# Suzetrigine Prescribed Often for Chronic Pain, Despite Its Acute-Pain Label

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## Key Findings:

- One-third of suzetrigine prescriptions (33.0%) were written in encounters with a diagnosis of chronic pain, compared with 6.7% of opioid prescriptions. Opioids were most often prescribed during encounters with evidence of surgery (48.8%) and acute pain (19.8%) compared to 10.2% and 31.8%, respectively, for suzetrigine.
- Pain medicine and orthopedic surgery accounted for 40.9% of suzetrigine prescriptions but only 3.5% of opioid prescriptions. In contrast, emergency medicine and general surgery wrote 64.1% of opioid prescriptions but only 20.8% of suzetrigine prescriptions.
- Patients prescribed suzetrigine were older and more often female than patients prescribed opioids: 43.0% of suzetrigine recipients were aged 65 or older, compared with 31.4% of opioid recipients, and 63.1% of suzetrigine recipients were female, compared with 57.2% of opioid recipients.

Suzetrigine received Food and Drug Administration (FDA) approval on January 30, 2025, for the treatment of moderate-to-severe acute pain in adults.[1] As the first new non-opioid acute pain medication in more than two decades, suzetrigine has been positioned as a potential alternative to opioids in clinical situations where opioids would historically have been considered.[2,3] Because suzetrigine does not act on opioid receptors, it is thought to carry little risk of dependence or respiratory depression, which has prompted interest in whether and how clinicians might use it in place of opioids. However, the medication is newly available, little is known about the real-world patterns of suzetrigine prescribing, including which clinical specialties are adopting it, which patient populations are receiving it, and for which indications it is being prescribed relative to the opioids it might replace. Understanding these early prescribing patterns helps characterize how a new pain medication enters clinical practice and where its use diverges from its labeled indication.

We studied more than 3.6 million U.S. adults aged 18 and older who received a prescription for either suzetrigine or an opioid between February 2025 and April 2026. Patients were excluded if they had received either medication in the 30 days before the index prescription, if both medications were prescribed at the same visit, or if they did not have a pain score documented on the day before or day of the prescription.

Suzetrigine and opioids have been prescribed for substantially different clinical indications in the first 15 months following suzetrigine's approval, as seen in Figure 1. Chronic pain accounted for 33.0% of suzetrigine prescriptions, but only 6.7% of opioid prescriptions. Opioid prescribing was concentrated in encounters for surgery (48.8%) and acute pain (19.8%), which together accounted for 68.6% of opioid prescriptions but only 42.0% of suzetrigine prescriptions.

## Distribution of Suzetrigine and Opioid Prescriptions by Indication

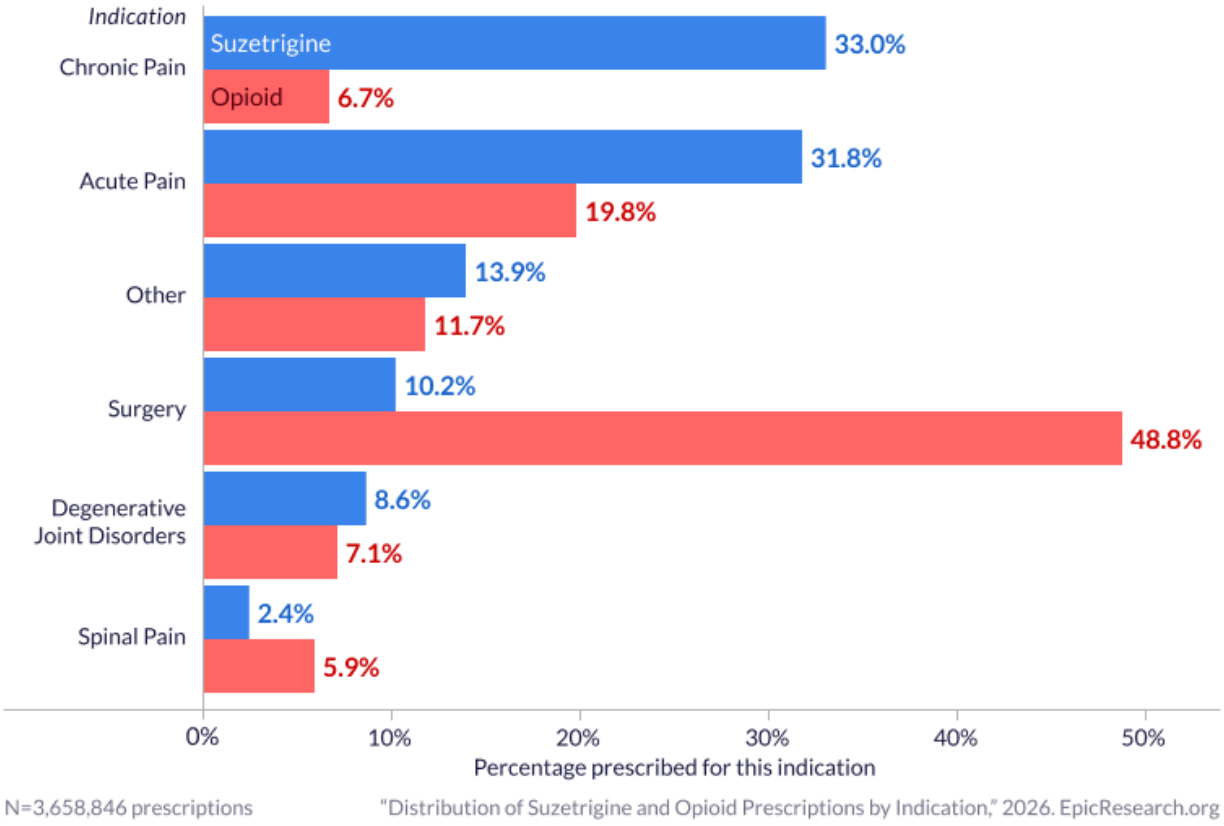


*Figure 1. The distribution of suzetrigine and opioid prescriptions by indication.*

The specialty mix reinforces this pattern. Pain medicine and orthopedic surgery together wrote 40.9% of suzetrigine prescriptions but only 3.5% of opioid prescriptions. Conversely, emergency medicine and general surgery wrote 64.1% of opioid prescriptions but only 20.8% of suzetrigine prescriptions. Suzetrigine adoption has been concentrated in specialties that manage chronic and surgical pain longitudinally rather than in the acute-care settings where opioids are most commonly initiated.

## Distribution of Suzetrigine and Opioid Prescriptions by Prescribing Specialty

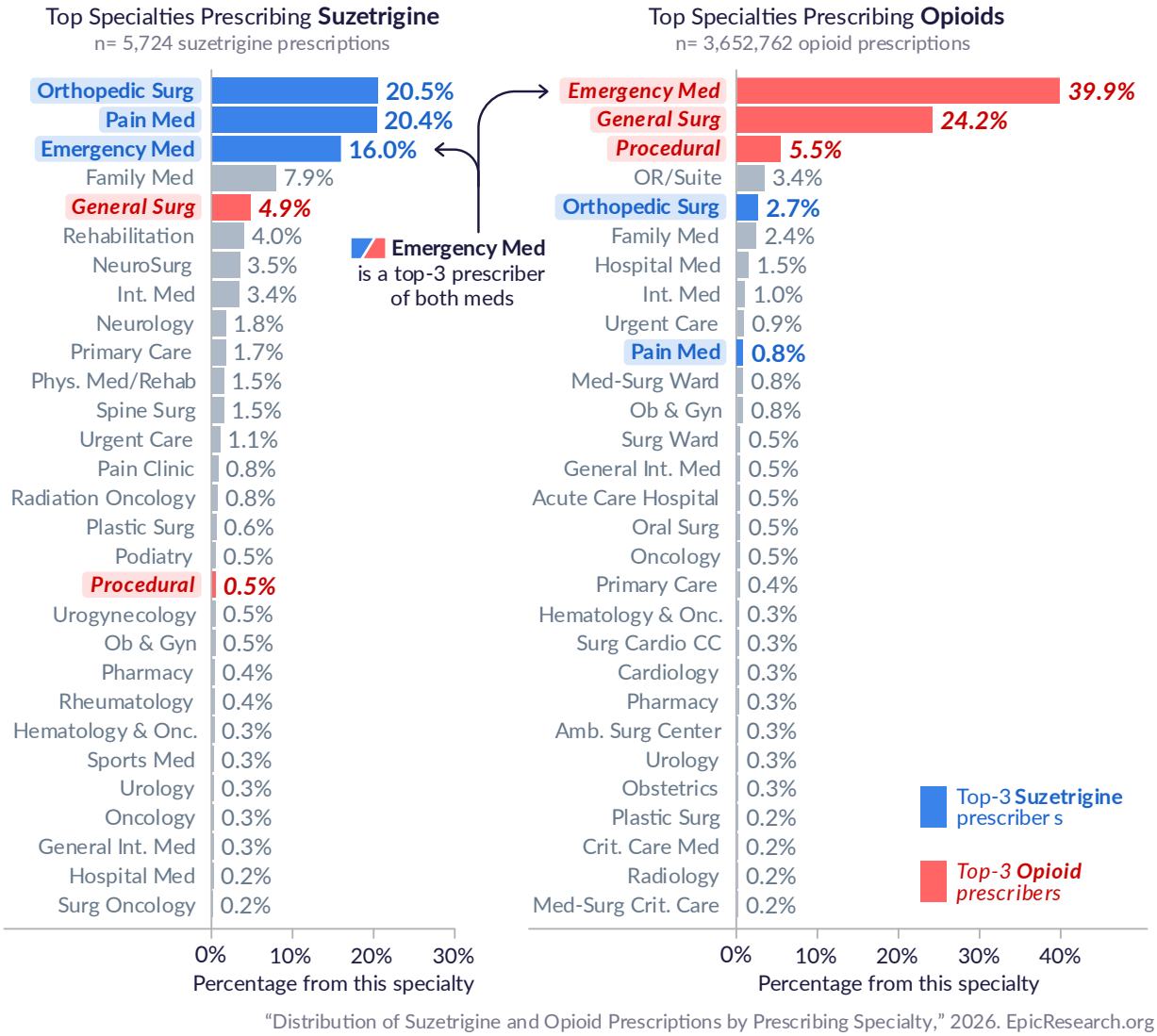


*Figure 2. The distribution of suzetrigine and opioid prescriptions by prescribing department specialty.*

Patient demographics also showed differences in prescribing patterns. Adults aged 65 and older made up 43.0% of suzetrigine recipients versus 31.4% of opioid recipients, and female patients made up 63.1% of suzetrigine recipients versus 57.2% of opioid recipients. Differences by race and ethnicity were smaller.

## Distribution of Suzetrigine and Opioid Prescriptions by Patient Demographics

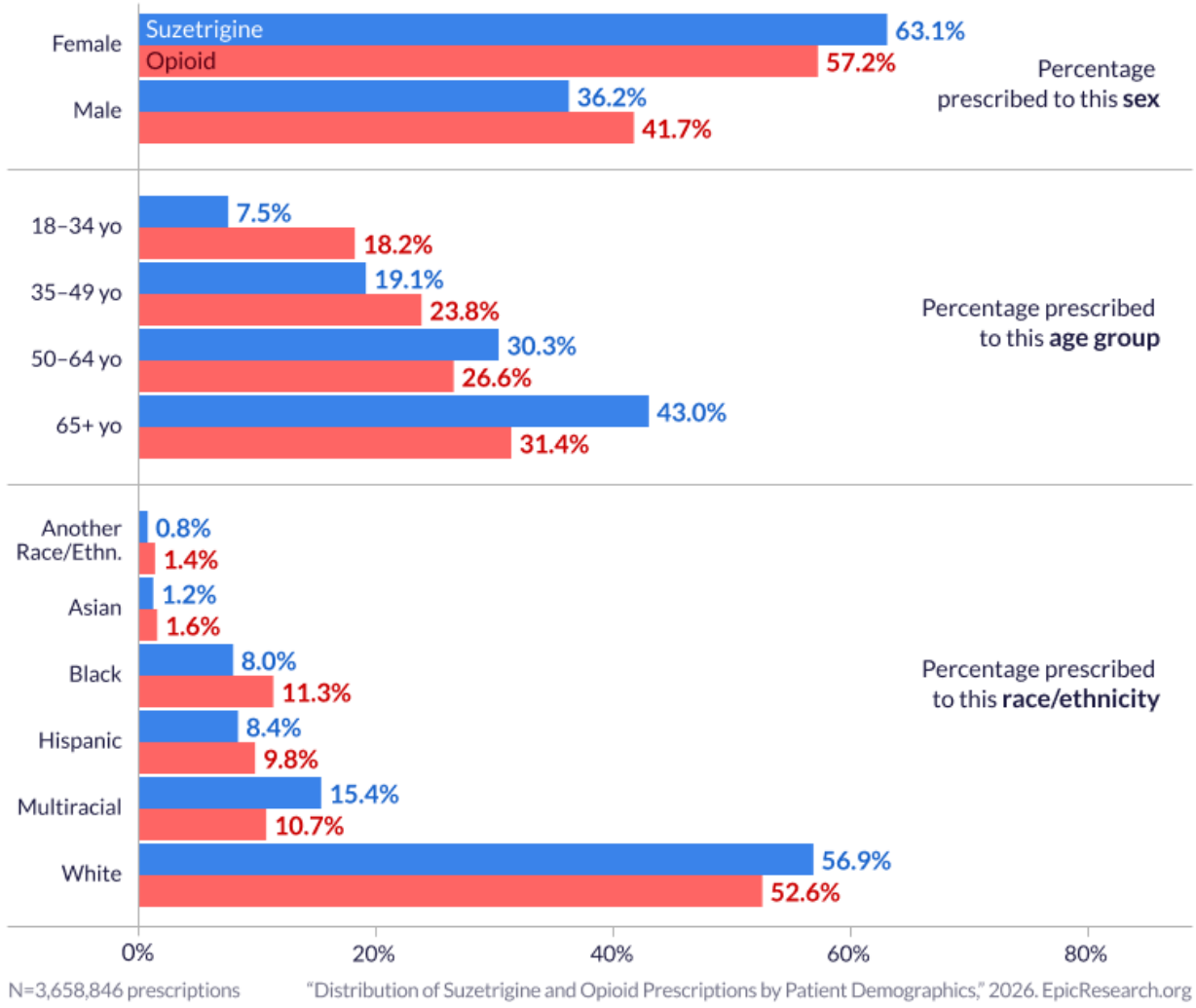


*Figure 3. The distribution of suzetrigine and opioid prescriptions by patient demographics. Patients without a documented race or a sex of male/female are not included in the figure.*

*These data come from Cosmos, a dataset created in collaboration with a community of Epic health systems representing more than 307 million patient records from 2,000 hospitals and more than 49,000 clinics from all 50 U.S. states, Canada, Lebanon, and Saudi Arabia. This study was completed by two teams that worked independently, each composed of a clinician and research scientist. The two teams came to similar conclusions. Graphics by Brian Olson.*

## References


1. U.S. Food and Drug Administration. FDA approves novel non-opioid treatment for moderate to severe acute pain. Published January 30, 2025. https://www.fda.gov/news-events/press-announcements/fda-approves-novel-non-opioid-treatment-moderate-severe-acute-pain. Accessed June 2, 2026.
2. Jones JH, Nguyen A, Rolan PE. NaV1.8 channel blockers for the treatment of pain. Drugs. 2025;85(4):353-364. doi:10.1007/s40265-025-02160-6

3. Bertoch T, D'Aunno D, McCoun J, et al. Suzetrigine, a non-opioid NaV1.8 inhibitor for treatment of moderate-to-severe acute pain: two phase 3 randomized clinical trials. J Pain Res. 2025;18:1257-1270. doi:10.2147/JPR.S509144

## Data Definitions

| Term | Definition |
|---|---|
| Study period | 2/1/2025 to 4/30/2026 |
| Study population: inclusion | Adults aged 18 and older with:<br>• An encounter with a prescription for **suzetrigine** or an **opioid** during the **study period**<br>• At least one pain score at the prescription anchor visit<br>Only the first qualifying prescription per patient is counted. |
| Study population: exclusion | Any order (inpatient or outpatient) for **suzetrigine** or an **opioid** in the 30 days before the **index date** (washout)<br>Patients with both **suzetrigine** and an **opioid** at the same anchor visit<br>Non-U.S. patients |
| Index date | Date of the first qualifying prescription of **suzetrigine** or an **opioid** during the **study period** |
| Exposures | Index prescription of **suzetrigine** vs. **opioid** (mutually exclusive at the anchor visit) |
| Suzetrigine | A medication with a simple generic name of "suzetrigine" or RxNorm code 2704819 |
| Opioid | A medication with ATC code N02A* |
| Indication group | Mutually exclusive stratification based on the primary diagnosis at the prescription visit. Each patient is assigned to the first matching group: **acute pain**, **degenerative joint disorders**, **chronic pain**, **spinal pain**, **surgical/postoperative pain**, or **other** (no qualifying diagnosis). |
| Acute pain | An encounter, billing, or problem list diagnosis with ICD-10-CM code M25.51*, M25.55*, M25.56*, M79.6*, R07.89, R10.2*, R51*, R52, or G50.0 |
| Degenerative joint disorders | An encounter, billing, or problem list diagnosis with ICD-10-CM code M16*, M17*, M18*, M19*, M70.6*, or M75.5* |
| Chronic pain | An encounter, billing, or problem list diagnosis with ICD-10-CM code G89.2* (excluding G89.22 and G89.28), G89.3, G89.4, G56.0*, G58.8, G62.9, M47* (excluding M47.0 and M47.2), M54* (excluding M54.1*, M54.2, and M54.5*), M79.0, M79.1*, M79.2, or M79.7 |
| Spinal pain | An encounter, billing, or problem list diagnosis with ICD-10-CM code G55, G89.29, M46.1, M47.0, M47.2, M47.8*, M48.0*, M50*, M51*, M53.3, M54.1*, M54.2, M54.5*, M96.1, or S39.012* |
| Surgical/postoperative pain | An encounter, billing, or problem list diagnosis with ICD-10-CM code G89.12, G89.18, G89.22, or G89.28; OR a surgical procedure (CPT 10000–69999 or any ICD-10-PCS code) on the index encounter or in the prior seven days |
| Prescribing specialty | Specialty of the department of the anchor visit |
| Outcomes | Counts and proportions of **suzetrigine** and **opioid** prescriptions by **indication group**, **prescribing specialty**, and patient demographics (age, sex, race/ethnicity) |
| Limitations | Suzetrigine is newly launched and early adopters likely differ systematically from the general prescribed population (channeling bias).<br>The opioid comparator group includes patients prescribed an opioid for chronic-pain indications who would not be eligible for suzetrigine under its current FDA label. |

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|---|---|
| | ATC code N02A* defines opioids at the class level; new formulations or reclassifications may shift definitions over time.<br>Indication groups are derived from primary diagnoses on the visit and may not capture the full clinical context for the prescription. |

## Table 1. Distribution of Suzetrigine and Opioid Prescriptions by Prescribing Specialty

| **Suzetrigine** | **Opioids** | | |
|---|---|---|---|
| Department Specialty | Rate | Department Specialty | Rate |
| Orthopedic Surg | 20.5% | Emergency Med | 39.9% |
| Pain Med | 20.4% | General Surg | 24.2% |
| Emergency Med | 16.0% | *Unspecified | 5.8% |
| Family Med | 7.9% | Procedural | 5.5% |
| General Surg | 4.9% | OR/Suite | 3.4% |
| *Unspecified | 4.7% | Orthopedic Surg | 2.7% |
| Rehabilitation | 4.0% | Family Med | 2.4% |
| NeuroSurg | 3.5% | Hospital Med | 1.5% |
| Int. Med | 3.4% | Int. Med | 1.0% |
| Neurology | 1.8% | Urgent Care | 0.9% |
| Primary Care | 1.7% | Pain Med | 0.8% |
| Phys. Med/Rehab | 1.5% | Med-Surg Ward | 0.8% |
| Spine Surg | 1.5% | Ob & Gyn | 0.8% |
| Urgent Care | 1.1% | Surg Ward | 0.5% |
| Pain Clinic | 0.8% | General Int. Med | 0.5% |
| Radiation Oncology | 0.8% | Acute Care Hospital | 0.5% |
| Plastic Surg | 0.6% | Oral Surg | 0.5% |
| Podiatry | 0.5% | Oncology | 0.5% |
| Procedural | 0.5% | Primary Care | 0.4% |
| Urogynecology | 0.5% | Hematology & Onc. | 0.3% |
| Ob & Gyn | 0.5% | Surg Cardio CC | 0.3% |
| Pharmacy | 0.4% | Cardiology | 0.3% |
| Rheumatology | 0.4% | Pharmacy | 0.3% |
| Hematology & Onc. | 0.3% | Amb. Surg Center | 0.3% |
| Sports Med | 0.3% | Urology | 0.3% |
| Urology | 0.3% | Obstetrics | 0.3% |
| Oncology | 0.3% | Plastic Surg | 0.2% |
| General Int. Med | 0.3% | Crit. Care Med | 0.2% |
| Hospital Med | 0.2% | Radiology | 0.2% |
| Surg Oncology | 0.2% | Med-Surg Crit. Care | 0.2% |

## Table 2. Distribution of Suzetrigine and Opioid Prescriptions by Patient Demographics

| Population | Suzetrigine Count | Suzetrigine Rate | Opioids Count | Opioids Rate |
|---|---|---|---|---|
| Total | 5,882 | 100.00% | 3,652,964 | 100.00% |
| Age 18 to 34 | 444 | 7.55% | 665,310 | 18.21% |
| Age 35 to 49 | 1,126 | 19.14% | 870,875 | 23.84% |
| Age 50 to 64 | 1,784 | 30.33% | 969,941 | 26.55% |
| Age 65+ | 2,528 | 42.98% | 1,146,838 | 31.39% |
| Sex Male | 2,132 | 36.25% | 1,524,210 | 41.73% |
| Sex Female | 3,710 | 63.07% | 2,090,833 | 57.24% |
| Ethnicity Hispanic | 493 | 8.38% | 358,475 | 9.81% |
| Race Unknown | 553 | 9.40% | 460,223 | 12.60% |
| Race Multiracial | 905 | 15.39% | 392,516 | 10.75% |
| Race White | 3,344 | 56.85% | 1,919,654 | 52.55% |
| Race Black | 469 | 7.97% | 414,483 | 11.35% |
| Race Asian | 73 | 1.24% | 56,980 | 1.56% |
| Race Other | 45 | 0.77% | 50,633 | 1.39% |