DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Pain – Journavx Drug Quantity Management Policy – Per Days
- Journavx™ (suzetrigine tablets – Vertex)

REVIEW DATE: 02/19/2025

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Journavx, a sodium channel blocker, is indicated for the treatment of **moderate to severe acute pain** in adults.[1]

Dosing

The recommended starting dose of Journavx is 100 mg orally. Take the starting dose on an empty stomach at least 1 hour before or 2 hours after food to avoid delay in onset of action. Clear liquids may be consumed during this time (e.g., water, apple juice, vegetable broth, tea, black coffee). Starting 12 hours after the initial dose, the patient should take 50 mg of Journavx orally every 12 hours with or without food, avoiding food or drink containing grapefruit.

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. The dosing frequency may need to be extended for patients with hepatic impairment or in those patients taking concomitant moderate cytochrome P450 (CYP)3A inhibitors. If a dose is missed, the patient should take the missed dose as soon as possible and then take the next scheduled dose at the recommended time. If two or more doses are missed, the

patient should take 100 mg and then take the next scheduled dose at the recommended time.

Availability

Journavx is available as 50 mg tablets in bottles of 30 or 100 tablets.[1] Tablets should be swallowed whole and not chewed or crushed.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Journavx. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. "One-time" approvals are provided for 30 days in duration.

Drug Quantity Limits

Product	Strength and Dosage Form	Retail Maximum Quantity	Home Delivery Maximum Quantity
Journavx™ (suzetrigine tablets)	50 mg tablets	30 tablets per 90 days	

Pain – Journavx Drug Quantity Management Policy – Per Days **product(s) is(are) covered as medically necessary when the following criteria is(are) met. Any other exception is considered not medically necessary.**

CRITERIA

1. If the patient requires Journavx for the treatment of a separate episode of acute pain (i.e., a different episode of acute pain from the previous dispensing), approve a one-time override for an additional 30 tablets at retail and home delivery.
Note: The approval quantity should be the number of Journavx tablets the patient has received in the past 90 days plus 30 tablets at retail and home delivery.

REFERENCES

1. Journavx™ tablets [prescribing information]. Boston, MA: Vertex; January 2025.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	---	02/19/2025