

## Formulary Review Recommendations

February 2017

### Treatments for Neuropathic Pain

NHS Tayside [Guidance for the management of neuropathic pain](#) and [post herpetic neuralgia](#) have been updated to include capsaicin cream (0.025% / 0.075%) and menthol 1% in aqueous cream as 1st line topical agents. Capsaicin or menthol cream should be considered 1st line for the treatment of localised neuropathic pain or post-herpetic neuralgia in patients where systemic treatment with amitriptyline or gabapentin is contra-indicated (e.g. frail elderly patients) or in patients who have failed systemic treatment. Effectiveness of treatment should be assessed at 2 weeks for menthol cream & lidocaine plasters and 6 to 8 weeks for capsaicin cream. Treatment effectiveness should be reviewed every 6 months.

[Click Here](#) for Tayside neuropathic pain algorithm.

#### Key Messages

- Amitriptyline or gabapentin are 1st line oral agents
- Half of patients will not respond to first line systemic treatment
- Menthol or capsaicin cream are 1st line topical agents
- Lidocaine plasters are restricted to use in patients where 1st line agents, including topical menthol or capsaicin have been tried and ineffective.
- It is essential to review effectiveness of treatment regularly
- The drug/topical agent should be stopped if not effective

### Mental Health Formulary Review

The Mental Health Specialist list and corresponding sections of the formulary, namely antipsychotic and antidepressant medication, have been reviewed and rationalised on the basis of cost effectiveness and current usage.

#### Key Messages

- All preparations (with the exception of lithium & clozapine) should be prescribed generically
  - Use immediate release preparations first line as modified release preparations are more expensive. See [Tayside Prescriber 145](#) for guidance on quetiapine
  - Use tablets/capsules first line and only use orodispersible/liquids where clinically indicated due to high cost. Examples include amisulpiride, risperidone and aripiprazole
  - Consider using a typical depot preparation 1st line. Atypical depots are more expensive.
- Examples of monthly/4 weekly costs of atypical Vs typical:*
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| Paliperidone palmitate: 50 to 150mg monthly<br>(~£180 to £400) |
| Vs   |
| Haloperidol decanoate: 50 to 300mg 4 weekly<br>(~£4 to £15)    |
| or   |
| Zuclopenthixol decanoate: 100 to 600mg weekly<br>(~£21 to £28) |