

**Journavx (suzetrigine)**  
**Effective 09/01/2025**

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange		Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit			<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A			
Contact Information	Medical Benefit Pharmacy Benefit		Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A			

**Overview**

Journavx (suzetrigine) is a sodium channel blocker indicated for the treatment of moderate to severe acute pain in adults.

Journavx is available as 50 mg tablets. Patients should administer 100 mg for the first dose. Starting 12 hours after the initial dose, patients should administer 50 mg every 12 hours. Treatment with Journavx beyond 14 days has not been studied.

**Coverage Guidelines**

Authorizations will be granted when all of the following criteria are met:

1. Member is 18 years of age or older
2. Member is experiencing a new episode of moderate to severe acute pain
3. Duration of therapy will be limited to 14 days for one acute pain occurrence
4. Dosing frequency of requested medication will be limited to twice daily
5. Requested medication will not be used in combination with opioid products
6. Member meets ONE of the following:
  - a. Member has a history of inadequate response, adverse reaction, or contraindication to BOTH of the following:
    - i. Nonsteroidal anti-inflammatory drugs (NSAIDs) (e.g., ibuprofen, naproxen)
    - ii. Acetaminophen
  - b. Acute pain event requires opioid for pain management AND member has history of opioid use disorder

**Limitations**

1. Approvals will be limited to 14 days and one approval per 60-day period.
2. Journavx will not be approved more than once for the same acute pain episode.
3. Requests for a new pain episode will be reviewed against initial criteria.
4. Members on samples or patient assistance programs will not be approved for continuation of therapy.
5. Journavx will not be approved for the treatment of headache or migraine.
6. The following quantity limitations apply:

Drug Name and Dosage Form	Quantity Limit
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Journavx 50 mg tablet	29 tablets per 14 days
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## References

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6. Guyatt G, Oxman AD, Vist GE, et al. GRADE: An emerging consensus on rating quality of evidence and strength of recommendations. *BMJ*. 2008;336:924-926.
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9. Lopez A, Jones J, Menzie A, Peta S, Ippolito A, Rubin J. An evaluation of the prevalence of acute and chronic pain medication use in the United States: A real-world database analysis. Poster presented at: ASRA Pain Medicine 22<sup>nd</sup> Annual Pain Medicine Meeting; November 10-11, 2023: New Orleans, LA.
10. McCoun J, Winkle P, Solanki D, et al. A Phase 3, single-arm study of suzetrigine, a non-opioid, pain signal inhibitor for treatment of acute pain from surgical and non-surgical conditions. Poster presented at: The anesthesiology annual meeting; October 18 to 22, 2024; Philadelphia, PA.
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12. Qaseem A, McLean RM, O'Gurek D, et al. Nonpharmacologic and pharmacologic management of acute pain from non-low back, musculoskeletal injuries in adults: a clinical guideline from the American College of Physicians and American Academy of Family Physicians. *Ann intern Med*. 2020;173:739-748. doi:10.7326/M19-3602
13. Qaseem A, Wilt TJ, McLean RM, Forciea MA; Clinical Guidelines Committee of the American College of Physicians. Noninvasive treatments from acute, subacute, and chronic low back pain: a clinical practice guideline from the American College of Physicians. *Ann Intern Med*. 2017;166:514-530. doi:10.7326/M16-2367
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**Review History**

06/11/2025 – Reviewed at June P&T. Effective 09/1/2025.

