UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2026 P 1192-11
Program	Prior Authorization/Notification
Medications	Xuriden® (uridine triacetate)
P&T Approval Date	6/2016, 6/2017, 6/2018, 6/2019, 6/2020, 6/2021, 6/2022, 6/2023, 6/2024, 6/2025, 6/2026
Effective Date	9/1/2026

1. Background:

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

2. Coverage Criteria[a]:

A. Initial Authorization

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

   a. Diagnosis of 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.

[a] 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]. West Conshohocken, PA: BTG International Inc.; August 2023.

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Change Control	
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.
6/2024	Annual review with no change to criteria. Updated reference.
6/2025	Annual review with no changes to criteria.
6/2026	Annual review with no changes to criteria.

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