

Clinical Policy Title:	suzetrigine
Policy Number:	RxA.891
Drug(s) Applied:	Journavx
Original Policy Date:	6/19/2025
Last Review Date:	03/11/2026
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Acute pain (must meet all):

1. Diagnosis of moderate to severe acute pain;
2. Member is at least 18 years of age;
3. Trial of both the following for at least one week unless contraindicated or clinically significant adverse effects are experienced (a and b):
 - a. NSAID
 - b. Tramadol.

Approval duration

All Lines of Business (except Medicare): 14 days, First fill limited to a 7 day supply

II. Continued Therapy Approval

A. Post-surgical pain (must meet all):

1. Reauthorization is not allowed. Members requiring more than 14 days of treatment should be referred to pain management.

References

1. Journavx. Package insert. Boston, MA; Vertex. 2025.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	6/19/2025	6/19/2025
Policy reviewed	11/17/2025	12/11/2025
Policy was reviewed: 1. Updated indication to include acute pain not just specific to post operative	3/11/2026	N/A

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