Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Journavx (Suzetrigine)

Clinical Criteria Information Included in this Document

Journavx (Suzetrigine)

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Initial publication and presentation to the DUR Board

PAXPRESS™

Journavx (Suzetrigine)

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
JOURNAVX 50 MG TABLET	56988

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Journavx (Suzetrigine)

Clinical Criteria Logic

1. Is the client greater than or equal to (≥) 18 years of age?

   [ ] Yes – Go to #2

   [ ] No – Deny

2. Will the client have concurrent therapy with a strong CYP3A4 inhibitor or a moderate to strong CYP3A4 inducer?

   [ ] Yes – Deny

   [ ] No – Go to #3

3. Does the client have a history of severe hepatic impairment (Child-Pugh Class C) in the last 365 days?

   [ ] Yes – Deny

   [ ] No – Go to #4

4. Is the requested quantity for less than or equal to (≤) 30 units per 14 days?

   [ ] Yes – Approve (14 days)

   [ ] No – Deny

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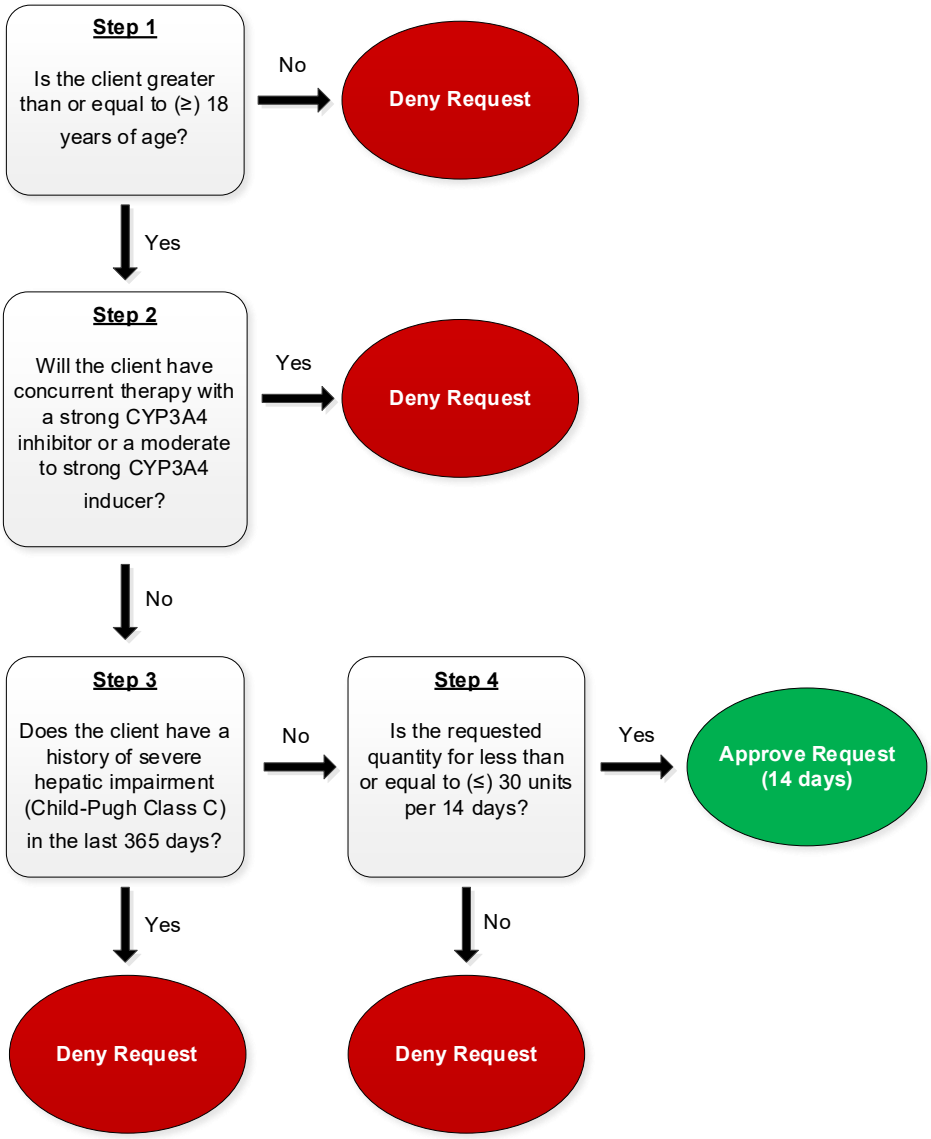
Clinical Criteria Logic Diagram



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Journavx (Suzetrigine)

Clinical Criteria Supporting Tables

Table 2a (strong CYP3A4 inhibitors) Required quantity: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
91491	AGENERASE 15 MG/ML ORAL SOLN
94449	AGENERASE 150 MG CAPSULE
93669	AGENERASE 50 MG CAPSULE
10320	AMIODARONE 150 MG/3 ML AMP
21328	AMIODARONE 150 MG/3 ML SYRINGE
17795	AMIODARONE 150 MG/3 ML VIAL
17795	AMIODARONE 450 MG/9 ML VIAL
17795	AMIODARONE 900 MG/18 ML VIAL
10921	AMIODARONE HCL 100 MG TABLET
17795	AMIODARONE HCL 150 MG/3 ML VIAL
10920	AMIODARONE HCL 200 MG TABLET
12465	AMIODARONE HCL 400 MG TABLET
10320	AMIODARONE HCL 50 MG/ML AMP
21328	AMIODARONE HCL 50 MG/ML SYRN
17795	AMIODARONE HCL 50 MG/ML VIAL
10320	AMIODARONE HCL AMPUL
25434	AMIODARONE HCL POWDER
14234	APTIVUS 100 MG/ML SOLUTION
24906	APTIVUS 250 MG CAPSULE
19952	ATAZANAVIR SULFATE 150 MG CAP

Table 2a (strong CYP3A4 inhibitors) Required quantity: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
19953	ATAZANAVIR SULFATE 200 MG CAP
97430	ATAZANAVIR SULFATE 300 MG CAP
27346	ATRIPLA TABLET
74590	BELLAMINE TABLET
74590	BELLAMINE-S TABLET
74590	BELLAMOR TABLET
74590	BELLAPHEN-S TABLET
74590	BELLASPAS TABLET
74590	BELLERGAL-S TABLET
74590	BEL-PHEN-ERGOT S TABLET
74590	BEL-PHEN-ERGOT TABLET
74590	BEL-TABS TABLET
11670	BIAXIN 125 MG/5 ML SUSPENSION
92594	BIAXIN 187.5 MG/5 ML SUSP
48852	BIAXIN 250 MG TABLET
11671	BIAXIN 250 MG/5 ML SUSPENSION
48851	BIAXIN 500 MG TABLET
48850	BIAXIN XL 500 MG TABLET
48850	BIAXIN XL 500 MG TABLET SA
72930	CAFATINE SUPPOSITORY
72950	CAFATINE TABLET
72930	CAFERGOT SUPPOSITORY
72950	CAFERGOT TABLET

Table 2a (strong CYP3A4 inhibitors) **Required quantity: *1*** **Look back timeframe: *current therapy***	
GCN	**Label Name**
72950	CAFERMINE TABLET
72930	CAFETRATE SUPPOSITORY
72950	CAFFER-TAB TABLET
02643	CARDIZEM 100 MG MONOVIAL
02363	CARDIZEM 120 MG TABLET
02360	CARDIZEM 30 MG TABLET
02642	CARDIZEM 5 MG/ML LYO-JECT
02641	CARDIZEM 5 MG/ML VIAL
02361	CARDIZEM 60 MG TABLET
02362	CARDIZEM 90 MG TABLET
02326	CARDIZEM CD 120 MG CAPSULE
02323	CARDIZEM CD 180 MG CAPSULE
02324	CARDIZEM CD 240 MG CAPSULE
02325	CARDIZEM CD 300 MG CAPSULE
07460	CARDIZEM CD 360 MG CAPSULE
19180	CARDIZEM LA 120 MG TABLET
19183	CARDIZEM LA 180 MG TABLET
19184	CARDIZEM LA 240 MG TABLET
19185	CARDIZEM LA 300 MG TABLET
19186	CARDIZEM LA 360 MG TABLET
19187	CARDIZEM LA 420 MG TABLET
02321	CARDIZEM SR 120 MG CAPSULE
02322	CARDIZEM SR 60 MG CAPSULE

Table 2a (strong CYP3A4 inhibitors) **Required quantity: *1*** **Look back timeframe: *current therapy***	
GCN	**Label Name**
02320	CARDIZEM SR 90 MG CAPSULE
02326	CARTIA XT 120 MG CAPSULE
02326	CARTIA XT 120 MG CAPSULE SA
02323	CARTIA XT 180 MG CAPSULE
02323	CARTIA XT 180 MG CAPSULE SA
02324	CARTIA XT 240 MG CAPSULE
02324	CARTIA XT 240 MG CAPSULE SA
02325	CARTIA XT 300 MG CAPSULE
02325	CARTIA XT 300 MG CAPSULE SA
11670	CLARITHROMYCIN 125 MG/5 ML SUS
48852	CLARITHROMYCIN 250 MG TABLET
11671	CLARITHROMYCIN 250 MG/5 ML SUS
48851	CLARITHROMYCIN 500 MG TABLET
48850	CLARITHROMYCIN ER 500 MG TAB
14456	CLARITHROMYCIN POWDER
10920	CORDARONE 200 MG TABLET
10320	CORDARONE I.V. AMPUL
26823	CRIXIVAN 100 MG CAPSULE
26820	CRIXIVAN 200 MG CAPSULE
26824	CRIXIVAN 333 MG CAPSULE
26822	CRIXIVAN 400 MG CAPSULE
45887	CURCUMIN POWDER
26060	DANAZOL 100 MG CAPSULE

Table 2a (strong CYP3A4 inhibitors) **Required quantity: *1*** **Look back timeframe: *current therapy***	
GCN	**Label Name**
26061	DANAZOL 200 MG CAPSULE
26062	DANAZOL 50 MG CAPSULE
90095	DANAZOL POWDER
26060	DANOCRINE 100 MG CAPSULE
26061	DANOCRINE 200 MG CAPSULE
26062	DANOCRINE 50 MG CAPSULE
56461	DANZITEN 71 MG TABLET
56462	DANZITEN 95 MG TABLET
99434	DARUNAVIR 600 MG TABLET
33723	DARUNAVIR 800 MG TABLET
99500	DIACOMIT 250 MG CAPSULE
99502	DIACOMIT 250 MG POWDER PACKET
99501	DIACOMIT 500 MG CAPSULE
99503	DIACOMIT 500 MG POWDER PACKET
07463	DILACOR XR 120 MG CAPSULE
07463	DILACOR XR 120 MG CAPSULE SA
07461	DILACOR XR 180 MG CAPSULE
07461	DILACOR XR 180 MG CAPSULE SA
07462	DILACOR XR 240 MG CAPSULE
07462	DILACOR XR 240 MG CAPSULE SA
07463	DILT XR 120 MG CAPSULE
07461	DILT XR 180 MG CAPSULE
07462	DILT XR 240 MG CAPSULE

Table 2a (strong CYP3A4 inhibitors) Required quantity: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
02326	DILT-CD 120 MG CAPSULE
02323	DILT-CD 180 MG CAPSULE
02324	DILT-CD 240 MG CAPSULE
02325	DILT-CD ER 300 MG CAPSULE
07463	DILTIA XT 120 MG CAPSULE
07461	DILTIA XT 180 MG CAPSULE
07462	DILTIA XT 240 MG CAPSULE
25527	DILTIAZEM 100 MG ADD-VAN VIAL
02363	DILTIAZEM 120 MG CAPLET
02321	DILTIAZEM 120 MG CAPSULE SA
02363	DILTIAZEM 120 MG TABLET
02641	DILTIAZEM 125 MG/25 ML VIAL
02321	DILTIAZEM 12HR ER 120 MG CAP
02322	DILTIAZEM 12HR ER 60 MG CAP
02320	DILTIAZEM 12HR ER 90 MG CAP
02326	DILTIAZEM 24H ER(CD) 120 MG CP
02323	DILTIAZEM 24H ER(CD) 180 MG CP
02324	DILTIAZEM 24H ER(CD) 240 MG CP
02325	DILTIAZEM 24H ER(CD) 300 MG CP
07460	DILTIAZEM 24H ER(CD) 360 MG CP
19180	DILTIAZEM 24H ER(LA) 120 MG TB
19183	DILTIAZEM 24H ER(LA) 180 MG TB
19184	DILTIAZEM 24H ER(LA) 240 MG TB

Table 2a (strong CYP3A4 inhibitors) Required quantity: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
19185	DILTIAZEM 24H ER(LA) 300 MG TB
19186	DILTIAZEM 24H ER(LA) 360 MG TB
19187	DILTIAZEM 24H ER(LA) 420 MG TB
07463	DILTIAZEM 24H ER(XR) 120 MG CP
07461	DILTIAZEM 24H ER(XR) 180 MG CP
07462	DILTIAZEM 24H ER(XR) 240 MG CP
02326	DILTIAZEM 24HR CD 120 MG CAP
02323	DILTIAZEM 24HR CD 180 MG CAP
02324	DILTIAZEM 24HR CD 240 MG CAP
02325	DILTIAZEM 24HR CD 300 MG CAP
02326	DILTIAZEM 24HR ER 120 MG CAP
02330	DILTIAZEM 24HR ER 120 MG CAP
02323	DILTIAZEM 24HR ER 180 MG CAP
02329	DILTIAZEM 24HR ER 180 MG CAP
19183	DILTIAZEM 24HR ER 180 MG TAB
02324	DILTIAZEM 24HR ER 240 MG CAP
02332	DILTIAZEM 24HR ER 240 MG CAP
19184	DILTIAZEM 24HR ER 240 MG TAB
02325	DILTIAZEM 24HR ER 300 MG CAP
02333	DILTIAZEM 24HR ER 300 MG CAP
19185	DILTIAZEM 24HR ER 300 MG TAB
02328	DILTIAZEM 24HR ER 360 MG CAP
07460	DILTIAZEM 24HR ER 360 MG CAP

Table 2a (strong CYP3A4 inhibitors) **Required quantity: *1*** **Look back timeframe: *current therapy***	
GCN	**Label Name**
19186	DILTIAZEM 24HR ER 360 MG TAB
94691	DILTIAZEM 24HR ER 420 MG CAP
19187	DILTIAZEM 24HR ER 420 MG TAB
02642	DILTIAZEM 25 MG/5 ML CARPUJECT
02641	DILTIAZEM 25 MG/5 ML VIAL
02360	DILTIAZEM 30 MG TABLET
02642	DILTIAZEM 5 MG/ML CARPUJECT
02642	DILTIAZEM 5 MG/ML MIN-I-JET
02641	DILTIAZEM 5 MG/ML VIAL
02641	DILTIAZEM 50 MG/10 ML VIAL
02322	DILTIAZEM 60 MG CAPSULE SA
02361	DILTIAZEM 60 MG TABLET
02362	DILTIAZEM 90 MG CAPLET
02320	DILTIAZEM 90 MG CAPSULE SA
02362	DILTIAZEM 90 MG TABLET
02330	DILTIAZEM ER 120 MG CAPSULE
07463	DILTIAZEM ER 120 MG CAPSULE
02329	DILTIAZEM ER 180 MG CAPSULE
07461	DILTIAZEM ER 180 MG CAPSULE
07462	DILTIAZEM ER 240 MG CAPSULE
02322	DILTIAZEM ER 60 MG 12-HR CAP
02322	DILTIAZEM ER 60 MG CAP SA
02320	DILTIAZEM ER 90 MG 12-HR CAP

Table 2a (strong CYP3A4 inhibitors) Required quantity: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
25527	DILTIAZEM HCL 100 MG VIAL
02326	DILTIAZEM HCL 120 MG CAP SA
02330	DILTIAZEM HCL 120 MG CAP SA
02323	DILTIAZEM HCL 180 MG CAP SA
02329	DILTIAZEM HCL 180 MG CAP SA
02324	DILTIAZEM HCL 240 MG CAP SA
02332	DILTIAZEM HCL 240 MG CAP SA
02333	DILTIAZEM HCL 300 MG CAP ER
02325	DILTIAZEM HCL 300 MG CAP SA
02333	DILTIAZEM HCL 300 MG CAP SA
02328	DILTIAZEM HCL 360 MG CAP ER
02328	DILTIAZEM HCL 360 MG CAP SA
02332	DILTIAZEM HCL ER 240 MG CAP
02333	DILTIAZEM HCL ER 300 MG CAP
02328	DILTIAZEM HCL ER 360 MG CAP
94691	DILTIAZEM HCL ER 420 MG CAP
90257	DILTIAZEM HCL POWDER
07463	DILTIAZEM XR 120 MG CAP SA
02323	DILTIAZEM XR 180 MG CAP SA
07461	DILTIAZEM XR 180 MG CAP SA
02324	DILTIAZEM XR 240 MG CAP SA
07462	DILTIAZEM XR 240 MG CAP SA
07462	DILTIAZEM XR 240 MG CAPSULE

Table 2a (strong CYP3A4 inhibitors) Required quantity: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
07463	DILT-XR 120 MG CAP SA
07461	DILT-XR 180 MG CAP SA
07462	DILT-XR 240 MG CAP SA
02330	DILTZAC ER 120 MG CAPSULE
02329	DILTZAC ER 180 MG CAPSULE
02332	DILTZAC ER 240 MG CAPSULE
02333	DILTZAC ER 300 MG CAPSULE
02328	DILTZAC ER 360 MG CAPSULE
74590	DURAGAL-S TABLET
27346	EFAVIR-EMTRI-TENOF 600-200-300
43303	EFAVIRENZ 200 MG CAPSULE
43301	EFAVIRENZ 50 MG CAPSULE
15555	EFAVIRENZ 600 MG TABLET
44425	EFAVIR-LAMIV-TENOF 400-300-300
44548	EFAVIR-LAMIV-TENOF 600-300-300
74590	EPERBEL-S TABLETS
72950	ERCAF TABLET
72950	ERCATAB
17060	ERGOMAR 2 MG SL TABLET
17060	ERGOMAR 2 MG TABLET SL
17060	ERGOMAR 2 MG TABLET SUBLINGUAL
17060	ERGOSTAT 2 MG TABLET SL
80932	ERGOTAMINE TARTRATE POWDER

Table 2a (strong CYP3A4 inhibitors) Required quantity: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
72930	ERGOTAMINE/CAFFEINE SUPPOS
72950	ERGOTAMINE/CAFFEINE TABLET
72950	ERGOTAMINE-CAFFEINE 1-100MG TB
72950	ERGOTAMINE-CAFFEINE TABLET
37797	EVOTAZ 300 MG-150 MG TABLET
95788	FORTOVASE 200 MG SOFTGEL CAP
72950	GOTAMINE TABLET
29964	INCIVEK 375 MG TABLET
26760	INVIRASE 200 MG CAPSULE
23952	INVIRASE 500 MG TABLET
49100	ITRACONAZOLE 10 MG/ML SOLUTION
49101	ITRACONAZOLE 100 MG CAPSULE
49100	ITRACONAZOLE 100 MG/10 ML CUP
40516	ITRACONAZOLE MICRONIZED POWDER
13697	ITRACONAZOLE POWDER
99101	KALETRA 100-25 MG TABLET
31781	KALETRA 133.3-33.3 MG SOFTGEL
25919	KALETRA 200-50 MG TABLET
31782	KALETRA 80 MG-20 MG/ML SOLN
31781	KALETRA SOFTGEL
25905	KETEK 300 MG TABLET
15175	KETEK 400 MG TABLET
15175	KETEK PAK 400 MG TABLET

Table 2a (strong CYP3A4 inhibitors) Required quantity: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
28905	KETOCON + PLUS COMBO PACK
28905	KETOCON COMBO PACK
42590	KETOCONAZOLE 200 MG TABLET
40057	KETOCONAZOLE CRYSTALS
41665	KETOCONAZOLE MICRONIZED POWDER
96125	KETOCONAZOLE POWDER
43162	KISQALI 200 MG DAILY DOSE
43166	KISQALI 400 MG DAILY DOSE
43167	KISQALI 600 MG DAILY DOSE
43366	KISQALI FEMARA 200 MG CO-PACK
43368	KISQALI FEMARA 400 MG CO-PACK
43369	KISQALI FEMARA 600 MG CO-PACK
72950	LANATRATE TABLET
31782	LOPINAVIR-RITONAVIR 80-20MG/ML
99101	LOPINAVIR-RITONAVR 100-25MG TB
25919	LOPINAVIR-RITONAVR 200-50MG TB
19183	MATZIM LA 180 MG TABLET
19184	MATZIM LA 240 MG TABLET
19185	MATZIM LA 300 MG TABLET
19186	MATZIM LA 360 MG TABLET
19187	MATZIM LA 420 MG TABLET
26400	METHIMAZOLE 10 MG TABLET
00587	METHIMAZOLE 20 MG TABLET

Table 2a (strong CYP3A4 inhibitors) Required quantity: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
26401	METHIMAZOLE 5 MG TABLET
90158	METHIMAZOLE POWDER
72930	MIGERGOT 2-100 MG SUPPOSITORY
72930	MIGERGOT SUPPOSITORY
16406	NEFAZODONE HCL 100 MG TABLET
16407	NEFAZODONE HCL 150 MG TABLET
16408	NEFAZODONE HCL 200 MG TABLET
16409	NEFAZODONE HCL 250 MG TABLET
16404	NEFAZODONE HCL 50 MG TABLET
28737	NILOTINIB 150 MG CAPSULE
99070	NILOTINIB 200 MG CAPSULE
44546	NILOTINIB 50 MG CAPSULE
26400	NORTHYX 10 MG TABLET
98814	NORTHYX 15 MG TABLET
00587	NORTHYX 20 MG TABLET
26401	NORTHYX 5 MG TABLET
26812	NORVIR 100 MG CAPSULE
40309	NORVIR 100 MG POWDER PACKET
26812	NORVIR 100 MG SOFTGEL CAP
28224	NORVIR 100 MG TABLET
26810	NORVIR 80 MG/ML SOLUTION
49744	NOXAFIL 300 MG POWDERMIX SUSP
36248	NOXAFIL 300 MG/16.7 ML VIAL

Table 2a (strong CYP3A4 inhibitors) Required quantity: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
26502	NOXAFIL 40 MG/ML SUSPENSION
35649	NOXAFIL DR 100 MG TABLET
33787	ONMEL 200 MG TABLET
10921	PACERONE 100 MG TABLET
10920	PACERONE 200 MG TABLET
23573	PACERONE 300 MG TABLET
12465	PACERONE 400 MG TABLET
52199	PAXLOVID 150-100 MG (MODERATE)
52199	PAXLOVID 150-100 MG PACK (EUA)
57553	PAXLOVID 300/150-100MG(SEVERE)
51742	PAXLOVID 300-100 MG DOSE PACK
51742	PAXLOVID 300-100 MG PACK (EUA)
74590	PBE TABLET
47062	PEDIZOL PAK
74590	PHENERBEL-S TABLET
74590	PHENOBARB/ERGOT/BELL TAB
74590	PHENOBELLA TABLET
26502	POSACONAZOLE 200 MG/5 ML SUSP
36248	POSACONAZOLE 300 MG/16.7 ML VL
35649	POSACONAZOLE DR 100 MG TABLET
37367	PREZCOBIX 800 MG-150 MG TABLET
31201	PREZISTA 100 MG/ML SUSPENSION
23489	PREZISTA 150 MG TABLET

Table 2a (strong CYP3A4 inhibitors) Required quantity: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
27226	PREZISTA 300 MG TABLET
14569	PREZISTA 400 MG TABLET
99434	PREZISTA 600 MG TABLET
16759	PREZISTA 75 MG TABLET
33723	PREZISTA 800 MG TABLET
51757	RECORLEV 150 MG TABLET
43560	RESCRIPTOR 100 MG TABLET
51631	RESCRIPTOR 200 MG TABLET
19949	REYATAZ 100 MG CAPSULE
19952	REYATAZ 150 MG CAPSULE
19953	REYATAZ 200 MG CAPSULE
97430	REYATAZ 300 MG CAPSULE
36647	REYATAZ 50 MG POWDER PACKET
28224	RITONAVIR 100 MG TABLET
43327	RYDAPT 25 MG CAPSULE
46580	SELDANE 60 MG TABLET
46580	SELDANE 60MG TABLET
90590	SELDANE-D 120 MG/60 MG TAB SA
16406	SERZONE 100 MG TABLET
16407	SERZONE 150 MG TABLET
16408	SERZONE 200 MG TABLET
16409	SERZONE 250 MG TABLET
16404	SERZONE 50 MG TABLET

Table 2a (strong CYP3A4 inhibitors) Required quantity: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
74590	SPASTERIN TABLET
74580	SPASTRIN TABLET
74590	SPASTRIN TABLET
49100	SPORANOX 10 MG/ML SOLUTION
49101	SPORANOX 100 MG CAPSULE
91170	SPORANOX 250 MG KIT
43302	SUSTIVA 100 MG CAPSULE
43303	SUSTIVA 200 MG CAPSULE
43301	SUSTIVA 50 MG CAPSULE
15555	SUSTIVA 600 MG TABLET
44548	SYMFI 600-300-300 MG TABLET
44425	SYMFI LO 400-300-300 MG TABLET
43968	SYMTUZA 800-150-200-10 MG TAB
40770	TAO 250 MG CAPSULE
26400	TAPAZOLE 10 MG TABLET
26401	TAPAZOLE 5 MG TABLET
28737	TASIGNA 150 MG CAPSULE
99070	TASIGNA 200 MG CAPSULE
44546	TASIGNA 50 MG CAPSULE
02330	TAZTIA XT 120 MG CAPSULE
02329	TAZTIA XT 180 MG CAPSULE
02332	TAZTIA XT 240 MG CAPSULE
02333	TAZTIA XT 300 MG CAPSULE

Table 2a (strong CYP3A4 inhibitors) Required quantity: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
02328	TAZTIA XT 360 MG CAPSULE
54509	TECZEM 5/180 TABLET SA
46580	TERFENADINE 60 MG TABLET
90262	TERFENADINE POWDER
02330	TIADYLT ER 120 MG CAPSULE
02329	TIADYLT ER 180 MG CAPSULE
02332	TIADYLT ER 240 MG CAPSULE
02333	TIADYLT ER 300 MG CAPSULE
02328	TIADYLT ER 360 MG CAPSULE
94691	TIADYLT ER 420 MG CAPSULE
42511	TIAMATE 120 MG TABLET SA
42512	TIAMATE 180 MG TABLET SA
42513	TIAMATE 240 MG TABLET SA
02330	TIAZAC 120 MG CAPSULE SA
02329	TIAZAC 180 MG CAPSULE SA
02332	TIAZAC 240 MG CAPSULE SA
02330	TIAZAC ER 120 MG CAPSULE
02329	TIAZAC ER 180 MG CAPSULE
02332	TIAZAC ER 240 MG CAPSULE
02333	TIAZAC ER 300 MG CAPSULE
02328	TIAZAC ER 360 MG CAPSULE
94691	TIAZAC ER 420 MG CAPSULE
45848	TOLSURA 65 MG CAPSULE

Table 2a (strong CYP3A4 inhibitors) Required quantity: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
26337	VAPRISOL 20 MG/4 ML AMPULE
17498	VFEND 200 MG TABLET
21513	VFEND 40 MG/ML SUSPENSION
17497	VFEND 50 MG TABLET
17499	VFEND IV 200 MG VIAL
29941	VICTRELIS 200 MG CAPSULE
40312	VIRACEPT 250 MG TABLET
19717	VIRACEPT 625 MG TABLET
40311	VIRACEPT POWDER
35816	VITEKTA 150 MG TABLET
35807	VITEKTA 85 MG TABLET
17498	VORICONAZOLE 200 MG TABLET
17499	VORICONAZOLE 200 MG VIAL
21513	VORICONAZOLE 40 MG/ML SUSP
17497	VORICONAZOLE 50 MG TABLET
30512	VORICONAZOLE POWDER
72930	WIGRAINE SUPPOSITORY
72950	WIGRAINE TABLET
17060	WIGRETTES 2 MG SL TABLET
48901	ZOKINVY 50 MG CAPSULE
48902	ZOKINVY 75 MG CAPSULE
36884	ZYDELIG 100 MG TABLET
36885	ZYDELIG 150 MG TABLET

Table 2b (moderate to strong CYP3A4 inducer) Required quantity: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
92373	BEXAROTENE 75 MG CAPSULE
17460	CARBAMAZEPINE 100 MG TAB CHEW
47500	CARBAMAZEPINE 100 MG/5 ML SUSP
17450	CARBAMAZEPINE 200 MG TABLET
23934	CARBAMAZEPINE ER 100 MG CAP
27820	CARBAMAZEPINE ER 100 MG TAB
23932	CARBAMAZEPINE ER 200 MG CAP
27821	CARBAMAZEPINE ER 200 MG TABLET
23933	CARBAMAZEPINE ER 300 MG CAP
27822	CARBAMAZEPINE ER 400 MG TABLET
27601	CARBAMAZEPINE 100 MG/5 ML CUP
27602	CARBAMAZEPINE 200 MG/10 ML CUP
23934	CARBATROL ER 100 MG CAPSULE
23932	CARBATROL ER 200 MG CAPSULE
23933	CARBATROL ER 300 MG CAPSULE
17700	DILANTIN 100 MG CAPSULE
17241	DILANTIN 125 MG/5 ML SUSP
17701	DILANTIN 30 MG CAPSULE
17250	DILANTIN 50 MG INFATAB
17450	EPITOL 200 MG TABLET
13781	EQUETRO 100 MG CAPSULE
13805	EQUETRO 200 MG CAPSULE

Table 2b (moderate to strong CYP3A4 inducer) Required quantity: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
13818	EQUETRO 300 MG CAPSULE
37810	LYSODREN 500 MG TABLET
17321	MYSOLINE 250 MG TABLET
17322	MYSOLINE 50 MG TABLET
36937	ORKAMBI 100-125 MG GRANULE PKT
42366	ORKAMBI 100-125 MG TABLET
42848	ORKAMBI 150-188 MG GRANULE PKT
39008	ORKAMBI 200-125 MG TABLET
12975	PHENOBARBITAL 100 MG TABLET
12971	PHENOBARBITAL 15 MG TABLET
97706	PHENOBARBITAL 16.2 MG TABLET
12956	PHENOBARBITAL 20 MG/5 ML ELIX
12973	PHENOBARBITAL 30 MG TABLET
97965	PHENOBARBITAL 32.4 MG TABLET
12972	PHENOBARBITAL 60 MG TABLET
97966	PHENOBARBITAL 64.8 MG TABLET
97967	PHENOBARBITAL 97.2 MG TABLET
12894	PHENOBARBITAL 65 MG/ML VIAL
12892	PHENOBARBITAL 130 MG/ML VIAL
15038	PHENYTEK 200 MG CAPSULE
15037	PHENYTEK 300 MG CAPSULE
17241	PHENYTOIN 125 MG/5 ML SUSP
17250	PHENYTOIN 50 MG TABLET CHEW

Table 2b (moderate to strong CYP3A4 inducer) Required quantity: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
17700	PHENYTOIN SOD EXT 100 MG CAP
15038	PHENYTOIN SOD EXT 200 MG CAP
15037	PHENYTOIN SOD EXT 300 MG CAP
17200	PHENYTOIN 50 MG/ML VIAL
17321	PRIMIDONE 250 MG TABLET
17322	PRIMIDONE 50 MG TABLET
41260	RIFADIN 150 MG CAPSULE
41261	RIFADIN 300 MG CAPSULE
41470	RIFADIN IV 600 MG VIAL
89800	RIFAMATE CAPSULE
41260	RIFAMPIN 150 MG CAPSULE
41261	RIFAMPIN 300 MG CAPSULE
41470	RIFAMPIN IV 600 MG VIAL
14142	RIFATER TABLET
47500	TEGRETOL 100 MG/5 ML SUSP
17460	TEGRETOL 100 MG TABLET CHEW
17450	TEGRETOL 200 MG TABLET
27820	TEGRETOL XR 100 MG TABLET
27821	TEGRETOL XR 200 MG TABLET
27822	TEGRETOL XR 400 MG TABLET
33183	XTANDI 40 MG CAPSULE
46626	XTANDI 40 MG TABLET
48452	XTANDI 80 MG TABLET

Table 3 (severe hepatic impairment (Child-Pugh Class C)) Required diagnosis: *1* Look back timeframe: *365* days	
ICD-10 Code	**Description**
B160	ACUTE HEPATITIS B WITH DELTA-AGENT WITH HEPATIC COMA
B161	ACUTE HEPATITIS B WITH DELTA-AGENT WITHOUT HEPATIC COMA
B162	ACUTE HEPATITIS B WITHOUT DELTA-AGENT WITH HEPATIC COMA
B169	ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC COMA
B170	ACUTE DELTA-(SUPER) INFECTION OF HEPATITIS B CARRIER
B1710	ACUTE HEPATITIS C WITHOUT HEPATIC COMA
B1711	ACUTE HEPATITIS C WITH HEPATIC COMA
B172	ACUTE HEPATITIS E
B178	OTHER SPECIFIED ACUTE VIRAL HEPATITIS
B179	ACUTE VIRAL HEPATITIS, UNSPECIFIED
B180	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B181	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B182	CHRONIC VIRAL HEPATITIS C
B188	OTHER CHRONIC VIRAL HEPATITIS
B189	CHRONIC VIRAL HEPATITIS, UNSPECIFIED
B190	UNSPECIFIFED VIRAL HEPATITIS WITH HEPATIC COMA
B1910	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA
B1920	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
B1921	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
B199	UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
K700	ALCOHOLIC FATTY LIVER

Table 3 (severe hepatic impairment (Child-Pugh Class C)) Required diagnosis: *1* Look back timeframe: *365* days	
ICD-10 Code	**Description**
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED
K710	TOXIC LIVER DISEASE WITH CHOLESTASIS
K7110	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITHOUT COMA
K7111	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITH COMA
K712	TOXIC LIVER DISEASE WITH ACUTE HEPATITIS
K713	TOXIC LIVER DISEASE WITH CHRONIC PERSISTENT HEPATITIS
K714	TOXIC LIVER DISEASE WITH CHRONIC LOBULAR HEPATITIS
K7150	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITHOUT ASCITES
K7151	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITH ASCITES
K716	TOXIC LIVER DISEASE WITH HEPATITIS, NOT ELSEWHERE CLASSIFIED
K717	TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER
K718	TOXIC LIVER DISEASE WITH OTHER DISORDERS OF LIVER
K719	TOXIC LIVER DISEASE, UNSPECIFIED
K7200	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA
K7201	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA
K7210	CHRONIC HEPATIC FAILURE WITHOUT COMA

Table 3 (severe hepatic impairment (Child-Pugh Class C)) Required diagnosis: *1* Look back timeframe: *365* days	
ICD-10 Code	**Description**
K7211	CHRONIC HEPATIC FAILURE WITH COMA
K7290	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA
K7291	HEPATIC FAILURE, UNSPECIFIED WITH COMA
K730	CHRONIC PERSISTENT HEPATITIS, NOT ELSEWHERE CLASSIFIED
K731	CHRONIC LOBULAR HEPATITIS, NOT ELSEWHERE CLASSIFIED
K732	CHRONIC ACTIVE HEPATITIS, NOT ELSEWHERE CLASSIFIED
K738	OTHER CHRONIC HEPATITIS, NOT ELSEWHERE CLASSIFIED
K739	CHRONIC HEPATITIS, UNSPECIFIED
K740	HEPATIC FIBROSIS
K741	HEPATIC SCLEROSIS
K742	HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS
K743	PRIMARY BILIARY CIRRHOSIS
K744	SECONDARY BILIARY CIRRHOSIS
K745	BILIARY CIRRHOSIS, UNSPECIFIED
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER CIRRHOSIS OF LIVER
K750	ABSCESS OF LIVER
K751	PHLEBITIS OF PORTAL VEIN
K752	NONSPECIFIC REACTIVE HEPATITIS
K753	GRANULOMATOUS HEPATITIS, NOT ELSEWHERE CLASSIFIED
K754	AUTOIMMUNE HEPATITIS
K7581	NONALCOHOLIC STEATOHEPATITIS (NASH)
K7589	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES

Table 3 (severe hepatic impairment (Child-Pugh Class C)) Required diagnosis: *1* Look back timeframe: *365* days	
ICD-10 Code	**Description**
K759	INFLAMMATORY LIVER DISEASE, UNSPECIFIED
K761	CHRONIC PASSIVE CONGESTION OF LIVER
K763	INFARCTION OF LIVER
K7689	OTHER SPECIFIED DISEASES OF LIVER
K769	LIVER DISEASE, UNSPECIFIED
K77	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE

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Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at www.clinicalpharmacology.com. Accessed on July 25, 2025.

2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on July 25, 2025.

3. Journavx Prescribing Information. Boston, MA. Vertex Pharmaceuticals Incorporated. January 2025.

4. 2025 ICD-10-CM Diagnosis Codes, Volume 1. 2025. Available at www.icd10data.com. Accessed on July 25, 2025.

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The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the Revision Notes on the first page of this document.

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