Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

LIDOCAINE 5% MEDICATED PLASTERS (AMBER)

Guidance for non-cancer pain in adults

OUT-PATIENT INITIATION by PAIN SPECIALIST

Indications

1. Post herpetic neuralgia where alternative treatment has proved ineffective or is contraindicated (licensed).
2. Focal neuropathic pain with allodynia, as advised by a pain specialist (off-label)
3. Palliative care specialist recommendation (off-label).

NOTE: Acute trusts may also use Lidocaine plasters for in-patients with rib fractures, which has a RED traffic light status.

Palliative care use: Please note this guidance is based on use by pain specialists via the pain clinic. The parameters of use in palliative care will be agreed between the GP and specialist on an individual case basis.

Rationale: This guidance has been agreed with local pain specialists as a result of significant concerns raised by pain specialists at national level (see BPS position statement in references) about the restrictions on the use of lidocaine plasters under the NHSE Items which should not routinely be prescribed in primary care guidance (see references v2 June 2019).

Prescribing advice for Primary Care:

- Only prescribe lidocaine plasters if clear advice is given in a management and review plan, included in a clinic letter from the pain specialist/palliative care specialist. This will be individualised to meet patient needs.
- Contact specialist or stop lidocaine plasters if management and review plan does not state when to stop.
- If patient has gained demonstrable benefit from lidocaine plasters and/or pain increases on stopping:

- Prescribe lidocaine plasters in monthly quantities
- GP to telephone or email the specialist to discuss on-going prescribing (if prescribing beyond 3 months seems to be needed).

- Assess the patients' on-going needs at least once every 3 months. Stop the lidocaine plasters if possible.

Few patients with very severe problems will require lidocaine plasters longer term.

- Also **stop** lidocaine plasters if:
  - They are not working
  - Advised to stop in management and review plan
  - Patient is not attending the review appointments

All patients using lidocaine plasters should be reviewed at least once every 3 months by the patient's practice

Additional considerations:

- Monitor usage i.e. over ordering (ensure the patient is not applying more than 3 plasters at the same time).
- 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.
- If prescribing is indicated, prescribe **generically as lidocaine 5% medicated plasters.**
- Do not put lidocaine plasters on repeat prescription.
- Exclude the skin protective effect of lidocaine plasters as the sole mechanism of benefit; this does not justify prescribing them.

Advice on how to stop lidocaine 5% plasters:

- Stop lidocaine plasters and assess pain symptoms after 24 hours. If symptoms are manageable, then do not prescribe any more. **OR**
- Increase the length of time without lidocaine plasters to be >12 hours per day. Gradually increase the plaster-free interval until the plasters are completely stopped. **OR**
- Cut the lidocaine plasters into smaller pieces (or just use one plaster if previously more than one was used), trying this if the painful area has reduced in size. Continue to reduce the size of the pieces until the plasters are completely stopped.
- **If stopping the lidocaine plasters has been unsuccessful, try again at least once every 3 months.**

Special thanks to SE London and West Suffolk CCGs. This guidance has been adapted from their Lidocaine 5% plasters guidance.
Minor update to cost and removal of prescribing by brand November 2024

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How to deal with patients in primary care using Lidocaine 5% plasters for unapproved indications:

- A review to discontinue the lidocaine 5% plaster should be undertaken as soon as possible. See appendix 1 to aid patient review.
- See **Advice on how to stop lidocaine 5% plasters** *on page 1 (+/- initiation of alternative treatments – see next box below)*
- Reassess the type of pain the patient has if unknown.
- Review patient in 4 weeks (or sooner if required).

Alternative options:

Neuropathic pain *(excluding post-herpetic neuralgia or focal neuropathic pain with allodynia)*

•If patient is not on any or has not trialled oral neuropathic medicines, see **CKS Neuropathic pain - drug treatment** for guidance Neuropathic pain - drug treatment | Health topics A to Z | CKS | NICE

•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:

-Regular exercise i.e. 30 minutes of exercise 5 days a week
-Ice packs – soothe hot, swollen joints
-Heat packs - relax tense tired muscles
-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

If attempts to stop the use of lidocaine 5% plasters and alternative treatments fail:
Refer to secondary care pain services for advice on pain management

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.
- Lidocaine 5% plaster is licensed for the symptomatic relief of neuropathic pain associated with post-herpetic neuralgia.
- 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.
- PrescQIPP recommend restricting the use of lidocaine 5% plasters to patients with post-herpetic neuralgia, where alternative treatments are contraindicated, not tolerated, or ineffective.
- Focal neuropathic pain with allodynia (off- label use) **–** is defined as a localised pain concentrated in a small area caused by a non-painful stimulus like a light touch, cold air, clothing (etc.) and can feel like the burning sensation that occurs with an initial injury.

<u>Please note:</u>

1. Lidocaine 5% plaster is 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.
2. Anecdotal data suggests there may be a significant proportion of lidocaine 5% plasters prescribed for indications that are not licensed or supported by the evidence base.
3. **Prescribers should not accept new requests for lidocaine 5% plasters for indications outside of post-herpetic neuralgia /focal neuropathic pain with allodynia/palliative care use.**

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Appendix 1: Factors to consider during patient review process

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 patient's record.
Is the underlying cause of the patient's pain managed effectively?	• Weight loss • Physiotherapy • Psychological therapies • Surgery	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.
Does the patient have true "focal allodynia"?	Pain is in a localised area caused by light touch.	Test for focal allodynia e.g. apply light touch to affected area using a monofilament or cotton wool.
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.
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.
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: 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.
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/ focal neuropathic pain with allodynia. Offer deprescribing of lidocaine 5% plasters.
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.
Is the patient requesting lidocaine 5% plaster infrequently?	Every 3-6 months	Offer deprescribing of lidocaine 5% plasters.
If lidocaine 5% plaster is appropriate and is to be continued as a repeat medication, is it prescribed as generic?		Prescribe generically as lidocaine 5% medicated plasters. Historically prescribing as the brand, Ralvo® was cost effective, however this is no longer available and there is no cost saving to be had prescribing by brand from November 2024.

References:

- Lidocaine 5% medicated plasters for localised neuropathic pain: A position statement from The British Pain Society 2nd August 2018 https://www.britishpainsociety.org/mediacentre/news/bps-position-statement-on-lidocaine-plasters/
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- Versatis 700mg Medicated Plaster, Grunenthal Ltd, electronic Medicines Compendium, last updated 25 May 2018. https://www.medicines.org.uk/emc/product/290
- Lidocaine 5% medicated plasters, October 2018 Drug Tariff Online. https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff
- Ralvo 700mg medicated plasters (Grunenthal Ltd), electronic medicines compendium, last updated Feb 2017: https://www.medicines.org.uk/emc/product/2469

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