Nefopam for the management of chronic pain

NHS Devon

Commissioning policy

The routine commissioning of nefopam is not accepted in Devon for the management of chronic pain.

The Formulary Interface Group should not include this in locally defined treatment recommendations.

Rationale for the decision

The evidence base to support the use of oral nefopam for chronic pain is extremely limited and of poor quality. Studies are small in size with unclear statistical validity, and participant non-completion is common with poor reporting of reasons for withdrawing from studies. Comparator treatments have limited relevance to current UK practice.

In patients with chronic pain secondary to rheumatoid arthritis, one small crossover study showed that pain scores were significantly lower during treatment with nefopam compared to placebo. However, another crossover study in a similar population failed to find a significant difference in pain scores between nefopam and placebo. Studies with active treatment arms in patients with chronic pain reported no significant difference in nefopam pain outcomes compared to NSAIDs. Whilst studies have been conducted with opioid treatment arms, they do not include statistically analysed comparisons to nefopam.

Adverse events following repeated use of nefopam have not been evaluated in large scale or long-term studies. Adverse events reported in efficacy studies are primarily anticholinergic in nature.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

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