

# HealthAlliance**MEDICARE**

## **PURPOSE OF THE POLICY**

To provide prior authorization criteria for Enzyme Replacement therapies

## **STATEMENT OF THE POLICY**

Health Alliance will approve Enzyme Replacement therapies after appropriate B v D decisions have been made when the below criteria has been met:

## **PROCEDURES**

### **1. Inclusion Criteria**

- 1.1 Documentation of the approved FDA indication for the Enzyme Replacement therapy
- 1.2 Documentation of the specific enzyme deficiency per therapy requested
- 1.3 Adherence to the age restrictions as recommended per each therapy's FDA labeling

### **2. Exclusion Criteria**

- 2.1 Exclusion criteria per individual enzyme replacement therapy's FDA labeling instructions