



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Revision Date:	May 21, 2012, January 18, 2019

## **VPRIV<sup>®</sup> (velaglucerase alfa)**

**LENGTH OF AUTHORIZATION:** Up to one year

**REVIEW CRITERIA:**

- Patient must be  $\geq 4$  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.