#2316606 Initial Clinical Experiences with Suzetrigine in Outpatient Pain Management Clinics at a Single Institution

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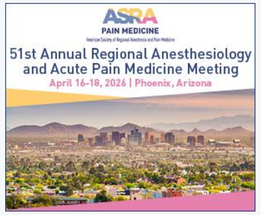

INTRODUCTION

- In January 2025, the United States Food and Drug Administration approved **suzetrigine (Journavx™)**
- Suzetrigine is a **first-in-class, non-opioid**, highly selective NaV1.8 pain signal inhibitor for the treatment of adults with moderate-to-severe acute pain[1].
- Post-market data on its **current usage** remains limited because of its recent market release.
- This study aimed to describe patterns in **new prescriptions** and **management of patients** already using suzetrigine in a high-volume outpatient pain management clinic in New York.

METHODS

- IRB approval was obtained for:
  - An institutional electronic-health record-based registry capturing new patient visits with qualifying diagnoses (primarily spine-related pain, neuropathic pain conditions) at the outpatient pain management clinics at Hospital for Special Surgery (HSS) (IRB#2021-0076)
  - Suzetrigine prescribing practices (IRB#2025-1248)
- Patients who were prescribed suzetrigine between February 1st, 2025 to September 1st, 2025 were identified with the Epic SlicerDicer tool.
- The registry captures encounters from over 26 providers in 8 different pain management clinic locations of HSS in the tri-state area.
- Patient characteristics, primary diagnoses, suzetrigine dosing regimens, side-effects/adverse events and self-reported efficacy--where available--were extracted.
- Descriptive statistics were used to present the findings.

There is a steady increase in both on- and off-label suzetrigine use, with some patients reporting noticeable pain relief.

Figure 1. Number of Outpatient Pain Management Registry Patients Prescribed Suzetrigine

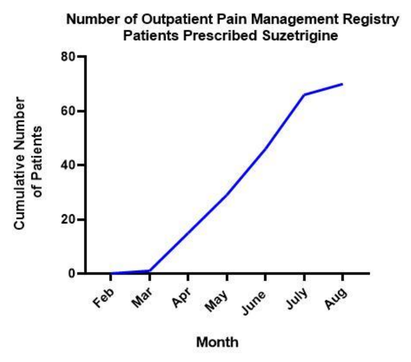

Table 1. Demographic Summary of 93 Outpatient Pain Management Registry Patients

Age, mean (SD)	67 (15.6)
Female, n (%)	47 (50.5)
BMI, mean (SD)	24.6 (4.0)
Race, n (%)	
White or Caucasian	86 (92.5)
Asian	2 (2.2)
Black or African American	2 (2.2)
Ethnicity, n (%)	
Not Hispanic or Latino	90 (96.8)
Hispanic or Latino	1 (1.1)

Table 2. Frequent Primary and Secondary Diagnoses Across 93 Patients

Most frequent primary diagnosis, n (%)	
Lumbar radiculopathy	15 (16.1)
Low back pain (various reasons)	13 (14.0)
Stenosis	9 (9.7)
Knee pain (various durations and etiologies)	8 (8.6)
Spondylosis without myelopathy and/or without radiculopathy	7 (7.5)
Most frequent secondary diagnoses, n (%)	
Stenosis	25 (26.9)
Radiculopathy (various regions)	15 (16.1)
Herniated disc	9 (9.7)
Complex regional pain syndrome	8 (8.6)
Sciatica	8 (8.6)

Table 3. Patient-Reported Efficacy and Reason for Prescription for 26 Patients

Patient-Reported Efficacy, n (%)	
Pain relief	15 (57.7)
Post-op/post-procedural pain	6 (40.0)
Flare up/current meds not working for chronic pain condition	5 (33.3)
Other acute pain	3 (20.0)
No pain relief	11 (42.3)
Post-op/post-procedural pain	3 (27.3)
Flare up/current meds not working for chronic pain condition	7 (63.6)
Other acute pain	1 (9.1)
Discontinuation due to side effects, n (%)	3 (10.3)

References:
1. FDA Approves Novel Non-Opioid Treatment for Moderate to Severe Acute Pain. (2025, January 30). FDA. https://www.fda.gov/news-events/press-announcements/fda-approves-novel-non-opioid-treatment-moderate-severe-acute-pain

RESULTS

- Since approval, prescriptions for suzetrigine markedly increased over a six-month period (Figure 1).
- 93 distinct patients receiving care at one of the outpatient pain clinics had a prescription for suzetrigine (Figure 1 & Table 1).
  - Clinical indications: acute post-procedural pain, complex regional pain syndrome, acute pain from re-injury, or off-label for acute flares of existing chronic pain conditions such as erythromelalgia, myofascial pain, radiculopathy, spondylolisthesis, spondylosis, arthritis, hernias, or sciatica that were not responding to current medications and treatments.
- Patients received prescriptions for a median number of 30 suzetrigine tablets (2-weeks' worth); 15 received their prescription from a provider outside of HSS, 13 received suzetrigine from an HSS surgeon, and the remaining patients received the prescription from an HSS pain management physician or physiatrist.
- 4 patients did not fill the prescription due to cost and uncertainty regarding the medication's effectiveness.
  - Of the patients who took the medication and for whom data was available in the medical record, 11 did not experience any pain relief, 3 reported discontinuing due to side effects (n=2 nausea; n=1 dizziness), and 15 experienced significant pain relief.

DISCUSSION

- A **steady increase** in patients using suzetrigine over time, and some with **noticeable improvements in pain.**
- Suzetrigine was prescribed **on and off-label** for a variety of acute and chronic pain conditions.
- The **average age** of our patients receiving the medication is higher than previous Phase III studies and a **larger proportion were also men**.
- Because data remains limited, additional trials and pharmacoepidemiological studies are needed to evaluate suzetrigine's safety and efficacy.