HEALTHY U CHIP

PRIOR AUTHORIZATION REQUEST FORM
DOJOLVI™

For authorization, please answer each question and fax this form PLUS chart notes back to the Healthy U CHIP Prior Authorization Department at 385-425-4052.

Failure to submit clinical documentation to support this request will result in a dismissal of the request.

If you have prior authorization questions, please call for assistance: 385-425-5094

Disclaimer: Prior Authorization request forms are subject to change in accordance with Federal and State notice requirements.

Date:	Member Name:	ID#:
DOB:	Gender:	Physician:
Office Phone:	Office Fax:	Office Contact:
Height/Weight:		

Member must try formulary preferred drugs before a request for a non-preferred drug may be considered. If treatment with preferred products has not been successful, you must submit which preferred products have been tried, dates of treatment, and reason for failure. Reasons for failure must meet the Health Plan medical necessity criteria.

Product being requested: ☐ Dojolvi™ (triheptanoin)

Dosing/Frequency:_____

If the request is for reauthorization, proceed to reauthorization section.

Questions	Yes	No	Comments/Notes
1. Is the therapy prescribed by, or in consultation with, a metabolic disease specialist or a physician who specializes in the management of long-chain fatty acid oxidation disorders?	☐	☐	
2. Does the member have a molecularly confirmed diagnosis of a long-chain fatty acid oxidation disorder based on 2 of the following: • Disease-specific acylcarnitine elevations on a newborn blood spot or in plasma • Enzyme activity assay (in cultured fibroblasts or lymphocytes) below the lower limit of normal • Genetic testing demonstrating pathogenic mutations in a gene associated long-chain fatty acid oxidation disorders	☐	☐	**Please provide documentation**
3. Has the member tried an over-the-counter medium-chain triglyceride product (e.g. nutraceutical supplements)?	☐	☐	**Please provide documentation**
4. Does the member have a history of a severe or recurrent manifestation of long-chain fatty acid oxidation disorders (i.e., cardiomyopathy, rhabdomyolysis, hypoglycemia)?	☐	☐	**Please provide documentation**
5. Will any other medium-chain triglyceride product(s) be used in combination with Dojolvi™?	☐	☐	
REAUTHORIZATION			
1. Is the request for reauthorization of therapy?	☐	☐	

2. Does updated clinical documentation show disease progression or toxicity to therapy?	☐	☐	**Please provide documentation**

What medications and/or treatment modalities have been tried in the past for this condition? Please document name of treatment, reason for failure, treatment dates, etc.
Additional information:
Physician Signature:

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Policy: PHARM-CHIP-112
Origination Date: 07/01/2024
Reviewed/Revised Date: 01/29/2025
Next Review Date: 01/29/2026
Current Effective Date: 02/01/2025