Pharmacy Drug Policy Checklist

POLICY NAME	Kanuma (sebelipase alfa)	POLICY #	2446P

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)