

Clinical Pharmacy Program Guideline for Xuriden

Program	Prior Authorization
Medications	Xuriden™ (uridine triacetate)
Pharmacy & Therapeutics Approval Date	6/2016
Effective Date	9/1/2016

1. Background:

Xuriden™ (uridine triacetate) is a pyrimidine analog for uridine replacement indicated for the treatment of hereditary orotic aciduria.

2. Coverage Criteria:

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.

3. References:

- 1. Xuriden [Prescribing Information]. Wellstat Therapeutics Corp. Gaithersburg, MD. September 2015.

Program	Prior Authorization - Xuriden™ (uridine triacetate)
Change Control	
6/2016	New program.