

Federal Employee Program.

Blue Cross Blue Shield Association

Blue Cross Blue Shield Association 750 9th St NW, Suite 900 Washington, D.C. 20001 1-800-624-5060 Fax 1-877-378-4727

5.70.087

Section: Prescription Drugs Effective Date: July 1, 2025

Subsection: Analgesics and Anesthetics Original Policy Date: March 7, 2025

Subject: Journavx Page: 1 of 4

Last Review Date: June 12, 2025

Journavx

Description

Journavx (suzetrigine)

Background

Journavx (suzetrigine) is a selective blocker of Na_v1.8 voltage-gated sodium channel. Na_v1.8 is expressed in peripheral sensory neurons including dorsal root ganglion neurons, where its role is to transmit pain signals (action potentials). By selectively inhibiting Na_v1.8 channels, Journavx inhibits transmission of pain signals to the spinal cord and brain (1).

Regulatory Status

FDA-approved indications: Journavx is a sodium channel blocker indicated for the treatment of moderate to severe acute pain in adults (1).

Concomitant use with strong CYP3A inhibitors is contraindicated. Reduce the Journavx dose when used concomitantly with moderate CYP3A inhibitors. Avoid food and drinks containing grapefruit (1).

Journavx use has been associated with moderate and severe hepatic impairment. Avoid use in patients with severe hepatic impairment (Child-Pugh Class C). Use in patients with moderate hepatic impairment may increase the risk of adverse reactions and the dose of Journavx should be lowered (1).

Journavx-treated patients taking concomitant hormonal contraceptives containing progestins other than levonorgestrel and norethindrone should use additional nonhormonal contraceptives

5.70.087

Section: Prescription Drugs Effective Date: July 1, 2025

Subsection: Analgesics and Anesthetics Original Policy Date: March 7, 2025

Subject: Journavx Page: 2 of 4

(such as condoms) or use alternative contraceptives during Journavx treatment and for 28 days after discontinuation of Journavx (1).

Journavx should be used for the shortest duration, consistent with individual patient treatment goals. Use of Journavx for the treatment of moderate to severe acute pain has not been studied beyond 14 days (1).

The safety and effectiveness of Journavx in pediatric patients under the age of 18 have not been established (1).

Related policies

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Journavx may be considered **medically necessary** if the conditions indicated below are met.

Journavx may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Moderate to severe acute pain

AND NONE of the following:

a. Severe hepatic impairment (Child-Pugh Class C)

Prior – Approval Renewal Requirements

Same as above

5.70.087

Section: Prescription Drugs Effective Date: July 1, 2025

Subsection: Analgesics and Anesthetics Original Policy Date: March 7, 2025

Subject: Journavx Page: 3 of 4

Policy Guidelines

Pre - PA Allowance

Age 18 years of age and older

Quantity 30 tablets

Duration 365 days

Prior - Approval Limits

Quantity 60 tablets

Duration 28 days

Prior - Approval Renewal Limits

Same as above

Rationale

Summary

Journavx is a sodium channel blocker indicated for the treatment of moderate to severe acute pain in adults. Concomitant use with strong CYP3A inhibitors is contraindicated. Use in patients with severe hepatic impairment (Child-Pugh Class C) should be avoided. The safety and effectiveness in pediatric patients under the age of 18 years of age have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Journavx while maintaining optimal therapeutic outcomes.

References

1. Journavx [package insert]. Boston, MA: Vertex Pharmaceuticals Incorporated; January 2025.

Policy History

Date Action

5.70.087

Section: Prescription Drugs Effective Date: July 1, 2025

Subsection: Analgesics and Anesthetics Original Policy Date: March 7, 2025

Subject: Journavx Page: 4 of 4

March 2025 Addition to PA
June 2025 Annual review

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 12, 2025 and is effective on July 1, 2025.