## is illegal to post this copyrighted PDF on any website Quantifying Gabapentin Misuse With Opioids PDF 3. Baird CR, Fox P, Colvin LA. Gabapentinoid abuse in order to potentiate the

To the Editor: We read with interest the article by Tomko et al, 1 which adds to the large body of previous work documenting an association between gabapentin misuse and opioid misuse.<sup>2-9</sup> We agree with Tomko et al1 that regulatory agencies should consider tighter gabapentin regulation, potentially including reclassification as a controlled substance, 1,10-12 as our team and other researchers have documented the prevalence and harms associated with gabapentin and opioid coadministration at high dosages.<sup>7,13–15</sup> In addition, Tomko et al<sup>1</sup> note that a knowledge gap exists concerning whether high-dose gabapentin signals potential opioid misuse and warrants further investigation. While we agree that this question warrants further investigation, we have explored 2 other predictive models related to combined misuse of gabapentin and opioids that may be of interest.9,16

First, we explored predictors of gabapentin misuse with particular interest paid to a preexisting diagnosis of addiction and concomitant opioid use.9 We found a notable predictor of gabapentin abuse to be the presence of concomitant opioids, especially among those with a diagnosis of addiction. This model may be adapted to investigate high-dose gabapentin as a predictor of opioid misuse in outpatient populations.

Additionally, our research team conducted a proof-of-concept study on prescription claims data to predict fraud, waste, or abuse (FWA) via power-law analysis (PLA), comparing this technique with standard Lorenz-curve analysis. 16 This model was applied to single medications (eg, use of opioids at baseline was examined using PLA to predict FWA of opioids at follow-up). 16 We were able to better detect patients not currently engaging in, but at risk of developing, future FWA for controlled substances (alprazolam and opioids), though the model was less predictive for patients using gabapentin.16 This model, after refinement for noncontrolled substance detection, may be adapted to assess baseline use of highdose gabapentin as a signal for FWA of opioids at follow-up.

Overall, we commend Tomko et al<sup>1</sup> for highlighting the need for further investigation into the potential 2-way relationship between gabapentin misuse and opioid misuse. Gabapentin misuse amid the opioid epidemic poses a significant clinical concern and, if identified as a signal of opioid misuse in outpatients, would allow for earlier clinical intervention, potentially translating to improved clinical outcomes and reduced opioid-related mortality.

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