

Suzetrigine (Journavx™)

Goal(s):

- Allow use in accordance with available medical evidence for safety and efficacy.

Length of Authorization:

- Up to 14 days per acute injury/surgery

Requires PA:

- Suzetrigine quantities greater than 5 tablets total (50 mg tablets, a 48-hour supply) within 30 days

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is the patient an adult 18 years or older?	Yes: Go to #3	No: Pass to RPh. Deny; medical appropriateness.
3. Is the request for treatment of acute pain? Note: Acute pain is generally considered to last less than 30 days.	Yes: Go to #4	No: Pass to RPh. Deny; medical appropriateness.
4. Is the pain documented to be moderate to severe?	Yes: Go to #5 Record pain rating_____ using visual analogue scale (VAS), numeric pain rating scale (NPRS) or other validated measure.	No: Pass to RPh. Deny; medical appropriateness.

Approval Criteria

5. Has the patient already received 14 days of suzetrigine for this indication?	Yes: Pass to RPh. Deny; medical appropriateness.	No: Go to #6
6. Is there documentation that the patient is failing to receive adequate pain relief from, or have contraindications to, both acetaminophen and a non-steroidal anti-inflammatory agent?	Yes: Approved requested doses up to maximum 30 tablets (total includes any doses received before prior authorization requirement).	No: Pass to RPh. Deny; medical necessity.

P&T/DUR Review: 6/25 (SF)
Implementation: 8/1/25