Early Adoption of Suzetrigine After FDA Approval: Inpatient and Outpatient Prescribing Patterns at a Large Academic Center

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INTRODUCTION

- Acute pain remains common after surgery and is often inadequately managed.
- Despite multimodal analgesia, opioids remain frequently required due to limitations of existing non-opioid therapies.
- Suzetrigine, the first FDA-approved selective NaV1.8 inhibitor, provides analgesia through peripheral nociceptive pathway blockade without opioid-related adverse effects.
- Although clinical trials demonstrated efficacy, real-world evidence on early use remains limited.

OBJECTIVES

- To evaluate early inpatient and outpatient prescribing patterns.
- To assess the adherence co-analgesic to FDA label.
- To review prescribing patterns
- To assess adverse events.

METHODS

- Retrospective review of all suzetrigine prescriptions at Mayo Clinic Enterprise (April-December 2025).
- Patients were classified as inpatient or outpatient at initial prescription.
- Demographics, MMA use, prescribing patterns, refills, and adverse events were evaluated.
- MMA was defined as suzetrigine plus ≥2 additional analgesics.
- Comparisons used Mann-Whitney U and Pearson χ^2 tests.

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RESULTS

- A total of 1,280 patients were identified, which included 825 inpatients and 455 outpatients.
- Inpatients received MMA more frequently, including opioids (85.6% vs 42.4%), acetaminophen (97.9% vs 61.1%), local anesthetic therapies (78.2% vs 19.6%), gabapentin (41.2% vs 24.4%), and ketamine (39.4% vs 5.1%) (all p< 0.001). NSAID use was slightly higher among outpatients (65.9% vs 59.6%, p=0.048).
- Prescribing specialties differed substantially by care setting; colorectal surgery was the leading inpatient prescriber (24.0%), whereas otorhinolaryngology was the leading outpatient prescriber (22.6%).
- Most inpatient prescriptions followed the FDA-labeled loading dose regimen (71.4%), while outpatient prescriptions commonly omitted the loading dose (52.3%).
- Refills were uncommon in inpatients (1.6%) but occurred in nearly one-quarter of outpatients (24.6%).
- Acute surgical pain was the predominant indication among inpatients (77.1%), whereas outpatient prescribing was evenly distributed between acute and chronic pain indications (50.1% chronic pain).

Suzetrigine prescribing patterns differed substantially between inpatient and outpatient settings.

The greatest opportunity for practice standardization lies in the outpatient setting.

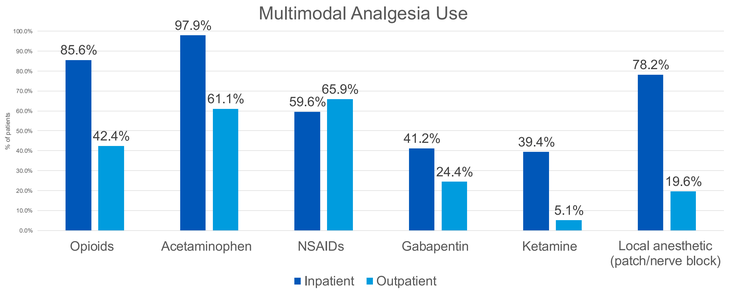


FIGURE 1: Concomitant Multimodal Analgesic Use

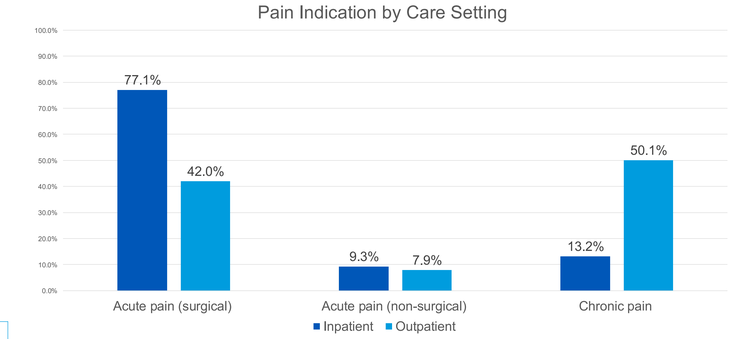


FIGURE 2: Prescribing Indications by Care Setting

DISCUSSION

- Inpatient and outpatient prescribing patterns differed substantially.
- Inpatient use mainly targeted acute postoperative pain, with labeled dosing.
- Outpatient use varied more in dosing, repeat prescribing, and chronic pain use.
- Suzetrigine was most often used alongside, rather than instead of, opioids.
- Adverse events were infrequent and generally mild.
- Standardizing outpatient prescribing may improve care.

CONCLUSION

- Early suzetrigine use differed substantially between inpatient and outpatient settings.
- Key opportunities for standardization include outpatient dosing and treatment duration.
- Additional studies are needed to assess outcomes, opioid-sparing effects, and long-term effectiveness.

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