Xuriden (uridine triacetate)

Coverage Criteria:

Reserved for use:

1. In the treatment of hereditary orotic aciduria; and,

2. When treatment goals (i.e., normal urine orotic acid level) were not met, or there were persistent intolerable adverse effects, or there is a contraindication to treatment with OTC uridine;

3. When prescribed by a provider specializing in genetics and metabolism;

4. The patient and/or guardian has attested that they will adhere to the treatment plan; and

5. When prescribed according to the FDA-approved regimen of starting dose of 60mg/kg. A current weight is required.

Required Medical Information:

Request for dose increases beyond 60mg/kg and up to 120mg/kg require medical chart documentation of failure to achieve treatment response from initial dose. (i.e., stable or improved hematologic value – neutrophil count, neutrophil %, WBC count, mean corpuscular volume; urine orotic acid or orotidine levels, growth)

Coverage Duration:

Initial authorizations will be for 3 months.

Reauthorizations at three months will be provided when the member demonstrates stable or improved hematologic values, normalized urine orotic acid or orotidine levels or growth. Medical chart documentation is required. All subsequent approvals will be provided for 12 months.

Renewal Criteria:

Annual reauthorizations will require medical chart documentation that the patient has been seen within the previous 12 months and continued documented benefit (stable or improved hematologic values, normalized urine orotic acid or orotidine levels or growth) from the product is observed. All subsequent approvals will be provided for 12 months.

P&T Date: August 2016
Effective Date: 1/1/2017