

## Neuropathic pain: Pregabalin and gabapentin

Pregabalin and gabapentin are both medicines originally used for the treatment of epilepsy, licensed in the treatment of neuropathic pain. Pregabalin is considerably more expensive than gabapentin and costs of prescribing are rising significantly. There has been a 17.2% increase in pregabalin prescribing across England since 2013/14 with over £256 million spent annually on pregabalin (ePACT July 2015).

**Note – whilst the document refers to pregabalin for neuropathic pain, only Lyrica® brand is licensed for neuropathic pain.**

### Key recommendations

- Ensure that pregabalin and gabapentin are prescribed at an appropriate place in therapy for neuropathic pain taking into consideration value for money. For diabetic neuropathy, consider duloxetine as a third line option after amitriptyline (unlicensed) and gabapentin (see pathway). Provide patient information for any treatments that are unlicensed.
- Review treatment eight weeks after initiation and discontinue if ineffective (withdrawal from treatment should be gradual).
- Consider switching patients on pregabalin whose neuropathic pain is not effectively managed to gabapentin or amitriptyline if these medicines have not been tried previously or the dose of treatment has not been previously titrated and maximised. If undertaking a switch programme, ensure that the switching methodology has been agreed locally by GPs, consultants, pain nurses, and other relevant healthcare professionals.
- Careful consideration should be given before pregabalin and gabapentin are prescribed to patients with a history of substance misuse or those that have recently been released from prison.
- Where pregabalin is prescribed for neuropathic pain, prescribe as the brand name Lyrica®.<sup>2</sup>
- Ensure prescribed (and taken) doses of pregabalin and gabapentin are not outside the therapeutic dose range. Prescribing of pregabalin capsules should be optimised to the minimum number per dose with a twice daily frequency.
- Nortriptyline is not a cost effective choice. Where prescribed, consider a change to amitriptyline if this has not been previously tried or a step up the treatment pathway to gabapentin.

## Clinical evidence

NICE Clinical Guideline 173 states, “Offer a choice of amitriptyline, duloxetine, gabapentin or pregabalin as initial treatment for neuropathic pain (except trigeminal neuralgia)”. Pregabalin and duloxetine are recommended as initial treatment options due to their wider licences, however the CG173 (full guideline) acknowledges that both these treatments represent poor value for money and should not routinely be used first in the treatment pathway.<sup>2</sup> There are no direct comparative studies between pregabalin and gabapentin for the treatment of neuropathic pain. However indirect comparisons show a similar efficacy and tolerability profile.<sup>3</sup> Early assessment should be undertaken which includes dosage titration, tolerability and adverse effects to assess suitability of chosen treatment. Regular clinical reviews should assess and monitor efficacy and the continued need for treatment.

There is published evidence that both gabapentin and pregabalin are subject to abuse and misuse.<sup>1,4,5</sup> Both medicines have known psychiatric side effects including euphoria and hallucinations.<sup>6,7</sup> Care should be taken to avoid exposing patients to these risks when the expected benefits are not properly documented. Special consideration should be given to patients who have a known history of or current substance misuse or who have been released from prison.

### Costs

**Table 1: Costs of gabapentin and pregabalin<sup>10</sup>**

Product	Dose: one twice a day (28 days cost)	Dose: one three times a day (28 days cost)
Gabapentin 100mg capsules	n/a	£2.36
Gabapentin 300mg capsules	n/a	£3.19
Gabapentin 400mg capsules	n/a	£3.64
Gabapentin 600mg tablets	n/a	£9.12
Gabapentin 800mg tablets	n/a	£25.44
Pregabalin capsules (all strengths)	£64.40	£96.60*

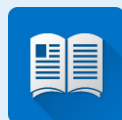
\*225mg and 300mg strengths cannot be prescribed three times a day as this is above maximum daily dose of 600mg.

The PrescQIPP scorecard has suggested achievement of 67% or more for generic gabapentin prescribing. **Potential savings across England are £68.8 million or over £120,509 per 100,000 population annually** (ePACT July 2015).

In England, over £30 million is spent on nortriptyline, which represents a 17.5% growth in cost from 2013/14 (ePACT Sept 2015). Review treatment and switch to appropriate alternative therapy such as amitriptyline.

## References

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Bulletin



Data pack



Patient letters, information leaflets and audit

<https://www.prescipp.info/pregabalin-in-neuropathic-pain/viewcategory/202>