Medical Policy:

Vpriv® (velaglucerase) intravenous infusion

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.224	January 2, 2024	2019

Definitions

Vpriv, an analogue of β-glucocerebrosidase, is indicated for long-term enzyme replacement therapy for patients with Type 1 Gaucher disease.

Length of Authorization

12 months

Dosing Limits [Medical Benefit]

Each individual dose must not exceed 60 U/kg administered intravenously no more frequently than once every 2 weeks; 72 billable units every 14 days

Guideline

INITIAL CRITERIA

1. **Gaucher Disease.**

A. Patient is 4 years of age or older; **AND**
B. Patient has Type 1 Gaucher disease; **AND**
C. The diagnosis is established by one of the following (i or ii):
   i. Demonstration of deficient β-glucocerebrosidase activity in leukocytes or fibroblasts; **OR**
   ii. Molecular genetic testing documenting glucocerebrosidase gene mutation; **AND**
D. Vpriv is prescribed by or in consultation with a geneticist, endocrinologist, a metabolic disorder sub-specialist, or a physician who specializes in the treatment of lysosomal storage disorders.

RENEWAL CRITERIA

1. Patient continues to meet criteria identified in section INITIAL CRITERIA; **AND**
2. Disease response with treatment as defined by one or more of the following (compared to pre-treatment baseline):
   i. Improvement in symptoms (e.g., bone pain, fatigue, dyspnea, angina, abdominal distension, diminished quality of life, etc.)
   ii. Reduction in size of liver or spleen
   iii. Improvement in hemoglobin/anemia
   iv. Improvement in skeletal disease (e.g., increase in lumbar spine and/or femoral neck BMD, no bone crises or bone fractures, etc.)
   v. Improvement in platelet counts; **AND**
3. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: severe hypersensitivity reactions, etc.

Applicable Procedure Codes

Code	Description
J3385	Injection, velaglucerase alfa, 100 units

Applicable NDCs

Code	Description
54092-0701-04	Vpriv 400UNIT Solution Reconstituted

ICD-10 Diagnoses

Code	Description
E75.22	Gaucher Disease

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	1/2/2024	Annual Review: Updated dosing limits, added age restriction and renewal criteria
EmblemHealth & ConnectiCare	04/10/2023	Transfer from CCUM template to CoBranded medical template Retired MG.MM.PH.111

EmblemHealth & ConnectiCare	03/01/2022	Annual Revision: no criteria changes
EmblemHealth & ConnectiCare	03/17/2021	Annual Revision: Gaucher Disease: Moved the designation of "Type 1" disease from indication to the criteria.

References

1. Vpriv® intravenous infusion [prescribing information]. Lexington, MA: Shire Human Genetic Therapies; December 2020.