Surgeon Perspectives on Suzetrigine Adoption and Opioid Prescribing for Post-Surgical Acute Pain in the United States

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KEY FINDINGS

- **Opioid exposure declined broadly:** 75% of surgeons prescribed fewer opioids after adopting suzetrigine, and 80% reported lower total opioid exposure with parallel reductions in refills and days' supply
- **Opioid prescribing moved from scheduled to as-needed:** 20% of surgeons prescribed no opioids at all and 48% prescribed them PRN (as needed) only, suggesting a shift away from routine scheduled opioid prescribing towards as-needed use
- **Post-discharge callbacks remained stable or decreased:** ~90% reported the same or fewer post-discharge callbacks from patients regarding uncontrolled post-surgical pain, consistent with achievement of adequate pain control
- **Reductions in opioid prescribing was associated with downstream benefits:** 66% observed fewer opioid-related side effects, 58% reported faster functional recovery, and 60% reported better physical therapy participation; outcomes critical to rehabilitation and return to function
- **Surgeon satisfaction with suzetrigine was high**: All surgeons reported being satisfied with suzetrigine, with 91% reporting moderate satisfaction or higher and 62% being very or extremely satisfied
- **Surgeons intend to keep using suzetrigine:** 88% reported they were likely to continue prescribing, reinforcing the high satisfaction and the ability to drive change in post-surgical acute pain management

OBJECTIVES

- **To evaluate surgeon perspectives on the impact of suzetrigine adoption on post-surgical opioid prescribing practices and surgeon-observed patient outcomes**

BACKGROUND

- Opioids are commonly used to manage post-surgical acute pain despite concerns regarding adverse events, prolonged use, and opioid dependence[1]
- Multimodal pain management strategies seek to reduce reliance on opioids through use of non-opioid analgesics and adjunctive therapies[1]
- Suzetrigine is a novel oral, non-opioid selective NaV1.8 sodium channel inhibitor approved by the Food and Drug Administration (FDA) in January 2025 for the treatment of moderate-to-severe acute pain[2]
- As surgeons incorporate suzetrigine into post-surgical pain management, there is a need to understand their perspectives on its impact on opioid prescribing practices and patient outcomes

METHODS

- This non-interventional, cross-sectional study collected participant-level data through an online survey administered to US-based surgeons with ≥3 years of surgical experience who were actively involved in their patients' post-surgical acute pain management
- Eligible surgeons specialized in orthopedic, general, or plastic surgery, had prescribed suzetrigine to ≥20 patients in routine clinical practice, with planned specialty representation of approximately 50%, 25%, and 25%, respectively
- Survey questions assessed surgeon-reported changes in post-surgical acute pain management following suzetrigine adoption, including changes in opioid prescribing patterns and associated side effects, functional recovery, patient participation in physical therapy, and post-discharge callbacks for pain medications, as well as the likelihood of continued suzetrigine prescribing
- This study was determined exempt by Advarra Institutional Review Board per 45 CFR 46.104(d)(2)

RESULTS

Surgeon Demographics and Clinical Practice Characteristics

- 80 surgeons participated in the survey, specializing in orthopedic (n=42, 52%), general (n=20, 25%), and plastic (n=18, 23%) surgery
- Surgeon demographic and clinical practice characteristics are summarized in **Table 1**

Table 1. Surgeon Demographics and Clinical Practice Characteristics

Characteristic	n (%)
Sex, n (%)	
Male	74 (92.5)
Female	5 (6.3)
Other	1 (1.3)
Geographic Region, n (%)[a,b]	
Northeast	25 (31.2)
Midwest	16 (20.0)
South	25 (31.2)
West	17 (21.2)
Years of Surgical Experience	
Mean (SD)	18.3 (8.7)
Surgical Practice Setting, n (%)[a]	
Ambulatory surgical center	57 (71.3)
Hospital inpatient (non-teaching)	41 (51.3)
Hospital outpatient (non-teaching)	37 (46.3)
Hospital inpatient (teaching)	33 (41.3)
Hospital outpatient (teaching)	21 (26.3)
Office-based operating room	15 (18.8)

[a] Categories are not mutually exclusive. [b] Surgeons may practice or have affiliations at one or more institutions across state lines or geographic regions.
SD, Standard Deviation.

Suzetrigine Prescribing

- Over two-thirds of surgeons (n=55, 69%) reported ≥6 months of suzetrigine prescribing experience, including 28.8% (n=23) reporting 6-9 months, 27.5% (n=22) 9-12 months, and 12.5% (n=10) >12 months; with 23.8% (n=19) reporting 3-6 months and 7.5% (n=6) <3 months
- More than half of surgeons (n=45, 56.0%) prescribed suzetrigine in the outpatient setting only, while 29% (n=23) prescribed it in both outpatient and inpatient settings, and 15% (n=12) in the inpatient setting only
- Suzetrigine was prescribed across a broad range of surgical procedures, including:
  - **Orthopedic:** TKA, THA, rotator cuff repair, TSA, ORIF, ACL reconstruction, spinal fusion, laminectomy
  - **General:** Cholecystectomy, hernia repair, colectomy, appendectomy
  - **Plastic:** Breast procedures (reconstruction, augmentation, reduction), abdominoplasty, body lift, inner thigh lift, facelift, liposuction

ACL, anterior cruciate ligament; ORIF, open reduction internal fixation; THA, total hip arthroplasty; TKA, total knee arthroplasty; TSA, total shoulder arthroplasty.

Figure 1. Opioid Prescribing for Post-Surgical Acute Pain Management After Adoption of Suzetrigine

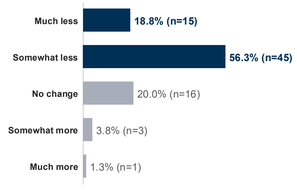
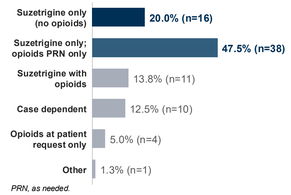


Figure 2. Most Commonly Used Approach for Incorporating Opioids When Prescribing Suzetrigine



PRN, as needed.

Changes in Opioid Prescribing

- 3 in 4 surgeons (n=60, 75%) reported **prescribing fewer opioids** for post-surgical acute pain after adopting suzetrigine, with 18.8% (n=15) reporting **much less** and 56.3% (n=45) reporting **somewhat less** (**Figure 1**)
- 1 in 5 surgeons (n=16, 20%) reported **not prescribing opioids at all**, and nearly half (n=38, 47.5%) reported prescribing **opioids as PRN (as needed) only**, as their most commonly used approach for incorporating opioids when prescribing suzetrigine (**Figure 2**)
- The majority of surgeons (n=64, 80.0%) reported a **decrease in total opioid exposure** following suzetrigine adoption, with similar **reductions** reported in **opioid refills** (n=56, 70.0%) and **days' supply** (n=51, 63.8%)

Changes in Patient Outcomes Following Suzetrigine Adoption

- Two-thirds of surgeons (n=53, 66%) reported a **lower frequency of opioid-related side** effects since adopting suzetrigine, with 34% (n=27) reporting **much lower** and 32.5% (n=26) **somewhat lower** frequency (**Figure 3**)
- 58% (n=46) of surgeons observed **faster time to functional recovery** following suzetrigine adoption, with 1 in 4 (n=22, 28%) reporting **moderately or substantially faster recovery** (**Figure 4**)
- 60% (n=48) of surgeons observed **improved patient participation in physical therapy**, with 1 in 4 (n=21, 26%) reporting **moderate or significant improvement** (**Figure 5**)
- Most surgeons (n=72, 90%) reported **the same or fewer** post-discharge callbacks for **uncontrolled post-surgical pain** following suzetrigine adoption (**Figure 6**); similar trends were observed for post-discharge call backs for additional pain medication with 89% (n=71) the same or less often

Figure 3. Frequency of Opioid-Related Side Effects Since Prescribing Suzetrigine

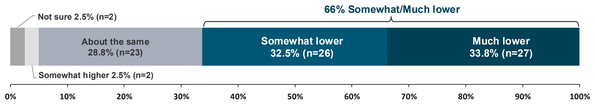
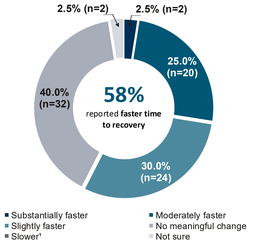


Figure 4. Time to Functional Recovery Following Suzetrigine Adoption



[1]No surgeon reported slower recovery.

Figure 5. Participation in Post-Surgical Physical Therapy Following Suzetrigine Adoption

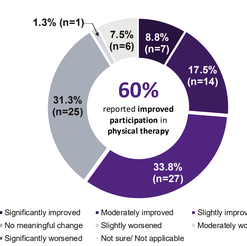
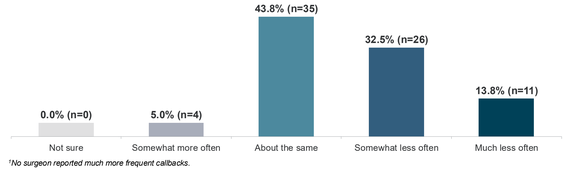


Figure 6. Post-Discharge Callbacks for Uncontrolled Post-Surgical Pain Before vs. After Suzetrigine Adoption[1]



[1]No surgeon reported much more frequent callbacks.

Satisfaction and Likelihood to Continue Prescribing Suzetrigine

- All surgeons reported being **satisfied** with suzetrigine for treating moderate-to-severe acute pain in post-surgical patients, with 91% (n=73) reporting being **moderately, very, or extremely satisfied**, and more than half (62%, n=50) reporting being **very or extremely satisfied**
- Nearly 9 in 10 surgeons (n=70, 88%) reported they were **likely to continue prescribing suzetrigine** among their post-surgical patients, with more than half (n=41, 51%) reporting they were **very likely** and 36.3% (n=29) reporting they were **likely** to do so; 10% (n=8) had **no opinion** and only 2.5% (n=2) reported being unlikely to continue

LIMITATIONS

- Results should be interpreted in the context of the study sample of US-based surgeons, which may limit generalizability to broader surgical populations
- Although surgeons across multiple specialties were included, findings may not fully represent all surgeons managing post-surgical acute pain in the US
- The study relies on surgeon self-reported data and may be subject to recall bias or variability in individual interpretation of clinical experiences

DISCUSSION

- **3 in 4 surgeons (75%) reported prescribing fewer opioids following suzetrigine adoption**, with 80% reporting a decrease in total opioid exposure, alongside reductions in opioid refills and days' supply
- **1 in 5 surgeons prescribed no opioids alongside suzetrigine, and nearly half (48%) prescribed opioids as PRN (as needed) only**, suggesting a meaningful shift away from routine scheduled opioid prescribing toward a non-opioid-based approach
- **Approximately 90% of surgeons reported the same or fewer post-discharge callbacks for uncontrolled post-surgical pain from patients following suzetrigine adoption**, suggesting fewer opioids did not translate into more calls back to the care team
- **66% of surgeons observed fewer opioid-related side effects, 58% reported faster functional recovery, and 60% reported better physical therapy participation**
- **All surgeons reported being satisfied with suzetrigine**, with 91% reporting moderate satisfaction or higher and more than half (62%) being very or extremely satisfied
- **Nearly 9 in 10 surgeons (88%) expressed intent to continue prescribing suzetrigine**, supporting its emerging role as an opioid-sparing component of multimodal post-surgical pain management

CONCLUSIONS

- **These surgeon-reported findings show suzetrigine is an opioid-sparing component of multimodal post-surgical pain management, with reduced opioid prescribing reported alongside fewer opioid-related side effects and improved recovery, and without increased post-discharge callbacks**
- **Prospective comparative studies are needed to confirm these observations**

References

1. Horn R, et al. Postoperative Pain Control. StatPearls. Updated January 30, 2024. https://www.ncbi.nlm.nih.gov/books/NBK544298/
2. JOURNAVX (suzetrigine). Prescribing Information. Vertex Pharmaceuticals Inc; 2025. https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/219209s000lbl.pdf

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