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Efficacy of Suzetrigine on Pain Intensity and Qualitative Outcomes in Chronic Pain Patients: A Single-Center Retrospective Chart Review

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Suzetrigine was NOT associated with changes in pain intensity in any chronic pain subgroup; the only improvement in pain interference was in patients taking **no concurrent opioid**, suggesting opioid therapy may mask the effect of a peripherally acting analgesic.

INTRODUCTION

- Chronic pain affects roughly one in four US adults and is a leading source of disability and long-term opioid exposure, creating urgent need for analgesics with new mechanisms
- Suzetrigine is an oral, selective inhibitor of the NaV1.8 voltage-gated sodium channel, approved by the FDA in January 2025 for moderate-to-severe acute pain
- NaV1.8 is expressed almost exclusively on peripheral nociceptors, so suzetrigine blocks pain signaling at its source without the central effects that limit opioids
- Efficacy is established in acute postoperative trials, but which chronic pain patients benefit in real-world practice is unknown

METHODS

- Retrospective chart review, UT Southwestern Adult Chronic Pain Clinic
- Adults prescribed suzetrigine March–December 2025, follow-up within 3 months
- Subgroups: opioid use, sex, pain etiology, Opioid Risk Tool (ORT) category
- Wilcoxon signed-rank and chi-square goodness-of-fit tests

PATIENT FLOW

103 screened → **39** excluded → **64** analyzed

36 ineligible (never initiated 11, no follow-up 11, no outcome documented 7, outside clinic 4, discontinued 2, death 1) + 3 discontinued for adverse effects

Age, y (mean ± SD)	**58.3 ± 17.1**
BMI, kg/m² (mean ± SD)	**30.6 ± 8.3**
Female, n (%)	**40 (62.5)**
Concurrent opioid use, n (%)	**37 (57.8)**
Opioid Risk Tool (mean ± SD)	**3.7 ± 4.1**

RESULTS BY SUBGROUP

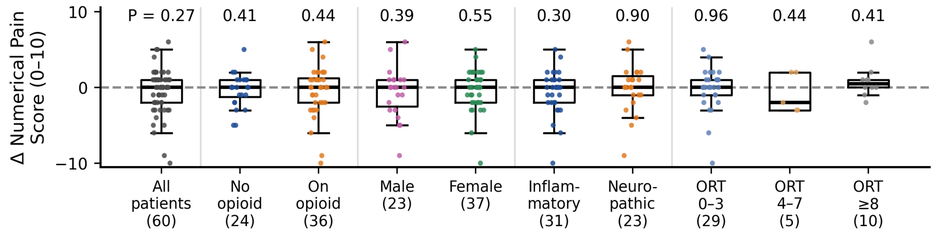


Figure 1. Within-patient change in numerical pain score from the index to the follow-up visit, overall and by subgroup. Boxes show the median and interquartile range, points are individual patients, and the dashed line marks no change. No subgroup showed a significant change (Wilcoxon signed-rank test).

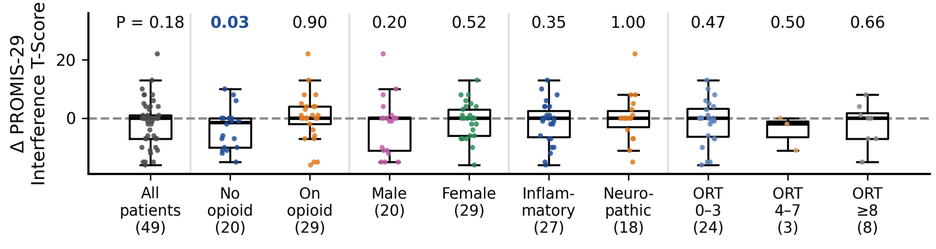


Figure 2. Within-patient change in PROMIS-29 pain interference T-score, overall and by subgroup. Values below zero indicate less interference. Interference fell only in patients taking no concurrent opioid (median −1.5 [−10.0, 0.0]; n = 20; P = 0.03); all other subgroups were unchanged.

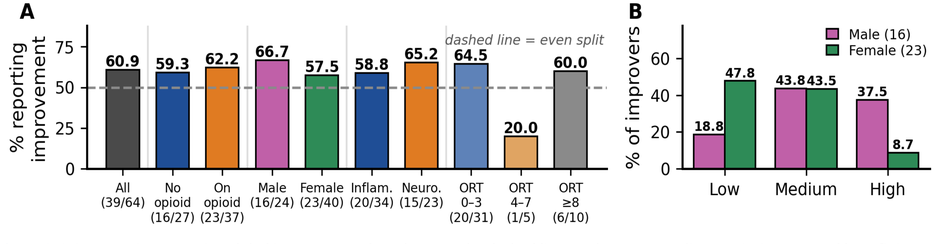


Figure 3. (A) Proportion reporting global improvement by subgroup; the dashed line marks an even split. A majority reported benefit in every subgroup except ORT 4–7 (n = 5). (B) Magnitude of improvement by sex, categorized on physician review of the clinical documentation.

CONCLUSIONS AND LIMITATIONS

- Suzetrigine was **not associated** with a change in pain intensity in any subgroup, including the full cohort (median change 0.0; P = 0.27; n = 60)
- Pain interference likewise **did not change overall** (median 0.0; P = 0.18; n = 49), nor by sex, pain etiology, or ORT category
- Concurrent opioid use was the one subgroup that separated: interference fell in patients on no opioid (median −1.5; P = 0.03) but not in those on opioids (P = 0.90), consistent with opioid therapy masking a peripherally acting analgesic
- A majority reported global improvement in every subgroup (57.5–66.7%), with no clear difference by opioid use, sex, or etiology; reported benefit was broad rather than concentrated in one phenotype
- Magnitude was the one qualitative difference: 37.5% of men versus 8.7% of women reported high benefit, described descriptively given small cell counts
- Tolerability was favorable: 4 of 64 patients (6.2%) had a documented adverse effect
- **Limitations:**
  - Retrospective and single-center with no comparator group and variable follow-up intervals
  - Interference was documented for 49 of 64 patients; some subgroups were very small (ORT 4–7, n = 3–5)
  - Subgroup analyses were exploratory and unadjusted for multiplicity

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