STANDARD NON-SELF-ADMINISTERED DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

SUTIMLIMAB-JOME (INTERIM)

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
SUTIMLIMAB-JOME	ENJAYMO	47799		GPI-10 (8580008530)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of cold agglutinin disease (CAD) **AND** meet the following criterion?
   - The patient is 18 years of age or older

   If yes, **approve for a total of 12 months by HICL or GPI-10 as follows:**
   Initial request:
   - **FIRST APPROVAL: Approve for 1 month with a quantity limit of #462 mL per 28 days**
   - **SECOND APPROVAL: Approve for 11 months with a quantity limit of #308 per 28 days. (Start date is ONE WEEK BEFORE the end date of first approval)**

   Subsequent requests:
   - **Approve for 12 months with a quantity limit of #308mL per 28 days.**

   If no, do not approve.
   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **SUTIMLIMAB-JOME (Enjaymo)** requires the following rule(s) be met for approval:
   A. You have cold agglutinin disease (CAD: a rare type of blood condition)
   B. You are 18 years of age or older

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Enjaymo.

REFERENCES

- Enjaymo [Prescribing Information]. Waltham, MA: Bioverativ USA, Inc.; February 2022.

Library	Commercial	NSA
Yes	No	Yes

Part D Effective: N/A
Commercial Effective: 02/18/22
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