NHS South Yorkshire Integrated Care Board

Lidocaine 5% medicated plasters: Sheffield prescribing guidance in primary care in adults

Summary

The prescribing of Lidocaine Plasters is not supported by Sheffield Area Prescribing Committee (APC) for indications other than Post-Herpetic Neuralgia (PHN) (for patients in whom alternative treatments have proved ineffective or where such treatments are contra-indicated or associated with intolerable side effects), unless there are 'exceptional circumstances' as detailed below.

- Lidocaine plasters are only licensed for symptomatic relief of neuropathic pain associated with previous herpes zoster infection (PHN).[1]
- In line with NHSE guidance[2] "**Items which should not routinely be prescribed in primary care**"[2]
  - No new patients should be initiated on lidocaine plasters unless the exceptions below apply.
  - All patients currently prescribed lidocaine plasters should have their prescription reviewed and deprescribed unless the exceptions below apply.
  - Patients with neuropathic pain associated with Post-Herpetic Neuralgia (PHN) in whom alternative systemic treatments are contra-indicated, not tolerated, or ineffective can continue to have lidocaine plasters prescribed where appropriate (see NICE CG173 [3] and local neuropathic pain guidance).
  - If, in exceptional circumstances, there is a clinical need for lidocaine plasters to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional.

Exceptional circumstances (unlicensed) agreed with local specialists:

- Approved by Sheffield Teaching Hospitals for post operative neuropathic pain of chest drain site (thoracic surgery). This is mainly inpatient use but possibly on discharge for short period of time. Not for continued prescribing. Red on traffic light drug list (TLDL)
- Pain clinic for localised peripheral neuropathic pain with allodynia (irrespective of cause) where patient is intolerant of first line systemic therapies or where they have been ineffective. Amber on TLDL.
- Palliative care where patient is intolerant of first line systemic therapies or where they have been ineffective (typically for treatment of neuropathic pain from mesothelioma or chest wall disease). Amber on TLDL.

Note: Use is restricted to painful skin only, particularly neuropathic or allodynia (no benefit for other pain).

In exceptional circumstances the specialist should communicate to GP: That treatment has been initiated and an early review completed to assess benefit (e.g. at 2-4 weeks); and provide a management plan. Discuss off-label use where appropriate. Expectation that patient will have a break from treatment periodically at appropriate intervals (at least every 6-12 months) to assess benefit should have been discussed with patient (with the exception of patients managed by palliative care where this is not considered appropriate). Prescribing can be passed to GP, but specialist should retain patient under their care to continue with reviews at appropriate intervals (at least annually).

Prescribe as cost-effective brand RALVO® and evaluate treatment outcome 2-4 weeks post initiation.

If no response (during the wearing time and/or during the plaster-free interval), **treatment must be discontinued** as potential risks may outweigh benefits.[1]

Considerations:

- In all cases it should be a discrete area that can be treated with a maximum of three lidocaine plasters at one time.[1]
- Monitor usage i.e. not over ordering.
- State on the prescription where plaster should be applied.
- Advise patient of 12-hour free interval.
- Prescribe exact quantity required to the nearest 5 i.e. do not prescribe a box of 30 if not required.

Decision to continue treatment

Regular review tailored to patient.[5]

Long-term use of lidocaine plasters in clinical studies showed number of plasters used decreased over time.

Reassess treatment at regular intervals e.g., every 6 months[5]. Consider break from treatment irrespective of indication. STOP lidocaine plasters if patient is not engaging with review.

Indication appropriate

Yes

No

No benefit

Decision to discontinue or reduce plasters

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Lidocaine plasters can be safely stopped without tapering but alternatively try:

- Reducing number of lidocaine plasters applied (the plasters can be cut),
- Extending plaster free interval beyond 12 hours to see if use can be reduced,
- Stopping lidocaine plasters and reviewing pain symptoms after 24 – 48 hours.
- Consider a trial of unmedicated physical protection (cling film or a suitable dressing e.g. Opsite®).[4]
- PIL lidocaine plasters

If lidocaine plasters are prescribed in an exceptional circumstance and patient stops treatment specialist is to inform GP or vice versa.

Self-care:

- **Use other management strategies to improve pain control,** advice on self-management strategies, physiotherapy, psychological therapies, education and coping mechanisms for pain and possible side effects.
- **Address peoples' expectations of treatments for neuropathic pain** (and other types of chronic pain) at an early stage. Medication is unlikely to completely eliminate pain (reduction by 30% - 50% is considered beneficial). Realistic treatment expectations should focus on reducing pain and maintaining function, with a view to improving quality of life.[4]
- **Self-care advice for those with PHN includes the following**:
  - Wear loose clothing or cotton fabrics, which usually cause the least irritation.
  - Consider protecting sensitive areas by applying a protective layer, e.g. cling film or a plastic wound dressing such as Opsite®.
  - Consider frequent application of cold packs (unless allodynia is triggered by cold).
  - Pain relief for post-herpetic neuralgia can include paracetamol with or without codeine.

Consider referring to specialist e.g Pain Clinic or Palliative Care if any of the following apply: They have severe pain, their pain significantly limits their daily activities and participation, or their underlying health condition has deteriorated.

Lidocaine plasters: special warnings and precautions for use[1]

- The plaster should not be applied to mucous membranes. Eye contact with the plaster should be avoided.
- The plaster contains propylene glycol (E1520) which may cause skin irritation. It also contains methyl parahydroxybenzoate (E218) and propyl parahydroxybenzoate (E216) which may cause allergic reactions (possibly delayed).
- The plaster should be used with caution in patients with severe cardiac impairment, severe renal impairment or severe hepatic impairment.
- One of the lidocaine metabolites, 2,6 xylidine, has been shown to be genotoxic and carcinogenic in rats. Secondary metabolites have been shown to be mutagenic. The clinical significance of this finding is unknown. Consequently long term treatment with is only justified if there is a therapeutic benefit for the patient.

Background and evidence:

Post-herpetic neuralgia is a type of neuropathic pain that occurs when the pain associated with shingles becomes chronic. Symptoms may include constant or intermittent stabbing or burning pain, allodynia (pain induced by a non-painful stimulus), hyperalgesia (severe pain from a mildly painful stimulus), and intense itching. Symptoms can resolve after a few months, or may persist for longer.[5]

NICE CG173[3] Neuropathic pain in adults: pharmacological management in non-specialist settings does not recommend the use of lidocaine plasters as a treatment option in neuropathic pain due to limited clinical evidence.
NHSE guidance[2] includes lidocaine plasters in "**Items which should not routinely be prescribed in primary care**"[2]
The Specialist Pharmacy Service prepared: A review of lidocaine 5% medicated plasters for Post-herpetic Neuralgia for NHSE; but this focused on the licensed indication only.
The British Pain Society issued a position statement on lidocaine plasters in response to the NHSE guidance.[6]

Summary from PrescQIPP[6]:

The place in therapy of lidocaine plasters is currently unclear. Evidence supporting both their licensed use in post-herpetic neuralgia and in other unlicensed indications is limited. Lidocaine plasters are a relatively costly treatment option. Several other neuropathic pain treatment options are available that are both endorsed by NICE and have a lower acquisition cost; they should be preferred where they are suitable. Significant savings are available by reviewing treatment and discontinuing it if it is ineffective or inappropriately prescribed.

References:

1. SmPC, Versatis®. https://www.medicines.org.uk/emc/medicine/19291 . accessed 27.06.2022
2. NHS England "Items which should not routinely be prescribed in primary care: Guidance for GPs" March 2018
3. NICE CG173 Neuropathic pain in adults: pharmacological management in non-specialist settings https://www.nice.org.uk/Guidance/CG173. November 2013.
4. NICE CKS. https://cks.nice.org.uk/topics/post-herpetic-neuralgia/management/management/ Nov. 2017
5. PrescQIPP. Lidocaine plasters b200i (DROP list), https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f1417%2fb200i-lidocaine-plasters-drop-list-30.pdf Nov. 2017
6. British Pain Society. Position statement on lidocaine plasters. https://www.britishpainsociety.org/static/uploads/resources/files/Lidocaine_plaster_position_statement.pdf. Aug 2018.

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