

## NEUROPATHIC PAIN TREATMENT (Part 1 of 2)

Generic	Brand	Strength	Form	Adult Dose
<b>DIABETIC PERIPHERAL NEUROPATHY</b>				
<b>L-Methylfolate</b>				
L-methylfolate calcium, pyridoxal 5-phosphate, methylcobalamin	<b>Metanx</b>	3mg/35mg/2mg	tabs	1–2 tabs daily
<b>Opioid</b>				
tapentadol	<b>Nucynta ER</b>	50mg, 100mg, 150mg, 200mg, 250mg	ext-rel tabs	100–250mg twice daily; <b>&gt;500mg: Not recommended.</b> <i>Opioid-naïve:</i> Initially 50mg twice daily; then titrate to optimal dose within therapeutic range of 100–250mg twice daily. <i>Opioid conversion:</i> See monograph. <i>Moderate hepatic impairment:</i> Initially 50mg once daily; max 100mg once daily.
<b>Serotonin and Norepinephrine Reuptake Inhibitor (SNRI)</b>				
duloxetine HCl	<b>Cymbalta</b>	20mg, 30mg, 60mg	e-c pellets in caps	60mg once daily; may start at lower doses. <i>Renal impairment:</i> Consider lower starting dose and slow titration.
<b>Topical Analgesic</b>				
capsaicin	<b>Zostrix</b>	0.025%	emollient crm	Apply 3–4 times daily
	<b>Zostrix-HP</b>	0.075%	emollient crm	Apply 3–4 times daily
<b>Alpha<sub>2</sub>-Delta Ligand</b>				
pregabalin	<b>Lyrica</b>	25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg	caps	Initially 50mg 3 times daily, may increase to 100mg 3 times daily within 1wk. <i>Renal impairment (CrCl &lt;60mL/min):</i> Reduce dose (see literature); <i>hemodialysis:</i> Give supplemental dose after session.
<b>FIBROMYALGIA</b>				
<b>Serotonin and Norepinephrine Reuptake Inhibitor (SNRI)</b>				
duloxetine HCl	<b>Cymbalta</b>	20mg, 30mg, 60mg	e-c pellets in caps	Initially 30mg once daily for 1wk, then increase to 60mg once daily
milnacipran HCl	<b>Savella</b>	12.5mg, 25mg, 50mg, 100mg	tabs	Day 1: 12.5mg once. Days 2–3: 12.5mg twice daily. Days 4–7: 25mg twice daily. After Day 7: 50mg twice daily (recommended dose); max 100mg twice daily. <i>Severe renal impairment (CrCl 5–29mL/min):</i> Maintenance 25mg twice daily; max 50mg twice daily.
<b>Alpha<sub>2</sub>-Delta Ligand</b>				
pregabalin	<b>Lyrica</b>	25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg	caps	Initially 75mg twice daily, may increase to 150mg twice daily within 1wk as tolerated; max 450mg/day. <i>Renal impairment (CrCl &lt;60mL/min):</i> Reduce dose (see literature); <i>hemodialysis:</i> Give supplemental dose after session.
<b>POSTHERPETIC NEURALGIA</b>				
gabapentin	<b>Gralise</b>	300mg, 600mg	tabs	Take once daily with the evening meal. Initially 300mg on Day 1, 600mg on Day 2, 900mg on Days 3–6, 1200mg on Days 7–10, 1500mg on Days 11–14, titrate up to 1800mg on Day 15. <i>Renal impairment:</i> CrCl 30–60mL/min: 600–1800mg. <b>CrCl &lt;30mL/min or on hemodialysis: Not recommended.</b>
		100mg, 300mg, 400mg	caps	300mg once on day 1, twice daily on day 2, and 3 times daily on day 3; may titrate up to usual max 1.8g/day in 3 divided doses (doses up to 3.6g/day have been used without added benefit).
			600mg, 800mg	scored tabs
		250mg/5mL	soln	

(continued)

## NEUROPATHIC PAIN TREATMENTS (Part 2 of 2)

Generic	Brand	Strength	Form	Adult Dose
<b>POSTHERPETIC NEURALGIA (continued)</b>				
gabapentin enacarbil	<b>Horizant</b>	300mg, 600mg	ext-rel tabs	Initially 600mg in the AM for 3 days, then increase to 600mg twice daily beginning on Day 4 (no additional benefit seen with >1200mg daily dose). <i>Renal impairment:</i> CrCl 30–59mL/min: initially 300mg in the AM for 3 days, then 300mg twice daily; may increase to 600mg twice daily if needed. CrCl 15–29mL/min: 300mg in the AM on Day 1 and Day 3, then continue with 300mg in AM; may increase to 300mg twice daily if needed. CrCl <15mL/min: <i>Maintenance:</i> 300mg every other day in the AM, may increase to 300mg once daily if needed. CrCl <15mL/min on hemodialysis: <i>Maintenance:</i> 300mg after every session, may increase to 600mg if needed. <i>Tapering doses:</i> See literature.
<b>Alpha<sub>2</sub>-Delta Ligand</b>				
pregabalin	<b>Lyrica</b>	25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg	caps	Initially 150mg/day in 2–3 divided doses; max 300mg/day after 1wk, then 600mg/day after 2wks as tolerated. <i>Renal impairment (CrCl &lt;60mL/min):</i> Reduce dose (see literature); <i>hemodialysis:</i> Give supplemental dose after session.
<b>Topical Analgesic/Anesthetic</b>				
capsaicin	<b>Qutenza</b>	8% (179mg)	adhesive patch	Pretreat with topical anesthetic to reduce discomfort, once anesthetized, remove anesthetic and wash the treatment area. Apply to dry, intact skin within 2hrs of opening patch. Apply patch (up to 4 may be used) for 60min, repeat every 3mos or as warranted by the return of pain (not more frequently than every 3mos). Treat acute pain during and following the procedure with local cooling and/or analgesics.
	<b>Zostrix</b>	0.025%	emollient crm	Apply 3–4 times daily
	<b>Zostrix-HP</b>	0.075%	emollient crm	Apply 3–4 times daily
lidocaine	<b>Lidoderm</b>	5%	adhesive patch	To adjust dose, cut patches before removing release liner. May apply up to 3 patches at once for up to 12hrs of a 24-hr period. <i>Hepatic impairment or debilitated:</i> Use smaller treatment areas.
<b>SPINAL CORD INJURY</b>				
<b>Alpha<sub>2</sub>-Delta Ligand</b>				
pregabalin	<b>Lyrica</b>	25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg	caps	Initially 75mg twice daily, may increase to 150mg twice daily in 1wk, then max 600mg/day after 2wks as tolerated. <i>Renal impairment (CrCl &lt;60mL/min):</i> Reduce dose (see literature); <i>hemodialysis:</i> Give supplemental dose after session.

(Rev. 8/2014)