Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	March 30, 2022

Kanuma® (sebelipase alfa)

LENGTH OF AUTHORIZATION: 6 months

REVIEW CRITERIA:

- Patient must have a diagnosis of Lysosomal Acid Lipase Deficiency (LAL-D).
- Prescribed by, or in consultation with, an endocrinologist, clinical geneticist or specialist experienced in the treatment of inborn errors of metabolism.

CONTINUATION OF THERAPY:

- Patient must continue to meet the above criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not have experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as 20 mg/10 mL solution in single-dose vials.