Clinical Policy: Triheptanoin (Dojolvi)

Reference Number: CP.PHAR.509
Effective Date: 12.01.20
Last Review Date: 11.21
Line of Business: Commercial, HIM, Medicaid

Coding Implications
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.

It is the policy of health plans affiliated with Centene Corporation® 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 the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace, and CP.PMN.53 for Medicaid.

II. Continued Therapy

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

1. Currently receiving medication via Centene benefit 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 Centene benefit and documentation supports positive response to therapy.
   Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace, and CP.PMN.53 for Medicaid.

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 policies – CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace, and CP.PMN.53 for Medicaid 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 for all relevant lines of business 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) = $\frac{\text{Patient's DCI (\# kcal) x Target \# \% dose of DCI}}{\text{8.3 kcal/mL of Dojolvi}}$

Appendix E: Response to Therapy

- In adults, examples may include but are not limited to a reduced incidence of muscle myalgias, rhabdomyolysis, exercise intolerance, cardiac symptoms, hypoglycemia, hepatomegaly symptoms, 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. September 2020. Available at: https://www.ultragenyx.com/medicines/dojolvi-full-prescribing-information/. Accessed July 14, 2021.
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 for HIM line of business off-label use revised from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.	07.15.21	11.21

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. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. 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. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note:
For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.