

2. Dojolvi must be prescribed by a clinical specialist knowledgeable in appropriate disease-related dietary management; **AND**

3. Patient will NOT receive an additional medium chain triglyceride while taking Dojolvi; **AND**

4. The target recommended daily dosage does not exceed 35% of the patient's total prescribed daily caloric intake (DCI).

Approval Duration:

Initial approval will be for 6 months. Continuation of therapy will be granted for 12 months.

Criteria for reauthorization:

1. Patient must continue to meet initial approval criteria; **AND**
2. Demonstrate continued documented compliance; **AND**
3. Documentation of positive clinical response and/or stabilization to Dojolvi therapy must be provided (such as cardiac function, exercise tolerance, reduction in major clinical events, including hospitalization, decreased incidence of rhabdomyolysis, hypoglycemia, etc.)

References:

1.) Dojolvi Package Insert
2.) Lexi-Comp Clinical Application 5/2021
3.) UptoDate article: Overview of fatty acid oxidation disorders accessed on 5/1/2021

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DUR Board Approval: 5/26/2021