

# Don't Jump to Suzetrigine for Acute Pain

The spotlight is on **suzetrigine (*Journavx*)**, the first med in a new class of **NON-opioid analgesics for acute pain in over 2 decades**.

Suzetrigine is a selective sodium channel blocker...that prevents pain signals in the peripheral nervous system from reaching the brain.

It's NOT a controlled substance...and it doesn't have warnings about misuse, respiratory depression, etc.

You'll hear that suzetrigine reduces moderate to severe pain better and faster than placebo...and similar to hydrocodone/acetaminophen.

But these data are mainly in about 900 patients receiving suzetrigine after a tummy tuck or bunion removal. And most patients were white women with an average age in the 40s.

Keep in mind, it's too soon to say how well suzetrigine works in a broader population...or for other types of pain (chronic, etc).

Also be aware that these trials allowed taking ibuprofen prn...used doses of hydrocodone/acetaminophen that are lower than what's often given post-op...and aren't formally published in a peer-reviewed journal yet.

Plus suzetrigine costs about \$15 per TABLET.

Don't jump to suzetrigine for moderate to severe acute pain.

Continue to recommend oral acetaminophen or an NSAID (ibuprofen, etc) first...or the combo if needed. For example, suggest acetaminophen 500 to 1,000 mg AND ibuprofen 200 to 400 mg every 6 hours prn.

Consider suzetrigine as an option if acetaminophen and an NSAID isn't enough or can't be used...and patients can afford the cost.

Be aware of dosing nuances with suzetrigine. Most patients should take TWO 50 mg tablets po on an empty stomach first...then 1 tablet bid with or without food thereafter. Dose-adjust in moderate liver disease.

Limit treatment to the shortest duration needed...there are no data for using suzetrigine for acute pain beyond 14 days.

Stay alert for interactions. For instance, avoid suzetrigine with strong CYP3A inhibitors (itraconazole, etc) or inducers (rifampin, etc).

Recommend backup contraception (condoms, etc) while on suzetrigine and for 28 days after in patients who take hormonal contraceptives that contain progestins OTHER THAN levonorgestrel or norethindrone.

Educate that side effects may include itching or muscle spasms...and to avoid grapefruit, since it can increase suzetrigine levels.

Get our suzetrigine quick skim graphic to share fast facts...and our resource, Analgesics for Acute Pain in Adults, to compare other meds.

## Key References:

- Osteen JD, Immani S, Tapley TL, et al. Pharmacology and Mechanism of Action of Suzetrigine, a Potent and Selective NaV1.8 Pain Signal Inhibitor for the Treatment of Moderate to Severe Pain. *Pain Ther.* 2025 Jan 8. doi: 10.1007/s40122-024-00697-0.
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