

Enjaymo (Sutimlimab-Jome)

Drug names

1. Enjaymo
 2. Sutimlimab-Jome
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Description

Enjaymo (sutimlimab-jome) is used to decrease the need for red blood cell transfusion due to the breakdown of red blood cells (hemolysis) in adults with cold agglutinin disease (CAD).

It is administered by intravenous (IV) infusion.

Document history

The document history for the past 12 months is outlined below. See Iris/KN for the complete document history.

| Date | Description |
|--------|----------------|
| 6.8.22 | New A-Z sheet. |

Commercial

Introduction This section applies to all Commercial members.

Benefits A Pharmacy Clinical Guideline, *Enjaymo (sutimlimab-jome)*, is on [Magellan Rx Management](#).

- **Requires prior authorization through Magellan.** Refer to *Review Criteria*.
 - **DOS prior to 6.1.22:** See [New-to-Market Medical Pharmacy Products](#).
 - **Important:** Check policy for limits or exclusions.
 - **ER or inpatient hospital POS:** PA is not required.
 - **Providers:** Certain providers are excluded. Refer to [Injectable Drug Prior Authorization \(Magellan Rx\)](#).
- If approved, covered under office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

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Government Programs

Introduction

This section applies to all Medicaid and Medicare products.

AccessAbility (SNBC),

[Medicaid only groups](#):

- Refer to [Medicaid](#) below.

Minnesota Senior Care Plus (MSC+)

[Medicare eligible groups](#):

- Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.
 - Medicare is the primary payer.
 - Follows Medicare guidelines.
 - If no Medicare eligibility, Medicaid applies. Refer to [Medicaid](#) below.
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AccessAbility Enhanced (SNBC SNP),

A Pharmacy Clinical Guideline, *Enjaymo (sutimlimab-jome)*, is on [Magellan Rx Management](#).

DUAL (MSHO)

- **Requires prior authorization through Magellan.** Refer to *Review Criteria*.
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 - **ER or inpatient POS:** PA is not required.
 - **Providers:** Certain providers are excluded. Refer to [Injectable Drug Prior Authorization \(Magellan Rx\)](#).
 - If approved, covered under office visit, outpatient hospital, or [Home IV Therapy](#) benefits.
 - Medica is the only payer.
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Government Programs, Continued

Advantage

A Pharmacy Clinical Guideline, *Enjaymo (sutimlimab-jome)*, is on [Magellan Rx Management](#).

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 - **DOS prior to 6.1.22:** See [New-to-Market Medical Pharmacy Products](#).
 - **Important:** Check policy for limits or exclusions.
 - **ER or inpatient POS:** PA is not required.
 - **Providers:** Certain providers are excluded. Refer to [Injectable Drug Prior Authorization \(Magellan Rx\)](#).
 - Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.
 - **Drug administration:** Quote office visit or [Home IV Therapy](#) benefits based on place of service. Check EOC for cost sharing.
 - **Injection (J-code):** Quote *Part B Prescription Drugs* in the EOC.
 - Medica is the only payer.
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Advantage PartnerCare (I- SNP)

A Pharmacy Clinical Guideline, *Enjaymo (sutimlimab-jome)*, is on [Magellan Rx Management](#).

- **Requires prior authorization through Magellan.** Refer to *Review Criteria*.
 - **DOS prior to 6.1.22:** See [New-to-Market Medical Pharmacy Products](#).
 - **Important:** Check policy for limits or exclusions.
 - **ER or inpatient POS:** PA is not required.
 - **Providers:** Certain providers are excluded. Refer to [Injectable Drug Prior Authorization \(Magellan Rx\)](#).
 - Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.
 - **Drug administration:** Quote office visit or [Home IV Therapy](#) benefits based on place of service. Check EOC for cost sharing.
 - **Injection (J-code):** Quote *Part B Prescription Drugs* in the EOC.
 - Medica is the only payer.
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Government Programs, Continued

- Medicaid (SPP)** A Pharmacy Clinical Guideline, *Enjaymo (sutimlimab-jome)*, is on [Magellan Rx Management](#).
- **Requires prior authorization through Magellan.** Refer to *Review Criteria*.
 - **DOS prior to 6.1.22:** See [New-to-Market Medical Pharmacy Products](#).
 - **Important:** Check policy for limits or exclusions.
 - **ER or inpatient hospital POS:** PA is not required.
 - **Providers:** Certain providers are excluded. Refer to [Injectable Drug Prior Authorization \(Magellan Rx\)](#).
 - If approved, covered under office visit, outpatient hospital, or [Home IV Therapy](#) benefits.
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- Prime** Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.
- **Drug administration:** Quote office visit or [Home IV Therapy](#) benefits based on place of service. Check EOC for cost sharing.
 - **Injection (J-code):** Quote *Part B Prescription Drugs* in the EOC.
 - **Reminder:** Members can use non-Medica Service Area providers. Refer to [Out-of-MSA Benefits](#).
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Select, Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

- Signature**
- Medicare supplement. Medicare is the primary payer.
 - Follows Medicare guidelines.
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Individual and Family Business (IFB)

Introduction

This section applies to all Individual and Family Business (IFB) members.

Benefits

A Pharmacy Clinical Guideline, *Enjaymo (sutimlimab-jome)*, is on [Magellan Rx Management](#).

- **Requires prior authorization through Magellan.** Refer to *Review Criteria*.
 - **DOS prior to 6.1.22:** See [New-to-Market Medical Pharmacy Products](#).
 - **Important:** Check policy for limits or exclusions.
 - **ER or inpatient hospital POS:** PA is not required.
 - **Providers:** Certain providers are excluded. Refer to [Injectable Drug Prior Authorization \(Magellan Rx\)](#).
 - If approved, covered under office visit, outpatient hospital, or [Home IV Therapy](#) benefits.
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Medica Health Plan Solutions (MHPS)

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| Introduction | This section applies to all Medica Health Plan Solutions (MHPS) members. |
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| Mayo Medical Plan | Quote office visit, outpatient hospital, or Home IV Therapy benefits. |
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|-------------------|---|
| All others | <p>A Pharmacy Clinical Guideline, <i>Enjaymo (sutimlimab-jome)</i>, is on Magellan Rx Management.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">– DOS prior to 6.1.22: See New-to-Market Medical Pharmacy Products.– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. Refer to Injectable Drug Prior Authorization (Magellan Rx).• If approved, covered under office visit, outpatient hospital, or Home IV Therapy benefits. |
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Medica Health Plan Solutions (MHPS), Continued

Applicability

| | | |
|---|-----------------------|-------------|
| Business Segments | | |
| <input checked="" type="checkbox"/> All <input type="checkbox"/> AHP <input type="checkbox"/> COM- (All) <input type="checkbox"/> GOVT- (All) <input type="checkbox"/> IFB <input type="checkbox"/> MHPS <input type="checkbox"/> PSC | | |
| Specific Clients/Products | | |
| <input checked="" type="checkbox"/> All <input type="checkbox"/> Other: | | |
| Platform or System | | |
| <input type="checkbox"/> All <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Other: | | |
| Departments | | |
| <input checked="" type="checkbox"/> Call Center <input type="checkbox"/> Multiple: <input type="checkbox"/> Other: | | |
| Approved By | Document Owner | Date |
| A-Z Review Team | KN Technical Writers | 6.8.22 |
