Dojolvi

Dubai · access guide

How to access Dojolvi for long-chain fatty acid oxidation disorders from Dubai: 2026 emirate pathway via Al Jalila Children's, Dubai Genetic Diseases Programme, and Latifa Hospital, with cross-emirate referral to Abu Dhabi adult metabolic services

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

Dubai has stood up a meaningful paediatric metabolic-genetics infrastructure in the last decade, centred on Al Jalila Children's Specialty Hospital and the Dubai Genetic Diseases Programme. Latifa Hospital paediatric runs the principal Dubai-emirate paediatric referral capability for inborn errors of metabolism. For adult metabolic-genetics input, Dubai patients typically route cross-emirate to Cleveland Clinic Abu Dhabi or to the Sheikh Khalifa Medical City and SSMC adult metabolic services. 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; Dubai paediatric and adult metabolic services access via single-patient Article 5 import under MOHAP coordinated with Ultragenyx International. For a Dubai-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 Dubai centre runs the workup, how the named-patient import is coordinated, how the cross-emirate referral pathway interacts with the supply, and what the lifelong dosing and follow-up rhythm looks like.

This page explains how the pathway works in 2026 for a Dubai-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 a Dubai-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 a Dubai metabolic centre

The Dubai 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 Dubai paediatric metabolic centre network:

- **Al Jalila Children's Specialty Hospital, Dubai**: dedicated paediatric metabolic and clinical-genetics centre with established LC-FAOD diagnostic and management pathway. Principal Dubai paediatric metabolic centre. - **Dubai Genetic Diseases Programme and Latifa Hospital paediatric**: paediatric metabolic referral capability with clinical-genetics integration. Coordinates with Al Jalila for complex cases. - **Mediclinic City Hospital paediatric, Dubai**: paediatric subspecialty service. - **American Hospital Dubai paediatric**: paediatric subspecialty service.

For adult patients, the Dubai-emirate adult metabolic-genetics service is limited; adult LC-FAOD cases typically route cross-emirate to Cleveland Clinic Abu Dhabi or to SKMC and SSMC adult metabolic services for diagnostic confirmation and ongoing management. Dubai-side adult care is then coordinated for routine follow-up where the cross-emirate centre's plan permits.

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 Dubai prescribing and supply picture, plainly

The Emirates Drug Establishment (EDE) is the federal regulator. The Dubai Health Authority (DHA) is the emirate-level regulator and coordinates dispensing approvals for Dubai-emirate centres. Dojolvi is not on the standard EDE registered formulary as of 2026. Dubai 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 Al Jalila Children's and at Latifa Hospital at intake.]

For Emirati nationals, Thiqa coverage for Dojolvi runs through MoH-coordinated case-by-case pre-authorisation. For Dubai-resident expatriates with DHA-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. The financial pre-authorisation conversation needs to start at the time of metabolic-clinic diagnosis.

For Dubai-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 rare-disease pathway approval have substantially reduced out-of-pocket exposure; Dubai-resident expatriates have variable cover through private insurance.

What to expect on the Dojolvi pathway

Week 0 (diagnostic confirmation): paediatric metabolic specialist at Al Jalila Children's, Latifa Hospital, or the cross-emirate adult centre 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.

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 a Dubai-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 Dubai 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, and on a Dojolvi case we are not driving the clinical decision-making at the Dubai metabolic centre. On a Dubai 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, support the family through the titration period and ongoing maintenance, coordinate cross-emirate referral to Cleveland Clinic Abu Dhabi or to SKMC for adult cases, 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 Al Jalila Children's, Latifa Hospital, or the cross-emirate centre.

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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