



BY JARROD SHAPIRO, DPM

A New Pain Medication

Finally, a promising alternative to opioids.

Practice Perfect is a continuing every-issue column in which Dr. Shapiro offers his unique personal perspective on the ins and outs of running a podiatric practice

Attending conferences always provides one with new information to bring to practice, and the 2025 *Superbones/Supervounds Summer Virtual Conference* was no different. Of all the new pieces of information comes a new drug for the management of acute pain—at long last!

On January 30, 2025, the FDA announced approval for the adult use of suzetrigine (Trade name Journavx™) (Figure 1). This is a new non-opioid analgesic approved for use in acute pain. Developed by Vertex Pharmaceuticals, it represents the first new class of pain medications in over two



Figure 1: Suzetrigine tablet.

decades... just in time to help with the opioid crisis.¹

Sodium Channel Blocker

Suzetrigine selectively inhibits the NaV1.8 voltage-gated sodium channel, predominantly expressed in peripheral sensory neurons. By blocking this channel, it prevents the transmission of pain signals from the periphery to the central nervous system, effectively reducing pain perception without affecting the brain's reward pathways. This mechanism eliminates the addictive potential associated with opioids. As such, su-

zetrigine is the first in class of sodium channel blockers for pain.

Information about this medication comes from two phase-3 clinical trials, one in patients undergoing abdominoplasty and the other undergoing bunionectomy. Patients underwent an Austin bunionectomy with screw fixation under a Mayo and popliteal block. The trial included 274 patients with a post-operative numerical pain score of 4 or greater within 9 hours of removal of the popliteal block. Patients were randomized to high-dose, middle-dose, or low-dose suzetrigine, hydrocodone with acetaminophen, or placebo.

Pain intensity was recorded at multiple time points over 48 hours. Of the patients starting the study, 90.1% completed it. The results were that the high dose suzetrigine (100 mg loading dose, followed by 50 mg every 12 hours) had a significant pain reduction in compar-

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PRESENT Podiatry

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Featured Lecture





Nicholas Bevilacqua, DPM, FACFAS
North Jersey Orthopaedic Specialists
Teaneck, NJ



0.5 CECH

In this Lecture...

In this lecture Nicholas Bevilacqua, DPM, FACFAS reviews ankle fractures in neuropathic patients and how they present unique clinical considerations due to the heightened risk of complications. Dr Bevilacqua will also discuss treatment goals, challenges, and surgical decision-making processes involved in managing ankle fractures in this patient population.

Scan to go
to the lecture



Pain Medication (from page 35)

ison with placebo with a least-squares mean difference of 36.8. Lower doses did not show any difference. Suzetrigine was not found to be superior to hydrocodone/acetaminophen.

Dosage and Administration

- Starting dose: 100 mg orally on an empty stomach, at least 1 hour before or 2 hours after food.
 - Maintenance dose: 50 mg PO every 12 hours, starting 12 hours after the initial dose.
- The total duration of treatment should not exceed 14 days.

Common Adverse Effects

- Pruritus, muscle spasms, increased creatine phosphokinase levels, and rash were noted. Nausea and vomiting were also seen but more so in the abdominoplasty study.

Contraindications—Use with CYP3a

Inhibitors is Contra-indicated, as noted:

- Ketoconazole
- Ritonavir
- Itraconazole
- Clarithromycin
- Erythromycin
- Grapefruit juice

Dosage should be lowered in patients with moderate liver disease (Child-Pugh Class B), avoided in patients with severe liver disease (Child-Pugh Class C), and in renal disease with a GFR < 15mL/min. Since there’s no data on use in pregnancy or lactation, it’s recommended to avoid suzetrigine in these patients.

Cost

Suzetrigine is reported as having a seven-day cost of \$232.50, but the manufacturer Vertex Pharmaceuticals has coupons to lower the initial cost.

Conclusions

It appears that suzetrigine has the

potential to greatly help with acute pain without the risk of dependence. We’re likely to see other medications with a similar (possibly even improved) pain reduction profile. Hopefully, this is the start of a truly opioid-free pain management era. PM

References

¹ <https://www.fda.gov/news-events/press-announcements/fda-approves-novel-non-opioid-treatment-moderate-severe-acute-pain>. Last accessed 6-24-2025.

² Jones J, Correll DJ, Lechner SM, Jazic I, Miao X, Shaw D, Simard C, Osteen JD, Hare B, Beaton A, Bertoch T. Selective Inhibition of NaV1. 8 with VX-548 for Acute Pain. N Engl J Med. 2023 Aug 3;389(5):393-405.

³ https://secure.medicalletter.org/TML-article-1723a?utm_source=chatgpt.com. Last accessed 6-24-2025.

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Dr. Shapiro is editor of PRESENT Practice Perfect. He joined the faculty of Western University of Health Sciences, College of Podiatric Medicine, Pomona, CA in 2010.

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