

Is there an indication for lidocaine 5% plaster?

YES

NO

Were the lidocaine plasters started for by a pain specialist as a fourth line treatment option in line with local neuropathic pain treatment guidelines for post herpetic neuralgia and non-post herpetic neuralgia localised neuropathy?

YES

REVIEW

- A review for the on-going need of lidocaine
 5% plaster should be undertaken as soon as possible.
- Review the need for lidocaine 5% plaster at least every 8 weeks thereafter.
- If lidocaine is continued, see below for factors to consider during review process.

See APPENDIX 2 for factors to consider during patient review

Additional considerations if lidocaine 5% plaster is continued:

- Reduce the number of lidocaine plasters (ensure the patient is applying no more than 3 plasters at the same time)
- Extend the patch free interval beyond
- 12 hours.
- Monitor usage i.e. over ordering.
- State on the prescription exactly where the plaster should be applied.
- Prescribe exact quantity required to the nearest 5 i.e. do not prescribe a box of 30 if not required.
- Ensure preferred best value brand is prescribed (Ralvo®)

BOX 2

Plaster free period & alternative treatments fail ->

Refer patient to secondary care pain services for advice on pain management.

NO HWE ICB Non-Formulary Indication - STOP

- A review to discontinue lidocaine 5%
 plaster should be undertaken as soon
 as possible. See APPENDICES 1& 2 to aid
 patient review. Consider 'trial without' eg
 asking the patient to remain plaster free for
 24 hours prior to review
- Consider a plaster-free period/trial of unmedicated physical protection (+/initiation of alternative treatments – see box 1 below)
- Reassess the type of pain the patient has if unknown.
- Review patient in 4 weeks (or sooner if required).
- If plaster-free period (+/- initiation of an alternative treatment fails, see BOX 2 below)

BOX 1

Alternative treatments

Neuropathic pain

- If patient is not on any or has not trialled oral neuropathic medicines, see HWE ICB Drug titration and review for neuropathic pain pathway
- · Consider trial of unmedicated plaster
- If patient is already on oral neuropathic medicines, review and optimise their medication in line with the above local guideline.

MSK/Chronic pain

- Non-pharmacological options^{1,2}:
 - Regular exercise i.e. 30 minutes of exercise 5 days a week
 - Ice packs soothe hot, swollen joints
 - Heat packs relax tense tiredmuscles
 - Splinting of swollen or painful joints
 - Physiotherapy
 - Occupational therapy (provides practical steps where patients have difficulty with their everyday work, home or leisure activities)
 - Psychological therapies
- Pharmacological options
 - Topical NSAIDs (MSK related pain)
 - Review and optimise any additional oral analgesia



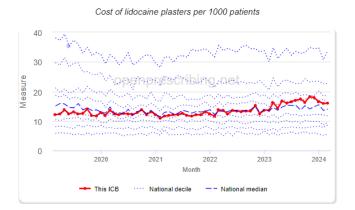
Supporting Information

- NHS England guidance <u>"Items which should not routinely be prescribed in primary care"</u> recommends lidocaine 5% plasters should not be initiated by prescribers in primary care due to its low clinical effectiveness and lack of robust evidence.³
- <u>NICE CG173 Neuropathic pain in adults: pharmacological management in non-specialist settings</u> guideline does not recommend the use of lidocaine 5% plasters due to the current limited evidence which does not meet their inclusion criteria.⁵
- <u>PrescQIPP</u> recommend restricting the use of lidocaine 5% plasters to patients with post-herpetic neuralgia, where
 alternative treatments are clinically inappropriate and reviewing and considering alternative management strategies
 for other indications.⁴
- Lidocaine 5% plasters are only licensed for the symptomatic relief of neuropathic pain associated with postherpetic neuralgia. 6,7 Lidocaine 5% plasters are not licensed and not recommended for the treatment of non-neuropathic pain e.g. acute or chronic musculoskeletal pain i.e. back pain and fractures.
- For unlicenced indications including localised neuropathic pain, lidocaine medicated plasters should, in general, not be prescribed in primary care.
- In Hertfordshire, in June 2018 Hertfordshire Medicines Management Committee approved the use of lidocaine
 plasters as a fourth line treatment option in line with local neuropathic pain treatment guidelines for post
 herpetic neuralgia and non-post herpetic neuralgia localised neuropathy when initiated by a pain specialist
 only. All other indications are DOUBLE Red and not recommended for prescribing in secondary or primary
 care due to limited clinical effectiveness.
- In West Essex lidocaine plasters are not recommended for prescribing in primary or secondary care.

<u>Lidocaine 5% Plaster Usage & Financial Impact in Herts and West Essex</u>

In March 2024 HWE ICB spent £26,239 on lidocaine plasters. In the last 6 months, if the ICB has prescribed in line with the ICBs prescribing the least lidocaine plasters we would have saved the system £109, 682.

Open prescribing data March 20248



References

- 1. About Exercise, Occupational therapy and arthritis, Versus Arthritis. https://www.versusarthritis.org/
- Treatment, Osteoarthritis, NHS, https://www.nhs.uk/conditions/osteoarthritis/treatment/
- 3. Items which should not routinely be prescribed in primary care: policy guidance, NHS England, August 2023. https://www.england.nhs.uk/medicines-2/items-which-should-not-be-routinely-prescribed/
- 4. Lidocaine plasters, PrescQIPP Bulletin 350, June 2024 https://www.prescqipp.info/our-resources/bulletins/bulletin-350-lidocaine-plasters/
- 5. Neuropathic pain in adults: pharmacological management in non-specialist settings, NICE CG173, November 2013, last updated September 2020. https://www.nice.org.uk/guidance/cg173
- 6. Versatis 700mg Medicated Plaster, Grunenthal Ltd, Electronic Medicines Compendium, last updated 8th September 2021. https://www.medicines.org.uk/emc/product/290
- Lidocaine Grunenthal 700mg medicated plaster Grunenthal Ltd, Electronic Medicines Compendium, last updated 12th February 2024 https://www.medicines.org.uk/emc/product/2469/
- 8. Openprescribing.net Low priority prescribing

Version:	1.0
Developed By:	Janet Weir, Lead Pharmacist, HWE ICB adapted from and with thanks to South East London ICB
Date Ratified:	July 2024 Medicines Optimisation Delivery and Implementation Group



Appendix 1: Example data collection form to aid patient review

Patient	Patient	DOB		HWE ICB approved indication – Hertfordshire only: fourth line treatment option in line with local neuropathic pain treatment guidelines for post herpetic neuralgia and nonpost herpetic neuralgia localised neuropathy started by pain specialist.				Other indication				
	Initials			Indication documented in notes (Y/N)	Dosage instructions specify 12hr plaster-free period per day (Y/N)	Use reviewed regularly e.g. 6 monthly (Y/N)	Attempt to reduce number of patches or increase patch free period (Y/N)	Indication	Initiated by (Name)	Initiated by 1º or 2º care	Alternative neuropathic pain medications trialled (e.g. amitriptyline, gabapentin, pregabalin)	Action



Appendix 2

Considerations	Example	Actions
Discuss the patient's expectations of treatment for neuropathic pain/chronic pain	 Is the patient aware medication is unlikely to completely eliminate pain? Explore realistic treatment goals e.g. reducing pain maintaining function 	Ensure realistic expectations and goals are discussed and set with the patient regarding their pain management. This should be documented in the patients record.
Is the underlying cause of the patient's pain managed effectively?	Weight lossPhysiotherapyPsychological therapiesSurgery	Refer to appropriate services.
Is the patient using lidocaine 5% plasters for visceral/non-cutaneous pain?	 Chronic back pain Pain following a knee replacement (excluding scar pain associated with neuropathic allodynia) 	There is no evidence to support this use. Offer deprescribing of lidocaine 5% plasters as per algorithm on page 1.
Has the patient reduced their other pain medications due to the regular use of lidocaine 5% plasters?	Dose of regular opioids/oral neuropathic medication has reduced since starting lidocaine plaster.	If the patient has failed to reduce their regular pain management medications since starting lidocaine, the evidence that lidocaine has greatly improved the patients pain is limited. Offer deprescribing of lidocaine 5% plasters as per algorithm on page 1.
Is the patient applying the lidocaine 5% plaster only to the site which it was initiated for?	Lidocaine 5% plaster initiated for neuropathic pain in lower left leg but is being applied on the back.	Lidocaine 5% plaster is not being used as prescribed. Offer deprescribing of lidocaine 5% plasters as per algorithm on page 1.
Does the patient apply more than three lidocaine plasters at the same time?	Applying four lidocaine plasters to 4 different sites at the same time.	If lidocaine 5% plaster is appropriate to continue, prescribe in line with licensing8: maximum of three plasters. If patient requires more, they should be referred/seek advice or guidance from a pain specialist If lidocaine 5% plaster is inappropriate: Offer deprescribing of lidocaine 5% plasters as per algorithm on page 1.
Does the patient cut their lidocaine 5% plaster into small size (less than a quarter of the plaster size) to apply to multiple sites?	Cutting a lidocaine 5% plaster to apply to all knuckle joints, knee joints and ankle joints.	If indicated, Lidocaine 5% plasters can be cut into quarters for small painful areas. Multiple neuropathic pain sites are not a characteristic of post-herpetic neuralgia. Offer deprescribing of lidocaine 5% plasters as per algorithm on page 1.
Does the lidocaine plaster frequently fall off?	Does the patient reapply a new lidocaine 5% plaster every time it falls off?	Review whether this is the most appropriate formulation. If the plaster is indicated but falls off, tegaderm (or equivalent) can be used to hold the plaster in place to reduce waste. Reassess clinical effectiveness once this has been addressed.
Is the patient requesting lidocaine 5% plaster infrequently?	Every 3-6 months	Offer deprescribing of lidocaine 5% plasters as per algorithm on page 1.
If lidocaine 5% plaster is appropriate and is to be continued as a repeat medication, is it prescribed by the cost-effective brand?	Raivo®	Prescribe lidocaine 5% plaster by brand (Ralvo®). When lidocaine 5% plaster is prescribed generically, the cost is as per the brand Versatis® • Versatis® = £72.409 • Ralvo® = £61.5410