

ICER SNAPSHOT

The ICER Snapshot is a summary designed to help patients and the broader community learn about the key results and recommendations from [ICER's 2025 Final Evidence Report](#) on suzetrigene for acute pain.

The information included is up to date as of March 2025. New information about this therapy may become available, but is not captured here.

Let's Take a Look

What is Acute Pain?

Impact on Patients and Families

Treatment: Benefits and Risks

Treatment: What's A Fair Price?

Policy Recommendations & Impact of Engagement

What is Acute Pain?

Acute pain is temporary pain that can last up to 12 weeks but typically resolves in 7 days. It usually occurs after an injury or surgery. It's commonly treated with pain medications, such as non-steroidal anti-inflammatory drugs (NSAIDs) and acetaminophen, but when the pain is severe, opioids can be used. Oxycodone is a common opioid, Advil is a type of NSAID, and Tylenol is a brand of acetaminophen.



More than half of patients undergoing surgery typically report moderate-to-severe pain when discharged from the hospital. Many patients with severe pain are given opioids to manage their pain, which comes with a risk of developing opioid use disorder (OUD). If not treated, OUD can lead to overdose and death. Almost all acute pain has been managed with NSAIDs and acetaminophen, until the recent development of suzetrigene (Journavx).

Impact on Patients and Families

What ICER Learned from the Community

Acute pain may cause **significant disruptions to daily life**, affecting the ability to physically engage in personal activities and family responsibilities.

Inadequately managed pain can cause **emotional stress** in form of anxiety, and depression which may lead to long-term mental health challenges.

Quality of life is an important outcome as pain impacts **sleep quality, social interactions** and **mental wellbeing**.

Patients expressed their **concern of developing addiction to opioids**, after short courses of opioids, even when they are not considered being at risk for OUD.

Patient community shared that inadequately treated pain may lead patients to **seek emergency care**, which is **time-consuming** for the patient, **resource-intensive** for the health care system, and **costly** for all involved.



Treatment of Focus & Clinical Context

SUZETRIGINE

Suzetrigine (Journavx), made by Vertex Pharmaceuticals, is a new kind of non-opioid pain medication for adults with moderate to severe acute pain.

HOW IT WORKS

It works differently from opioids by blocking specific sodium channels in the peripheral nervous system, which stops pain signals before they can reach the brain.

DOSING

It is a 50 mg tablet that can initially be taken by mouth as two tablets at once, and then one tablet every 12 hours after that.

HELPFUL CLINICAL TERMS

Abdominoplasty: A surgery that removes excess skin and fat from the abdomen

Bunionectomy: A surgery to correct a bunion, which is a painful bony bump that forms at on the big toe

NPRS: Numeric pain rating scale from 0-10 (0 means no pain, 10 means worst pain imaginable)

Suzetrigine (Journavx) was approved by the FDA on January 30, 2025 to treat moderate to severe acute pain in adults.

Opioid use disorder (OUD): Also known as opioid addiction or misuse, OUD is a problematic use of opioids leading to negative consequences

Placebo: An inactive treatment intended to hide whether a patient received the studied drug

What Did Clinical Trials Show?

TRIAL NAMES	NAVIGATE-1 and NAVIGATE-2		
PARTICIPANTS	Studied in 2,191 adults who had abdominoplasty and bunionectomy surgery		
TREATMENT GROUPS	Suzetrigine	Low dose opioid + acetaminophen	Placebo

RESULTS

Outcomes for patients receiving suzetrigine vs. placebo:

GREATER
pain reduction

FASTER
pain reduction

Outcomes for patients receiving suzetrigine vs. low dose opioid

SIMILAR
pain reduction
(abdominoplasty)

LESS
pain reduction
(bunionectomy)

These represent some, but not all outcomes that were measured in the clinical trials.

Safety of Suzetrigine



The most common side effects of suzetrigine were **itching**, **muscle spasms**, higher levels of a muscle enzyme (creatine phosphokinase), and **rash**. Suzetrigine-treated patients had **lower rates of nausea and vomiting** than patients in the low-dose opioid group.

ICER's report findings are NOT recommendations that support the use of Journavx. Patients and families should always talk with their doctors to make shared decisions about treatment for acute pain.

What We Still Don't Know

- Safety of suzetrigine in the long-term (since trials were only 14 days long)
- Whether suzetrigine is better for treating some types of pain over others (given difference in pain reduction between abdominoplasty & bunionectomy)
- How well suzetrigine compares against opioids (because the opioid in the trial was a lower dose and frequency than what is used in common practice)

How Did ICER Calculate a Fair Price?

Using economic modeling, we calculated the cost-effectiveness of suzetrigine which was driven entirely by its ability to avoid OUD as a non-opioid drug. See below for what types of information ICER considered to calculate a fair price range for this treatment.

Population

Individuals with moderate-to-severe acute pain seeking a seven-day prescription for a pain medication

Factors Included in ICER's Economic Analysis

Quality of life with OUD

Risk of death from non-medical use of prescription opioids

Risk of OUD from short course of low dose opioid

Lost productivity, criminal justice costs, caregiver impacts*

Reductions in pain following treatment

Excess medical costs with OUD

Cost of medication-assisted therapy

Size of bubbles does not show level of importance for the analysis.



*Lost productivity, criminal justice costs, and quality of life impacts for caregivers were not included in calculating the fair price range below. See [full report](#) for how these inputs were factored into other economic results.

Price for Suzetrigine

**\$232.50/week
is a cost-
saving price**

A fair price is how much a treatment should cost based on how well it works for patients. Our economic analysis concluded that at its current price of \$232.50 per week (\$15.50 per pill), suzetrigine will be cost-saving when patients choose suzetrigine over an opioid.

Key Policy Recommendations

The Policy Roundtable at the ICER public meeting included people with acute and chronic pain, and informed several policy recommendations for pricing, access, guidelines, and future research in acute pain. A few key recommendations are summarized below.

1

Patient organizations have a vital role to play to promote objective descriptions of the risks and benefits of therapies in order to support shared decision-making for every patient.

Many stakeholders must assume some responsibility for the opioid crisis. Patients were among those most harmed. As such, **patient groups have a particular ability to present unbiased information on the benefits and potential harms of all pain medications**; for opioids in particular, additional education should be provided on the risks of developing OUD when pain is treated with opioids.

2

All stakeholders have a responsibility and an important role to play in ensuring that all patients with acute pain are treated appropriately and equitably.

As also discussed in ICER's review of gene therapies for sickle cell disease, we repeatedly heard from multiple stakeholders about **inadequate management of acute pain in Black Americans**, as well as evidence that this inadequate management may be tied to both implicit (implied or suggested) and explicit (outwardly stated) bias. We also heard from experts that **overprescription of opioids was particularly common among White Americans in under-resourced communities**, leading to high rates of OUD. **Patient groups and clinical societies should focus on education of providers and patients about appropriate and safe pain management**, as well as recognition and avoidance of implicit bias.



3

Clinicians and clinical societies should advocate for broader patient access to pain management that includes different methods of treatment.

We heard from clinical experts and patient groups that **pain management that combines drug and non-drug treatments is typically the safest and most effective way to manage pain.** However, we also heard from these groups that such management is unavailable in most clinical locations. Clinicians and clinical societies have particular responsibility to advocate to health care organizations to expand patient access to pain management that uses different methods.



4

The manufacturer should conduct additional research on suzetrigine to answer open questions.

Unanswered questions around efficacy (how well a drug works) include the benefits of suzetrigine 1) for different types of pain, 2) for bony pain and headache, 3) in an adolescent population, 4) in combination with NSAIDs and/or acetaminophen, and 5) versus high-dose NSAIDs. Until such studies are performed, it will be **difficult to justify treating patients with suzetrigine unless there is a medical reason to avoid treating patients with NSAIDs.**

Impact of Patient Engagement



Patients highlighted the **role of implicit bias** in limiting access to opioids among people from **racial and ethnic minority groups**. This influenced our understanding of **disparities in pain management**, which we emphasized in the report.



The US Pain Foundation emphasized the **significant psychological consequences of undertreated pain**, including anxiety, depression, and increased emergency care. This enriched our description of the broader effects of pain on individuals' well-being.



Patients shared the importance of **education for both patients and clinicians** on the effective use of pain medications and the challenges faced by people underserved by the health care system, due to medication side effects, which informed our health equity considerations.

The Institute for Clinical and Economic Review (ICER) is an independent nonprofit organization that does research on how well new treatments work and what a fair price should be. Patients and families should always talk with their doctor to make shared decisions about the best treatment option for them.