PRIOR AUTHORIZATION POLICY

POLICY: Metabolic Disorders – Xuriden Prior Authorization Policy
- Xuriden® (uridine triacetate oral granules – Wellstat Therapeutics)

REVIEW DATE: 08/03/2022

OVERVIEW

Xuriden, a pyrimidine analog for uridine replacement, is indicated for the treatment of **hereditary orotic aciduria** in adults and pediatric patients.[1]

Disease Overview

Hereditary orotic aciduria, also known as orotic aciduria type 1, is an extremely rare, autosomal recessive genetic disorder estimated to affect less than 1:1,000,000 live births.[1-3] Only about 20 cases have been reported in the medical literature.[2] In hereditary orotic aciduria, mutation in the *UMPS* gene leads to defective uridine 5'monophosphate synthase.[1,2] Deficiency in this enzyme prevents the last two steps in pyrimidine biosynthesis, leading to inadequate levels of uridine monophosphate and excess levels of orotic acid (a uridine precursor). Because the condition is so rare, hereditary orotic aciduria is not fully understood. Affected infants may develop megaloblastic anemia, developmental delays, or failure to thrive. Orotic acid crystals in the urine can lead to urinary obstruction. Xuriden replaces uridine in the circulation, and as a result of feedback inhibition, overproduction of orotic acid is reduced. Diagnosis is made by detailed patient and family as well as thorough clinical evaluation and examination of urine. Most individuals have their diagnosis confirmed through molecular genetic testing; however, this is only available at specialized laboratories.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Xuriden. Because of the specialized skills required for evaluation and diagnosis of patients treated with Xuriden, approval requires the requested medication to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Xuriden is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Hereditary Orotic Aciduria (Orotic Aciduria Type 1).** Approve for 1 year if the patient meets the following criteria (A and B):
   - **A)** Patient has hereditary orotic aciduria confirmed by at least one of the following (i or ii):
     - **i.** Molecular genetic testing confirming biallelic pathogenic mutations in the *UMPS* gene; OR
     - **ii.** Clinical diagnosis supported by all of the following (a, b, and c):
       - **a)** At least one clinical manifestation consistent with orotic aciduria type 1; AND
         Note: Examples of clinical manifestations include megaloblastic anemia, immunodeficiency, developmental delays, and failure to thrive.
       - **b)** First-degree family relative (i.e., parent or sibling) with hereditary orotic aciduria; AND

c) Urinary orotic acid level above the normal reference range for the reporting laboratory; AND

B) Xuriden is prescribed by, or in consultation with, a metabolic specialist, geneticist, or physician specializing in the condition being treated.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Xuriden is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Xuriden® oral granules [prescribing information]. Rockville, MD: Wellstat Therapeutics; December 2019.
2. Hereditary orotic aciduria. National Organization for Rare Disorders. Updated 2018. Available at: https://rarediseases.org/rare-diseases/hereditary-orotic-aciduria/. Accessed on July 12, 2022.
3. Orotic aciduria type 1. Genetic and Rare Diseases Information Center. Updated November 8, 2021. Available at: https://rarediseases.info.nih.gov/diseases/5429/orotic-aciduria-type-1. Accessed on July 12, 2022.