Commonly Used Non-Opioids for CNCP (Includes Off-Label Use)

Name Generic *Trade*	Dose (Product Monographs/Clinical Trials)	Dose Titration/Taper[+]	Dose Adjustments (Lexi-Drugs/CPS)	Adverse Events	Pharmacare Status	~Cost/30d[++]
ACETAMINOPHEN						
Acetaminophen *Tylenol* (OTC), Generics	650 mg po q4–6h (Regular Strength) 1 g po q6h (Extra Strength) 1300 mg po q8h (Extended release) MAX: 3–3.2 g/day but can increase to 3.3–4 g/day under health care supervision	Can initiate at 2.6–4 g/day Taper not required	Renal: GFR 10–50 mL/min: q6h GFR <10 mL/min: q8h Hepatic: Use with caution (Limited data) Hepatic disease/cirrhosis: ≤2–3 g/day Hepatic disease/cirrhosis ***and*** active alcohol use: AVOID if possible. If used, limit to short courses of ≤ 2 g/day	Minor Liver toxicity	Not a benefit	$5–12 650mg–1g q6h **or** 1300 mg q8h
NSAIDs ORAL						
Ibuprofen *Advil, Motrin*, Generics *(OTC and Rx)*	200–800 mg po TID–QID 2.4 g/day was effective dose in OA trials MAX: 3.2 g/day	Use lowest effective dose Taper not required	Renal: GFR 30–60 mL/min: reduce dose GFR <30 mL/min: AVOID Hepatic: No specific dose recommendations. AVOID in patients with severe liver impairment or active liver disease	GI: dyspepsia, ulcer CV: ↑ BP, edema Renal: fluid retention, renal toxicity Liver: ↑ LFTs CNS: dizziness, hallucinations	Full Benefit 300–600mg tabs	$16 600 mg QID
Naproxen *Aleve (OTC)* *Naprosyn (RX)*, Generics	220–500 mg po BID 1 g/day was effective dose in OA trials MAX: 1 g/day; 1.5 g/day for ≤6 months				Full Benefit	$15 500 mg BID
Naproxen/esomeprazole *Vimovo,* Generic	375–500 mg/20 mg po BID				Not a Benefit	$73 375/20 mg BID 500/20 mg BID
Diclofenac *Voltaren,* Generics	50 mg po BID MAX: 100 mg/day effective dose in OA trials				Full Benefit	$14 50 mg BID
Diclofenac/Misoprostol *Arthrotec,* Generic	50mg/200mcg po BID MAX: 100mg/day of diclofenac				Full Benefit	$30 50 mg BID
Celecoxib *Celebrex*, Generics	100 mg po BID MAX: 200 mg/day (CV disease, risk factors for CV disease) MAX: 400 mg/day (acute/adult)		Renal: Use is not recommended in severe impairment and advanced renal disease Hepatic: Moderate impairment: ↓ dose by 50% Severe impairment: AVOID Abnormal LFTs (persist/worsen): discontinue		Full Benefit	$11 100 mg BID
NSAIDs TOPICAL						
Diclofenac solution 1.5% *Pennsaid*, Generics	40 drops topically QID	No titration or taper required	Renal: AVOID in advanced renal disease Hepatic: No specific dosage adjustment. Use with caution NOTE: Use of topical diclofenac with oral NSAIDs is contraindicated in Canada	Well tolerated; local skin reactions; monitor for NSAID related ADRs although rare (low absorption)	Not a Benefit	$93 40 drops QID
Diclofenac gel 1.16%, 2.32% *Voltaren Emugel* (OTC)	1.16%: 2–4 g TID-QID 2.32%: 2 g BID MAX: 4 g/24 hours NOTE: 2–4 g = 4–8 cm				Not a Benefit	$35 4 g QID
TRICYCLIC ANTIDEPRESSANTS						
Amitriptyline *Elavil,* Generics	Initial: 10–25 mg po qhs Up to 100–150 mg for pain indications	Start low/go slow. Increase as tolerated every 3-7 days Taper over several weeks to months	No dose adjustments required in renal or hepatic impairment: use with caution	Sedation, anticholinergic effects	Full Benefit	$5 50 mg hs
Nortriptyline *Aventyl*	Initial: 10–25 mg po qhs Up to 150 mg for pain indications				Full Benefit	$15 25 mg hs

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SNRIs						
Duloxetine *Cymbalta*, Generics	30–60 mg po daily MAX: 120 mg daily (harms generally outweigh benefits at this dose)	Start low, increase as tolerated. Allow 1 week at a dose before increasing Taper over several weeks to months	Renal: GFR <30 mL/min AVOID Hepatic impairment: AVOID	Sedation (or insomnia), dizziness, GI complaints	Restricted Criteria*	$30 60 mg daily
Venlafaxine *Effexor*, Generics	37.5–75 mg po daily MAX: 150–225 mg daily		Renal: GFR 10–70 mL/min: ↓ daily dose by 25-50% Hemodialysis: ↓ daily dose by ≥50% Hepatic Impairment: Mild-Moderate: ↓ daily dose by 50% Severe: ↓ daily dose by ≥50%		Full Benefit	$10 150 mg daily
GABAPENTINOIDS						
Gabapentin *Neurontin,* Generics	Initial: 100-300 mg po qhs or 100 mg po TID Low usual dose: 300–600 mg TID Upper usual dose: 600 mg TID Doses up to 800 mg TID well tolerated in trials MAX: 3600mg/day	Start low; increase as tolerated every 3–7 days Taper over ≥1 week	Renal: Dose reduce when CrCl <60 mL/min. See CPS for specific instructions Hepatic: No specific dosage adjustment; not metabolized by liver	Sedation, dizziness, headache, ataxia, blurred vision, tremor	Restricted Criteria*	$30 600 mg TID
Pregabalin *Lyrica*, Generics	Initial: 25–75 mg po BID 225 mg po BID: Evidence suggests best balance between effect and tolerability MAX: 300 mg po BID		Renal: Dose reduce when CrCl <60 mL/min. See CPS for specific instructions Hepatic: No specific dosage adjustment; Minimal hepatic metabolism		Restricted Criteria*	$34 225 mg BID
CANNABINOIDS						
Nabilone *Cesamet,* Generics	0.5 mg po qhs – 2 mg po BID Dose in pain trials: 0.5 mg po BID MAX: 6 mg/day	Start low; increase dose every 5–7 days No specific taper recommendation	Renal and Hepatic Impairment: No specific dose recommendations (not studied) Nabilone: Use with extreme caution in patients with severe liver dysfunction. THC & CBD metabolized in liver by a number of CYP450 isoenzymes.	CNS effects	Full Benefit	$46 0.5 mg BID
Nabiximols (THC/CBD) *Sativex*	Initial: 1 spray BID Usual: 4–8 sprays/day MAX: 12 sprays/day (patients may require/ tolerate higher doses - experience is limited) NOTE: 1 spray = 2.7 mg THC & 2.5 mg CBD	Titrated by patient each day by 1 spray as tolerated No specific taper recommendation			Not a Benefit	$230 10 mL

[+] **Dose Titration/Taper:** The timeframe given for dose titration and taper is a rough guideline. Some may require a longer period of time to titrate or taper the dose in order to ensure tolerance is maintained or to minimize withdrawal.

[++] Drug Cost are approximate and do not include any professional fees, source McKesson (accessed March 2018)

***NS Pharmacare Criteria:**

Duloxetine: For the treatment of chronic pain in patients who have had an inadequate response or intolerance to at least one first line agent. Clinical Note: First-line agents include tricyclic antidepressants for chronic neuropathic pain and non-steroidal anti-inflammatory drugs for chronic non-neuropathic pain. Claim Note: The maximum dose reimbursed is 60mg daily**. Effective May 2018**

Gabapentin: For the treatment of neuropathic pain (e.g. diabetic neuropathy, postherpetic neuropathy) in patients who have failed a trial of a tricyclic antidepressant (e.g. amitriptyline, desipramine, imipramine, nortriptyline)

Pregabalin: For the treatment of neuropathic pain (e.g. diabetic neuropathy, postherpetic neuropathy) in patients who have failed a trial of a tricyclic antidepressant (e.g. amitriptyline, desipramine, imipramine, nortriptyline)