

Pharmaceutical management of chronic pain

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November 2013

General Points

- Medicines should be provided as part of a wider management plan focused on
 - reducing disability
 - improving the overall quality of life
- Pathway for pharmaceutical management of chronic non-cancer pain

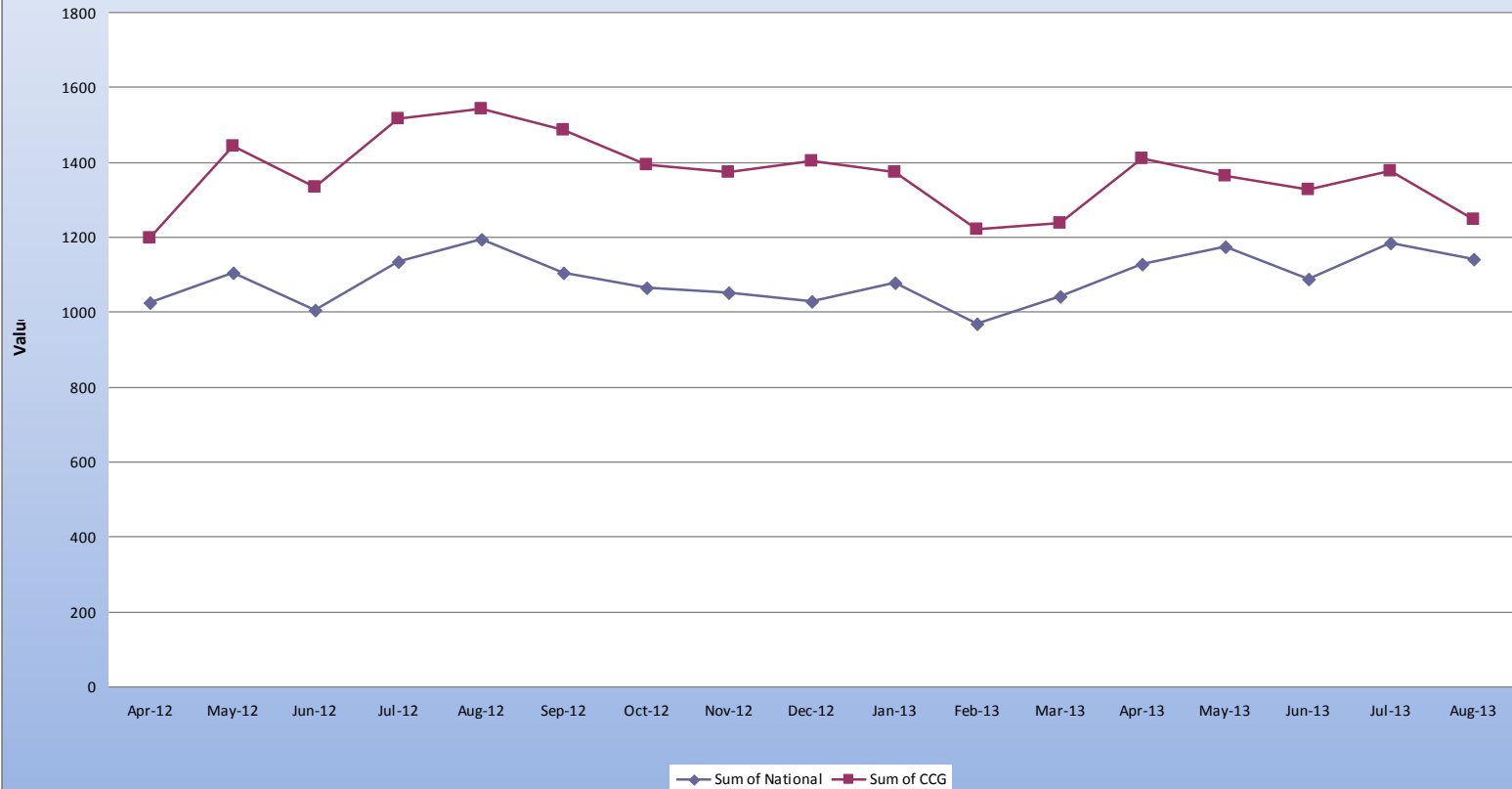
Step 1

- Regular paracetamol
- +/- NSAID
 - 1st line ibuprofen or naproxen
 - Consider GI protection & CV risk

Step 2

- Continue paracetamol +/- NSAID
- Add in weak opioid
 - Codeine, dihydrocodeine, tramadol
- Review and add laxative if needed
- Titrate as needed to max dose before considering next step
- Effervescent preparations have high salt content

Tramadol Actual Cost per 1000 Standard PUs - (All)



Step 2 -Tramadol

- Plain tramadol preferred option
- 50% switch MR to plain potential savings £28K
- Generic Tramadol MR wide cost variation
- If MR tramadol needed, recommendation to prescribe low cost brand e.g Marol

Step 3

- Continue paracetamol +/- NSAID
- Replace weak opioid with strong opioid
- Oral Morphine first line choice
- Initially IR morphine liquid or MR morphine BD
- MR morphine use low cost brand e.g zomorph
- Laxatives & anti-emetics

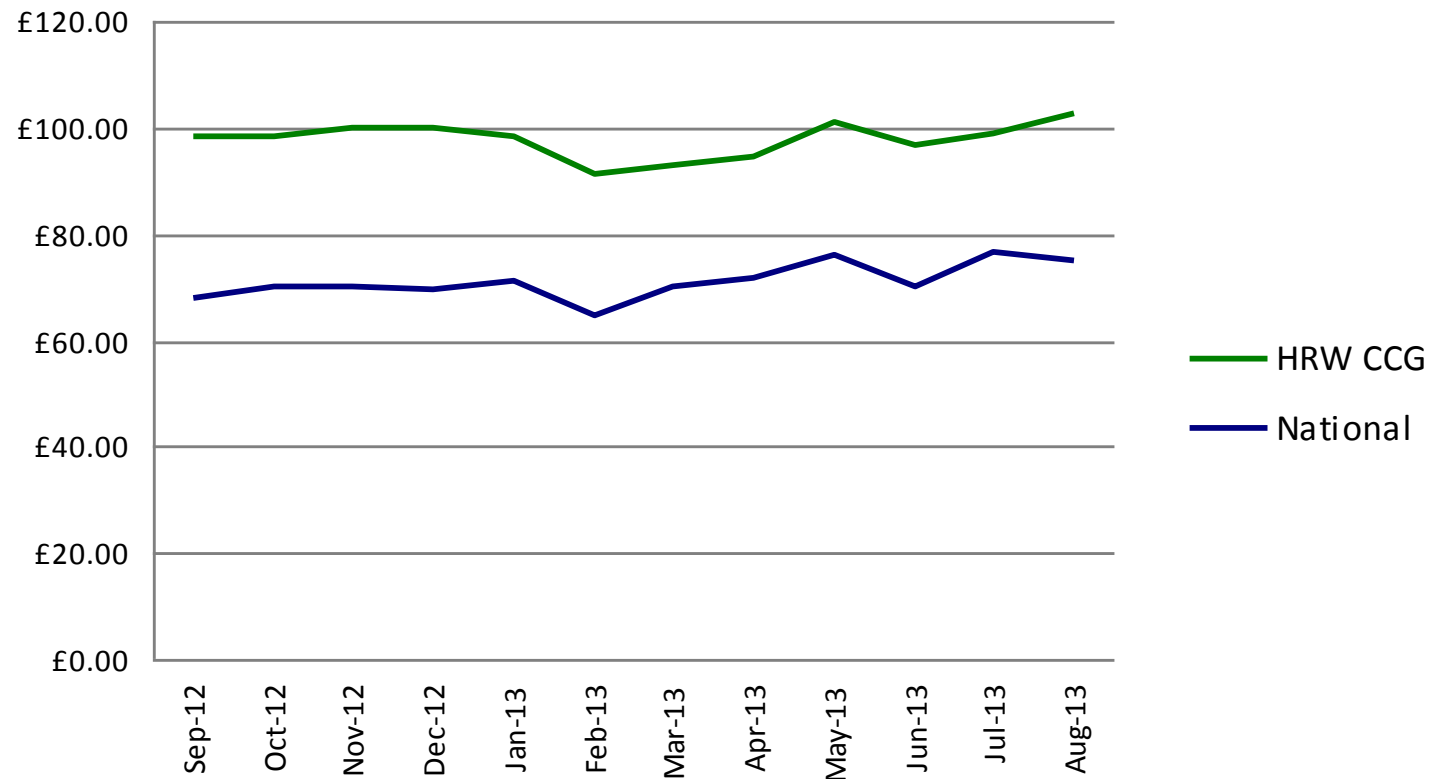
Step 3

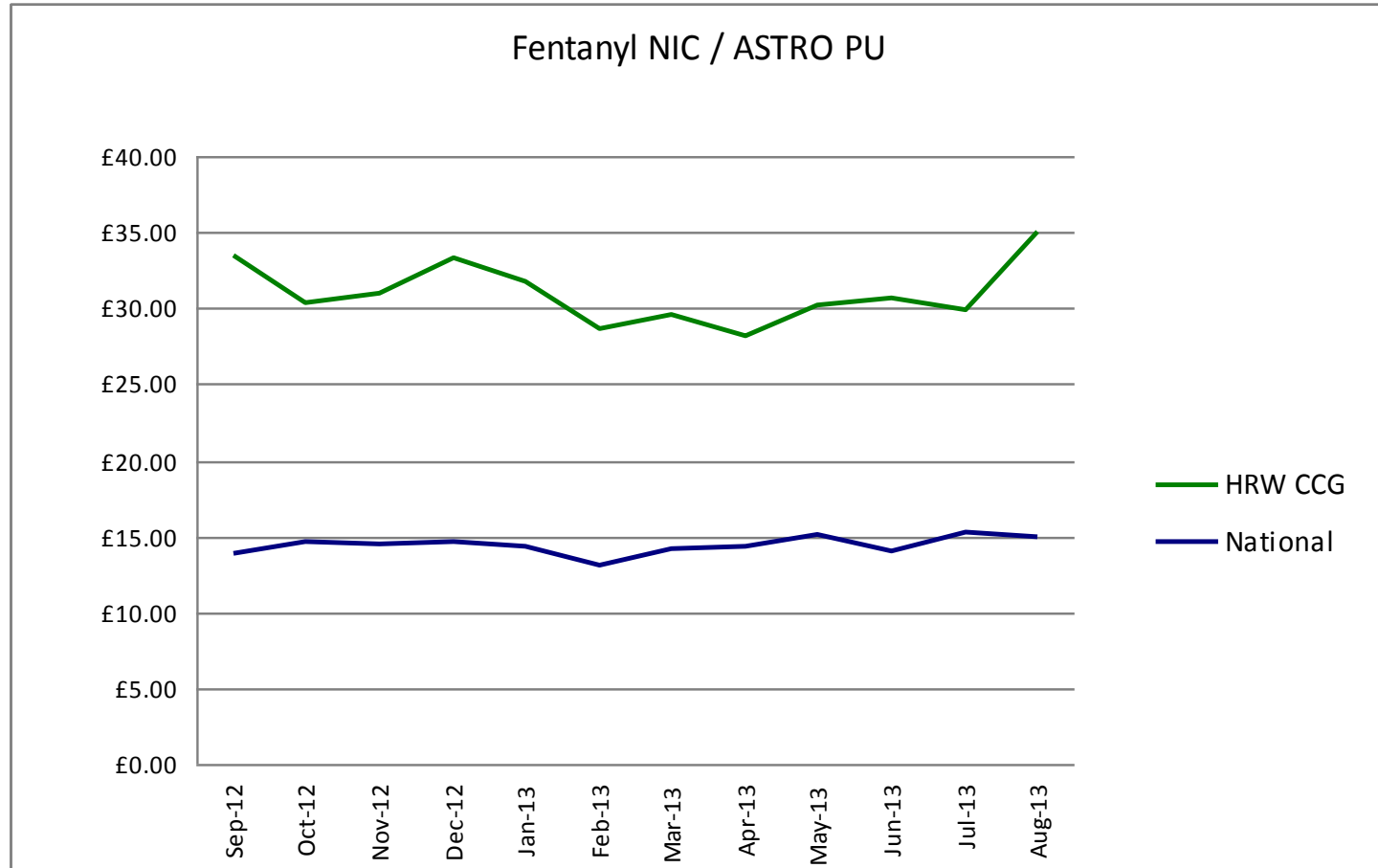
- Frequent follow up assessment – 2 weeks
 - to include: change in function, QoL, activity, pain level, usage of drugs, side effects
- Titrate dose as needed in increments of not more than half the previous prescribed dose
 - e.g. 20mg bd increases to 30mg bd
- Referral to specialist recommended if useful pain relief not achieved at 120-180mg morphine equivalent in 24hrs

Further options

- Only consider switch of opioid/route if:
 - oral route not appropriate or unacceptable SE
- Patches should only be used if:
 - Opioid requirement is stable
 - Unable to take oral medication
- Fentanyl - option in renal impairment

Opioid analgesics NIC / ASTRO PU





Fentanyl

- CCG annual spend on Fentanyl £347K (up to Aug 13)
- Recommendation to prescribe low cost brand e.g. Mezolar for new patients or at dose adjustment
- Annual potential savings for CCG if Mezolar prescribed instead of generic fentanyl patch/Durogesic = £79K

- Price for 30 days treatment
 - Zomorph 20mg (2x10mg) bd £6.94
 - MST 20mg (2x10mg) bd £10.36
 - Mezolar 12mcg/hr £17.74
 - Generic fentanyl 12mcg/hr £25.18

Neuropathic pain

- NICE guidance under review
- TCA – amitriptyline
 - Titrate to effective / max tolerated dose
- Diabetic - duloxetine
- gabapentin
- pregabalin
- Seek advice
- Opiates maybe an option

- Price for 30 days treatment
 - Amitriptyline 25mg on £0.94
 - Duloxetine 60mg od £29.70
 - Gabapentin 600mg tds £8.64
 - Pregabalin 150mg bd £69

Pregabalin

- Second highest in prescribing costs for HRW CCG
- 8 x more expensive than gabapentin for questionable benefit
- Pricing structure
 - BD better value than TDS
 - 100mg better value than 2x50mg

Useful References

- The British Pain Society. Opioids for persistent pain: Good Practice. Jan 2010
- NICE CG96 The pharmacological treatment of neuropathic pain in adults in non-specialist settings. Mar 2010. Currently under review
- Sheffield persistent pain website