Prior Authorization Criteria

MISSISSIPPI DIVISION OF MEDICAID

JOURNAVX™ (*suzetrigine*) PA CRITERIA:

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

Prior authorization is required for JOURNAVX™ (suzetrigine). Prior authorization approval will be considered when the following criteria are met. Along with the Universal PA Form, please submit any supporting clinical documentation.

Requests for continued therapy following inpatient initiation or the use of medication samples will not, on their own, justify approval and must still meet the criteria below.

Initial Authorization: Duration of therapy is limited to 14 days every 60 days.

1. Age of the patient is within the age range as recommended by the FDA label; **AND**
2. Patient has documented moderate to severe acute pain; **AND**
3. Requested therapy length does not exceed 14 days; **AND**
4. Patient will not be concomitantly using JOURNAVX™ with strong CYP3A inhibitors and strong or moderate CYP3A inducers; **AND**
5. Patient does not have severe hepatic impairment (e.g., Child-Pugh Class C) or renal impairment of eGFR less than 15 mL/min; **AND**
6. Patient has a history of intolerance or contraindication to non-steroidal anti-inflammatory drugs (NSAIDs) AND acetaminophen.

JOURNAVX™ Dosing:

- The recommended starting dosage of JOURNAVX™ is 100 mg orally. Starting 12 hours after the initial dose, take 50 mg of JOURNAVX™ orally every 12 hours. Use of JOURNAVX™ for the treatment of moderate to severe acute pain has not been studied beyond 14 days. Please see the full prescribing information for dosage adjustments for patients with hepatic impairment or concomitant moderate CYP3A inhibitor use.

Formulation:

- JOURNAVX™ is available as a 50 mg tablets.