Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

VPRIV (velaglucerase alfa)

GPI CODING:

82700085102120

DESCRIPTION:

VPRIV is indicated for long-term enzyme replacement therapy in pediatric and adult patients with type 1 Gaucher disease. VPRIV is produced by gene activation technology in a human fibroblast cell line. Gaucher disease is a genetic disorder that leads to a deficiency of the lysosomal enzyme β-glucocerebrosidase. This deficiency results in accumulation of the substrate, glucocerebroside, in tissue macrophages typically found in the liver, spleen and bone marrow. Complications of Gaucher disease include anemia, thrombocytopenia, hepatosplenomegaly, and skeletal problems such as osteonecrosis and osteopenia.

APPROVAL DURATION:

Approval duration: 1 year

CRITERIA FOR VPRIV

I. Member has a diagnosis of type 1 Gaucher disease
   A. Diagnosis was confirmed by enzymatic testing **AND**
   B. Member has at least 1 disease complication
      1. Anemia
      2. Thrombocytopenia
      3. Bone disease (eg, bone pain, fractures)
      4. Hepatomegaly
      5. Splenomegaly