Dojolvi

Abu Dhabi · access guide

How to access Dojolvi for long-chain fatty acid oxidation disorders from Abu Dhabi: 2026 emirate pathway via Cleveland Clinic Abu Dhabi, SKMC, SSMC, and Tawam Al Ain metabolic-genetics services

By Reserve Meds clinical & regulatory team. Last reviewed 2026-05-20.

Abu Dhabi is the deepest UAE emirate for paediatric and adult metabolic-genetics infrastructure. Cleveland Clinic Abu Dhabi (CCAD) runs an integrated clinical-genetics service across paediatric and adult care. Sheikh Khalifa Medical City (SKMC) operates the Centre for Children with Special Health Care Needs that runs paediatric metabolic services. Sheikh Shakhbout Medical City (SSMC) runs paediatric metabolic and genetic diseases coordination, and Tawam Hospital in Al Ain runs the longest-established paediatric metabolic and genetic diseases programme in the country. Dojolvi (triheptanoin) is the only FDA-approved adjunctive therapy for long-chain fatty acid oxidation disorders (LC-FAOD), a group of rare autosomal-recessive metabolic disorders that includes CPT-II deficiency, CACT deficiency, VLCAD deficiency, LCHAD deficiency, and TFP deficiency. Dojolvi is not on the standard UAE EDE registered formulary as of 2026; Abu Dhabi-emirate metabolic centres access via single-patient Article 5 import under MOHAP coordinated with Ultragenyx International. For an Abu Dhabi-resident family with a child detected on the UAE federal NBS programme with abnormal long-chain acylcarnitines, or for an older paediatric or adult patient presenting with cardiomyopathy, rhabdomyolysis, or hypoketotic hypoglycaemia attributable to LC-FAOD, the operational question is which Abu Dhabi centre runs the workup, how the named-patient import is coordinated, how the DoH Abu Dhabi rare-disease pathway and Thiqa funding interact with the supply, and what the lifelong dosing and follow-up rhythm looks like.

This page explains how the pathway works in 2026 for an Abu Dhabi-resident paediatric or adult patient with confirmed LC-FAOD: when Dojolvi is indicated, who confirms the diagnosis, how the named-patient import works, what the day-to-day dosing and dietary structure looks like, and what the realistic cost band is.

Why Dojolvi, and when

Dojolvi is triheptanoin, a synthetic medium-odd-chain triglyceride composed of three molecules of heptanoic acid (the seven-carbon fatty acid, C7) esterified to glycerol. The FDA approved it in June 2020 as a source of calories and fatty acids in paediatric and adult patients aged 6 months and older with molecularly confirmed LC-FAOD. The clinical rationale is anaplerotic: triheptanoin is hydrolysed to heptanoic acid, which is metabolised through medium-chain beta-oxidation. The odd-chain length means the final cycle of beta-oxidation produces propionyl-CoA in addition to acetyl-CoA. Propionyl-CoA is metabolised to succinyl-CoA, a TCA cycle intermediate. This anaplerotic effect distinguishes triheptanoin from the conventional even-chain MCT preparations (C8 and C10) that have been the dietary mainstay of LC-FAOD management for decades. Standard MCT provides acetyl-CoA only; triheptanoin provides acetyl-CoA plus succinyl-CoA precursors.

For an Abu Dhabi-resident family with a child detected on the UAE federal NBS programme with abnormal long-chain acylcarnitine markers, the Dojolvi conversation begins at 6 months of age after confirmatory acylcarnitine profile and molecular testing have established the LC-FAOD diagnosis. For an older patient presenting with cardiomyopathy, rhabdomyolysis, or hypoketotic hypoglycaemia, the conversation begins at the time of molecular confirmation. In both cases, the conversation runs through a paediatric or adult metabolic clinic with a metabolic specialist and a metabolic dietitian.

What Dojolvi is, in plain language

Triheptanoin is a clear yellow oil taken orally, mixed into food or beverages at room temperature. The target dose is approximately 25 to 35 percent of total daily caloric intake from triheptanoin, divided across 4 or more daily doses taken with meals and snacks. Typical paediatric dosing is 1 to 3 mL/kg/day; typical adult dosing is determined by total daily caloric target and body weight, with most adults at 80 to 100 mL/day in divided doses. Titration starts at approximately 0.5 to 1 mL/kg/day and increases over 1 to 2 weeks to target, primarily to manage gastrointestinal tolerance.

This is a lifelong therapy. Dojolvi is an adjunct to dietary management (long-chain fat restriction, structured carbohydrate intake, frequent feeding, fasting avoidance), accompanied by a written sick-day plan. The drug reduces but does not eliminate the risk of acute metabolic decompensation during illness, fasting, or surgery. Dietary discipline and sick-day planning remain non-negotiable.

Eligibility at an Abu Dhabi metabolic centre

The Abu Dhabi paediatric and adult metabolic centres apply the FDA-aligned eligibility criteria:

1. Molecular confirmation of LC-FAOD: pathogenic or likely-pathogenic variants in CPT2, CPT1A, SLC25A20, ACADVL, HADHA, or HADHB. NBS detection of abnormal long-chain acylcarnitine markers followed by confirmatory plasma acylcarnitine profile, urine organic acids, and molecular sequencing is the standard pathway in NBS-detected cases. 2. Age 6 months or older. 3. Established or escalating clinical disease, or NBS-detected asymptomatic infant initiated at 6 months to pre-empt clinical events. 4. Capacity for adherence to the structured 4-or-more daily dosing schedule and for the gastrointestinal titration period. 5. Access to a metabolic dietitian for diet planning, dose calculation, sick-day management training, and family education.

The Abu Dhabi paediatric and adult metabolic centre network:

- **Cleveland Clinic Abu Dhabi (CCAD)**: clinical-genetics service integrated with paediatric and adult care. Acylcarnitine profile and molecular genetic testing available on-site or through reference laboratory partnerships. LC-FAOD diagnostic capability and Dojolvi dispensing via named-patient import. The principal Abu Dhabi adult centre for LC-FAOD diagnostic confirmation and ongoing management. - **Sheikh Khalifa Medical City (SKMC), Abu Dhabi**: Centre for Children with Special Health Care Needs runs paediatric metabolic services. Acylcarnitine profile available; genetic testing typically sent to international reference laboratories. Has managed LC-FAOD cases. Strong paediatric infrastructure. - **Sheikh Shakhbout Medical City (SSMC), Abu Dhabi**: paediatric metabolic and genetic diseases service; coordinates with SKMC and Tawam for paediatric LC-FAOD; adult metabolic-genetics referral pathway under development. - **Tawam Hospital, Al Ain**: paediatric metabolic and genetic diseases programme with longstanding history of MENA inborn error of metabolism management. Established LC-FAOD diagnostic and management pathway. - **Burjeel Medical City, Abu Dhabi**: paediatric and adult metabolic referral capability; coordinates with CCAD and SKMC for complex cases.

The metabolic specialist drives diagnosis. The metabolic dietitian leads the dietary intervention plan. The cardiologist (for VLCAD and LCHAD subtypes) leads cardiomyopathy surveillance with annual echocardiograms.

The Abu Dhabi prescribing and supply picture, plainly

The Emirates Drug Establishment (EDE) is the federal regulator. The Department of Health Abu Dhabi (DoH) is the emirate-level regulator and coordinates dispensing approvals for Abu Dhabi-emirate centres. Dojolvi is not on the standard EDE registered formulary as of 2026. Abu Dhabi metabolic centres access Dojolvi via single-patient Article 5 import under MOHAP, coordinated with Ultragenyx International and a regional distribution partner. The named-patient import process typically takes 4 to 8 weeks from prescription to first delivery; monthly resupply runs through the same channel with shorter lead times once the patient is established. [VERIFY: current EDE registration status and named-patient import lead times at CCAD, SKMC, and Tawam at intake.]

For Emirati nationals, Thiqa coverage for Dojolvi runs through the DoH Abu Dhabi rare-disease pathway with case-by-case pre-authorisation. The DoH Abu Dhabi rare-disease desk has handled high-cost lifelong rare-disease therapies for documented metabolic-disease cases. For Abu Dhabi-resident expatriates with DoH-registered private insurance, carrier and plan tier matter substantially for a high-annual-cost lifelong therapy; many private plans require case-by-case pre-authorisation. Daman commercial cover and other private insurers vary widely.

For Abu Dhabi-resident families where the molecular diagnosis is complex (rare subtype variants, suspected dual diagnoses, or where international consultation is warranted), referral to KFSHRC Riyadh as the regional reference centre for MENA LC-FAOD diagnosis and management is the operational pathway.

Cost band and insurance positioning

US list price for Dojolvi is approximately USD 60,000 to USD 100,000 per year, varying by patient weight and target dose. A paediatric patient at 60 mL/day target is in the lower portion of the range; an adult at 100 mL/day target is in the upper portion. At indicative 2026 cross rates the annual drug-only band is approximately AED 220,000 to AED 367,000. Full cost of care including metabolic clinic visits, metabolic dietitian time, cardiac and hepatic surveillance, and intercurrent emergency care runs approximately 20 to 40 percent above drug-only cost.

This is a lifelong cost. Over a paediatric lifetime, the cumulative drug cost runs into the millions of dirhams. Emirati nationals at Thiqa-covered facilities with DoH Abu Dhabi rare-disease pathway approval have substantially reduced out-of-pocket exposure; Abu Dhabi-resident expatriates have variable cover through private insurance.

What to expect on the Dojolvi pathway

Week 0 (diagnostic confirmation): metabolic specialist at CCAD, SKMC, SSMC, or Tawam confirms LC-FAOD diagnosis through plasma acylcarnitine profile, molecular testing, and clinical correlation. Metabolic dietitian initiates dietary planning. Cardiology consultation engaged for VLCAD and LCHAD subtypes. Article 5 named-patient import process initiated with Ultragenyx International. Financial pre-authorisation initiated with the insurance carrier or with the DoH Abu Dhabi rare-disease desk for Emirati nationals.

Weeks 1 to 8 (drug procurement and titration): Article 5 import paperwork through MOHAP, drug arrives in 4 to 8 weeks. Once drug arrives, titration begins at approximately 0.5 to 1 mL/kg/day and increases over 1 to 2 weeks to target 1 to 3 mL/kg/day in paediatric patients, with proportional adult dosing. Daily 4-or-more divided doses with meals and snacks.

Weeks 8 to 24 (early maintenance): target dose maintained; metabolic-clinic visits every 4 to 8 weeks initially, transitioning to every 12 weeks once stable. Cardiac surveillance baseline established and repeated annually. Liver function tests and creatine kinase monitored. Sick-day plan written, family trained, emergency-letter documentation issued.

Ongoing (lifelong): metabolic-clinic visit every 12 weeks in stable patients; metabolic dietitian review at each visit; annual cardiac surveillance for VLCAD and LCHAD subtypes; intercurrent illness management per the sick-day plan; named-patient resupply monthly; insurance or Thiqa pre-authorisation renewal as required.

When Dojolvi is the wrong drug or not yet the right drug

For an Abu Dhabi-resident patient under 6 months of age, conservative paediatric metabolic management with conventional even-chain MCT, structured carbohydrate intake, and frequent feeding is the operational pathway; Dojolvi is added at 6 months. For a patient with confirmed LC-FAOD who cannot tolerate the gastrointestinal titration despite slower titration and adjusted dose-distribution, the operational alternative is to remain on conventional MCT plus dietary management; conventional MCT provides energy substrate but does not provide TCA cycle anaplerosis. For a patient with suspected LC-FAOD on NBS or clinical grounds but without molecular confirmation, the diagnostic workup is completed first.

Family screening and pregnancy planning

LC-FAOD is autosomal recessive. Consanguinity is common in the UAE and the wider Gulf. Carrier testing for siblings and at-risk extended-family members is offered as part of the metabolic-genetics conversation in any newly diagnosed Abu Dhabi LC-FAOD family. Pregnancy planning for women of childbearing age with LC-FAOD or with carrier status for LCHAD or TFP requires coordination across the metabolic clinic, the maternal-fetal medicine service, and the obstetric team. HELLP syndrome and acute fatty liver of pregnancy (AFLP) are documented elevated-risk conditions in pregnancies where the fetus is LCHAD-affected or where the mother is heterozygous for LCHAD or TFP variants.

Religious-ethical considerations

Triheptanoin is a synthetic triglyceride manufactured from heptanoic acid of vegetable or fermentation origin. The product is not derived from animal tissue or human plasma. There is no porcine, bovine, or other religiously-significant animal component. The Islamic bioethics consensus on prescribed therapies for lifelong metabolic disorders is broadly permissive.

What Reserve Meds does on this case

We are a US-based concierge coordinator. We are not the prescriber and not the dispensing pharmacy. On an Abu Dhabi Dojolvi case we coordinate named-patient import logistics with Ultragenyx International in parallel with the metabolic-clinic conversation, run financial pre-authorisation alongside clinical pre-authorisation (DoH Abu Dhabi rare-disease pathway for Emirati nationals; private insurance for expatriates), support the family through the titration period and ongoing maintenance, coordinate cross-border referral to KFSHRC Riyadh when warranted, and stay with the family for the long arc of lifelong therapy management. Clinical decisions remain with your treating metabolic specialist at CCAD, SKMC, SSMC, Tawam, or Burjeel Medical City.

Reserve Meds's role

US-based concierge coordinator for cross-border specialty medicine. We are not the prescriber, not the dispensing pharmacy, and not the manufacturer. All clinical decisions remain with your treating physician.

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