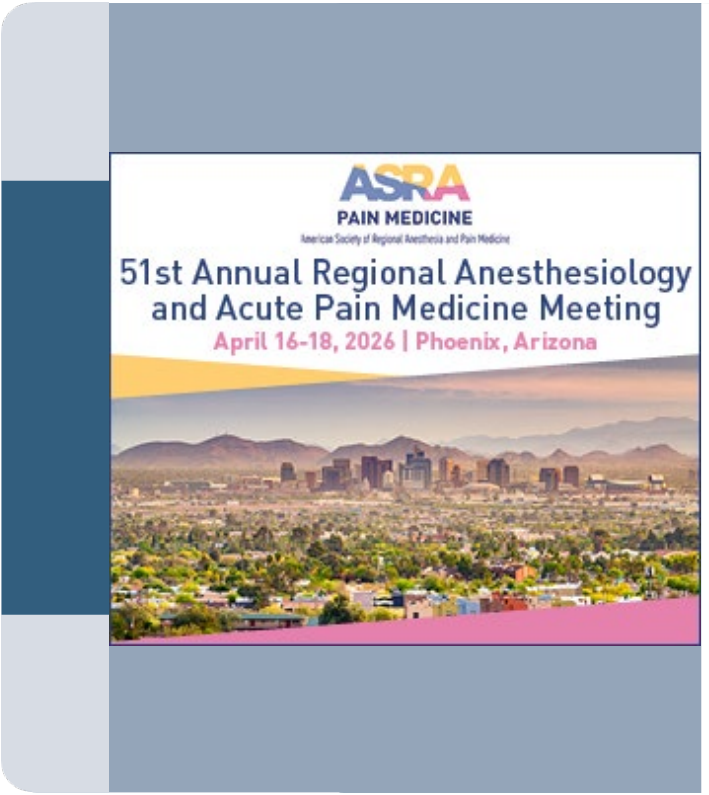




Nine-months Post-launch Suzetrigine Utilization Patterns in Real-world Settings: General Surgery Subgroup Analysis

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BACKGROUND

- In the United States (US), approximately 37 million people undergo a procedure annually,¹ including general surgery
- Nearly 90% of patients experience acute pain after surgery, with 75% reporting moderate-to-severe pain²
- Despite treatment with prescription acetaminophen, non-steroidal anti-inflammatory drugs (NSAIDs), and opioids, many patients experience inadequate pain control following surgery, creating a clinical gap³
- Suzetrigine (SUZ) is a novel, oral, highly-selective voltage-gated sodium channel 1.8 (Na_v1.8) pain signal inhibitor approved in the US for the management of moderate-to-severe acute pain in adults⁴
- This analysis describes patterns of SUZ utilization in the first 9-months following approval in the US among a subgroup of patients who underwent general surgery

OBJECTIVES

- To describe demographic and clinical characteristics of patients prescribed SUZ in real-world settings
- To characterize SUZ utilization patterns and prescribing of other analgesics using administrative claims representing discharge and retail prescriptions
- To evaluate the types of procedures and care settings among patients who underwent general surgery within 30 days before or after their initial SUZ prescription

METHODS

- A retrospective, observational, drug utilization study was conducted using the Merative™ MarketScan® Commercial Claims and Medicare databases. The study period (including baseline and observation periods) November 1, 2024, through November 30, 2025.
 - Patients aged ≥17 years with 90-days of continuous enrollment prior to the index date (baseline period) and ≥1 outpatient pharmacy claim for SUZ (index date = earliest fill) between February 1, 2025, and October 31, 2025, were included in the analysis. The follow-up period was 30 days.
 - Patient demographic and clinical characteristics were assessed during the baseline period and at index. SUZ utilization and co-prescribing patterns were assessed on index and throughout the follow-up period.
 - In this subgroup analysis, medical claims were evaluated 30-days before and after index to identify SUZ use associated with general surgeries based on International Classification of Disease 10th Clinical Modification procedure codes, (ICD-10-PCS), Current Procedural Terminology (CPT) codes, and diagnosis related group (DRG) codes
 - Surgical categories were defined using CPT and ICD-10 PCS codes, encompassing general, abdominal, endocrine, vascular, transplant, colorectal, skin, and otolaryngology (ENT)/urologic procedures to provide a comprehensive overview of interventions
 - 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 264 patients had evidence of at least one general surgery, 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 52.6 (15.9) years; most were female (59.1%), and most were commercially insured (78.8%)
 - SUZ was prescribed to patients ranging from 18 to 90 years old, and 21.2% of patients were aged ≥65 years
 - The most common CCI comorbidities were malignancies and diabetes

Table 1. Patient Demographic & Clinical Characteristics	
	All Patients (N = 264)
Age, years	
Mean (SD)	52.6 (15.9)
Min, Max	18, 90
<65 n (%)	208 (78.8)
≥65 n (%)	56 (21.2)
Sex, n (%)	
Female	156 (59.1)
Male	108 (40.9)
Payer (n,%)	
Commercial	208 (78.8)
Medicare	56 (21.2)
Deyo-Charlson Comorbidity Index, CCI, n (%)	
None (CCI = 0)	130 (49.2)
Mild (CCI = 1-2)	92 (34.8)
Moderate/Severe (CCI ≥3)	42 (15.9)
CCI Comorbidities (≥5% Prevalence)	
Any malignancy	50 (18.9)
Diabetes without chronic complications*	46 (17.4)
Chronic pulmonary disease	31 (11.7)
Diabetes with chronic complications*	19 (7.2)
Rheumatologic disease	16 (6.1)

CCI, Charlson Comorbidity Index; SD, Standard Deviation.
*Categories are mutually exclusive.

Suzetrigine Treatment Characteristics

- Characteristics of SUZ prescribing on index and during follow-up are described in **Table 2**
- The median days' supply of the initial SUZ filled prescription was 14 days.
 - All initial SUZ prescriptions (100%) were for 30 days or less, and 83.7% of all prescriptions were for 15 days or less
- Approximately 9% of patients received a SUZ refill within 30 days, most receiving a single refill
- The average duration of the index SUZ treatment episode (inclusive of initial prescription and refills) was 15.6 days

Table 2. Patterns of Suzetrigine Prescribing on Index and During Follow-up		
	All Patients (N = 264)	
	Mean (SD)	Median (Q1-Q3)
Index Prescription		
Days' Supply	14.1 (7.7)	14.0 (7.0, 15.0)
Refills		
Patients with ≥1 Refill After the Index Date, n (%)	23 (8.7)	
Number of Refills Among Patients with ≥1 Refill	1.0 (0.2)	1.0 (1.0, 1.0)
Refill Days' Supply	15.5 (8.8)	14.5 (9.0, 19.5)
Duration of Initial Treatment Episode*		
Days	15.6 (7.6)	
	Patients with ≤15 Days' Supply, n (%)	Patients with >15 Days' Supply, n (%)
Index Prescription		
Number (%) of Patients	221 (83.7)	43 (16.3)

Q1, first quartile; Q2, third quartile; SD, standard deviation.

*The SUZ treatment episode began at the first SUZ prescription fill and continued until a gap in days' supply exceeding 5 days or censoring at the end of follow-up. Gaps ≤5 days were permitted.

Co-Prescribing with Suzetrigine

- SUZ was the only analgesic prescribed on index for 75.0% of patients
- Twenty-five percent of patients initiating SUZ were co-prescribed another prescription analgesic on the index date (**Table 3**)

Table 3. Co-prescribing* of Suzetrigine with Other Analgesics on the Index Date		
	All Patients (N = 264)	
Patients with Prescription Analgesics Co-Prescribed on the Index Date, n (%)	66 (25.0)	
	Mean (SD), days	Median (Q1-Q3), days
Patients Co-prescribed Opioids, n (%) — 46 (17.4)		
Opioid Days' Supply	8.8 (9.2)	5.0 (3.0, 7.0)
Patients Co-prescribed NSAIDs, n (%) — 27 (10.2)		
NSAID Days' Supply	19.4 (22.4)	10.0 (7.0, 30.0)
Patients Co-prescribed Acetaminophen, n (%) — 22 (8.3)		
Acetaminophen Days' Supply	13.4 (11.0)	8.5 (3.0, 25.0)

NSAIDs, non-steroidal anti-inflammatory drugs; Q1, first quartile; Q2, third quartile; SD, standard deviation.

*All medications were identified by claims for filled outpatient prescriptions; patients' actual usage of medications, including analgesics purchased out-of-pocket or over-the-counter cannot be ascertained from healthcare claims.

Surgical Characteristics

- Patients underwent general surgeries in inpatient (n=30, 11.4%) and outpatient (239, 90.5%) settings of care (**Table 4**)
- Nearly half of outpatient surgeries were performed in the hospital outpatient department (n=120, 45.5%) and 15.2% (n=40) were performed in ambulatory surgical centers (ASC)

Table 4. Surgery Characteristics of Patients Receiving Suzetrigine		
Most Frequent General Surgeries by Setting		All Patients (N = 264)
Patients who Underwent Inpatient General Surgery*, n (%)		30 (11.4)
Commonly Reported Inpatient General Surgeries:		
- Abdominal surgeries (e.g., appendectomy, excision of the colon/intestines, gastrectomy, gastric bypass, hernia repair, hepatectomy) - Lymph node biopsy or excision - ENT (e.g., excision of pharynx lesion, resection of tonsils/adenoids)		
Patients who Underwent Outpatient General Surgery*, n (%)		239 (90.5)
Top 10 Most Frequent Outpatient General Surgeries:		
	Cystourethroscopy	19 (7.2)
	Tissue debridement (dermis or epidermis)	18 (6.8)
	Submucous resection of inferior turbinate	15 (5.7)
	Septoplasty	14 (5.3)
	Biopsy or excision of lymph nodes	12 (5.4)
	Cholecystectomy (laparoscopic)	10 (3.8)
	Hernia repair (laparoscopic)	9 (3.4)
	Tissue debridement (open wound)	9 (3.4)
	Nasal or sinus endoscopy with biopsy/polypectomy/debridement	8 (3.0)
	Longitudinal gastrectomy (laparoscopic)	8 (3.0)

ENT, otolaryngology, also known as ear, nose, throat.

*Not mutually exclusive, some patients may have undergone an inpatient and outpatient surgery within the identification window.

LIMITATIONS

- This research studied commercial and employer-sponsored Medicare beneficiaries, which may limit generalizability to other insurance types
- Medication use was based on dispensed outpatient pharmacy claims; actual use and over-the-counter (OTC) analgesics or out-of-pocket purchases are not captured
- Co-prescribing of prescription analgesics was assessed on the day of index, which may not capture the complete scope of prescribing patterns
- Clinical indications for SUZ prescriptions cannot be confirmed in claims; temporal links between surgery and SUZ use for acute pain were assumed

DISCUSSION

- SUZ was used in across a wide range of ages (18 to 90 years old), and approximately one-fifth of patients in the study were aged ≥65 years. 78.8% of all patients in the study had Commercial insurance, and 21.2% were Medicare beneficiaries
- SUZ is being used for acute pain management. One hundred percent of initial SUZ prescriptions were for ≤30 days, with approximately 84% of prescriptions written for ≤15 days; the average SUZ treatment duration was approximately 16 days
- SUZ was the only prescription analgesic filled on index for three-quarters of patients; the remaining 25.0% of patients were co-prescribed other analgesics including opioids, prescription NSAIDs, and prescription acetaminophen
- Patients receiving SUZ underwent a wide range of general surgeries, such as abdominal and ENT surgeries, lymph node biopsy or resection, and tissue biopsy/debridement/excision, in both inpatient and outpatient settings of care

CONCLUSIONS

- SUZ was used to manage acute pain, irrespective of age (range: 18 to 90) and across a wide range of general surgeries performed in inpatient and outpatient settings of care**
- SUZ was the only prescription analgesic filled on index for the vast majority of patients; initial prescriptions for acute pain were a median of 14 days**

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