

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2023 P 1192-8
Program	Prior Authorization/Notification
Medications	Xuriden <sup>®</sup> (uridine triacetate)
P&T Approval Date	6/2016, 6/2017, 6/2018, 6/2019, 6/2020, 6/2021, 6/2022, 6/2023
Effective Date	9/1/2023; Oxford only: 9/1/2023

**1. Background:**

Xuriden<sup>®</sup> (uridine triacetate) is a pyrimidine analog for uridine replacement indicated in adult and pediatric patients for the treatment of hereditary orotic aciduria.<sup>1</sup>

**2. Coverage Criteria<sup>a</sup>:**

**A. Initial Authorization**

1. **Xuriden** will be approved based on the following criterion:

- a. Diagnosis of a hereditary orotic aciduria

**Authorization will be issued for 12 months.**

**B. Reauthorization**

1. **Xuriden** will be approved based on the following criterion:

- a. Documentation of positive clinical response to Xuriden therapy

**Authorization will be issued for 12 months.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

**3. Additional Clinical Programs:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limitations may be in place

**4. References:**

1. Xuriden [package insert]. Rockville, MD: Wellstat Therapeutics Corp; December 2019.

Program	Prior Authorization/Notification – Xuriden® (uridine triacetate)
<b>Change Control</b>	
6/2016	New program.
6/2017	Annual review with no changes to criteria. Updated reference.
6/2018	Annual review with no changes to criteria.
6/2019	Annual review with no changes to criteria.
6/2020	Annual review with no changes to criteria.
6/2021	Annual review with no changes to criteria.
6/2022	Annual review. Changed reauthorization to 12 months to align with reauthorization period for other pharmacy programs. Updated background and reference.
6/2023	Annual review with no change to criteria. Updated reference formatting and added state mandate footnote.