

Drug Management of Neuropathic Pain

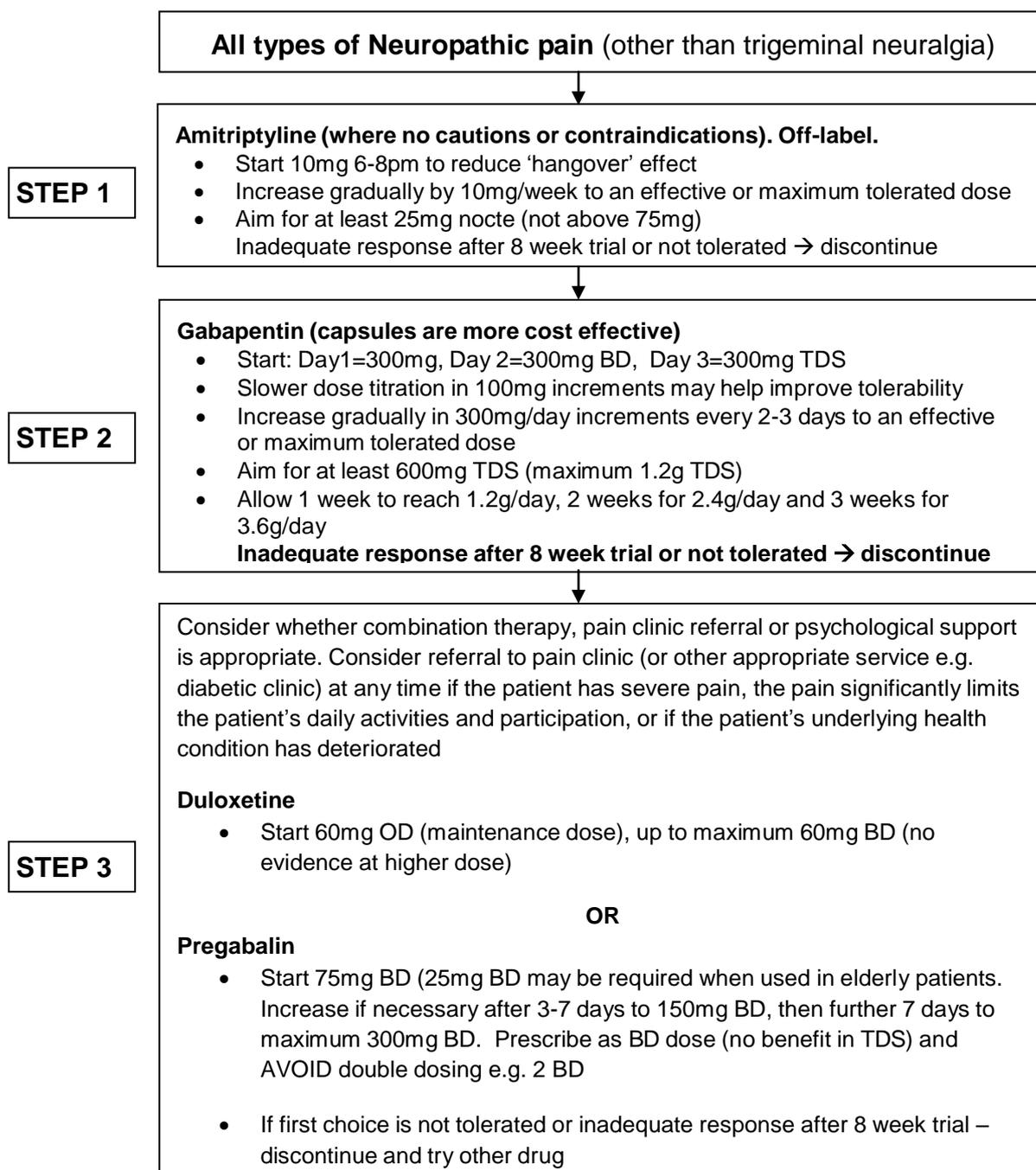
(Please note: management of pain with a neuropathic element in palliative care may differ from the guidance below).

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://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Pregabalin%20for%20neuropathic%20pain%20prescribing%20guidelines.pdf>



Post-Herpetic Neuralgia (Associated with previous herpes zoster infection)

Treat initially with standard oral therapies as per steps 1-3, and/or topical capsaicin cream 0.075%.

If standard therapies fail, or lead to intolerable side effects, consider **lidocaine 5% medicated plasters**.

There is limited, low quality evidence to support their use; however, they may be of value when other treatments have failed.⁵

Prescribe as **Ralvo®** as currently the most cost effective brand of lidocaine plasters (£61 for 30 plasters)⁶

The painful area should be covered with a plaster once daily for up to 12 hours within a 24 hour period.

No more than three plasters should be used at the same time. Each plaster must be worn for no longer than 12 hours. The subsequent plaster-free interval must be at least 12 hours.³

Prescribe a trial of **2-4 weeks** initially and then review for effectiveness before the medication is continued as a repeat prescription. If there has been little or no response to treatment → discontinue³

Treatment should be reassessed at regular intervals (e.g. every 6 months) to decide whether the amount of plasters needed to cover the painful area can be reduced, or if the plaster-free period can be extended.³ A 'trial without' can also be considered to assess ongoing need for treatment.⁷

Lidocaine plasters are included within the NHS England guidance 'Items which should not routinely be prescribed in primary care: Guidance for CCGs'.⁸ They should only be prescribed in primary care when used to treat post-herpetic neuralgia and alternative treatments are contraindicated, not tolerated or ineffective.

References

1. NICE Clinical Guidelines. Neuropathic pain – pharmacological management. CG173. November 2013. Available at: <https://www.nice.org.uk/guidance/cg173> <Accessed 14.11.18>
2. NICE Pathways. Type 2 diabetes. Identifying and managing long term complications. May 2014. Available at: <https://pathways.nice.org.uk/pathways/type-2-diabetes-in-adults> <Accessed 14.11.18>
3. Electronic medicines compendium. Available at: <http://www.medicines.org.uk/emc> <Accessed 14.11.18>
4. Drug Tariff November 2018. Available at: <https://www.nhsbsa.nhs.uk/sites/default/files/2018-10/Drug%20Tariff%20November%202018.pdf> <Accessed 14.11.18>
5. Specialist Pharmacy Service : A review of lidocaine 5% plasters for post-herpetic neuralgia. Available at : <https://www.england.nhs.uk/wp-content/uploads/2017/11/sps-lidocaine-plasters.pdf> <Accessed 14.11.18>
6. MIMS. Available at <https://www.mims.co.uk> <Accessed 14.11.18>
7. PrescQIPP CIC. Items that should not routinely be prescribed in primary care-Lidocaine plasters. Available at: <https://www.prescqipp.info/media/1415/b200-lidocaine-plasters-drop-list-30.pdf> <Accessed 14.11.18>
8. Items which should not routinely be prescribed in primary care: Guidance for CCGs. Available at: <https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-ccg-guidance.pdf> <Accessed 14.11.18>

This guideline was originally ratified at the Area Prescribing Committee on 12th June 2017 and the LMC in July 2017. The addition of information on post-herpetic neuralgia was ratified at the Area Prescribing Committee on 13th March 2019