

Patient information on Journavx

- What is Journavx?
 - Journavx is a newer, non-narcotic pain medication used to treat moderate to severe pain.
 - www.Journavx.com contains in depth information regarding the medication.
- What is the dosing?
 - Take 2 tablets after surgery on an empty stomach (2 hours since food or 1 hr before food). After that, take one tablet every 12 hours with or without food for moderate to severe pain.
- How long do I take it?
 - You should take it for moderate to severe pain.
 - When your pain becomes more mild, you can stop Journavx and take tylenol with an anti-inflammatory.
 - You should not take it for more than 14 days.
- What side effects does it cause?
 - The most common side effects are itchiness, muscle spasms, and rashes, but they are not common.
- Does it interact with any other medications or foods?
 - Do not take this with grapefruit juice, antifungals, or HIV drugs.
 - It can affect hormonal birth control. If you take hormonal birth control containing progestins other than levonorgestrel or norethindrone, it may not work as well during treatment with JOURNAVX. If your birth control contains levonorgestrel or norethindrone, it will not be affected by JOURNAVX.
 - If your birth control may be affected, it is recommended to use a second form of contraception for 28 days after taking Journavx.
- Can I still take tylenol, anti-inflammatories (ibuprofen, meloxicam, etc), or narcotics with it?
 - Yes, you can still take other pain medications with it. Journavx should significantly decrease your pain so you need less of the narcotic pain medications.
- Does my insurance cover it?
 - Yes, insurance covers 14 days of Journavx, which is 29 tablets.
 - If your co-pay is over \$30 for the prescription, please show the pharmacy the below card which will make the co-pay \$30.

Eligible patients with insurance will pay as little as \$30 per fill. NO ACTIVATION REQUIRED Available at major national and regional retail pharmacies	JOURNAVX+you Savings • Support From day one Processing Information: <table><tr><td>MEMBER ID</td><td>ERXJOURCARD</td></tr><tr><td>GROUP</td><td>99995391</td></tr><tr><td>BIN</td><td>610020</td></tr><tr><td>PCN</td><td>PDMI or PXXPDMI</td></tr></table> Present this Savings Card* to your pharmacist each time you fill your prescription. *Availability at individual stores may vary. Call your pharmacy to make sure they carry JOURNAVX. *Terms and conditions apply.	MEMBER ID	ERXJOURCARD	GROUP	99995391	BIN	610020	PCN	PDMI or PXXPDMI	The JOURNAVX® Savings Card[®] can be used in one of two ways: Co-pay Assistance Program 2026 Patient Savings Program[†] <i>To redeem this offer, bring this card and your JOURNAVX prescription to your pharmacy</i> *Terms and conditions apply. †The 2026 Patient Savings Program is an extension of the 2025 Patient Savings Program. See reverse side for full terms and conditions.
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In order to use this card, the patient must be prescribed JOURNAVX for an FDA-approved indication.										
PHARMACY PROCESSING INSTRUCTIONS										
Co-pay Assistance Program For patients with commercial insurance who have coverage for JOURNAVX	1. Submit the claim to the patient's primary commercial insurance 2. Submit the remaining out-of-pocket balance to PDMI as the secondary or tertiary payer with the card information above. Use COB with OCC 08 3. After applying the Savings Card, collect the remaining out-of-pocket amount from the patient If the claim is rejected due to Reject Codes 70 (product/service not covered), 75 (Prior Authorization required), or MR (Product Not on Formulary), leave the primary claim as rejected and follow the processing instructions for the 2026 Patient Savings Program below.									