

**ENJAYMO**  
**(sutimlimab-jome)**

## **Pre - PA Allowance**

None

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## **Prior-Approval Requirements**

**Age** 18 years of age and older

### **Diagnosis**

Patient must have the following:

Cold agglutinin disease (CAD)

**AND ALL** of the following:

1. Patient has **ONE** of the following:
  - a. Patient has been or will be vaccinated against encapsulated bacteria at least 2 weeks prior to starting treatment (e.g., Pneumococcal, Meningococcal, and Hib vaccinations)
  - b. Patient is not vaccinated against encapsulated bacteria but has an urgent need of Enjaymo treatment **AND** prescriber agrees to vaccinate the patient against encapsulated bacteria as soon as possible
2. Prescriber agrees to monitor patient for signs and symptoms of serious infections

## **Prior - Approval Limits**

**Duration** 12 months

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## **Prior – Approval *Renewal* Requirements**

**Age** 18 years of age and older

### **Diagnosis**

Patient must have the following:

Cold agglutinin disease (CAD)

**AND ONE** of the following:

1. Hemoglobin level  $\geq 12$  g/dL **OR** increase in hemoglobin by  $\geq 2$  g/dL from



**BlueCross  
BlueShield**

Federal Employee Program.

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baseline

2. Patient has had a reduction in need for RBC transfusion

**AND** the following:

1. Prescriber agrees to monitor patient for signs and symptoms of serious infections

**Prior - Approval *Renewal* Limits**

Same as above