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| POLICY NAME | Kanuma (sebelipase alfa) | POLICY # | 2446P |
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Criteria

Coverage Criteria

- ☐ **1.1** Documented diagnosis of Wolman's Disease (Lysosomal acid lipase (LAL) deficiency) or Cholesteryl Ester Storage Disease (CESD)
 - Diagnosis must be confirmed by genetic testing showing gene defect in LIPA gene
- ☐ **1.2** Prescribed by an endocrinologist (hormone doctor) or geneticist (gene specialist)