

QIPP Detail Aid

Providing support for quality in prescribing

GABAPENTIN OR PREGABALIN FOR NEUROPATHIC PAIN?

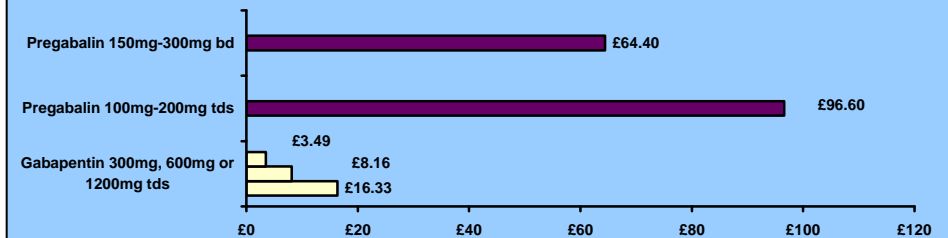
WHAT IS THE PROBLEM?

- In 2014 the NHS in the East Midlands spent nearly £17.5million on pregabalin at an average of approximately £60 per prescription. This is an increase from 2011-12 when £11million was spent on pregabalin. Anecdotally, the vast majority of this prescribing was for neuropathic pain.
- If all the pregabalin prescribed in the East Midlands in 2014 had been prescribed as gabapentin, the equivalent cost would have been £2million; a saving of over £15million to spend on other services within the NHS.

WHAT IS THE EVIDENCE?

- The GABA analogues pregabalin and gabapentin are structurally and pharmacologically related. Both agents are licensed for epilepsy and gabapentin and, currently, branded pregabalin are licensed for peripheral neuropathic pain.
- NICE clinical guidelines on the management of neuropathic pain recommend amitriptyline (off-label), duloxetine, gabapentin or pregabalin as safe and cost effective¹. NICE did not recommend one drug as clearly superior to the others and advised that the choice of treatment should be made on an individual basis.
- There are no published prospective comparative studies between pregabalin and gabapentin for post-herpetic neuralgia, diabetic neuropathy or other neuropathies apart from one small trial in neuropathic cancer pain². This did not use maximal doses of both agents.
- A recent systematic review and meta-analysis concluded that tricyclic antidepressants, duloxetine, gabapentin or pregabalin could all be recommended as first-line treatments in neuropathic pain². NNTs (numbers needed to treat for 50% pain relief) were 7.7 for pregabalin and 7.2 for gabapentin.
- Both gabapentin and pregabalin have propensity for misuse and Public Health England warned of this risk in 2014³. The document includes information on tapering and discontinuing these agents.

WHAT ARE THE COSTS?



Costs for 28 days supply. Taken from Drug Tariff March 2015
Doses are a guide and are based on licensed doses.

KEY MESSAGES

- Pregabalin is structurally related to gabapentin and has a similar pharmacological action and adverse event profile. There are no comparative studies between pregabalin and gabapentin for post-herpetic neuralgia or diabetic neuropathy. Both drugs have the propensity for misuse.
- NICE clinical guidelines recommend amitriptyline (off-label), duloxetine, gabapentin, or pregabalin as safe and cost effective options for neuropathic pain. There is no evidence that one is clinically superior to another.
- Pregabalin can be given twice daily compared with three times daily for gabapentin. This should make little difference to the majority of patients. Prescribing pregabalin as a three time daily dose is very expensive.
- If a GABA analogue is required, gabapentin is a suitable first-line option for peripheral neuropathic pain in preference to pregabalin.

The information contained in this document will be superseded in due course.
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References:

1. NICE Clinical Guideline CG173 2013 Neuropathic pain: The pharmacological management of neuropathic pain in adults in non-specialist settings Available from www.nice.org.uk
2. Finnerup NB et al Pharmacotherapy for neuropathic pain in adults: a systematic review and meta-analysis Lancet Neurology 2015; 14: 162-173
3. Public Health England Advice for prescribers on the risk of the misuse of pregabalin and gabapentin Dec 2014. Available from www.evidence.nhs.uk

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