

# Suzetrigine (JOURNAVX)

## Criteria for Use

### MAY 2025

VA Pharmacy Benefits Management Services and National Formulary Committee

*The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.*

The Product Information should be consulted for detailed prescribing information.

See the VA National Formulary Committee Monograph on this drug at the [PBM INTRAnet](#) site for further information.

### Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive suzetrigine (JOURNAVX).

- Use for >5 days for any episode of care<sup>1</sup>
- Severe Renal Impairment (eGFR <15 mL/min – CKD-EPI body surface area adjusted)
- Severe Liver Disease (Child-Pugh class C, kinetics unknown) <sup>2</sup>
- Unmanageable drug-drug interactions (e.g. CYP 3A4 strong inhibitor or inducer) <sup>2</sup>
- Patients with pre-operative, long-term pain management already utilizing daily use of pain medications (e.g. NSAIDs or opioids) <sup>3</sup>
- Patients with a history (or current) arrhythmia or abnormal findings on EKG
- Known pregnancy

1. Although FDA labeled for use up to 14 days, in randomized controlled trials, suzetrigine was only used for 48 hours and in open-label trials majority of patients took for 7 days or less. Use greater than 5 days of treatment, but not to exceed 14 days of therapy, can be considered on a case-by-case basis.
2. In patients with moderate hepatic illness (Child-Pugh B) or taking moderate CYP3A4 inhibitors, manufacturer recommends after 4 doses (start of day 3) reduce dose frequency to once every 24 hours; Avoid use in patients on strong or moderate CYP3A4 inducers
3. Suzetrigine has not been studied within the complex of a multi-modal post-operative pain management strategy. For patients already on pre-surgical pain therapy that can be continued or titrated for post-surgical pain, the efficacy of suzetrigine in this context has not been studied and is unknown. Use can be considered on a case-by-case basis.

### Inclusion Criteria

All of the following criteria must be met.

- Patients undergoing surgical procedure expected to result in moderate-to-severe pain
  - Patients unable to use or with insufficient response to systemic NSAIDs or acetaminophen as part of Enhanced Recovery After Surgery (ERAS) protocol
  - Patient unable to use opioids or use of opioids, including buprenorphine, is inadvisable <sup>4</sup>, <sup>5</sup>
4. When use of opioids is appropriate, such use should not be avoided purely for the sake of opioid minimization. With appropriate monitoring and risk mitigation opioids can be a component of a multi-modal pain management strategy even in high-risk patients
  5. Suzetrigine has not been studied in combination with opioids. However, it may be considered on a case-by-case basis when post-operative opioids will be used, but opioid minimization is particularly important (e.g. abdominal surgery)

### Additional Inclusion Criteria

- For females who can become pregnant: Pregnancy must be excluded prior to receiving suzetrigine

Suzetrigine (JOURNAVX) Criteria

- For females who can become pregnant: if on contraceptives containing progestins other than levonorgestrel and norethindrone, counseling provided on potential risks vs benefits of treatment and the use of alternative contraception during therapy

**Other Justification**

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