

## **Pre - PA Allowance**

None

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## **Prior-Approval Requirements**

**Age** 1 month of age and older

### **Diagnosis**

Patient must have the following:

Lysosomal Acid Lipase (LAL) deficiency

## **Prior - Approval Limits**

**Duration** 2 years

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## **Prior – Approval Renewal Requirements**

Same as above

## **Prior – Approval Renewal Limits**

Same as above