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FOR THE MIAMI PROJECT TO CURE PARALYSIS



Off-Label Suzetrigine for Refractory Chronic Axial Pain and Musculoskeletal Pain: A Case Report

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INTRODUCTION

Suzetrigine (Journavx), a first-in-class oral, non-opioid, selective NaV1.8 sodium channel inhibitor, was FDA-approved in January 2025 for moderate-to-severe acute pain, on the basis of two post-surgical trials in abdominoplasty and bunionectomy.[1–3]

Because NaV1.8 is expressed in peripheral nociceptors but not centrally, it delivers analgesia while avoiding opioid-like dependence. Its use in chronic, non-surgical pain remains off-label.

We describe off-label use in refractory chronic axial pain, alongside an unusual patient-reported return of effect of previously ineffective concurrent analgesics.

MEDICATION REGIMEN

Agent	Schedule	Status
Celecoxib	Twice daily	Continued
Muscle relaxant	Twice daily	Continued
Gabapentin	Three times daily	Continued (sedation-limited)
Suzetrigine	Oral (systemic)	**Added off-label**

Escalated regimen at flare onset; existing agents continued when suzetrigine was added.

DISCLOSURE

⚠ **OFF-LABEL DISCLOSURE**

The use of suzetrigine described in this report is off-label. Suzetrigine (Journavx) is FDA-approved only for moderate-to-severe acute pain in adults; its use for chronic pain here is off-label. The drug was administered orally (systemically).

CASE REPORT

PATIENT

54-year-old woman with chronic multifocal pain from dextroscoliosis (thoracic apex T10), cervical degenerative disc disease (C5–6), and muscular imbalance.

Pain: mixed nociceptive–neuropathic — axial cervical, thoracic, lumbar, and deep right hip pain, with intermittent hand paresthesias and thermal dysesthesias.

Comorbidities: osteoporosis, asthma, gabapentin-limiting sedation, and broad medication sensitivity.

Baseline: pain ~2/10, but never pain-free.

Flare: Beginning mid-June, a severe month-long flare rendered her escalated regimen — celecoxib twice daily, a muscle relaxant twice daily, gabapentin three times daily — ineffective, producing neither analgesia nor her usual side effects.

Intervention: Suzetrigine was added off-label while existing agents continued. She reported meaningful relief after the initial dose, "taking the edge off" unremitting pain.

"Unmasking:" Strikingly, once suzetrigine lowered her baseline pain, her concurrent medications appeared to regain effect and their familiar side effects re-emerged for the first time since the flare began.

Outcome: Pain was not eliminated but returned to a long-standing, tolerable baseline, enabling resumption of physical therapy. No adverse effects attributable to suzetrigine were documented.

BEFORE vs. AFTER SUZETRIGINE

	During flare	After suzetrigine added
Analgesia	None	Meaningful relief after initial dose
Concurrent meds	Ineffective	Appeared to regain effect
Side effects	No reported	Familiar side effects re-emerged
Pain	Severe, month-long flare	Returned to tolerable baseline (not eliminated)
Function	—	Resumed physical therapy
Suzetrigine AEs	—	None documented

DISCUSSION

This report describes suzetrigine used outside its acute post-surgical trials, in a patient with chronic, mixed nociceptive and neuropathic pain. NaV1.8's peripheral role and the manufacturer's neuropathic-pain development program offer a rationale for trying it for chronic pain, though not evidence of benefit.

This suggests that suzetrigine may have a role as an add-on to, rather than a replacement for, an existing multimodal regimen in refractory chronic pain, and that lowering baseline pain could restore the benefit of previous analgesics that had stopped working.

Similar study. In that program, a 12-week Phase 2 trial in painful diabetic peripheral neuropathy (n=192) reported NPRS reductions of −2.11 to −2.26 across doses, comparable to pregabalin (−2.09).[4] A 12-week Phase 2 trial in painful lumbosacral radiculopathy (n=218) reported −2.02 with suzetrigine vs. −1.98 with placebo.[5]

CONCLUSION + NEXT STEPS

Suzetrigine was added to celecoxib, a muscle relaxant, and gabapentin resulting in lower baseline pain and eventual concurrent analgesics regaining effect

Next steps include prospective, controlled studies of NaV1.8 inhibition in chronic, non-surgical pain to test whether add-on suzetrigine changes the effectiveness and side-effect profile of concurrent analgesics

LIMITATIONS

Alternative explanations remain plausible: placebo, natural flare resolution, and recall bias.

As a single, subjective, open-label observation, it is hypothesis-generating alone, supporting controlled evaluation of NaV1.8 inhibition in chronic pain.

REFERENCES

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