

## Commercial PA Criteria

*Effective: May 8, 2025*

**Prior Authorization:** Journavx

**Products Affected:** Journavx (suzetrigine tablets)

**Medication Description:** Suzetrigine is a selective blocker of the NaV1.8 voltage-gated sodium channel, compared to other known voltage-gated sodium channels (NaV1.1 through 1.9). NaV1.8 is expressed in peripheral sensory neurons, including dorsal root ganglion neurons, where its role is to transmit pain signals (action potentials). By selectively inhibiting NaV1.8 channels, suzetrigine inhibits transmission of pain signals to the spinal cord and brain.

**Covered Uses:** Treatment of moderate to severe acute pain in adults

**Exclusion Criteria:**

1. Concomitant use with strong CYP3A inhibitors

**Required Medical Information:**

1. Diagnosis
2. Previous therapies tried and failed

**Prescriber Restriction:** None

**Age Restriction:** 18 years of age and older

**Coverage Duration:** 12 months

**Other Criteria:**

**Initial Approval Criteria**

1. **Moderate to severe pain.** Approve if the patient meets ALL of the following (A, **AND** B)
  - A. Approve if the patient has tried, and according to the prescriber experienced inadequate efficacy or significant intolerance with a prescription-dose nonsteroidal anti-inflammatory (NSAID) **OR**, according to the prescriber, has a contraindication to NSAIDs; **AND**
  - B. Approve if the patient has tried, and according to the prescriber experienced inadequate efficacy or significant intolerance with acetaminophen **OR**, according to the prescriber, has a contraindication to acetaminophen.

**Renewal Criteria**

1. Member has responded positively to therapy according to the prescriber; **AND**
2. Member has not experienced unacceptable toxicity from the medication

**References:**

1. Journavx™ tablets [prescribing information]. Boston, MA: Vertex; January 2025.

**Policy Revision history**

April 2025



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Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	05/08/2025