

POLICY NAME	Kanuma (sebelipase alfa)	POLICY #	2446P
--------------------	--------------------------	-----------------	-------

Criteria

Coverage Criteria

- ☐ 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
- ☐ Prescribed by an endocrinologist (hormone doctor) or geneticist (gene specialist)