Northern Treatment Advisory Group

Northern (NHS) Treatment Advisory Group

Treatment Appraisal: Decision Summary

Date	22nd November 2016
Appraisal & Details	**Qutenza® (capsaicin) cutaneous patch for neuropathic pain** The Northern (NHS) Treatment Advisory Group considered an appraisal of and to issue a recommendation for, the use of Qutenza® (capsaicin) patches for neuropathic pain.
Recommendation	**The Northern (NHS) Treatment Advisory Group does not recommend the use of Qutenza® for neuropathic pain.** The group was concerned about the place in therapy of treatment and considered that if Qutenza® was added to existing pain treatments this did not represent a cost effective use of resources so more information is required around which patients may benefit from this treatment. ***The group, therefore agreed that, if specialists could put forward a regionally agreed pathway, outlining appropriate use of Qutenza® in a small number of patients in whom oral treatment options have failed then they may be minded to reconsider the above recommendation.***
Clinical evidence summary	The group acknowledged that Qutenza® had been previously evaluated in three large high quality studies in non-HIV associated neuropathic pain. All three studies were exclusively in patients with post-herpetic neuralgia. The new data relates to a phase IV, open-label randomised trial which found that capsaicin 8% and oral pregabalin provide comparable pain relief, but that the onset of analgesia may be faster with capsaicin. The study was short (8 weeks) and therefore provides no data on how treatments compare in the long term. A systematic review and indirect comparison of drugs for neuropathic pain found that the number of people needed to treat (NNT) to obtain a treatment response was higher with Qutenza® than pregabalin, gabapentin, tricyclic antidepressants or SNRIs, however the trials included were of varying quality and the authors noted that the evidence relating to capsaicin was of high quality.
Safety	There are no major safety concerns related to Qutenza® use. The majority of reported adverse effects are minor or moderate, and tend to be application site reactions such as pain and erythema. These can be treated with analgesia and local cooling, and are transient. Systemic adverse effects are not common with Qutenza® (incidence of 0-1.1%).

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Patient Perspective	Pain can have a large impact on sleep, mood, work, and quality of life; therefore patients will be interested in Qutenza® as another treatment option for neuropathic pain. However as this patch will need to be administered by a specialist and under a local anaesthetic to reduce potential application related discomfort patients will be keen to ensure that it is of benefit.
Cost analysis summary	Qutenza® costs £210 per patch. It is licensed for use once every 90 days, but in practice is likely to be used less often. Annual cost of therapy including admission and administration was estimated at about £3,000 per patient. A cost-effectiveness model found Qutenza® to be more cost effective than pregabalin for treatment of neuropathic pain. However the model made several assumptions that may not reflect usual clinical practice. Costs for pregabalin are likely to change in the near future with the patent due to expire next year.
Financial impact PbR: In-tariff	No financial impact is considered applicable as the group does not recommend this treatment. The potential patient population would likely be small due to the cost of treatment and complexity of administration.