DOJOLVI™ (triheptanoin) STATE MEDICAID TESTIMONY TALKING POINTS

MRCP-UX007-00129 10/20

Introduction

- On June 30, 2020, DOJOLVI™ (triheptanoin) became the first and only product approved by the US Food and Drug Administration (FDA) to treat long-chain fatty acid oxidation disorders (LC-FAOD), a group of metabolic disorders. It is indicated as a source of calories and fatty acids for the treatment of pediatric and adult patients with molecularly confirmed LC-FAOD[1,2]

Disease Overview

- LC-FAOD are a group of rare, often serious, and life-threatening autosomal recessive genetic disorders. These disorders are a result of disruption of either fatty acid mitochondrial transport or oxidation[3–7]
- Mitochondrial fatty acid oxidation is essential for providing energy during periods of fasting or other types of metabolic stress, such as acute illness, or prolonged exercise when glucose and glycogen stores are low[5,6]
- There are an estimated 2,000-3,500 patients living with LC-FAOD in the United States[8]
  - Approximately 100 babies are born with a confirmed diagnosis of LC-FAOD in the United States per year via state-run newborn screening programs[8,9]
  - LC-FAOD have been a part of newborn screening programs since 2011[8,9]
- Common clinical manifestations may include hypoglycemia, skeletal myopathy, rhabdomyolysis, cardiomyopathy, and encephalopathy[3,4,7]
- The spectrum of severity for LC-FAOD ranges from asymptomatic to frequent major clinical events (MCEs) that are episodic and can require hospitalization, an emergency department visit, or emergency interventions, or even result in sudden death[3,4,7,10–13]

Diagnosis

- Following newborn screening or clinically suspicious symptoms, an acylcarnitine test is used to confirm the diagnosis[14]
- A molecular/genetic test, or in some rare cases a fibroblast test, can be used as a follow-up to confirm a diagnosis[3,5,15]

Disease Management

- The goal of disease management for LC-FAOD is to minimize the risk of metabolic decompensation and clinical manifestations through dietary restrictions, avoidance of fasting, and/or supplementation with medium-chain triglycerides (MCTs)[7,10,13,16–18]
  - All currently available over-the-counter MCT supplements contain only even-chain fatty acids, whereas DOJOLVI is the only odd-chain MCT indicated for use in patients with LC-FAOD[1,19]
- LC-FAOD can be episodic, and many patients with LC-FAOD continue to experience symptoms of variable frequency and severity[3,10–13]
- Despite early detection through newborn screening, as well as early interventions, mortality rates have remained high (2%-29%)[20–22]

DOJOLVI Overview

- DOJOLVI is a highly purified, pharmaceutical-grade, MCT oral liquid consisting of 3 odd-chain, 7-carbon-length fatty acids (heptanoate) that provide a source of calories and fatty acids to bypass LC-FAOD enzyme deficiencies for energy production and replacement[1,7]
- The approval of DOJOLVI followed the FDA's rigorous evaluation of the full data package and close collaboration with Ultragenyx. The overall data package included[1,23]
  - Two open-label, single-arm, Phase 2 studies for safety
  - One double-blinded, randomized controlled trial for safety and efficacy that compared triheptanoin to a synthetic formulation of MCT
  - Results from compassionate use
- The recommended target daily dosage of DOJOLVI is up to 35% of the patient's total prescribed daily caloric intake (DCI) divided into at least 4 doses and administered with meals or snacks[1]

Important Safety Information[1]

- WARNINGS AND PRECAUTIONS
  - Feeding Tube Dysfunction
    - Feeding tube dysfunction was reported in patients receiving triheptanoin. The contribution of DOJOLVI cannot be ruled out.
  - Intestinal Malabsorption in Patients with Pancreatic Insufficiency
    - Low or absent pancreatic enzymes may result in reduced absorption of heptanoate subsequently leading to insufficient supplementation of medium-chain fatty acids.
- ADVERSE REACTIONS
  - The most common GI-related adverse reactions reported in the pooled safety population of Studies 1 and 2 were abdominal pain (abdominal discomfort, abdominal pain, abdominal distension, abdominal pain upper, GI pain), diarrhea, vomiting, and nausea.
- DRUG INTERACTIONS
  - Pancreatic Lipase Inhibitors
    - Avoid co-administration due to potential for reduced clinical effect of DOJOLVI.

Closing

- Please see enclosed full Prescribing Information for additional Important Safety Information

References

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