



## Prior Authorization Approval Criteria

### Vpriv (velaglucerase)

<b>Generic name:</b>	velaglucerase
<b>Brand name:</b>	Vpriv
<b>Medication class:</b>	Enzyme
<b>FDA-approved use:</b>	Type 1 Gaucher disease
<b>Available dosage forms:</b>	200 units/vial and 400 units/vial
<b>Usual dose range:</b>	60 units/kg IV over 1 hour every other week.
<b>Duration of therapy:</b>	Indefinite
<b>Approximate cost:</b> (based on AWP 2010)	400 units/vial= \$ 1,620.00

**Criteria for use** (*bullet points below are all inclusive unless otherwise noted*):

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
- Patient must have a diagnosis of Type 1 Gaucher disease with at least one of the following:
  - Thrombocytopenia
  - Bone disease
  - Hepatomegaly
  - Splenomegaly
  - Anemia

**Criteria for continuation of therapy:**

- Clinical evidence of efficacy and tolerability

**Cautions:**

- Presence of IgG antibodies
- Pregnancy
- Breastfeeding
- Pulmonary hypertension

**Monitoring:** Therapeutic efficacy (i.e. improvement in hemoglobin, hematocrit, and platelet counts, and a decrease in hepatomegaly and splenomegaly)

**Contraindications:** None reported.

**Not approved if:** Above stated criteria are not met

**Special considerations:**

- Medical Benefit

FCHP Pharmacy and Therapeutics Committee approval: \_\_\_\_\_

Date: \_\_\_\_\_

Adopted: 09/08/10