NewTherapiesSubgroup

GMMMG Greater Manchester Medicines Management Group NHS

September 2015

Topical Gabapentin for the treatment of neuropathic pain (unlicensed preparation)

The New Therapies Subgroup discussed the above at its meeting on 15th September 2015. The recommendation of this subgroup is as follows:*

The New Therapies Subgroup of the GMMMG considered the unlicensed use of topical gabapentin for the treatment of neuropathic pain.

The group does not recommend the use of topical gabapentin for the treatment of neuropathic pain.

The group was concerned about:

- The paucity of data
- The low quality of data that is available (small patient numbers, case reports)
- Lack of a licensed preparation (quality, strength and price varies greatly)
- Lack of any safety data

According to set criteria topical gabapentin was deemed to be a very low priority for funding

Review date: September 2017

* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.
▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm therisk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.

Further information / commissioning implications for CCGs

Topical products with a marketing authorisation for use in neuropathic pain are Versatis® [lidocaine medicated plaster 5%] for symptomatic relief of neuropathic pain associated with previous herpes zoster infection [post-herpetic neuralgia, PHN] and Qutenza® [capsaicin 179mg cutaneous patch] for the treatment of peripheral neuropathic pain. Much off-label use of Versatis® is suspected but Primary Care prescribing of Qutenza® is nil. Spend on systemic gabapentin and pregabalin – both used mainly for neuropoathic pain despite also being anticonvulsants – is considerable in all GM CCGs.

Recommendation
The recommendation is that this drug is a very low priority for funding.

Future commissioning implications
There are no particular commissioning implications.

Formulary and Interface considerations
This product has been assessed against Do Not Prescribe criteria and found to meet these. Therefore it will be proposed for addition to the DNP list and no RAG status will be assigned.

Secondary Care implications
This product will be proposed for adding to the Do Not Prescribe list. Whilst there should be no particular implications for Secondary Care as it shouldn't be used, any recommendations for use will result in the product having to be provided too.

Summary of impact
This product should see little or no use and so there should be no significant implications.