

PA DEPARTMENT OF HUMAN SERVICES
MAAC BRIEFING DOCUMENT
ANALGESICS, ACUTE PAIN AGENTS

Proposed Effective Date: January 5, 2026

I. Requirements for Prior Authorization of Analgesics, Acute Pain Agents

A. Prescriptions that Require Prior Authorization

All prescriptions for Analgesics, Acute Pain Agents must be prior authorized.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for an Analgesics, Acute Pain Agent, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. Is prescribed for the treatment of a diagnosis that is indicated in the U.S. Food and Drug (FDA)-approved package labeling or a medically accepted indication; **AND**
2. Is age-appropriate according to FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature; **AND**
3. Is prescribed a dose and duration of therapy that are consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature; **AND**
4. Does not have a contraindication to the prescribed drug; **AND**
5. Has a history of therapeutic failure of or a contraindication or an intolerance to **both** of the following:
 - a. Acetaminophen
 - b. An NSAID;

AND

6. For Journavx (suzetrigine), **both** of the following:
 - a. Has not received a 14-day supply of Journavx (suzetrigine) in the past 90 days
 - b. If Journavx (suzetrigine) has been used in the past, has documentation that the beneficiary is experiencing a new episode of moderate to severe acute pain that is separate and distinct from the previous episode that was treated with Journavx (suzetrigine);

AND

7. For a non-preferred Analgesics, Acute Pain Agent, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Analgesics, Acute Pain Agents. See

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the Preferred Drug List for the list of preferred Analgesics, Acute Pain Agents at:
<https://papdl.com/preferred-drug-list>; **AND**

8. If a prescription for an Analgesics, Acute Pain Agent is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in the Quantity Limits Chapter. The list of drugs that are subject to quantity limits, with accompanying quantity limits, is available at:
<https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/quantity-limits-daily-dose-limits.html>.

NOTE: If the beneficiary does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of a prescription for an Analgesics, Acute Pain Agent. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

D. Dose and Duration of Therapy

Requests for prior authorization of Journavx (suzetrigine) will be approved for up to 14 days.

E. References

1. Explain How Suzetrigine Stacks Up for Acute Pain. Pharmacist's Letter. March 2025, No. 410303
2. Journavx (suzetrigine) Prescribing Information. Boston, MA; Vertex Pharmaceuticals; January 2025.
3. Schwenk, E.S. Nonopioid pharmacotherapy for acute pain in adults. UpToDate. Accessed August 15, 2025.