



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Revision Date:	May 21, 2012, January 18, 2019

VPRIV[®] (velaglucerase alfa)

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

- Patient must be ≥ 4 years of age.
- Must have a documented (in “health conditions” or medical records) diagnosis of Gaucher Disease Type I.

DOSING and ADMINISTRATION:

- 60 Units/kg administered every other week as a 60-minute intravenous infusion.