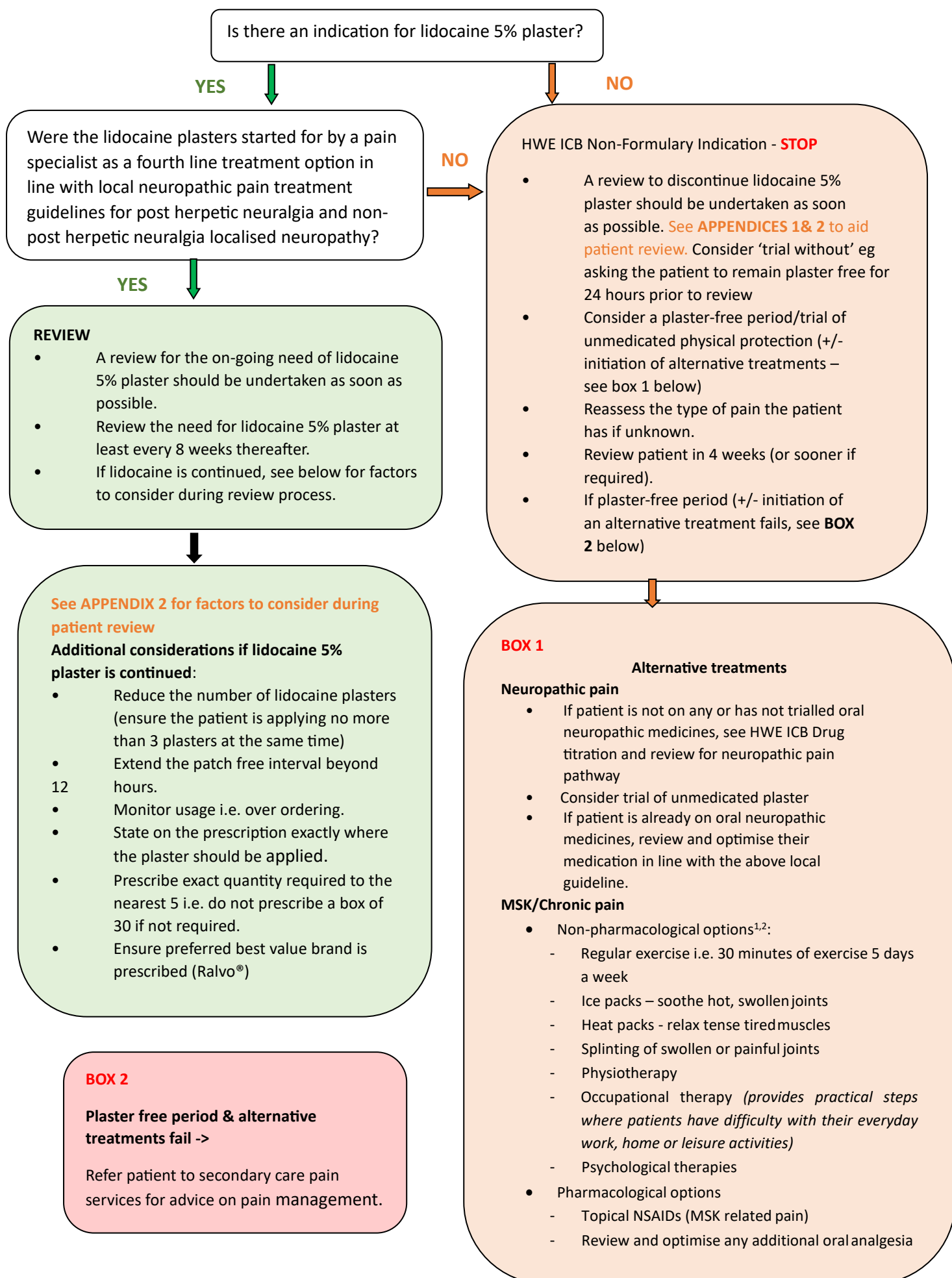


## Herts and West Essex ICB Guide to Deprescribing Lidocaine 5% Plasters in Primary Care



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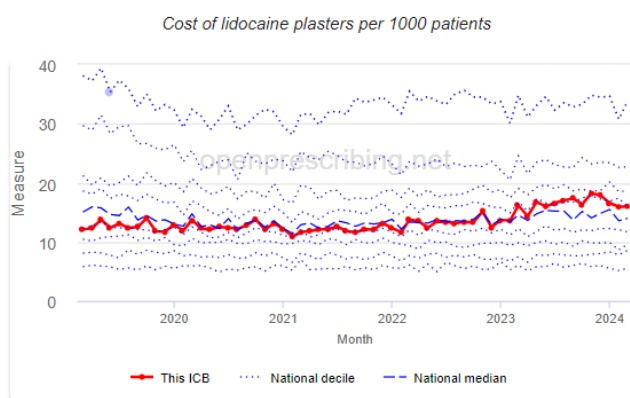
## Supporting Information

- NHS England guidance [“Items which should not routinely be prescribed in primary care”](#) recommends **lidocaine 5% plasters should not be initiated by prescribers in primary care** due to its low clinical effectiveness and lack of robust evidence.<sup>3</sup>
- [NICE CG173 Neuropathic pain in adults: pharmacological management in non-specialist settings](#) guideline does not recommend the use of lidocaine 5% plasters due to the current limited evidence which does not meet their inclusion criteria.<sup>5</sup>
- [PrescQIPP](#) 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.<sup>4</sup>
- **Lidocaine 5% plasters are only licensed for the symptomatic relief of neuropathic pain associated with post-herpetic neuralgia.<sup>6,7</sup> 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 unlicensed 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.

## Lidocaine 5% Plaster Usage & Financial Impact in Herts and West Essex

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 2024<sup>8</sup>



## References

1. About Exercise, Occupational therapy and arthritis, Versus Arthritis. <https://www.versusarthritis.org/>
2. 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 8<sup>th</sup> September 2021. <https://www.medicines.org.uk/emc/product/290>
7. Lidocaine Grunenthal 700mg medicated plaster Grunenthal Ltd, Electronic Medicines Compendium, last updated 12<sup>th</sup> February 2024 <https://www.medicines.org.uk/emc/product/2469/>
8. [Openprescribing.net](https://openprescribing.net) Low priority prescribing

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



## Herts and West Essex ICB Guide to Deprescribing Lidocaine 5% Plasters in Primary Care

### Appendix 2

Considerations	Example	Actions
Discuss the patient's expectations of treatment for neuropathic pain/chronic pain	<ul style="list-style-type: none"> <li>Is the patient aware medication is unlikely to completely eliminate pain?</li> <li>Explore realistic treatment goals e.g.               <ul style="list-style-type: none"> <li>reducing pain</li> <li>maintaining function</li> </ul> </li> </ul>	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?	<ul style="list-style-type: none"> <li>Weight loss</li> <li>Physiotherapy</li> <li>Psychological therapies</li> <li>Surgery</li> </ul>	Refer to appropriate services.
Is the patient using lidocaine 5% plasters for visceral/non-cutaneous pain?	<ul style="list-style-type: none"> <li>Chronic back pain</li> <li>Pain following a knee replacement (excluding scar pain associated with neuropathic allodynia)</li> </ul>	There is no evidence to support this use. <b>Offer deprescribing of lidocaine 5% plasters as per algorithm on page 1.</b>
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. <b>Offer deprescribing of lidocaine 5% plasters as per algorithm on page 1.</b>
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. <b>Offer deprescribing of lidocaine 5% plasters as per algorithm on page 1.</b>
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 licensing <sup>8</sup> : <b>maximum of three plasters</b> . If patient requires more, they should be referred/seek advice or guidance from a pain specialist  If lidocaine 5% plaster is inappropriate: <b>Offer deprescribing of lidocaine 5% plasters as per algorithm on page 1.</b>
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. <b>Offer deprescribing of lidocaine 5% plasters as per algorithm on page 1.</b>
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	<b>Offer deprescribing of lidocaine 5% plasters as per algorithm on page 1.</b>
If lidocaine 5% plaster is appropriate and is to be continued as a repeat medication, is it prescribed by the cost-effective brand?	Ralvo <sup>®</sup>	Prescribe lidocaine 5% plaster by brand (Ralvo <sup>®</sup> ). <i>When lidocaine 5% plaster is prescribed generically, the cost is as per the brand Versatis<sup>®</sup></i> <ul style="list-style-type: none"> <li>Versatis<sup>®</sup> = £72.40<sup>9</sup></li> <li>Ralvo<sup>®</sup> = £61.54<sup>10</sup></li> </ul>