

# LAWSON PRACTICE

## The Lawson Practice Gabapentoid Policy

Gabapentoids is the collective term for Pregabalin and Gabapentin. The use of these drugs has steadily increased in England. There were 8.2 million prescriptions in 2013 which had increased to 12.1 million by 2016.

In April 2019 Pregabalin and Gabapentin were reclassified as schedule 3 controlled drugs to reduce the growing number of deaths associated with their misuse. This followed a Government consultation and recommendations from the Advisory Council on the Misuse of Drugs for additional safeguards to be put in place because of concerns around the misuse of these drugs

To put this into context, deaths associated with Pregabalin rose from 4 in 2012 to 111 in 2016. Similarly deaths associated with Gabapentin rose from 8 in 2012 to 59 deaths in 2016. Most of the deaths were associated with a Gabapentoid being taken with an opiate drug (codeine, tramadol, morphine or morphine like medication).

Patient safety is at the heart of our prescribing here at The Lawson Practice. Due to the overwhelming evidence of harm associated with gabapentoids and opiates we are taking major steps to reduce this risk

We will be doing the following

1. An audit to identify patients at high risk of death i.e. they are on a gabapentoid and an opiate together. These patients will be invited in to see their GP or our pharmacist to agree on a reduction plan. If you receive a text message or phone call you will be expected to attend.
2. Cocodamol will no longer be issued. It will be replaced by codeine alone with a view to weaning off and stopping this also. For those who are dependent on cocodamol an appointment will be offered whereby you can discuss a reduction plan with your GP or our pharmacist.
3. For patients with acute pain codeine will be limited to a 7 day script. If a longer script is needed it can only be issued by the doctor who first issued it.
4. All new patients where it is suggested by a hospital specialist to consider being started on a gabapentoid will first be discussed in a clinical meeting before a decision is made. Just because a hospital doctor recommends a drug does not mean that a GP will automatically prescribe it as we have more information about drug interactions.
5. Quantities of gabapentoids will not exceed 28 days. A GP or our pharmacist may also decide a smaller quantity is issued if they suspect misuse or diversion of these drugs or where a reduction plan is in place.
6. If evidence emerges that these drugs are being diverted we will not issue further scripts.

If you have any concerns about any of the above please contact your GP to discuss further