

PHARMACY POLICY STATEMENT

Indiana Medicaid

DRUG NAME	Enjymo (sutimlimab)
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Enjymo is a classical complement inhibitor indicate

For **reauthorization**:

1. Labs must show the member's hemoglobin increased by at least 1.5 g/dL; OR
2. Chart notes must show improvement or stabilized signs and symptoms of disease (such as reduced fatigue, decrease in bilirubin, decrease in the number of blood transfusions, etc.).

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Enjaymo (sutimlimab) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.