Protocol for the management of Pregabalin and Gabapentin use in HMP Lewes

When a prisoner is received on reception, a full health screen including a drug history will be completed by DART clinical staff or Nurse on duty. The following protocol should be adhered to with respect to the prescribing of pregabalin and gabapentin.

On day of reception:

1. As part of the Reception screening process, take drug history from prisoner. If informed that he is taking pregabalin or gabapentin check for physical evidence of use. This may be a supply of their own drugs (dispensed within the last month), FP10 Rx, repeat Rx request form. Always cross-check name of prisoner against label on box. Contact GP and/or community pharmacy and check eCPA if appropriate to confirm use. Pregabalin or gabapentin will not be prescribed that day without any evidence of current treatment.

2. If an indication for treatment within the last year cannot be confirmed, inform prisoner that they will be prescribed a pregabalin or gabapentin dose reduction programme. This will be tapered gradually over a minimum of one week rather than discontinued abruptly. Alternative and/or symptomatic treatment will be given if clinically indicated.

3. Inform prisoner that the dose reduction programme will start when the prescription can be dispensed and that he will be maintained on current dose using his own drugs until then.

4. Doses above BNF recommendations will not be maintained and dose reduction will commence immediately.

5. All doses of pregabalin should be supervised.

6. The prisoner’s GP will be informed of the completed dose reduction programme.
Dose reduction schedule for Pregabalin according to Pfizer recommendations:

<table>
<thead>
<tr>
<th>Final Dose</th>
<th>Reduce to</th>
<th>Reduce to</th>
<th>Reduce to</th>
<th>7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>600mg/day</td>
<td>450mg/day for 2 days</td>
<td>300mg/day for 2 days</td>
<td>150mg/day for 2 days</td>
<td>Pregabalin stopped</td>
</tr>
<tr>
<td>450mg/day</td>
<td>300mg/day for 3 days</td>
<td>150mg/day for 3 days</td>
<td></td>
<td>Pregabalin stopped</td>
</tr>
<tr>
<td>300mg/day</td>
<td>150mg/day for 6 days</td>
<td></td>
<td></td>
<td>Pregabalin stopped</td>
</tr>
<tr>
<td>150mg/day</td>
<td></td>
<td></td>
<td></td>
<td>Pregabalin stopped</td>
</tr>
</tbody>
</table>

Dose reduction for Gabapentin:

Pfizer advised that gabapentin (Neurontin) discontinuation should be tapered over a minimum of one week, however, this is in relation to seizure disorders. It is therefore suggested that the discontinuation of gabapentin in off-label prescribing should also be tapered for a minimum of one week. The prescriber should consider: the following and prescribe at their own discretion

i) the individual
ii) condition being treated/indication
iii) dose and current regimen
iv) observed case studies re: dose reduction and off-label prescribing

Withdrawal signs and symptoms for Pregabalin and Gabapentin:

On discontinuation of pregabalin and gabapentin the prisoner should be monitored for potential withdrawal signs and symptoms. These can be managed symptomatically and may include:

1. Insomnia
2. Nausea
3. Headache
4. Anxiety
5. Hyperhidrosis
6. Diarrhoea

Consequently, pregabalin and gabapentin should be tapered gradually over a minimum of one week rather than discontinued abruptly. This recommendation is for all patients the exception are those being treated for seizure disorders.

Ref

Safer prescribing in Prisons 11.11.11
Lyrica SPC
Neurontin SPC
Medical Information Pfizer email: EUMedInfo@Pfizer.com