

Suzetrigine Prescription Fill Patterns Among Medicare Advantage (Part D) Beneficiaries 11 Months Post-Approval

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KEY FINDINGS

- **First real-world evidence on SUZ utilization among Medicare Advantage (MA) Part D beneficiaries:** Among 2,001 MA beneficiaries filling SUZ during the first 11 months after US approval, fill patterns characterize early uptake of a newly approved non-opioid analgesic in an older population with substantial baseline comorbidity and prior opioid exposure.
- **Fill patterns were consistent with short-term acute pain treatment:** The median initial SUZ supply was 15 days; 61.4% of patients received ≤15 days' supply. 22.5% had at least one refill within 30 days.
- **SUZ was commonly filled without another prescription analgesic at initiation:** 86.3% of MA beneficiaries had no other analgesic fill on the SUZ initiation date. 81.3% had no opioid fill from 3 days before through 1 day after SUZ initiation. Approximately 73% of patients had no opioid fill from 3 days before through 7 days after index fill.
- **Use spanned diverse patients and care settings:** Approximately 16% of MA beneficiaries had evidence of major surgery (predominantly outpatient). The remaining patients (approximately 84%) received care in the non-surgical acute pain settings.

OBJECTIVES

- **To describe real-world demographic and clinical characteristics of MA beneficiaries with a SUZ prescription fill during the first 11 months following US regulatory approval.**
- **To characterize SUZ prescription fill patterns among MA beneficiaries, including initial days' supply, refills, and duration of the initial treatment episode, using outpatient pharmacy claims.**
- **To examine prescription analgesic fills occurring on and surrounding the index SUZ fill for MA beneficiaries.**
- **To identify major surgical procedures and non-surgical acute care encounters occurring within 14 days before or after the index SUZ fill among MA beneficiaries.**

BACKGROUND

- Acute pain management in older adults (≥65 years) can be challenging due to physiologic changes, multimorbidity, and polypharmacy[1].
- Polypharmacy for acute pain management commonly involves multimodal analgesia, including opioids, acetaminophen, and non-steroidal anti-inflammatory drugs (NSAIDs), to improve pain control while minimizing opioid exposure[2].
  - However, each prescription option has limitations: opioids carry risks of gastrointestinal effects, respiratory depression, misuse, and dependence, while NSAIDs and acetaminophen may be insufficient for moderate-to-severe pain and are limited by gastrointestinal, renal, and hepatic safety concerns[2].
  - These limitations may increase the risk of medication-related adverse events among older adults[1].
- Suzetrigine (SUZ) is an oral, non-opioid, first-in-class selective sodium channel 1.8 ($Na_V1.8$) pain signal inhibitor approved in the US in January 2025 for the management of moderate-to-severe acute pain in adults[3].
- Limited real-world evidence describing suzetrigine prescription fills is available, especially among Medicare Advantage (MA) Part D beneficiaries (predominantly aged ≥65 years).
- This study examined suzetrigine prescription fills among MA beneficiaries during the first 11 months after launch.

METHODS

- A retrospective, observational drug-utilization study was conducted using pharmacy and medical claims data from the Optum Research Database. Eligible patients had ≥6 months of continuous enrolment in MA Part D plan before index date (baseline period), ≥1 outpatient pharmacy claim for SUZ between January 30, 2025, and December 31, 2025, and ≥30 days of follow-up.
- The treatment episode began at the index SUZ fill and ended at the earlier of a gap in days' supply >5 days or the end of follow-up.
- Demographic and clinical characteristics were assessed at baseline and index. Prescription analgesic fills were evaluated at index (day 0) and over three windows: days -3 to +1 (dispensing near index SUZ fill, potentially same episode), days +2 to +7 (subsequent dispensing), and days -3 to +7 (fill around index date).
- Evaluated medical claims ±14 days from the index date to capture SUZ use around major surgical care
  - Rationale: prescriptions may be filled up to 14 days before or after a procedure.
  - Procedures identified by International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) and Current Procedural Terminology (CPT) codes.
  - Procedures classified as major or non-major surgical care using the Healthcare Cost and Utilization Project (HCUP) procedure classification system[4].
- Descriptive analyses were performed for all study outcomes; no comparative or inferential analyses were conducted.
- Deidentified administrative claims data were used; therefore, institutional review board approval was not required.

RESULTS

Demographic and Clinical Characteristics

- A total of 2,001 patients enrolled in Medicare Advantage (MA) Part D health plans meeting the selection criteria filled a prescription for SUZ and were included in the analysis
- The demographic and clinical characteristics of these patients are shown in **Table 1**
  - The mean (SD) age was 71 (10.3) years; 79.3% of patients were aged ≥ 65 years
  - 27.2% of patients had no comorbidity burden as measured by the CCI, while 72.8% of patients had a comorbidity burden of mild (35.4%) or moderate/severe (37.4%)
  - 63.5% of patients had prior opioid use; substance and tobacco use were also common

Table 1. Patient Demographics and Clinical Characteristics

Characteristic	MA Beneficiaries (N = 2,001)
Age, years	
Mean (SD)	71.0 (10.3)
Median (Q1, Q3)	72 (66, 78)
≥65, n (%)	1,586 (79.3)
Sex, n (%)	
Female	1,295 (64.7)
Male	706 (35.3)
Deyo-Charlson Comorbidity Index, CCI, n (%)	
None (CCI = 0)	545 (27.2)
Mild (CCI = 1–2)	708 (35.4)
Moderate/Severe (CCI ≥3)	748 (37.4)
CCI Comorbidities (≥5% Prevalence), n (%)	
Diabetes mellitus	624 (31.2)
Chronic pulmonary disease	586 (29.3)
Moderate-severe renal disease	435 (21.7)
Diabetes mellitus with end organ damage	424 (21.2)
Congestive heart failure	337 (16.8)
Baseline opioid use/substance use, n (%)	
Any prior opioid use*	1,270 (63.5)
Any opioid use in past 30 days	864 (43.2)
Any prior substance use*	853 (42.6)
Tobacco use*, current or former	594 (29.7)

Q1, Q3 = first and third quartiles (interquartile range); SD = standard deviation
*Over 6 months baseline period before index SUZ fill

Suzetrigine Prescription Fill Characteristics

- Characteristics of SUZ prescriptions filled on index and during follow-up among MA beneficiaries are described in **Table 2**
- The median days' supply of the initial SUZ prescription fill was 15 days
  - Almost all (99.4%) initial SUZ prescription fills were for 30 days or less, and 61.4% of patients had an initial fill of 15 days or less
- Approximately 23% of patients received a SUZ refill within 30 days, most receiving a single refill
- The mean duration of the index SUZ treatment episode (inclusive of the initial prescription fill and refills) was 21 days

Table 2. Patterns of Suzetrigine Prescription Fills on Index and During Follow-up

Suzetrigine Prescription Fill Patterns	MA Beneficiaries (N = 2,001)
Index Prescription Fill	
Days' Supply, mean (SD)	19.5 (9.6)
Days' Supply, median (Q1, Q3)	15.0 (14.0, 30.0)
Patients with ≤15 Days' Supply, n (%)	1,229 (61.4)
Patients with >15 Days' Supply, n (%)	772 (38.6)
Patients with ≤30 Days' Supply, n (%)	1,988 (99.4)
Refills	
Patients with ≥1 Refill, n (%)	451 (22.5)
Number of Refills, mean (SD)	1.1 (0.4)
Number of Refills, median (Q1, Q3)	1.0 (1.0, 1.0)
Refill Days' Supply, mean (SD)	10.2 (6.2)
Refill Days' Supply, median (Q1, Q3)	10.0 (5.0, 15)
Duration of Initial Treatment Episode	
Days, mean (SD)	21.0 (8.8)
Days, median (Q1, Q3)	15.0 (14.0, 30.0)

Q1, Q3 = first and third quartiles (interquartile range); SD = standard deviation

Prescription analgesic fills occurring on and surrounding the index SUZ fill among MA beneficiaries (Table 3)

Index fill

- SUZ monotherapy: SUZ was the only analgesic filled on index for 86.3% of MA beneficiaries
- Approximately 13.7% of patients initiating SUZ filled another prescription analgesic on the index date; 8.9% filled an opioid on the same day as SUZ

Probable concomitant prescription fill

- From 3 days before through 1 day after index, 28% of patients filled at least one additional prescription analgesic, most often an opioid (18.7%), followed by acetaminophen (8.8%), and NSAIDs (8.2%)
  - 81.3% of patients had no opioid fill during this time

Subsequent analgesic prescription fill

- During days 2 through 7 after index, approximately 16% of patients filled at least one additional prescription analgesic, including 10.7% who filled an opioid

Analgesic prescription fill from 3 days before through 7 days after index fill:

- Approximately 38.5% of patients had filled at least one additional prescription analgesic, including 26.9% who filled an opioid
  - 73.1% of patients had no opioid fill during this time

Table 3. Prescription analgesic fills occurring on and surrounding the index SUZ fill for MA beneficiaries*

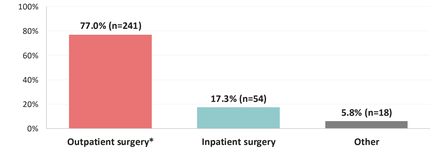
	MA Beneficiaries (N = 2,001)
Index-Date Prescription Analgesic Fills	
Suzetrigine was the only prescription analgesic filled on index date (day 0); n (%)	1,727 (86.3)
Any other prescription analgesic fills on index date; n (%)	274 (13.7)
Opioids on index date, n (%)	177 (8.9)
NSAIDs on index date, n (%)	83 (4.2)
Acetaminophen on index date, n (%)	80 (4.0)
Prescription Fills Near Index	
Any additional prescription analgesic fills on days -3 to +1; n (%)	561 (28.0)
Opioids on days -3 to +1; n (%)	375 (18.7)
Acetaminophen on days -3 to +1; n (%)	176 (8.8)
NSAIDs on days -3 to +1; n (%)	163 (8.2)
Prescription Fills After Index	
Any additional prescription analgesic fills on days +2 to +7; n (%)	318 (15.9)
Opioids on days +2 to +7; n (%)	214 (10.7)
Acetaminophen on days +2 to +7; n (%)	100 (5.0)
NSAIDs on days +2 to +7; n (%)	50 (2.5)
Prescription Fills Around Index	
Any additional prescription analgesic fills on days -3 to +7; n (%)	771 (38.5)
Opioids on days -3 to +7; n (%)	538 (26.9)
Acetaminophen on days -3 to +7; n (%)	262 (13.1)
NSAIDs from days -3 to +7; n (%)	207 (10.3)

*Medications were identified from claims for filled outpatient prescriptions, which capture dispensing but cannot confirm prescriber intent, concurrent use, or actual consumption. Analgesic classes are not mutually exclusive.

Medical Claim Characteristics

- A total of 313 patients (15.6%) had evidence of a major surgery within 14 days before through 14 days after index SUZ fill (**Figure 1**);
  - 77% underwent surgery in an outpatient setting
  - Top surgery provider specialties and facility types across inpatient and outpatient settings were:
    - Hospital (75.4%)
    - Orthopedic (66.8%)
    - Other facility (16.0%)
- Among the 1,688 MA beneficiaries (84.4%) without evidence of major surgery,
  - Common acute-pain related diagnoses included lumbar and cervical radiculopathy, osteoarthritis of the knee, shoulder pain, and neck pain (cervicalgia)
  - Settings of care:
    - 57.6% had office visits
    - 14.3% had a non-surgical hospital visit
    - 3.1% had emergency room or urgent care visits
    - 14.0% had visits in other settings of care

Figure 1. Surgery characteristics of MA beneficiaries with a suzetrigine prescription fill with major surgery (n= 313)



*Includes surgeries performed in an ambulatory surgery center or hospital outpatient facility

Outpatient surgeries commonly included:

- **Orthopedic** (total knee, hip and shoulder arthroplasty, knee meniscectomy, ACL repair, spinal fusion)
- **General** (Laparoscopic cholecystectomy; laparoscopic inguinal hernia repair)

Inpatient surgeries were not characterized due to small sample size

LIMITATIONS

- This research used administrative claims data from Medicare Advantage Part D beneficiaries only, which may limit generalizability to other populations under the Medicare umbrella.
- Medication use was based on filled outpatient pharmacy claims, which capture retail dispensing but not medications administered during inpatient stays; actual consumption, adherence, and prescriber intent could not be confirmed.
- Prescription analgesic use may be underestimated, as medications obtained through patient support programs, over-the-counter, or paid out of pocket are not captured in claims.
- Clinical indications for SUZ prescriptions cannot be confirmed in claims data. Although major surgical and non-surgical procedures occurring within ±14 days of the index SUZ fill were identified and used as proxies for treatment context, this claims-based analysis cannot determine whether those procedures were the primary reason for the SUZ prescription fill.
- These findings reflect early adoption during the first 11 months following regulatory approval and may evolve as clinical experience, payer coverage, and prescribing practices evolve.

DISCUSSION

- In the first 11 months following regulatory approval in the US, SUZ fill patterns were generally consistent with short-term treatment among a large sample of Medicare Advantage Part D patients.
- The median initial days' supply was 15 days; 61.4% of patients received an initial fill for ≤15 days and 99.4% received ≤30 days. Within 30 days, 22.5% of patients had at least one refill, and the mean duration of the initial treatment episode was 21.0 days.
- In this study population of MA beneficiaries, a substantial proportion of patients were clinically complex, and prior opioid use was common. SUZ was the only analgesic filled on the index date for 86.3% of patients.
  - From 3 days before through 1 day after the index fill, 28% of patients filled at least one additional prescription analgesic, including opioids (18.7%), acetaminophen (8.8%), and NSAIDs (8.2%). These fills may reflect use of SUZ as part of a multimodal pain management therapy (MMT) approach. 81.3% of patients had no opioid fill during this time. Analgesic classes were not mutually exclusive.
  - During days 2 through 7 after index, 15.9% of patients filled at least one additional prescription analgesic, including 10.7% who filled an opioid.
  - From 3 days before through 7 days after index SUZ fill, 38.5% of patients filled at least one additional prescription analgesic, including 26.9% of patients who filled an opioid.
- Major surgery was identified in 313 MA beneficiaries (15.6%) from 14 days before through 14 days after the index SUZ fill. Among these patients, 77% underwent surgery in an outpatient setting, while 17% underwent inpatient surgery. Orthopedic and general surgery were among the most frequently reported procedures.
- Among MA beneficiaries without evidence of major surgery (n=1,688; 84.4%), 57.6% had office visits, 14.3% had non-surgical hospital visit, 3.1% had emergency room or urgent care visits, and 14.0% had other settings of care visits.

CONCLUSIONS

- **In this first real-world description focused on MA Part D beneficiaries, SUZ fills during the first 11 months were observed in an older population across diverse acute pain conditions in both surgical and non-surgical acute-care settings.**
- **SUZ fill patterns were consistent with short-term acute pain treatment, with 61.4% of initial fills supplying ≤15 days and few patients refilling within 30 days (22.5%).**
- **SUZ was frequently the only prescription analgesic filled at initiation (86.3%). Most patients had no opioid fill from 3 days before through 1 day after index SUZ fill (81.3%). Approximately 73% of patients had no opioid fill from 3 days before to 7 days after index fill. SUZ use was observed in both surgical and non-surgical acute pain care settings.**

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Funding: This study was supported by Vertex Pharmaceuticals Incorporated.

Disclosures: All authors received support for the present presentation from Vertex. AJS is an employee of Brigham and Women's Hospital, which received grants or contracts from the Department of Defense; consulting fees from Vertex; royalties or licenses from Wolters Kluwer, Elsevier, and Springer Nature; member of the Board of Directors of the North American Spine Society; Editor in Chief of Spine (Wolters Kluwer Journal); and member of the Editorial Board of the Journal of Bone and Joint Surgery. DC, SJK, JM, and AMM are employees of Vertex and may own stock or stock options in the company. YZ, AS, and RS are employees of Optum, Inc., a consulting firm retained by Vertex to conduct research pertaining to this work.

Acknowledgements: Graphic design support under the guidance of the authors was provided by Konrad Maruszczyk, PhD, and Antony Martin, PhD, of QC Medica LLP, a consulting firm retained by Vertex.