



## Journavx (suzetrigine) Quantity Limit Exceptions Criteria

### Disclaimer

*Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.*

*Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.*

Journavx (suzetrigine) Quantity Limit Exceptions Criteria	1
Summary	1
Definitions	2
Clinical Indications	2
Medical Necessity Criteria for Clinical Review	2
Indication-Specific Criteria	2
Acute Pain	2
Experimental or Investigational / Not Medically Necessary	3
References	3
Clinical Guideline Revision / History Information	3

### Summary

Acute pain is generally sudden in onset and limited in time. Acute pain is often caused by injury, trauma, or medical treatments such as surgery. Unresolved acute pain or subacute pain can evolve into chronic pain.

Nonopioid medications are part of the multimodal analgesia approach. Multimodal analgesia is used for perioperative pain management and other types of acute pain.

Journavx (suzetrigine) is a sodium channel blocker indicated for the treatment of moderate to severe acute pain in adults. Journavx (suzetrigine) 50 mg has a coded quantity limit of 30 tablets per 14 days with a maximum 4 fills per 365 days. Use Journavx (suzetrigine) for the shortest duration, consistent with individual treatment goals.

### Definitions

"Acute pain" is defined as having a duration less than one (1) month.

"Subacute pain" is defined as having a duration of one (1) to three (3) months.

"Chronic pain" is defined as having a duration of greater than (>) three (3) months.

"Quantity Limit" refers to a restriction on the amount or quantity of medication that can be dispensed during a specific time period.

"Quantity Limit Exception" is a request to dispense a medication at a quantity or dosage that exceeds the plan's established quantity limit for a given time period.

### Clinical Indications

#### Medical Necessity Criteria for Clinical Review

##### Indication-Specific Criteria

##### Acute Pain

The Plan considers Journavx (suzetrigine) quantities exceeding the established Plan limit of 4 fills per 365 days medically necessary when ALL of the following criteria are met:

1. The member is 18 years of age or older; *AND*
2. The member has a diagnosis of moderate to severe acute pain; *AND*
3. The member requires Journavx (suzetrigine) for the treatment of a separate episode of acute pain (i.e., a different episode of acute pain from the member's dispensing history); *AND*
4. The member is unable to use, or has tried and failed ALL of the following non-opioid pharmacologic therapies intended to treat pain:
  - a. Acetaminophen; *and*
  - b. Gabapentinoid; *and*
  - c. Oral nonsteroidal anti-inflammatory drug (NSAID); *AND*
5. Journavx (suzetrigine) is being prescribed at a dose and frequency that is within FDA approved labeling.

If the above prior authorization criteria are met, the requested product will be authorized for a one-time override for an additional fill.

#### Experimental or Investigational / Not Medically Necessary

Journavx (suzetrigine) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- Administration exceeding twice daily dosing of the 50 mg tablets
- Chronic pain
- Mild acute pain
- Treatment of acute pain beyond 14 days
- Treatment of pediatric patients

#### References

1. Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95.
2. Journavx [prescribing information]. Boston, MA: Vertex Pharmaceuticals Incorporated; January 2025.
3. Mariano ER, Dickerson DM, Szokol JW, et al. A multisociety organizational consensus process to define guiding principles for acute perioperative pain management. Reg Anesth Pain Med. 2022 Feb;47(2):118-127.
4. UptoDate. Nonopioid pharmacotherapy for acute pain in adults. Available at: <https://www.uptodate.com/contents/nonopioid-pharmacotherapy-for-acute-pain-in-adults>. Accessed April 22, 2025.

#### Clinical Guideline Revision / History Information

Original Date: 10/01/2025

Reviewed/Revised: