

POLICY NAME	Xuriden (uridine triacetate)	POLICY #	2515P
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Criteria

Coverage Criteria

- ☐ **1.1** Diagnosis of Hereditary Orotic Aciduria as confirmed by one of the following:
 - Molecular genetic testing confirming biallelic pathogenic mutations in the UMPS gene
 - Clinical diagnosis supported by symptoms or urinary orotic acid levels above reference range
- ☐ **1.2** Ordered by a Geneticist (gene doctor), Urologist (urinary tract doctors), or Nephrologist (kidney doctor)
- ☐ **1.3** Documented failure, intolerance, or contraindication to uridine monophosphate