Drug Coverage Policy

Effective Date 11/1/2025
Coverage Policy Number.....IP0307
Policy Title.....Xuriden

Metabolic Disorders – Xuriden

- Xuriden® (uridine triacetate oral granules – Wellstat Therapeutics)

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

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 of pyrimidine metabolism.[1-3] It is estimated to affect less than 1:1,000,000 live births. Only about 20 cases have been reported in the medical literature. In hereditary orotic aciduria, variants in the *UMPS* gene leads to defective uridine 5'monophosphate synthase. 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 history 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.

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POLICY STATEMENT

Prior Authorization is required for 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.

Documentation: Documentation is required where noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, laboratory tests, claims records, and/or other information.

Xuriden oral granules are considered medically necessary when the following are met:

1. **Hereditary Orotic Aciduria (Orotic Aciduria Type 1).** Approve for 1 year if the patient meets BOTH of the following (A and B):
    - A. Patient has hereditary orotic aciduria confirmed by at least **ONE** of the following **[documentation required] (i or ii):**
        - i. Molecular genetic testing confirming biallelic pathogenic variants in the *UMPS* gene; OR
        - ii. Clinical diagnosis supported by **ALL** of the following (a, b, and c):
            - a. At least one clinical manifestations 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 Covered

Xuriden for any other use is considered not medically necessary. Criteria will be updated as new published data are available.

Receipt of sample product does not satisfy any criteria requirements for coverage.

References

1. Xuriden® oral granules [prescribing information]. Rockville, MD: Wellstat Therapeutics; August 2023.
2. Hereditary orotic aciduria. National Organization for Rare Disorders. Updated 2018. Available at: https://rarediseases.org/rare-diseases/hereditary-orotic-aciduria/. Accessed on August 11, 2025.
3. Orotic aciduria type 1. Genetic and Rare Diseases Information Center. Updated July 2024. Available at: https://rarediseases.info.nih.gov/diseases/5429/hereditary-orotic-aciduria. Accessed on August 11, 2025.

Revision Details

Type of Revision	Summary of Changes	Date
Selected Revision	**Hereditary Orotic Aciduria (Orotic Aciduria Type 1).** **Updated from** "Hereditary Orotic Aciduria" **to** "Hereditary Orotic Aciduria (Orotic Aciduria Type 1)" **Added** "First-degree family relative (i.e., parent or sibling) with hereditary orotic aciduria"	12/15/2024
Annual Revision	**Policy Title.** **Title updated from** "Uridine triacetate" **to** "Metabolic Disorders – Xuriden" **Added** "**Documentation:** Documentation is required where noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, laboratory tests, claims records, and/or other information."	11/1/2025

The policy effective date is in force until updated or retired.

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