

Pregabalin Prescribing Guidelines for Neuropathic Pain

Summary of key prescribing points:

- Consider the potential for misuse before prescribing pregabalin. There are published reports of both pregabalin and gabapentin abuse, particularly in the substance misuse population. Also consider the potential for illicit diversion either by choice or through coercion.
- Ensure all prescriptions for pregabalin are **reviewed on a regular basis** by limiting the authorisation period.
- Ensure prescriptions are **not ordered more frequently** than necessary, without valid reason.
- Exercise vigilance for all requests for pregabalin by name.
- **Always** confirm new requests with previous prescriber for new patients / temporary residents etc.
- If a gabapentinoid is necessary, consider changing over to gabapentin.
- **Regularly review and assess the patient** with a view to dose reduction.
- Ensure the dose is optimised to **TWICE a day** (BD) dosing, rather than THREE times a day (TDS), as this is more cost effective. It also limits the amount of medication available for illicit diversion.
- Limit the amount prescribed to **28 days maximum**, or even 7 days where there is concern.
- Discuss any concerns regarding misuse with Phoenix Futures or Barnsley Drugs and Alcohol Action Team (DAAT)
- If patient participates in a needle exchange scheme, be aware the contents of capsules can be opened and injected. There have been verbal reports that pregabalin maybe preferred to heroin.

This extract has been taken from the Pregabalin Prescribing Guidelines which were ratified by the Area Prescribing Committee in May 2014. The full guideline can be accessed at the following link:

<http://www.barnsleyccg.nhs.uk/CCG%20Downloads/Members/Medicines%20management/Prescribing%20Guidelines/Pregabalin%20for%20neuropathic%20pain%20prescribing%20guidelines%20-%20July%202014.pdf>

Drug Management of Neuropathic Pain

Neuropathic pain not responding to simple analgesia and with symptoms such as sleep disturbances, depression and interference with normal daily activities can be managed using the suggested algorithm below. All patients should have regular clinical reviews, and have early reviews following medication changes. Once satisfactory pain control is achieved with any medication, treatment should then be continued. If improvement is sustained consideration may be given to reducing the dose gradually over time following consultation with the patient.

NICE Clinical Guideline (CG173)¹ for the pharmacological management of neuropathic pain and the NICE pathway for managing the long term complications of type 2 diabetes² advises initial treatment with one of the four options listed below. If initial treatment with oral medication is not effective or not tolerated, offer one of the remaining three oral drugs. Consider switching again if the second or third drugs tried are also not effective or not tolerated. (Please consult relevant SPC for further information when prescribing these drugs³)

Local guidelines for the prescribing of pregabalin are available at <http://www.barnsleyccg.nhs.uk/members-professionals/prescribing-guidelines-list.htm>. These guidelines have been produced in response to an increase in the prescribing of pregabalin locally, as well as the increase in illicit use.

