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| <b>POLICY NAME</b> | Kanuma (sebelipase alfa) | <b>POLICY #</b> | 2446P |
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## 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)