

DRUG DETERMINATION POLICY

Title: DDP-23 Uridine Triacetate

Effective Date: 08/13/2019



Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Benefit determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

This policy describes the determination process for coverage of specific drugs that require prior approval.

This policy does not guarantee or approve benefits. Coverage depends on the specific benefit plan. Drug Determination Policies are not recommendations for treatment and should not be used as treatment guidelines.

2.0 Background or Purpose:

Vistogard and Xuriden are specialty drugs indicated for very specific diagnoses and are associated with significant toxicity. These criteria were developed and implemented to ensure appropriate use for the intended diagnoses, appropriate severity of symptoms and mitigation of toxicity, if possible.

3.0 Clinical Determination Guidelines:

Document the following with chart notes:

- A. Fluoropyrimidine (fluorouracil or capecitabine) overdose or overexposure: Vistogard oral (uridine triacetate).
 1. Diagnosis and severity.
 - a. Overdose:
 - i. Increased dose; or
 - ii. Increased rate of infusion (1.3-720 times planned administration rate).
 - b. Severe or life-threatening toxicity or severe adverse reactions within 96 hours following end of infusion:
 - i. Severe toxicity (\geq grade III): cardiac or CNS.

- ii. Severe adverse reactions (\geq grade III): GI toxicity (mucositis, diarrhea) and/or neutropenia.

2. Dosage regimen.

- a. Initiate: as soon as possible; within 96 hours post infusion.
- b. Dose:
 - i. Adult: 10gm oral every six hours times 20 doses.
 - ii. Pediatric: 6.2gms/m² oral (maximum 10gms/dose) every six hours times 20 doses.

B. Hereditary Orotic Aciduria: Xuriden oral (uridine triacetate)

1. Diagnosis and severity.

- a. Severe megaloblastic anemia with normal B12 and folate levels and no transcobalmin-II deficiency.
- b. Assay of the transferase and decarboxylase enzymes from the erythrocytes (presumptive diagnosis of urinary orotic acid).

2. Dosage regimen.

- a. Initial: 60mg/Kg once daily.
- b. Titrate: increase to 120mg/Kg for insufficient efficacy (one of below):
 - i. Levels of urinary orotic acid still above normal or increased above patient usual range.
 - ii. Lab values (RBC or WBC indices) show evidence of worsening.
 - iii. Signs and symptoms of disease worsen.

3. Approval.

- a. Initial: six months.
- b. Re-approval: one year (improvement of lab indices and disease signs and symptoms).

4.0 Coding:

None.

5.0 References, Citations & Resources:

1. Lexicomp Online®, Lexi-Drugs®, Hudson, Ohio: Lexi-Comp, Inc.; uridine triacetate, accessed July 2019.
2. Flourouracil Toxicity and DPYD; <http://emedicine.medscape.com/article/1746057-overview>, accessed April 2016.
3. FDA Approves First Emergency Treatment for Chemotherapy Overdose. Oncology Times January 10, 2016; 27.

6.0 Appendices:

Appendix I: Patient Safety & Monitoring

Drug	Adverse Reactions	Monitoring	REMS
Vistogard Xuriden uridine triacetate	<ul style="list-style-type: none">Gastro Intestinal (GI): vomiting (10%), nausea (5%), diarrhea (3%)	Fluorouracil/capecitabine overdose GI: GI toxicity Labs: CBC w differential	None

7.0 Revision History:

Original Effective Date: 06/30/2016

Next Review Date: 09/23/2020

Revision Date	Reason for Revision
7/19	Moved to new format; replaced abbreviations