



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	June 16, 2022

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LENGTH OF AUTHORIZATION: 6 months

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Patient must have a diagnosis of cold agglutinin disease.
- Prescribed or in consultation with a hematologist.
- Patient has history of blood transfusion within the past year.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>.
- Available as 1,100 mg/22 mL (50 mg/mL) single-dose vial.