Coventry & Warwickshire Area Prescribing Committee

Drug Positioning Statement	DPS010
Capsaicin cutaneous patch 179mg	Nov 2016

VERDICT
The Coventry & Warwickshire APC has determined that capsaicin patches should **only be prescribed by a specialist** and applied in a clinic setting by suitably trained staff

Specialist Drugs List Status: **SO (Specialist Only)**

SUMMARY NOTES

Indication: Capsaicin is indicated for the treatment of peripheral neuropathic pain in adults either alone or in combination with other medicinal products for pain.

Pharmacological action: Capsaicin is a highly selective transient receptor potential vanilloid 1 (TRV1) receptor agonist.

Presentation: Cutaneous patch 14cm x 20 cm (280cm^2) which contains a total of 179mg of capsaicin or 640 micrograms of capsaicin per cm^2 of patch (8% w/w).

Dose: After pre-treatment with topical anaesthetic or oral analgesic, up to four patches to be applied to intact non irritated dry skin and allowed to remain in place for 30 minutes for feet (e.g. in HIV associated neuropathy) and 60 minutes for other areas (e.g. in post-herpetic neuralgia). Treatment can be repeated after 90 days if necessary. It is important to ensure that precautions are taken by healthcare professionals before handling or administrating capsaicin. Precautions are needed on applying the patches and in ensuring that the skin is intact – specific instructions are provided in the SPC.

Cost comparison [2] (for general comparison only – therapeutic equivalence is not implied); 28 days' supply for oral treatments:

Capsaicin 179 mg patch	£210
Axsain® (capsaicin 0.075%) cream 45g,	£14.58
Amitriptyline 75 mg daily	£2.34
Duloxetine 60 mg daily	£4.39
Carbamazepine 200 mg three times daily	£3.83
Gabapentin 600 mg three times daily	£5.66
Pregabalin 600 mg daily	£64.40

DRUG PROFILE

Clinical Effectiveness

Four phase lll trials of similar design, (2 in post-herpetic neuralgia, PHN, and 2 in painful HIV related neuropathy, HIVN), supported the non diabetic application. Two active-controlled trials (n= 402, patients with PHN for at least 6 months and n=307 HIVN patients) showed a mean improvement in pain control scores (NPRS) of 23-30% over 12 weeks compared with low strength capsaicin 0.04% patch (not commercially available). A reduction of at least 30% is considered as a clinically moderately important improvement. The mean treatment area in trials for post-herpetic neuralgia equated to the use of two patches per application.

Data on repeated use of capsaicin patch are limited. Forty week open label extensions to 12 week studies in post-herpetic neuralgia (n=24) and HIV related neuropathy (n=272) have allowed up to 3 further applications. Pain relief was maintained, although details are limited[3].
The London specialist pharmacy services have reviewed capsaicin in painful diabetic peripheral neuropathy (PDPN). Efficacy was demonstrated by, and approval for the licence variation was based on, the results of the STEP and PACE studies. The double-blind phase 3 STEP study (N=369) assessed the efficacy of capsaicin 8% cutaneous patch vs. placebo in patients with PDPN. The primary objective, reduction in pain from baseline over previous 24 hours, was achieved with a mean reduction in average daily pain score from baseline to between weeks 2 - 8 in the capsaicin group of 27.44 vs. 20.85 (p=0.025) for placebo. A supportive open-label phase three study (PACE, N=468) provided long term safety data and efficacy data[4].

Safety

Adverse effects

The safety data collected from the STEP and PACE studies was analysed together with the original data. Of the 1,826 patients treated, 1,089 (59.6%) reported adverse reactions which the investigator considered related to the medicine. The most commonly reported adverse reactions were transient burning, pain, erythema and pruritus all at the local application site. Adverse reactions were transient, self-limiting and usually mild to moderate in intensity. Across the trials, the discontinuation rate due to adverse reactions was 2.0% for patients receiving capsaicin vs. 0.9% with control.[4]

DRUG PROFILE cont'd

Blood pressure should be monitored during the treatment process as transient increases may occur[1].

Renal Impairment – no dose adjustment is needed.
Hepatic Impairment – no dose adjustment is needed.

Cautions/Contra-indications
The risk of adverse cardiovascular reactions due to the potential stress of the procedure should be considered in patients with poorly controlled hypertension, those with a recent history of cardiovascular events. Particular attention should be given to diabetic patients with co-morbidities of coronary artery disease, hypertension and cardiovascular autonomic neuropathy[1].

CURRENT PLACE IN THERAPY

National institute for Health and Clinical Excellence (NICE)

NICE guidance on the management of neuropathic pain in non-specialist settings recommends a choice of amitriptyline, duloxetine, gabapentin or pregabalin as initial treatment for neuropathic pain (except trigeminal neuralgia) It recommends to consider capsaicin cream for people with localised neuropathic pain who wish to avoid, or who cannot tolerate, oral treatments. Capsaicin patches are not recommended by NICE for the treatment of neuropathic pain in non specialist settings unless advised by the specialist to do so; however the licence was updated after the publication of the guidelines[5].

Scottish Medicines Consortium (SMC)

Use is restricted to the treatment of peripheral neuropathic pain in non-diabetic adults either alone or in combination with other medicinal products for pain. Use is restricted in patients who have not achieved adequate pain relief from, or have not tolerated, conventional first and second line treatments[6].
For the indication of PDPN adults either alone or in combination with other medicinal products for pain, capsaicin is not recommended[7].

Summary

- There is a very high incidence of local adverse effects with capsaicin patches; however central adverse effects and drug interactions appear absent[1]. The SPC states specific instructions and precautions on applying capsaicin patches[1].
- Capsaicin offers an alternative treatment for PDPN in patients unable to tolerate or are unresponsive to oral alternatives. It needs to be initiated by specialists[4].
- A risk management plan has been drawn up by the company which includes mention of application site reactions, accidental exposure, risks of reductions in sensory function, transient increase in blood pressure and lack of response to oral analgesia[1]
- Long term effects of repeated applications, particularly on sensation are unknown [1,3,4.]
- There are no head to head trials comparing capsaicin patches with capsaicin cream or oral treatments[4].
- Capsaicin patches are significantly more expensive than capsaicin cream or alternatives[2]

References

1. Summary of Product Characteristics, Qutenza, Astellas Pharma. Last updated 23/9/15. Available from http://www.medicines.org.uk/emc/ < accessed 12/8/16>
2. Dictionary of medicines and devices. Available at https://apps.nhsbsa.nhs.uk/DMDBrowser/DMDBrowser.do accessed 17.8.16
3. UKMI New medicines profile. Capsaicin cutaneous patch. August 2010. Issue No. 10/03 . Available at http://www.medicinesresources.nhs.uk/upload/documents/Evidence/Drug%20Specific%20Reviews/NMPCapsaicinPatchAug10.pdf accessed 17.8.16.
4. London Medicines Evaluation Review Network. Capsaicin patch (Qutenza®) for peripheral diabetic neuropathy January 2016 . Available at https://www.sps.nhs.uk/wp-content/uploads/2016/01/LMEN20Review20Capsaicin_for_peripheral_diabetic_neuropathy_FINAL.pdf accessed 12/8/16
5. National Instiute for Health and Care Excellence. NICE CG173. Neuropathic pain in adults: pharmacological management in non-specialist settings November 2013. Last updated December 2014. . Available from https://www.nice.org.uk/guidance/CG173/chapter/1-Recommendations <accessed 12/8/16>
6. Scottish Medicines Consortium. Capsaicin, 179mg, cutaneous patch (Qutenza®) SMC No. (673/11). October 2014. Available from https://www.scottishmedicines.org.uk/SMC_Advice/Advice/673_11_capsaicin_cutaneous_patch_Qutenza/capsaicin_Qutenza_Resubmission <accessed 17/8/16>
7. Scottish Medicines Consortium. Capsaicin, 179mg, cutaneous patch (Qutenza®) SMC No. (1140/16). March 2016. Available from https://www.scottishmedicines.org.uk/SMC_Advice/Advice/1140_16_capsaicin_Qutenza/capsaicin_Quetenza_Non_Submission<accessed 12/8/16>