

# Position statement on the prescribing of lidocaine 5% medicated plasters

# SW London CCGs\* do not support the routine prescribing of lidocaine 5% medicated plasters

Prescribing should be restricted to recommendation by a pain specialist for post-herpetic neuralgia where other treatment options have failed or cannot be used due to co-morbidities, or for patients who are unable to take oral medication due to other medical conditions/disability, in line with NHS England's guidance.<sup>1</sup>

# Rationale

- The National Institute of Health and Clinical Excellence's (NICE) Clinical Guideline 173 on neuropathic pain in adults does not recommend topical lidocaine plasters due to limited evidence of effectiveness to support its use.<sup>2</sup>
- A Cochrane review found limited evidence of effectiveness of topical lidocaine plasters for neuropathic pain.<sup>3</sup>
- The Scottish Medicines Consortium (SMC) restricted topical lidocaine plasters to use in patients who are intolerant of first-line systemic therapies for postherpetic neuralgia or where these therapies have been ineffective due to limited comparative data and unclear comparative clinical effectiveness.<sup>4</sup>
- Prescribing of topical lidocaine plasters should be restricted to recommendation by a
  pain specialist for postherpetic neuralgia where other treatment options have failed or
  cannot be used due to co-morbidities, or for patients who are unable to take oral
  medication due to other medical conditions and/or disability. Treatment must be
  discontinued if there is no response after 4 weeks.
- The Midlands Therapeutic Review and Advisory Committee (MTRAC) found that the evidence for the efficacy of the lidocaine plasters is weak, based on four published, randomised, controlled trials.<sup>5</sup>

#### References

- 1. NHS England. Items which should not routinely be prescribed in primary care: Guidance for CCGs. https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-forccgs/. Updated November 2017.
- 2. National Institute of Health and Care Excellence (NICE) CG 173 Neuropathic pain in adults: pharmacological management in non-specialist settings. Accessed 1/3/17. Available at: <a href="http://www.nice.org.uk/guidance/CG173">www.nice.org.uk/guidance/CG173</a>
- Cochrane review. Topical lidocaine for neuropathic pain in adults. Accessed 1/3/17. Available at: <u>http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010958.pub2/full</u>
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- MTRAC. Verdict & Summary Lidocaine 5% plasters. Accessed 11/10/17. Available at:<u>http://ccg.centreformedicinesoptimisation.co.uk/download/6f59328bf8e821590083898fc9fb2c18/Lidocaine-Plaster-Verdict-Feb-10.pdf</u>
- 6. PrescQIPP Bulletin 51, Lidocaine plasters. Accessed 1/3/17. Available at: <u>https://www.prescqipp.info/droplist#6-lidocaine-plasters</u>.
- 7. Summary of Product Characteristics. Versatis 5% Medicated Plaster. Accessed 1/3/17. Available at: https://www.medicines.org.uk/emc/medicine/19291
- 8. NHS Choices. Licensing of medicines. Last updated 31/10/2014. Available at: http://www.nhs.uk/Conditions/Medicinesinfo/Pages/Safetyissues.aspx



# Guidance for clinicians

### **Recommendations**:

- Review existing prescriptions for topical lidocaine 5% medicated plasters to ensure lidocaine is prescribed for postherpetic neuralgia
- A trial withdrawal of lidocaine patches maybe appropriate if there is no clear indication for the plasters:
  - Remove plaster and leave it off for one week
  - If the pain persists, consider if the patch needs to be reinstated. Try reinstating at half the dose i.e. if on one patch then apply half a patch or cut to size (cut the plaster but do not throw away the other piece, keep and use next day)
  - o Consider referral to pain clinic if pain persists
- Do not routinely prescribe topical lidocaine plasters, unless recommended by a pain specialist for postherpetic neuralgia where:
  - o other treatment options have failed or cannot be used due to co-morbidities
  - the patient is unable to take oral medication due to other medical conditions and/or disability.
- The place in therapy for lidocaine 5% plasters is unclear as evidence supporting its use in post herpetic neuralgia (licensed indication) and other unlicensed indications is limited.<sup>6</sup>
- Patients should have at least a 12-hour treatment free period each day. Treatment should be reassessed at 4-weekly intervals to decide whether the amount of plasters needed to cover the painful area can be reduced, or if the plaster-free period can be extended.<sup>7</sup>

# Guidance for patients, carers and guardians

- Your doctor will assess your pain relief and may consider changing to a suitable alternative medication or referring you to a pain specialist.
- Lidocaine plasters are licenced for treating postherpetic neuralgia. A licence is granted if checks have been carried out and the benefits of a medicine are believed to outweigh the risks in people with this condition.<sup>8</sup> If you are prescribed lidocaine plasters for another condition, your GP may decide that continued treatment is not in your best interest, due to limited evidence to support its use in patients with a condition other than postherpetic neuralgia.
- If your doctor decides to continue treatment, they will advise you to ensure you have at least a 12-hour treatment free period each day. They should also regularly re-assess whether the plaster-free period may be extended or the number of plasters needed to cover the painful area can be reduced.

A patient information leaflet is also available: <u>https://www.prescqipp.info/items-which-should-not-routinely-be-prescribed-patient-leaflets</u>