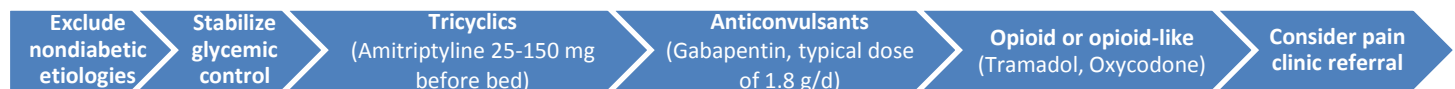


**EDUCATION GRAM™**  
**Recommendations For The Treatment Of Neuropathic Pain**  
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According to the International Association for the Study of Pain (IASP), neuropathic pain (NP) is “initiated or caused by a primary lesion or dysfunction in the nervous system”, and damage in the peripheral or central nervous system is often due to common diseases, injuries and interventions. The management of NP can be challenging due to the complex and frequently inadequate treatment options. Health care professionals must be able to properly diagnose and assess a patient’s NP in order to successfully treat their condition.

**Choice of Therapy:** Multiple guidelines with slightly different approaches exist for the treatment of NP. However, most studies have been based around treatment for painful diabetic neuropathy and below are recommendations for treatment options.

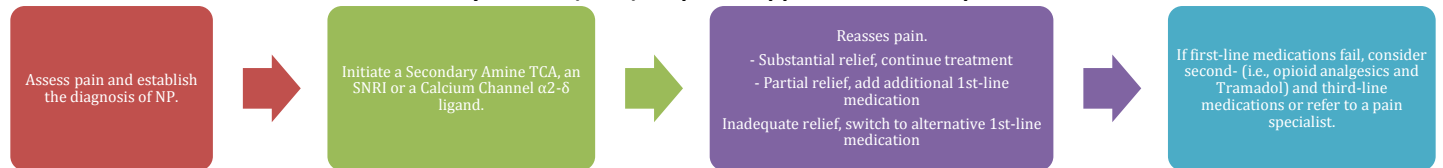
• **American Diabetes Association (ADA) Algorithm for Management of Diabetic Neuropathy**



• **American Academy of Neurology (AAN) Recommendations for Treatment of Diabetic Neuropathy**

Level A (Effective)	Level B (Probably Effective)	
<b>Pregabalin 300 – 600 mg/d</b>	<b>Gabapentin 900 – 3600 mg/day</b> <b>Sodium valproate 500 – 1200 mg/day</b> <b>Venlafaxine 75 – 225 mg/day</b> <b>Duloxetine 60 – 120 mg/day</b> <b>Amitriptyline 25 – 100 mg/day</b>	<b>Dextromethorphan 400 mg/day</b> <b>Morphine sulfate titrate to 120 mg/day</b> <b>Tramadol 210 mg/day</b> <b>Oxycodone max 120 mg/day</b> <b>Capsaicin 0.075% QID</b>

• **International Association for the Study of Pain (IASP) Stepwise Approach of Neuropathic Pain Treatment**



**First-Line Pharmacologic Options**

	Dosing	Duration	Side Effects	AWP Cost
<b>Secondary Amine TCAs</b>				
<b>Nortriptyline (PAMELOR)</b>	25 mg at bedtime. Increase by 25 mg daily q 3-7 days. (MAX: 150 mg/day)	6-8 weeks (at least 2 weeks of max tolerated dose)	• Dry mouth, somnolence (initiate therapy at bedtime)	\$17
<b>Desipramine (NORPRAMIN)</b>				\$82
<b>SNRIs</b>				
<b>Duloxetine (CYMBALTA)</b>	30 mg once daily. After 1 week, increase to 60 mg once daily. (MAX: 60 mg BID)	4 weeks	• Nausea (decreased when Duloxetine is titrated)	\$320
<b>Venlafaxine (EFFEXOR)</b>	37.5 mg once or twice daily. Increase by 75 mg weekly. (MAX: 225 mg/day)	4-6 weeks		\$110
<b>Calcium Channel α2-δ ligand</b>				
<b>Gabapentin (NEURONTIN)</b>	100-300 mg at bedtime or 100-300 mg TID. Increase by 100-300 mg TID q 1-7 days. (MAX: 3600 mg/day); no benefit > 1800 mg/d	3-8 weeks titration (2 weeks at max dose)	• Sedation, dizziness (reduced when dose is titrated) • peripheral edema (dose-dependent ≥ 1800 mg)	\$15
<b>Pregabalin (LYRICA)</b>	50 mg TID or 75 mg BID. Increase to 300 mg/day after 3-7 days. Then by 150 mg/day q 3-7 days. (MAX: 600 mg/day)	4 weeks		\$550 (B)

\*Pricing is based on AWP Unit Price of all generic/brand (B) formulations available for a 30 day supply of maximum daily dose.

**References**

1. Bril V, England J, Franklin GM, et al. Evidence-based guideline: Treatment of painful diabetic neuropathy. Neurology 2011;76:1758-1765.
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3. Boulton A, Vinik A, Arezzo J, et al. Diabetic Neuropathies: A statement by the American Diabetes Association. Diabetes Care 2005;28(4):956-962.
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