Pharmacy Drug Policy & Procedure

Policy Name:	VPRIV (velaglucerase alfa)	Policy #:	2483P

Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of VPRIV (velaglucerase alfa).

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of VPRIV (velaglucerase alfa) under the Specialty Medical benefit when the following criteria have been met.

Criteria

1. Coverage Criteria for the Treatment of Gaucher disease

1.1 Diagnosis of type 1 Gaucher disease confirmed by gene testing or enzyme assay

1.2 Prescribed by a Geneticist (gene specialist)

1.3 Age 4 years or older

2. Exclusion Criteria

2.1 Not used in combination with Zavesca, Elelyso, Cerdelga, or Cerezyme

3. Approval Period

3.1 12 months

CPT Codes

96360 – 96361	Intravenous infusion, hydration
96365 – 96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug)
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion

HCPCS Codes

J3385	Injection, velaglucerase alfa, 100 units

References

1. VPRIV [package insert]. Lexington, MA: Takeda Pharmaceuticals USA Inc; September 2021.

2. Ben Turkia H, Gonzalez DE, Barton NW, et al. Velaglucerase alfa enzyme replacement therapy compared with imiglucerase in patients with Gaucher disease. Am J Hematol 2013; 88:179.
3. Charrow J, Andersson HC, Kaplan P, et al. Enzyme replacement therapy and monitoring for children with type 1 Gaucher disease: consensus recommendations. J Pediatr. 2004;144(1):112-120.
4. Gonzalez DE, Turkia HB, Lukina EA, et al. Enzyme replacement therapy with velaglucerase alfa in Gaucher disease: Results from a randomized, double-blind, multinational, Phase 3 study. Am J Hematol 2013; 88:166.
5. Pastores GM, Rosenbloom B, Weinreb N, et al. A multicenter open-label treatment protocol (HGT-GCB-058) of velaglucerase alfa enzyme replacement therapy in patients with Gaucher disease type 1: safety and tolerability. Genet Med 2014; 16:359.
6. Weinreb NJ, Aggio MC, Andersson HC, et al; International Collaborative Gaucher Group (ICGG). Gaucher disease type 1: revised recommendations on evaluations and monitoring for adult patients. Semin Hematol. 2004;41(4 Suppl 5):15-22.
7. Zimran A, Pastores GM, Tylki-Szymanska A, et al. Safety and efficacy of velaglucerase alfa in Gaucher disease type 1 patients previously treated with imiglucerase. Am J Hematol 2013; 88:172.

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