

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Enjaymo injection is a classical complement inhibitor indicated for the treatment of hemolysis in adults with cold agglutinin disease (CAD) to be given as 6,500 mg (in patients weighing 39 kg to less than 75 kg) or 7,500 mg by intravenous infusion (in patients weighing 75 kg or more) weekly for two weeks then every two weeks thereafter.						
Exclusion Criteria	Must not be used in combination with biologic drugs.						
Required Medical Information	Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment must be provided - Must provide patient's current weight, and baseline hemoglobin level.						
Age Restriction	Must be at least 18 years of age.						
Prescriber Restrictions	Must be prescribed by or in consultation with a hematologist.						
Coverage Duration	Initial six months; Reauthorization 12 months.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="500 989 1511 1136"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J1302</td> <td>Enjaymo (sutimlimab-jome)</td> <td>Billing unit: 10 mg 1,100 mg/22ml (50mg/ml) SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J1302	Enjaymo (sutimlimab-jome)	Billing unit: 10 mg 1,100 mg/22ml (50mg/ml) SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025