VPRIV® (velaglucerase alfa)

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

**REVIEW CRITERIA:**
- Patient must be ≥ 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.