

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Dojolvi (triheptanoin)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Dojolvi (triheptanoin)

APPROVAL CRITERIA

Requests for Dojolvi (triheptanoin) may be approved if the following criterion is met:

- I. Individual has a molecularly confirmed diagnosis of long-chain fatty acid oxidation disorder (LC-FAOD).

Dojolvi (triheptanoin) may not be approved for the following:

- I. Concomitant use with another medium-chain triglyceride (MCT) agent; **OR**
- II. Individual with pancreatic insufficiency.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.

CRX-ALL-0585-20

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New Program Date 08/26/2020

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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