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# Suzetrigine for Acute Pain: Effectiveness and Value

Public Meeting — February 28, 2025

Meeting materials available at: <https://icer.org/assessment/acute-pain-2025>



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# Participating Members of the Midwest CEPAC

**Jill Johnson, PharmD, Chair**

*Professor, College of Pharmacy, University of Arkansas for Medical Sciences*

- **Eric Armbrecht, PhD**, Professor, Saint Louis University
- **Alan J. Balch, PhD**, CEO, Patient Advocate Foundation
- **Bijan Borah, PhD**, Professor of Health Services Research, Mayo Clinic College of Medicine and Science
- **Donald Casey, MD, MPH, MBA, MACP, FAHA**, Associate Professor of Internal Medicine, Rush Medical College
- **Gregory Curfman, MD**, Executive Editor, JAMA, American Medical Association
- **Sneha Dave**, Executive Director, Generation Patient
- **Yngve Falck-Ytter, MD, AGAF**, Professor, Case Western Reserve University
- **Heather Guidone, BCPA**, Program Director, Center for Endometriosis Care
- **Jayani Jayawardhana, Ph.D**, Associate Professor, University of Kentucky
- **David Kim, PhD**, Assistant Professor, University of Chicago
- **Timothy McBride, PhD**, Washington University in St. Louis
- **Jimi Olaghere**, Patient Advocate
- **Stuart Winston, DO**, Patient Experience Lead Consultant, Trinity Health IHA Medical Group

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# Patient Experts

## Nicole Hemmenway, CEO, US Pain Foundation

- *The U.S. Pain Foundation receives over 25% of its funding from a diverse range of sources, including healthcare companies, industry groups such as Vertex Pharmaceuticals, family foundations, and individual donors. Additionally, the organization previously engaged in a fee-for-service collaboration with Humana Neighborhood Centers providing educational content about pain. All educational materials are developed independently, without any input or review from funders, and intended solely for educational purposes.*

## Gabriel Smith, Patient

- *No conflicts to disclose.*

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## Clinical Experts

### **Benjamin Friedman, MD, MS, Professor of Emergency Medicine, Montefiore Einstein**

- *Dr. Friedman is an attending physician at Montefiore Einstein and has no conflicts to disclose.*

### **Andrew Kolodny, MD, Medical Director, Opioid Policy Research, Heller School, Brandeis University**

- *Dr. Kolodny has served as an expert witness in litigation involving the opioid industry.*

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# ICER Speakers



**Sarah K. Emond, MPP**  
*President & CEO*



**Brett McQueen, PhD**  
*Lead Modeler & Associate Professor,  
Department of Clinical Pharmacy,  
University of Colorado*



**Dan Ollendorf, PhD, MPH**  
*Chief Scientific Officer and Director  
of HTA Methods and Engagement*



**David Rind, MD, MSc**  
*Evidence Author & Chief Medical  
Officer*



## Why are we here today?

“I don’t have an MD at the end of my name, but you are not in my body. You can’t tell me what I am feeling. The pain I have is real.”

“I lost my identity and my career. I wasn’t able to hike, run or play with my kids like I wanted to. There’s so much I wish I could have done.”

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Real patient stories from the [InvisibleProject.Org](https://www.invisibleproject.org)

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# Why Are We Here Today?

- What happens the day these treatments receive FDA approval?
- Questions about:
  - What are the risks and benefits?
  - How do new treatments fit into the evolving landscape?
  - What are reasonable prices and costs to patients, the health system, and the government?
  - What lessons are being learned to guide our actions in the future?

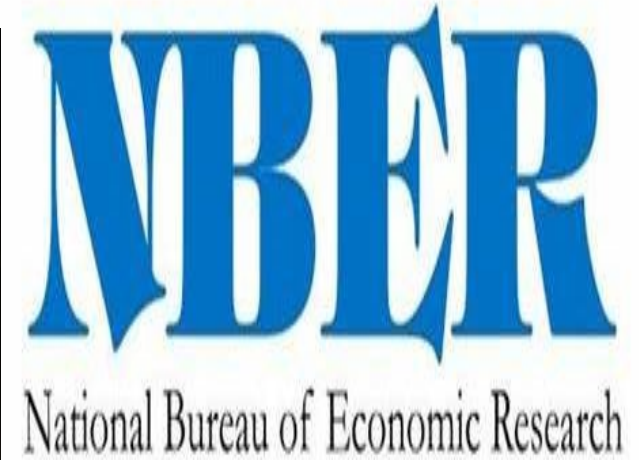
# The Impact on Rising Health Care Costs for Everyone

DIAGNOSIS: DEBT

## 100 Million People in America Are Saddled With Health Care Debt

By Noam N. Levey

JUNE 16, 2022



## Why Delaware is eyeing a 27% premium hike on state employees' health insurance



**Amanda Fries**

Delaware News Journal

Published 4:35 a.m. ET Feb. 1, 2024 | Updated 9:29 p.m. ET Feb. 6, 2024

### WHO PAYS FOR RISING HEALTH CARE PRICES?



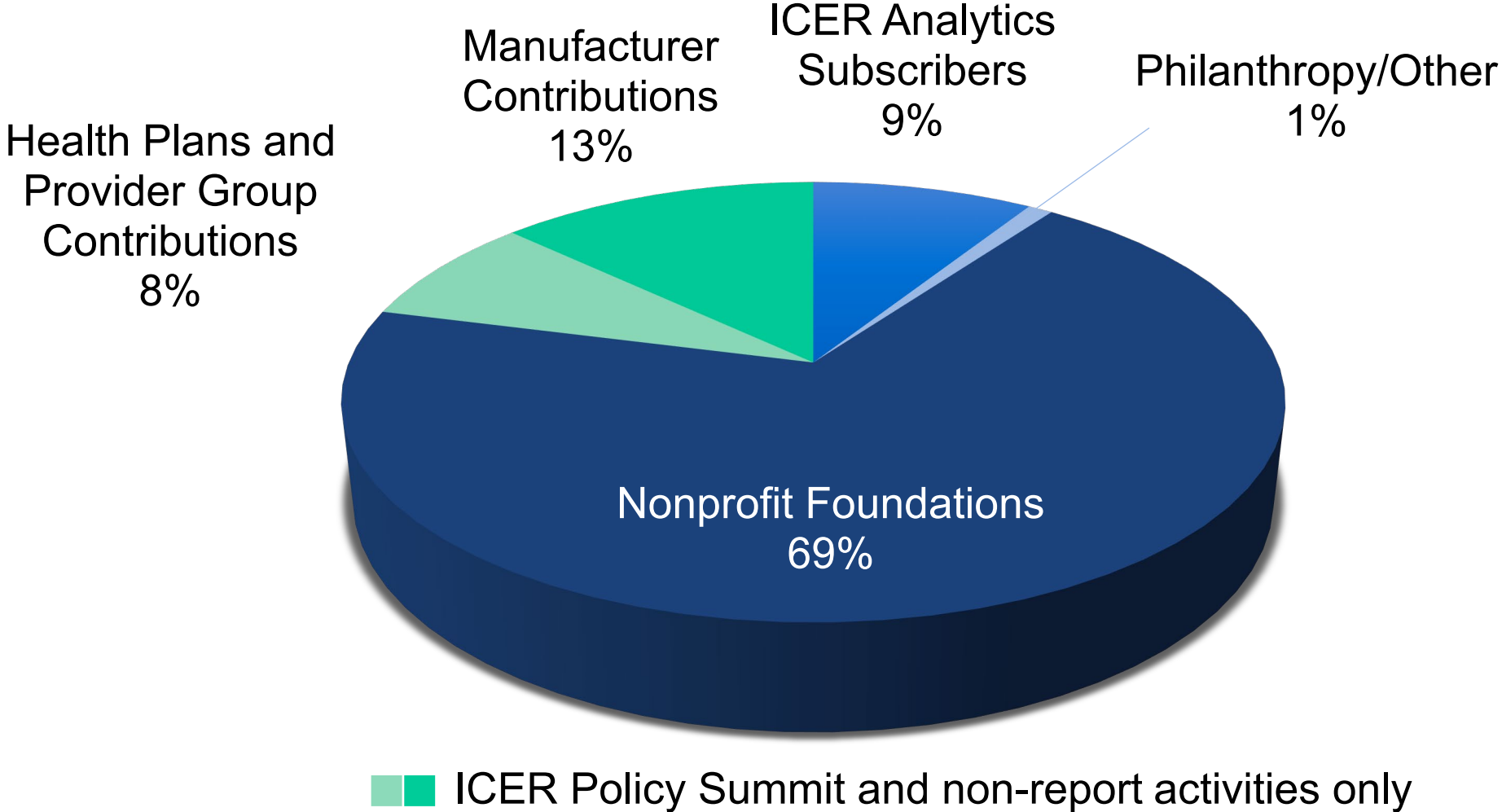


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# Organizational Overview



# Funding 2025



# How Was the ICER Report Developed?



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# Value Assessment Framework: Long-Term Value for Money

**Special Social/Ethical Priorities**

**Benefits Beyond “Health”**

**Total Cost Overall**  
Including Cost Offsets

**Health Benefits:**  
Return of Function, Fewer Side  
Effects

**Health Benefits:**  
Longer Life

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# Agenda (Central Time)

**10:00 AM** Meeting Convened and Opening Remarks

**10:20 AM** Presentation of the Clinical Evidence

**11:00 AM** Presentation of the Economic Model

**11:40 AM** Public Comments and Discussion

**12:00 PM** Lunch Break

**12:50 PM** Midwest CEPAC Deliberation and Vote

**1:50 PM** Break

**2:00 PM** Policy Roundtable Discussion

**3:30 PM** Reflections from Midwest CEPAC

**4:00 PM** Meeting Adjourned

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# Presentation of the Clinical Evidence

**David Rind, MD, MSc**

Chief Medical Officer

Institute for Clinical and Economic Review



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# Key Collaborators

Team Role	Assigned Team Member
Research Lead	Dmitriy Nikitin, MSPH
Research Assistants	Finn Raymond, BS, Sol Sanchez, BA

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## Disclosures

David Rind, Dmitriy Nikitin, Finn Raymond, and Sol Sanchez are employees of the Institute for Clinical and Economic Review (ICER) and have no conflicts to disclose.



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# Acute Pain

- Acute pain is ubiquitous
  - Definitions vary, but time-limited
- At least 80 million in the US annually receive prescription medications for acute pain
- Nearly all systemic treatments include NSAIDs, acetaminophen, or opioids
- Today we are talking about acute pain, not chronic pain

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# Patient Impact

- Most patients'/patient groups' focus is around chronic pain.
- As with sickle cell disease, concerns around:
  - Undertreatment of pain
  - Overuse of opioids
  - Stigma
- Inadequate treatment leads to ER care
- Lack of access to multimodal pain management
- OUD and the opioid epidemic

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# Opioids

- Being prescribed less frequently and in smaller amounts
- Risks include sedation, confusion, falls, GI side effects, respiratory depression
- Rate of opioid use disorder (OUD) after short treatment of acute pain is uncertain
- Risk is clearly high in people with prior OUD

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# NSAIDs

- Readily available for minor to moderate pain
- Risks include GI bleeding, acute kidney injury, CV events
- Risks with short-term treatment uncertain
- Some pain experts feel these are being underutilized

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# Suzetrigine



Oral medication for moderate to severe acute pain in adults



Administered every 12 hours



Inhibitor of  $\text{Na}_v1.8$  (new mechanism of action)



FDA approved on January 30<sup>th</sup>, 2025 (“Journavx<sup>®</sup>”)

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## Insights from Discussions with Patients

- Need for education around appropriate use of opioid pain medication
- Different types of pain elicit different pain responses
- Openness to alternative treatments for acute pain without risk of addiction
- Patient-important outcomes include quality of life, physical functioning and interference in activities of daily living, development of chronic pain, use of rescue medication, and opioid avoidance

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# Questions

- How does suzetrigine efficacy compare to other options?
- How does suzetrigine safety compare to other options?



# Clinical Evidence



# Pivotal Trials: NAVIGATE-1 and -2

## Study Design

- Post-operative abdominoplasty and bunionectomy with  $\geq 4$  on the NPRS
- Phase III double-blind trials
- Randomized 2:2:1 to suzetrigine, hydrocodone 5 mg/APAP 325 mg, or placebo
- Rescue with ibuprofen 400 mg
- No peer-reviewed publication

## Baseline Characteristics

- 2191 participants across both trials
- 92% Female
- About 1/3 severe pain; 2/3 moderate pain at baseline
  - Higher pain in abdominoplasty population

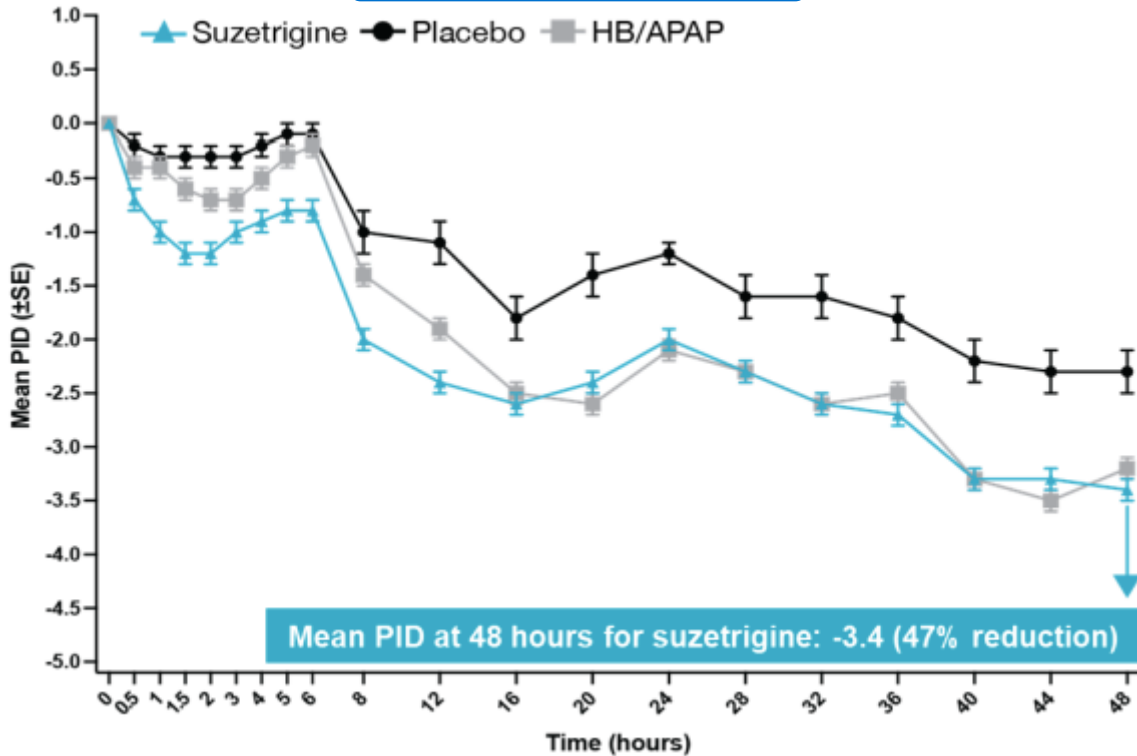
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# Outcomes

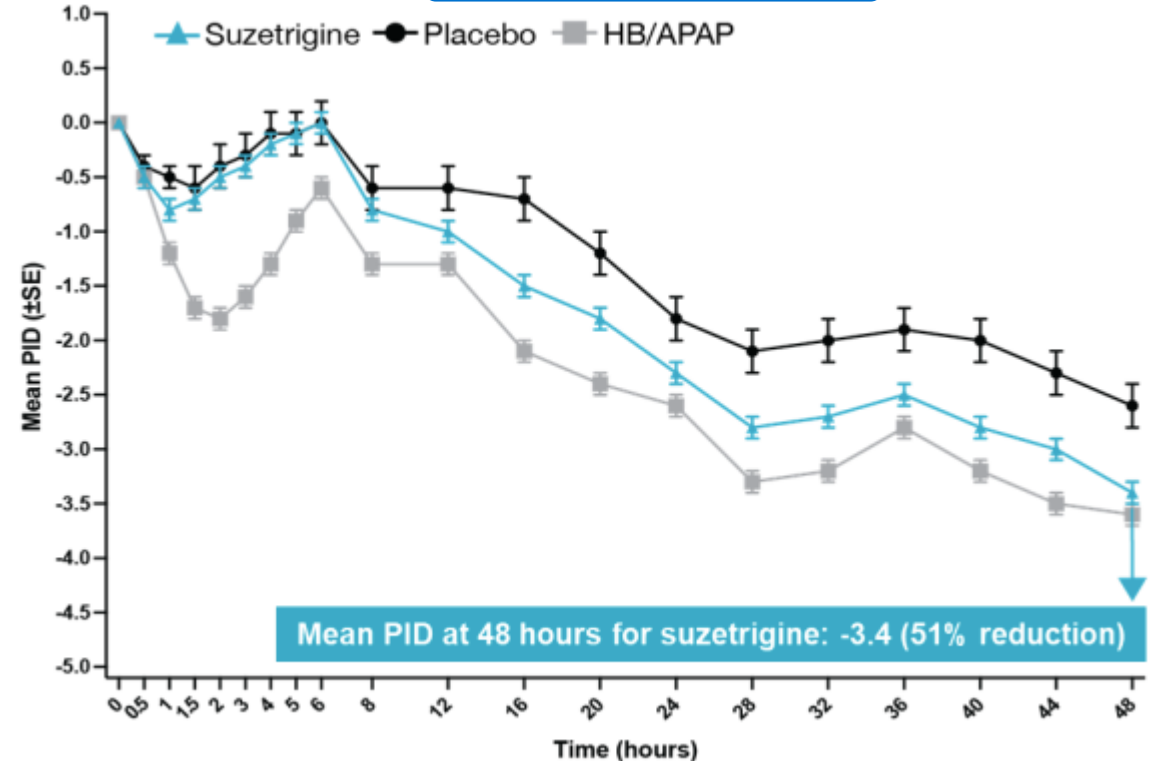
- Primary outcome: Time-weighted pain intensity over 48 hours
- Other outcomes:
  - Time to  $\geq 2$ -point reduction in pain intensity on the Numeric Pain Rating Scale from baseline

# Clinically Meaningful Pain Relief at 48 Hours Observed With Suzetrigine After Procedures

## Abdominoplasty



## Bunionectomy



Note: Figures include participants who were randomized and received at least one dose of study drug. Participants were analyzed according to their randomized treatment.

HB/APAP: hydrocodone bitartrate/acetaminophen, PID: pain intensity difference, SE: standard error, SPID48: time-weighted sum of the pain intensity difference as recorded on the NPRS from 0 to 48 hours

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# What Don't We Know About Efficacy?

- No head-to-head trials with NSAIDs
- Opioid dose was low
- Rescue medication use (new data)
- Network meta-analysis to examine NSAIDs and higher-dose opioids

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## Network Meta-Analysis Overview

- Population: Adults undergoing bunionectomy and abdominoplasty procedures with moderate to severe acute pain
- Interventions: Suzetrigine vs NSAIDs vs low- and high-dose opioids vs placebo
- Outcome: Time-weighted pain intensity over 48 hours

# Network Meta-Analysis Results

- Wide confidence intervals around results

<b>High-Dose Opioid</b>				
0.14 (-0.13, 0.41)	<b>Suzetrigine</b>			
0.17 (-0.08, 0.47)	0.04 (-0.14, 0.24)	<b>Low-Dose Opioid</b>		
0.22 (-0.04, 0.5)	0.08 (-0.18, 0.35)	0.05 (-0.24, 0.3)	<b>NSAID</b>	
<b>0.56 (0.37, 0.76)</b>	<b>0.42 (0.24, 0.61)</b>	<b>0.39 (0.18, 0.56)</b>	<b>0.34 (0.15, 0.52)</b>	<b>Placebo</b>

NSAID: nonsteroidal anti-inflammatory drugs

Standardized mean differences greater than 0 favor the column-defining treatment. Significant results are in bold.

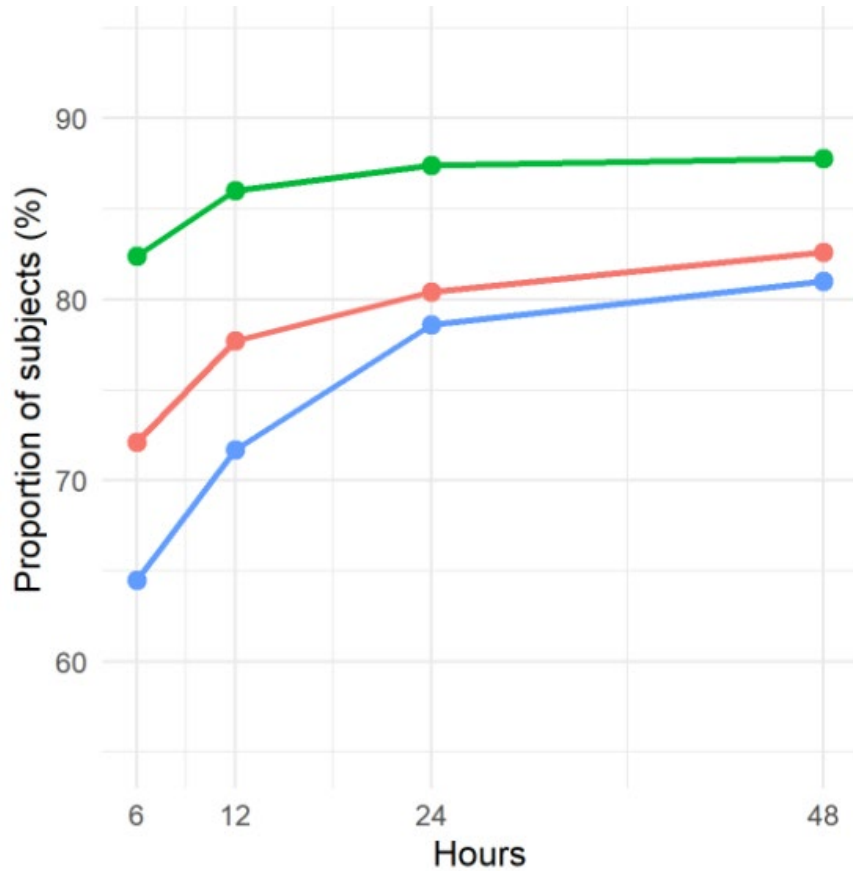
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## Rescue Medication

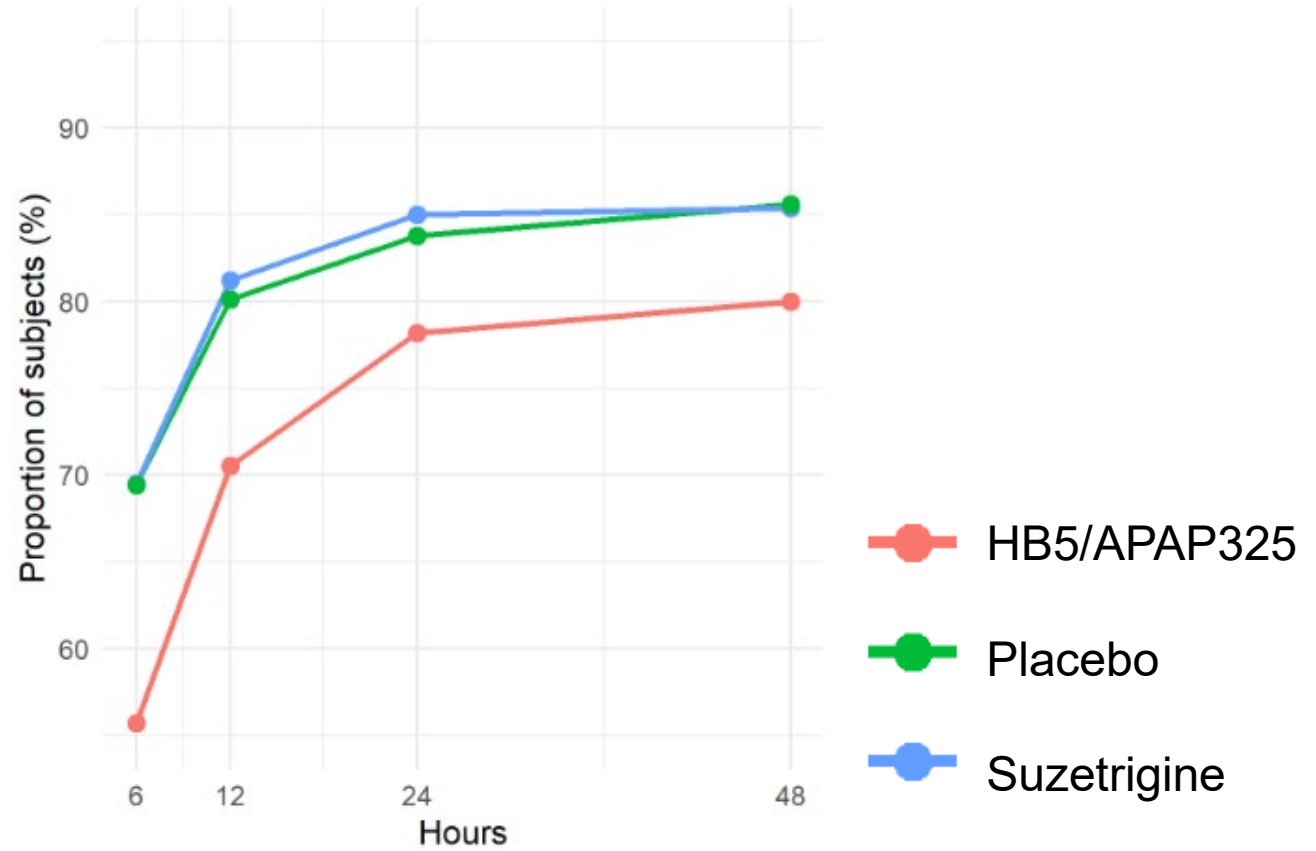
- Rescue with ibuprofen 400 mg
- Rates of rescue medication not initially reported
- Implications of rescue medication
- Likely effects:
  - Versus placebo
  - Versus hydrocodone/APAP

# Rescue Medication Use

## Abdominoplasty



## Bunionectomy





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# What Don't We Know Around Safety/Harms?

- Pain medications need to be very safe
- Information from clinical trials and biologic plausibility
- Unknown risks
- Comparator risks

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# Suzetrigine Harms from Phase III Trials

- Well tolerated
- Side effects similar to placebo
- Lower incidence of nausea and vomiting compared with hydrocodone/APAP

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# Uncertainty Around Harms

- Renal harms
  - Six of 55 patients with diabetic neuropathy treated for 12 weeks had decreased renal function
- Brugada Syndrome
  - $\text{Na}_v1.8$  is encoded by the gene *SCN10A*
- Unknown harms
  - Rofecoxib
  - Addiction risk

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# Comparator Harms

- Widely varying estimates of OUD risk with one week of treatment
- NSAID short-term risks (cardiac, GI, renal) also uncertain

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# Overall Uncertainties

- Dose of hydrocodone/APAP
- Time to benefit
- Rescue medication
- Comparison with NSAIDs
- Known and unknown risks

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# Benefits Beyond Health and Special Ethical Priorities

- Unmet need: Many patients not good candidates for existing pain medications
- Populations underserved by the healthcare system may both be undertreated for pain and overtreated with opioids
- Caregiver benefits if OUD is reduced
- New mechanism of action

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## Public Comments Received

- Manufacturer notes that HC 5 mg/APAP 325 mg is the most commonly prescribed dose for acute pain
- Patient group expressed hope that suzetrigine would decrease progression to chronic regional pain syndrome
- Patient input: many stories of impacts of pain and OUD

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# Summary

- Efficacy:
  - Greater than placebo
  - Likely similar to low-dose opioids; bunionectomy versus abdominoplasty?
  - Uncertain comparisons with NSAIDs and high-dose opioids
- Harms:
  - Possible renal harms; less likely cardiac harms
  - Concerns around unknown harms
  - Will require time on the market to be sure; sequencing of patient selection



# ICER Evidence Ratings

Treatment	Comparator	Evidence Rating
<b>Suzetrigine</b>	No systemic therapy	P/I
	Opioid analgesics	P/I
	Nonsteroidal anti-inflammatory drugs	P/I

P/I: "Promising but Inconclusive" – Moderate certainty of a small or substantial net health benefit, small (but nonzero) likelihood of a negative net health benefit

**Questions?**

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# Presentation of the Economic Model

**Brett McQueen, PhD**

Associate Professor

University of Colorado, Anschutz Medical Campus



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# Key Review Team Members

Team Role	Assigned Team Member
<b>Modelers</b>	Brett McQueen, PhD, Michael DiStefano, PhD, MBE, Antal Zemplenyi, PhD
<b>Economics Lead</b>	Woojung Lee PharmD, PhD

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## Disclosures

WL is an employee of the Institute for Clinical and Economic Review (ICER) and has no conflicts to disclose.

BM, MD, and AZ have no conflicts to disclose defined as more than \$10,000 in healthcare company stock or more than \$5,000 in honoraria or consultancies relevant to this report during the previous year from health care manufacturers or insurers.

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# Objective

## Acute Pain

To evaluate the lifetime cost-effectiveness of suzetrigine compared to hydrocodone bitartrate/acetaminophen (HB/APAP) for the treatment of moderate-to-severe acute pain.

# Unmet Need

Condition	Absolute evLY Shortfall	Proportional evLY Shortfall
Acute Pain	0.24	0.8%
<b>Other Example Conditions</b>		
High Cholesterol	1.7	11%
Multiple Sclerosis	18.9	52%
Osteoporosis	2.6	19%

evLY: equal value of life years



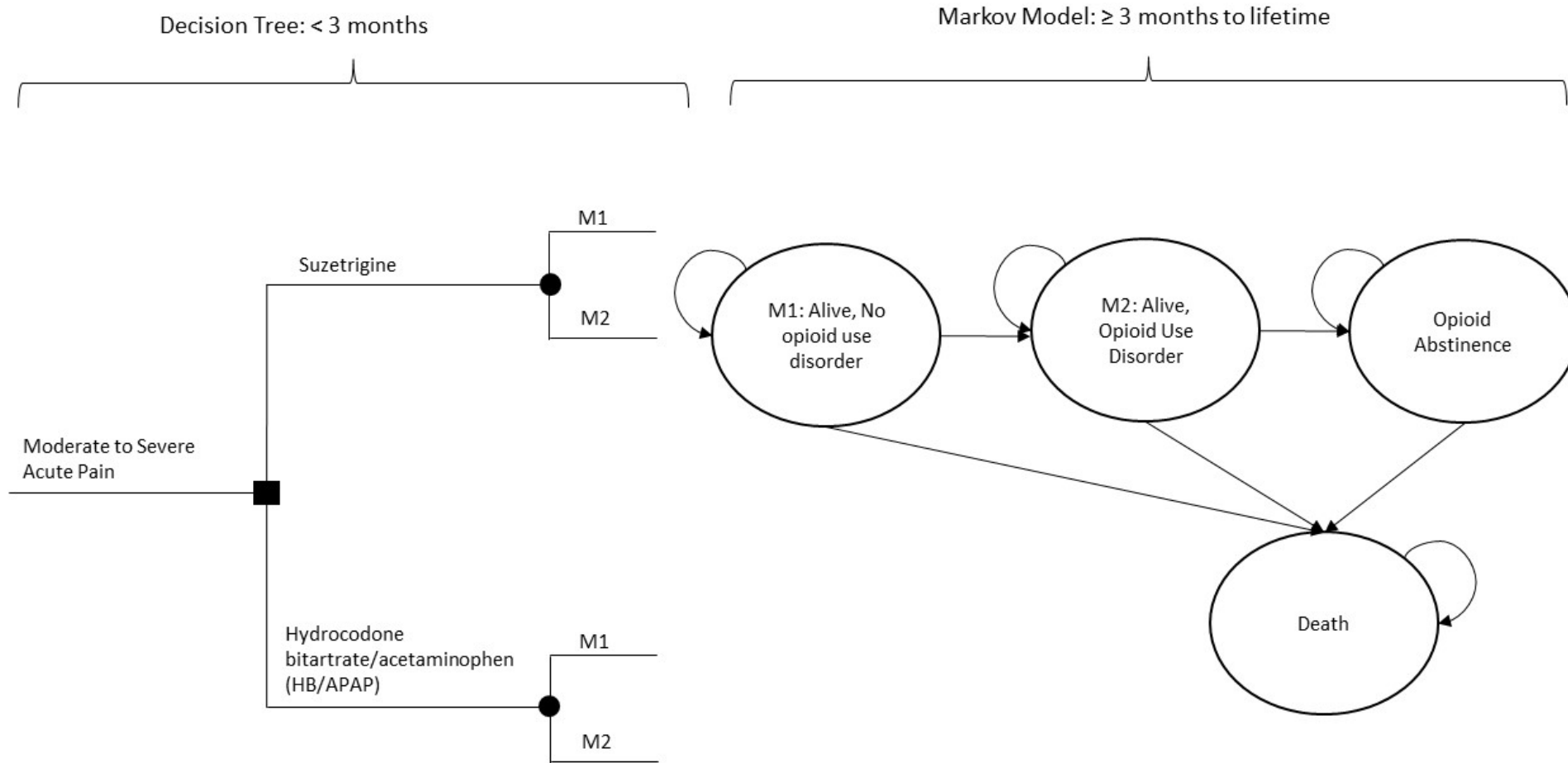
# Methods in Brief

# Methods Overview

Domain	Approach
<b>Model</b>	Decision Tree and Markov Model
<b>Setting</b>	United States
<b>Perspective</b>	Health Care Sector Perspective and Modified Societal Perspective
<b>Time Horizon</b>	Lifetime
<b>Discount Rate</b>	3% per year (costs and outcomes)
<b>Cycle Length</b>	Annual cycle after first three months
<b>Primary Outcome</b>	Cost per quality-adjusted life year (QALY) gained, evLY gained, life years gained, cost per opioid use disorder (OUD) case averted



# Model Schematic



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# Model Characteristics

- Target Population
  - Mean age (years): 45.3
  - Percent male: 45.5

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# Key Assumptions

## Assumption #1

- The model focused on acute pain requiring up to one week of prescription pain medication, such as surgery or other acute events causing pain, and did not include treatment for sub-acute or chronic pain.

## Assumption #2

- The proportion of patients allocated to OUD from the suzetrigine arm equaled 0%.

## Assumption #3

- There is no further transition to OUD after three years.

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## Key Assumptions

### Assumption #4

- Consistent with long-term evidence on OUD (sustained five-year abstinence), a proportion of patients transitioned to opioid abstinence without the chance of moving back to the OUD health state.

### Assumption #5

- A weighted average of quality of life for OUD was estimated for those seeking OUD treatment and those not seeking OUD treatment.

### Assumption #6

- Adverse effects from opioid use were modeled over a lifetime.

# Key Model Inputs: Treatment-Related Efficacy

Characteristic	Value	Source
<b>3-year Incidence of OUD in Suzetrigine Arm</b>	0%	Assumption
<b>3-year Incidence of OUD in HB/APAP Arm</b>	0.43%	Schoenfeld et al., 2024
<b>5-year Proportion of Patients Achieving Abstinence from OUD</b>	0.052	Dowell et al., 2024, Zhu et al. 2018, Authors' calculation

HB/APAP: hydrocodone bitartrate/acetaminophen, OUD: Opioid Use Disorder

# Key Model Inputs: Mortality

Characteristic	Value [95% CI]	Source
<b>All-Cause Mortality from Extramedical Opioid Use (Standardized Mortality Ratio)</b>	5.02 [4.21, 5.98]	Larney et al. 2020
<b>All-Cause Mortality Among those who are Abstinent versus those with Untreated OUD (Rate Ratio)</b>	0.40 [0.34-0.46]	Santo et al. 2021
<b>All-Cause Mortality</b>	Varies by age and sex	US Life Tables

CI: confidence interval, OUD: Opioid Use Disorder, US: United States

# Key Model Inputs: Treatment Costs

Costs	Value	Source
<b>Suzetrigine, 7-day prescription (Journavx®)</b>	\$232.50	Vertex, Authors' calculation
<b>HB/APAP, 7-day prescription (Multiple Brand Names)</b>	\$10.64	US Redbook

HB/APAP: hydrocodone bitartrate/acetaminophen, US: United States

# Key Model Inputs: Related and Unrelated Health Care Costs

Costs	Value [95% CI]	Source
Annual Mean Excess Health Care Costs for People with OUD	\$17,370	Davenport et al., 2019
Annual Cost of MAT	\$7,676 [6,928-8,463]	Fairley et al., 2021; Authors' calculation
Future Unrelated Health Care Costs (Background Health Care Costs)	Varies by age and sex	Jiao et al., 2021

CI: confidence interval; MAT: medication-assisted therapy; OUD: Opioid Use Disorder



# Key Model Inputs: Utilities

Health State	Value	Source
<b>NPRS Levels</b>	Varies	Dixon et al., 2011; Authors' calculation
<b>ODU State (Disutility)</b>	0.231	Wittenberg et al, 2016, Wu et al. 2016, Dowell et al. 2024, Authors' calculation
<b>Abstinence (Disutility)</b>	0.081	Wittenberg et al., 2016, Zhu et al., 2018, Authors' calculation

NPRS: Numeric Pain Rating Scale; OUD: Opioid Use Disorder



# Results

# Base-Case Results

Drug	Cost	QALYs	evLYs	Life Years	OUD Cases (per 100,000)
Suzetrigine	\$197,500	18.65	18.65	21.92	0
HB/APAP	\$197,900	18.61	18.61	21.89	429

evLYs: equal value of life years, HB/APAP: hydrocodone bitartrate/acetaminophen, OUD: Opioid Use Disorder, QALYs: quality-adjusted life years

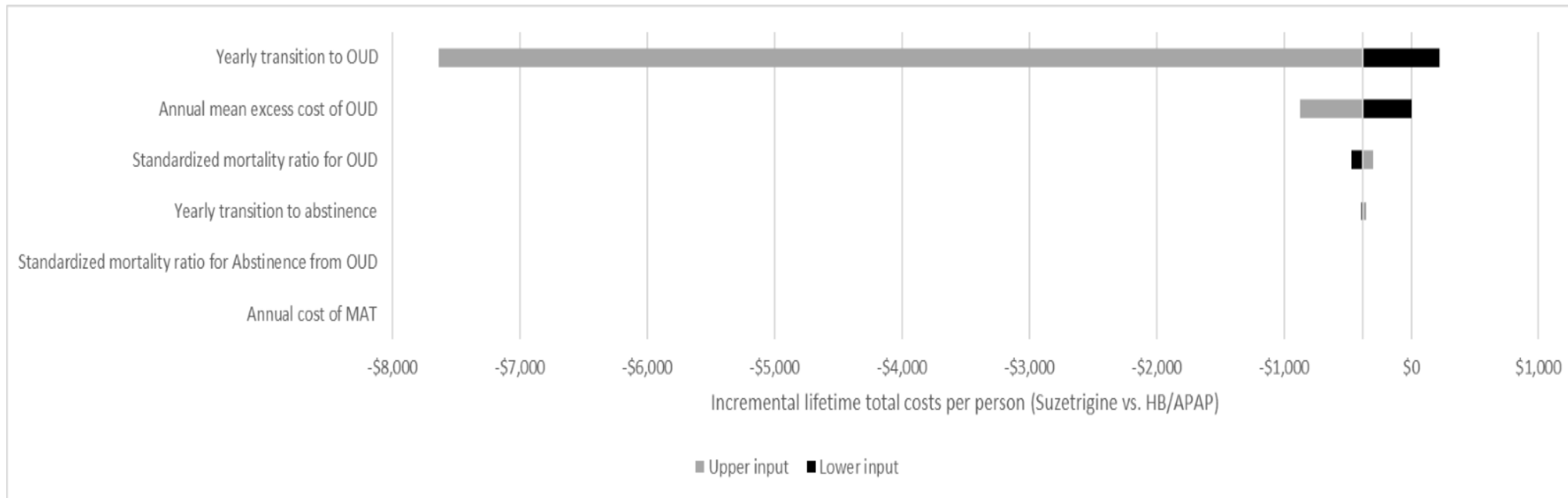
# Base-Case Incremental Results

Drug	Comparator	Cost per QALY Gained	Cost per evLY Gained	Cost per Life Year Gained	Cost per OUD Case Averted
<b>Suzetrigine</b>	HB/APAP	Less costly, more effective	Less costly, more effective	Less costly, more effective	Less costly, more effective

evLYs: equal value of life years, HB/APAP: hydrocodone bitartrate/acetaminophen, OUD: Opioid Use Disorder, QALYs: quality-adjusted life years

# One Way Sensitivity Analyses

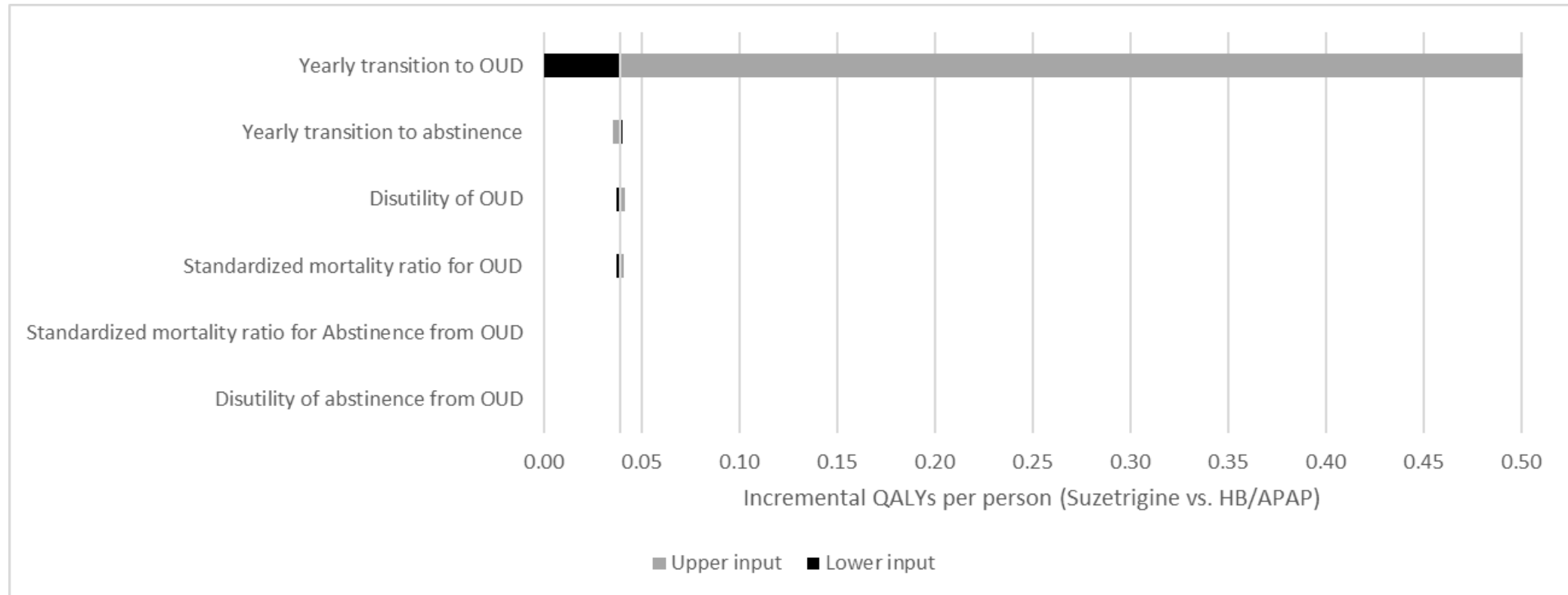
## Tornado Diagram for Incremental Lifetime Costs



HB/APAP: hydrocodone bitartrate/acetaminophen, MAT: medication-assisted therapy, OUD: Opioid Use Disorder

# One Way Sensitivity Analyses

## Tornado Diagram for Incremental Quality-Adjusted Life Year Gains



HB/APAP: hydrocodone bitartrate/acetaminophen, OUD: Opioid Use Disorder, QALYs: quality-adjusted life years

# Probabilistic Sensitivity Analysis

Drug	Cost-Effective at \$50,000 per QALY/evLY	Cost-Effective at \$100,000 per QALY/evLY	Cost-Effective at \$150,000 per QALY/evLY
<b>Suzetrigine</b>	92%	94%	96%

evLY: equal value of life years, QALY: quality-adjusted life years

# Scenario Analyses

**Analysis 1:** Modified societal perspective with components such as productivity losses, criminal justice and incarceration, and caregiver disutilities applied to the OUD health state.

**Analysis 2:** The proportion of patients with OUD in the opioid comparator arm that result in scenarios for suzetrigine that meet commonly cited cost-effectiveness thresholds.

**Analysis 3:** Exclusion of unrelated health care and death costs.

Drug	Analysis 1	Analysis 2	Analysis 3
Suzetrigine	Less costly, more effective	0.02% with OUD by three years in the opioid arm to meet \$100,000 per QALY and evLY thresholds	Less costly, more effective

evLY: equal value of life years, OUD: Opioid Use Disorder, QALY: quality-adjusted life years



# Health Benefit Price Benchmark (HBPB)

Intervention	Weekly Price (WAC)	Weekly Price at \$100,000/QALY Threshold	Weekly Price at \$150,000/evLY Threshold	Discount from WAC to Reach Threshold Prices
Suzetrigine	\$232.50	\$4,500	\$6,500	N/A

evLY: equal value of life years, N/A: not applicable, QALY: quality-adjusted life years, WAC: wholesale acquisition cost

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# Limitations

## Top Limitations

- The cost-effectiveness of suzetrigine for acute pain compared to HB/APAP depends greatly on the incidence of OUD from a short course of HB/APAP.
- The societal perspective estimates may underestimate the economic burden of OUD.

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## Comments Received

- Updated wholesale acquisition cost for suzetrigine following FDA approval.
- Additional text added to the Uncertainty and Controversies section of the Evidence Report indicating potential for underestimate of societal costs from avoiding OUD.

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## Conclusions

- Suzetrigine for treating moderate-to-severe acute pain is slightly cost-saving due to averting OUD compared to HB/APAP, using the wholesale acquisition cost of \$232.50 for a one-week prescription to treat acute pain.

**Questions?**



# **Manufacturer Public Comment and Discussion**

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# Paul Negulescu, Ph.D

## Senior Vice President and Disease Area Executive, Vertex Pharmaceuticals

### *Conflicts of Interest:*

- Dr. Negulescu is a full-time employee at Vertex Pharmaceuticals.*

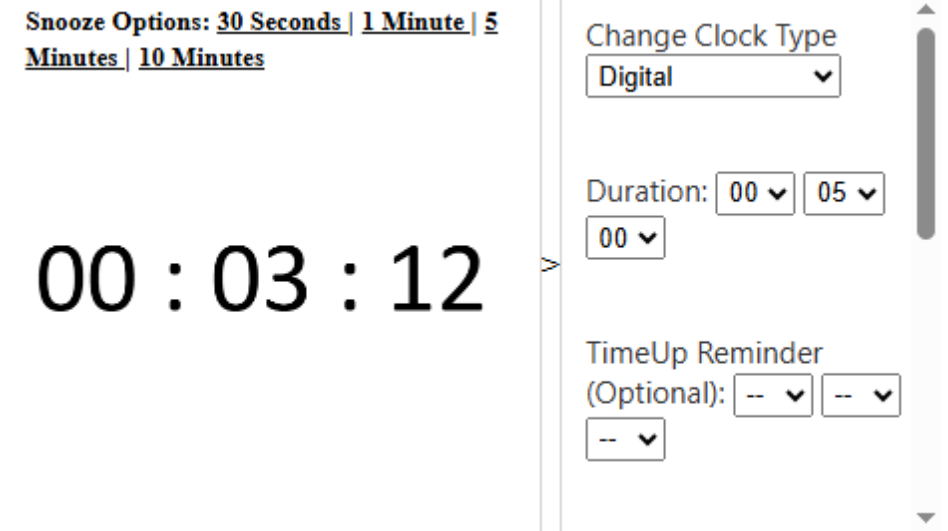
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# Public Comment and Discussion



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# Kathy Sapp

## CEO, American Chronic Pain Association

### *Conflicts of Interest:*

- *No conflicts to disclose.*

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# Marvell Adams

## CEO, Caregiver Action Network

### *Conflicts of Interest:*

- *No conflicts to disclose.*
- *Marvell Adams has collaborated with Forbes Tate Partners to compose this public comment.*

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# Cindy Steinberg, BA, BS

## Director of Policy and Advocacy, US Pain Foundation

### *Conflicts of Interest:*

- US Pain Foundation receives funding from pharmaceutical companies including Vertex Pharmaceuticals, as well as grants from foundations and individuals.*

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# Margaret French

## Senior Director, Federal Affairs, Voices for Non-Opioid Choices

### *Conflicts of Interest:*

- *Margaret is a former employee of America's Essential Hospitals.*
- *Voices for Non-Opioid Choices has received funding from Vertex Pharmaceuticals and Pacira Biosciences that is equal to or greater than 25% of their overall budget.*

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# Lunch

Meeting will resume at 12:50PM CT





# Voting Questions

***Patient Population for all questions: Adult patients with acute pain that is not adequately controlled with non-systemic therapies (e.g. heat therapy, local anesthetic).***



# Clinical Evidence



slido



**1. For patients with acute pain, is the current evidence adequate to demonstrate that the net health benefit of suzetrigine in addition to non-systemic therapies (e.g. heat therapy, local anesthetic) is greater than that of non-systemic therapies alone?**

① Start presenting to display the poll results on this slide.

slido



**2. For patients with acute pain, is the current evidence adequate to distinguish the net health benefit of suzetrigine from that of oral opioid analgesics (with or without acetaminophen), each in addition to non-systemic therapies?**

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**2a. If “Yes”, which has a greater net health benefit?**

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**3. For patients with acute pain, is the current evidence adequate to distinguish the net health benefit of suzetrigine from that of oral NSAIDs, each in addition to non-systemic therapies?**

① Start presenting to display the poll results on this slide.

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**3a. If “Yes”, which has a greater net health benefit?**

① Start presenting to display the poll results on this slide.



# **Benefits Beyond Health and Special Ethical Priorities**

**To help inform judgments of overall long-term value for money, please indicate your level of agreement with the following statements:**

slido



**4. There is substantial unmet need despite currently available treatments.**

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slido



**5. This condition is of substantial relevance for people from a racial/ethnic group that have not been equitably served by the healthcare system.**

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**To help inform judgments of overall long-term value for money, please indicate your level of agreement with the following statements based on the relative effects of suzetrigine versus non-systemic therapies (e.g. heat therapy, local anesthetic), non-opioid analgesics including NSAIDs, acetaminophen, opioid analgesics, and combination with acetaminophen:**

slido



**6. The treatment is likely to produce substantial improvement in caregivers' quality of life and/or ability to pursue their own education, work, and family life.**

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**7. The treatment offers a substantial opportunity to improve access to effective treatment by means of its mechanism of action or method of delivery.**

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# Long-Term Value for Money

**8. Given the available evidence on comparative clinical effectiveness and incremental cost effectiveness, and considering benefits beyond health and special ethical priorities, what is the long-term value for money of suzetrigine compared to oral opioid analgesics (with or without acetaminophen) at current pricing?**

slido



**8. What is the long-term value for money of suzetrigine compared to oral opioid analgesics (with or without acetaminophen) at current pricing?**

① Start presenting to display the poll results on this slide.

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# Break

Meeting will resume at 2:00PM CT







# Policy Roundtable

# Policy Roundtable

Participant	Conflict of Interest
<b>Vicky Brown, PharmD, BCOP</b> , Associate Vice President Clinical Drug Strategy, Humana	Dr. Brown is a full-time employee at Humana.
<b>Jaime Rubin Cahill, MA, MPH</b> , Vice President, Health Economics and Outcomes Research, Vertex Pharmaceuticals	Jaime Rubin Cahill is a full-time employee at Vertex Pharmaceuticals.
<b>David Dohan, MD, MHCM</b> , Medical Director of Pharmacy, Point32 Health	Dr. Dohan is a full-time employee at Point32 Health.
<b>Benjamin Friedman, MD, MS</b> , Professor of Emergency Medicine, Montefiore Einstein	No conflicts to disclose.
<b>Nicole Hemmenway</b> , Chief Executive Officer, US Pain Foundation	Nicole Hemmenway is a full-time employee of the US Pain Foundation. The US Pain Foundation receives greater than 25% of funding from health care companies, industry groups, family foundations, and individual donors.
<b>Andrew Kolodny, MD</b> , Medical Director, Opioid Policy Research, Heller School for Social Policy and Management, Brandeis University	Dr. Kolodny has served as an expert witness in litigation involving the opioid industry.
<b>Gabriel Smith</b> , Patient, Arlington Chronic Pain Support Group	No conflicts to disclose.



# Midwest CEPAC Reflections

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## Next Steps

- Meeting recording posted to ICER website next week
- Final Report published on or around March 27<sup>th</sup>, 2025
  - Includes description of Midwest CEPAC votes, deliberation, policy roundtable discussion
- Materials available at: <https://icer.org/assessment/acute-pain-2025/>

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# Adjourn

