

Policy Name:	Xuriden (uridine triacetate)	Policy #:	2515P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Xuriden.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Xuriden under the Specialty Pharmacy benefit when the following criteria have been met.

Criteria

1. Coverage Criteria

- 1.1 Diagnosis of Hereditary Orotic Aciduria as confirmed by one of the following:
 - Molecular genetic testing confirming biallelic pathogenic mutations in the UMPS gene
 - Clinical diagnosis supported by symptoms or urinary orotic acid levels above reference range
- 1.2 Ordered by a Geneticist (gene doctor), Urologist (urinary tract doctors), or Nephrologist (kidney doctor)
- 1.3 Documented failure, intolerance, or contraindication to uridine monophosphate

2. Managed Dose Limit

- 2.1 Maximum allowable quantity of 240gm (120 packets) per 30 days

3. Approval Period

- 3.1 Initial: 12 months
- 3.2 Reauthorization: 12 months with documented clinical benefit from therapy

CPT Codes

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HCPCS Codes

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References

1. Xuriden (uridine triacetate) [prescribing information]. Rockville, MD; Wellstat Therapeutics Corporation; December 2019.
2. Hereditary orotic aciduria. National Organization for Rare Disorders. Updated 2018. Available at: <https://rarediseases.org/rare-diseases/hereditary-orotic-aciduria/>
3. Orotic aciduria type 1. Genetic and Rare Diseases Information Center. Updated September 13, 2017. Available at: <https://rarediseases.info.nih.gov/diseases/5429/orotic-aciduria-type-1>.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.

