



An Assessment of Early Suzetrigine Utilization in Real-World Settings

Vinod Dasa¹; Scott J. Keating²; Moeen Panni²; Jaideep Mehta²; Nicole Princic³; Meghan Moynihan³; Ann M. Menzie²

¹Department of Orthopedic Surgery, Louisiana State University Health Sciences Center, New Orleans, LA, USA; ²Vertex Pharmaceuticals Incorporated, Boston, MA, USA; ³Merative, Ann Arbor, MI, USA

INTRODUCTION

- Acute pain is a common condition that occurs suddenly and may last for up to 3 months¹
- In the United States (US), approximately 80 million people receive prescriptions for acute pain each year, typically for nonsteroidal anti-inflammatory drugs (NSAIDs), acetaminophen, and opioids.² These analgesics have safety limitations and may not provide adequate relief for severe pain
- Inadequately managed acute pain can lead to prolonged opioid use, increased morbidity, delayed recovery, and increased healthcare costs³
- Suzetrigine (SUZ) is a novel, oral, highly selective voltage-gated sodium channel 1.8 (Na_v1.8) pain signal inhibitor, approved in the US for the management of moderate-to-severe acute pain in adults⁴
- Real-world evidence on its use remains limited. This analysis describes early patterns of clinical utilization

OBJECTIVES

- To describe the demographic and clinical characteristics of patients prescribed SUZ in real-world settings
- To evaluate the types of procedures and care settings among patients who underwent surgery within 30 days before or after their initial SUZ prescription
- To characterize SUZ utilization patterns and the prescribing of other analgesics using administrative claims representing discharge and retail prescriptions

METHODS

- A retrospective, observational, drug utilization study was conducted using the Merative™ MarketScan® Commercial Claims and Medicare databases. The study period was November 1, 2024, through July 31, 2025
- Patients aged ≥17 years with at least 90 days of continuous enrollment prior to the index date (baseline period) and ≥1 outpatient pharmacy claim for SUZ (index date = earliest fill) between February 1, 2025, and July 2, 2025, were included in the analysis. The follow-up period was 30 days
- Patient demographic and clinical characteristics were assessed at index and during the baseline period, respectively. SUZ utilization and co-prescribing patterns were evaluated at index and throughout the follow-up period
- Medical claims were evaluated 30 days before and after the index date to identify SUZ use associated with surgical and non-surgical care, based on International Classification of Diseases 10th Revision Clinical Modification and Procedure Coding System (ICD-10-PCS) codes, Current Procedural Terminology (CPT) codes, and classifications defined by the Healthcare Cost and Utilization Project (HCUP) procedure classification system⁵
- Descriptive analyses were conducted for all study outcomes; no inferential analyses or statistical comparisons were performed
- Deidentified administrative claims data were used; therefore, institutional review board approval was not required

RESULTS

Demographic and Clinical Characteristics

- A total of 985 patients who met the selection criteria filled a prescription for SUZ and were included in this analysis
- The demographic and clinical characteristics are shown in **Table 1**
- The mean (SD) age was 60.2 (15.4) years; most patients were female (61.5%), and most were commercially insured (61.2%)
- SUZ was prescribed to patients ranging from 18 to 97 years old, with approximately 40% aged ≥65 years
- The most common Charlson Comorbidity Index (CCI) comorbidities were diabetes (with [8.6%] or without [15.7%] chronic complications), affecting nearly one-quarter of patients, and chronic pulmonary disease (12.3%)

Table 1. Patient Demographic and Clinical Characteristics	
	N = 985
Age, years	
Mean (SD)	60.2 (15.4)
Min, Max	18.0, 97.0
<65, n (%)	606 (61.5)
≥65, n (%)	379 (38.5)
Sex, n (%)	
Female	606 (61.5)
Male	379 (38.5)
Payer, n (%)	
Commercial	603 (61.2)
Medicare	382 (38.8)
Deyo-CCI, n (%)	
None (CCI = 0)	553 (56.1)
Mild (CCI = 1–2)	295 (29.9)
Moderate/Severe (CCI ≥3)	137 (13.9)
CCI comorbidities (≥5% prevalence)	
Diabetes without chronic complications ^a	155 (15.7)
Chronic pulmonary disease	121 (12.3)
Diabetes with chronic complications ^a	85 (8.6)
Any malignancy	79 (8.0)
Renal disease	74 (7.5)
Rheumatologic disease	58 (5.9)
Congestive heart failure	51 (5.2)

CCI, Charlson Comorbidity Index; SD, standard deviation.

^aMutually exclusive.

SUZ Treatment Characteristics

- Characteristics of SUZ prescribing at index and during follow-up are described in **Table 2**
- The median days' supply of the initial SUZ prescription was 15 days
 - Almost all (>99%) of the initial SUZ prescriptions were for 30 days or less, and approximately two-thirds were for 15 days or less
- Approximately 15% of patients received a SUZ refill within 30 days, with most receiving a single refill
- The average duration of the index SUZ treatment episode (including refills) was 19.7 days

Table 2. SUZ Prescribing Patterns at Index and During Follow-up	
Prescribing Patterns	N = 985
Index prescription	
Days' supply	
Mean (SD)	18.5 (9.9)
Median (Q1-Q3)	15.0 (14.0, 30.0)
Patients with ≤15 days' supply, n (%)	654 (66.4)
Patients with >15 days' supply, n (%)	331 (33.6)
Refills	
Patients with ≥1 refill after the index date, n (%)	145 (14.7)
Number of refills among patients with ≥1 refill	
Mean (SD)	1.1 (0.3)
Median (Q1-Q3)	1.0 (1.0, 1.0)
Refill days' supply	
Mean (SD)	20.3 (13.3)
Median (Q1-Q3)	15.0 (14.0, 30.0)
Duration of initial treatment episode,^a days	
Mean (SD)	19.7 (8.5)

Q1, first quartile; Q3, third quartile; SD, standard deviation; SUZ, suzetrigine.

^aThe SUZ treatment episode was defined as the time from the initial SUZ fill to a days' supply coverage gap of >5 days or censoring at the end of follow-up.

Co-Prescribing With SUZ

- SUZ was the only analgesic prescribed at index for >85% of patients
- Approximately 13% of patients initiating SUZ were co-prescribed another prescription analgesic on the index date (**Table 3**)

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Table 3. Co-Prescribing ^a of SUZ With Other Analgesics on the Index Date	
	N = 985
Patients with prescription analgesics co-prescribed on the index date, n (%)	
130 (13.2)	
Days' supply	
Patients co-prescribed opioids, n (%)	
91 (9.2)	
Mean (SD), days	15.3 (12.0)
Median (Q1-Q3), days	7.0 (5.0, 30.0)
Patients co-prescribed NSAIDs, n (%)	
56 (5.7)	
Mean (SD), days	30.3 (27.2)
Median (Q1-Q3), days	29.0 (10.0, 30.0)
Patients co-prescribed acetaminophen, n (%)	
46 (4.7)	
Mean (SD), days	18.8 (12.0)
Median (Q1-Q3), days	26.5 (7.0, 30.0)

NSAIDs, nonsteroidal anti-inflammatory drugs; Q1, first quartile; Q3, third quartile; SD, standard deviation; SUZ, suzetrigine.

^aAll medications were identified by claims for filled outpatient prescriptions; patients' actual usage of medications, including analgesics purchased out-of-pocket or over-the-counter, cannot be ascertained from healthcare claims.

Medical Claim Characteristics

- Medical characteristics were evaluated in the six months following SUZ approval, including surgical and non-surgical use
- Nearly one-quarter of patients (n=223, 22.6%) had evidence of a surgery
 - Surgeries occurred in both inpatient (n=23, 10.3%) and outpatient (n=208, 93.3%) settings of care
 - Inpatient surgeries included orthopedic and general, with the most common including thoracolumbar fusion, knee joint replacement revision, and abdominal surgeries
 - Outpatient surgeries included:
 - Orthopedic (e.g., total joint replacements, foot procedures, musculoskeletal injuries)
 - General (e.g., obstetric/gynecology, otolaryngology, hernia repair)
 - Plastic (e.g., mastectomy)
- Of the remaining non-surgical patients, approximately two-thirds of patients (n=654, 66.4%) were prescribed SUZ for non-surgical procedures, while 11.0% of patients did not undergo any procedure, surgical or non-surgical
 - Common non-surgical procedures included physical therapy, arthrocentesis, and therapeutic injections
- Among non-surgical patients, Emergency Room and urgent care visits were observed (n=129, 16.9% and n=44, 5.8%, respectively)

LIMITATIONS

- This study was limited to individuals with commercial health insurance coverage or employer-sponsored Medicare coverage. Consequently, the results of this analysis may not be generalizable to patients with other types of insurance or to those without health insurance coverage
- All medications were identified based on claims for filled outpatient prescriptions; therefore, actual usage of medications, including analgesics purchased out of pocket or over the counter, could not be ascertained from the healthcare claims data. Assessment of in-hospital SUZ administration was not possible
- Due to the inherent limitations of administrative claims data, the specific clinical reasons for SUZ prescriptions could not be established. Associations, including temporal, between evidence of surgeries and SUZ prescribing for acute pain management were assumed

DISCUSSION

- SUZ was used in a diverse patient population spanning a broad range of ages (18 to 97 years old). Nearly 40% of patients were aged ≥65 years; 60% of all patients had commercial insurance, and 40% were Medicare beneficiaries
- Prescribing patterns within 6 months of launch indicate short-term use of SUZ for acute pain management. More than 99% of initial SUZ prescriptions were for ≤30 days, and two-thirds were for ≤15 days; the average treatment duration was approximately 20 days
- SUZ was the only prescription analgesic filled at index for 86.8% of patients; the remaining 13.2% were co-prescribed other analgesics, including opioids, prescription NSAIDs, and prescription acetaminophen
- Nearly one-quarter of patients receiving SUZ underwent surgery across a broad range of surgical specialties, including orthopedic and general surgeries, in both inpatient and outpatient settings
- Approximately two-thirds of patients were prescribed SUZ for non-surgical procedures, while 11% of patients did not undergo any surgical or non-surgical procedure

CONCLUSIONS

- SUZ was used to manage acute pain in a diverse patient population, including those aged 65 years and older, and also across a broad range of surgical procedures and non-surgical indications in inpatient and outpatient care settings**
- Prescribing patterns suggest that SUZ was the only prescription analgesic filled at index for the vast majority of patients**
- Initial SUZ prescriptions for acute pain varied in duration**

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