



Drug Name: Journavx (suzetrigine)

Effective Date: 08/01/2025

Dates Reviewed: 5/2025

Required Medical Information:	<ul style="list-style-type: none">• Patient is 18 years of age or older; AND• Patient has documentation of moderate to severe pain; AND• Patient has had trial and failure of 1 or more generic pain medication (NSAIDs, acetaminophen, opioid) within the previous 30 days or documentation specifying that alternative pain medications are not appropriate; OR• Patient has a history of opioid use disorder; AND• Patient will not take Journavx concomitantly with a strong CYP3A4 inhibitor (e.g., clarithromycin, itraconazole, ritonavir, ketoconazole, nefazodone, voriconazole)
Coverage Duration:	6 weeks
Quantity Limit:	Journavx 50 mg tablets: 29 tablets per 14 day supply every 6 weeks (An additional fill may be granted only after 6 weeks have elapsed since initial fill)
Coding Logic for Journavx Step Therapy:	Journavx will pay if there at least one paid claim of a buprenorphine product for opioid dependence (e.g., buprenorphine SL tablets, buprenorphine/naloxone SL tablets and films, Brixadi or Sublocade)

Investigational use: Neighborhood does not provide coverage for drugs when used for investigational purposes. All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use.