

Applicable Drugs: Journavx (suzetrigine)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 6/2/2025

Date Last Reviewed / Revised: 5/26/2026

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through V are met)

- I. Medication is requested for the treatment of moderate-to-severe acute pain and ONE of the following criteria are met:
 - A. Documented history of opioid use disorder (OUD).
 - B. Documented history of severe allergic reaction or severe adverse reaction to opioids.
- II. Treatment duration is 14 days or less.
- III. Age 18 years or older.
- IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.
- V. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Concomitant use with strong CYP3A inhibitors (such as clarithromycin, itraconazole, ketoconazole, mifepristone, ritonavir, darunavir, etc.)
- Severe hepatic impairment (Child-Pugh Class C)
- Treatment duration greater than 14 days

OTHER CRITERIA

- Concomitant use with moderate CYP3A4 inhibitors (such as fluconazole, amiodarone, diltiazem, verapamil, grapefruit, etc.) requires dosage modification.
- Use in patients with moderate hepatic impairment (Child-Pugh Class B) requires dosage modification.

QUANTITY / DAYS SUPPLY RESTRICTIONS

- For patients with no hepatic impairment and taking no CYP3A-affecting drugs:
 - 30 tablets per 14 days

- For patients with moderate hepatic impairment (Child-Pugh Class B), or those taking moderate CYP3A inhibitors:
 - 17 tablets per 14 days

APPROVAL LENGTH

- **Authorization:** One course of therapy, up to 14 days.
- **Re-Authorization:** Renewal not available. Use of suzetrigine for the treatment of acute pain has not been studied beyond 14 days, and chronic use is not covered. Requests for additional courses will be evaluated as initial requests and reviewed for clinical appropriateness.

REFERENCES

1. Journavx. Prescribing Information. Vertex Pharmaceuticals; January 2026. Accessed May 26, 2026. https://pi.vrtx.com/files/uspi_suzetrigine.pdf
2. Bertoch T, D'Aunno D, McCoun J, et al. Suzetrigine, a Non-Opioid NaV1.8 Inhibitor for Treatment of Moderate-to-Severe Acute Pain: Two Phase 3 Randomized Clinical Trials. *Anesthesiology*. 2025. <https://doi.org/10.1097/ALN.0000000000005460>

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.