

# JOURNAVX (suzetrigine)

#### **Pre - PA Allowance**

Age 18 years of age and older

**Quantity** 30 tablets **Duration** 365 days

# **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 Limits**

**Quantity** 60 tablets **Duration** 28 days

## Prior – Approval Renewal Requirements

Same as above

#### Prior - Approval Renewal Limits

Same as above