

South East London Guide to Deprescribing Lidocaine 5% Plasters in Primary Care

Is there an indication for lidocaine 5% plaster? See Appendix 1 for an example data collection form to aid the patient

Yes

No

Is there an indication for post-herpetic neuralgia or focal neuropathic pain with allodynia?

Yes

No

SEL Approved Formulary Indication: **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 not 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.

Box 2

Plaster free period & alternative treatments fail

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

SEL Non-Formulary Indication: **STOP**

- A review to discontinue lidocaine 5% plaster should be undertaken as soon as possible. **See appendix 2 to aid patient review.**
- Consider a plaster-free period (+/- 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 (excluding post-herpetic neuralgia or focal neuropathic pain with allodynia)

- If patient is not on any or has not trialed oral neuropathic medicines, see [SEL APC Neuropathic Pain in Adults guidance](#).
- 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 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

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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.³
- Lidocaine 5% plaster is licensed for the symptomatic relief of neuropathic pain associated with post-herpetic neuralgia.⁴
- [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.⁵
- [PrescQIPP](#) recommend restricting the use of lidocaine 5% plasters to patients with post-herpetic neuralgia, where alternative treatments are contraindicated, not tolerated, or ineffective.⁴

In line with the above recommendations, [South East London Area Prescribing Committee \(SEL APC\)](#) has reclassified lidocaine 5% plasters as **AMBER 2 (specialist initiation followed by maintenance prescribing in primary care. Restricted to specialist or palliative care recommendation only)** for the following indications⁶:

- **Post-herpetic neuralgia (licensed use)**
- **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.

Restricted to specialist or palliative care recommendation only.

Please note:

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 or focal neuropathic pain with allodynia.

Lidocaine 5% Plaster Usage & Financial Impact in South East London

- Between April 2017 – March 2018 the spend on lidocaine 5% plasters in primary care across all six CCGs in South East London was **£1.2 million** for 4944 patients⁷.
- To ensure the local health economy can deliver best patient outcomes from medicines and achieve the greatest value from the money it spends, primary care prescribers are encouraged to deprescribe lidocaine 5% plasters in patients who do not have the indication of post-herpetic neuralgia or focal neuropathic pain with allodynia as per the SEL APC position statement.

Acknowledgment

This guide has been developed in collaboration with the local secondary care pain specialists across South East London.

Special thanks to Derbyshire CCGs, this lidocaine deprescribing review process has been adapted from their “Lidocaine 5% plasters Prescribing Review” guide V3, June 2018

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South East London Area Prescribing Committee: A partnership between NHS organisations in South East London: Bexley/Bromley/Greenwich/Lambeth/Lewisham & Southwark Clinical Commissioning Groups (CCGs) & GSTFT/KCH/SLAM/Oxleas NHS Foundation Trusts & Lewisham & Greenwich NHS Trust

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Appendix 1: Example data collection form to aid patient review

Lidocaine 5% plasters are **non-formulary and not recommended** unless prescribed for post-herpetic neuralgia or focal neuropathic pain with allodynia.

- All patients should be reviewed. Those continuing to be prescribed lidocaine 5% plasters should be followed up every 8 weeks.
- At each review, an assessment should be made of pain control, impact on daily activities and wellbeing and adverse effects. Attempts should be made to reduce the number of patches used or increase the interval between patches.
- Patients should be counselled to ensure they have a minimum 12-hour patch free period every day and compliance should be checked at each review.

EMIS or Vision Number	Patient Initials	DOB	Lidocaine Dose & frequency	Indication: Post-herpetic neuralgia/ focal neuropathic pain with allodynia				Other indication				Action
				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 1 ^o or 2 ^o care	Alternative neuropathic pain medications trialled (e.g. amitriptyline, gabapentin, pregabalin)	

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Appendix 2: Factors to consider during patient review process

Considerations	Example	Actions
Discuss the patient's expectations of treatment for neuropathic pain/chronic pain	<ul style="list-style-type: none"> Is the patient aware medication is unlikely to completely eliminate pain? Explore realistic treatment goals e.g. <ul style="list-style-type: none"> 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?	<ul style="list-style-type: none"> Weight loss Physiotherapy Psychological therapies Surgery 	Refer to appropriate services.
Is the patient using lidocaine 5% plasters for visceral/non-cutaneous pain?	<ul style="list-style-type: none"> 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.
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 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 licensing ⁸ : 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/ focal neuropathic pain with allodynia. 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.
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?	Ralvo [®]	Prescribe lidocaine 5% plaster by brand (Ralvo [®]). <i>When lidocaine 5% plaster is prescribed generically, the cost is as per the brand Versatis⁹</i> <ul style="list-style-type: none"> Versatis[®] = £72.40⁹ Ralvo[®] = £61.54¹⁰

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Information about changes to medicines or treatments on the NHS: Changes to lidocaine plaster prescribing

The NHS will be asking doctors to stop or greatly reduce the prescribing of some medicines from December 2017. This is because the medicines are:

- Not as safe as other medicines OR
- Not as good (effective) as other medicines OR
- More expensive than other medicines that do the same thing.

One of these medicines is lidocaine plasters.

This document will explain why the changes are happening and where you can get more information and support.

What are lidocaine plasters used for?

Lidocaine plasters are applied to the skin and are used for the relief of nerve pain, which can happen after a shingles infection in adults.

Lidocaine plasters are sometimes used for other types of pain relief.

Why does the NHS want to reduce prescribing of lidocaine plasters?

There is very little evidence that lidocaine plasters work for nerve pain, especially compared to other treatments. They are also very expensive compared to other pain treatments and are not good value for money.

The National Institute for Health and Care Excellence (NICE) does not make a recommendation about lidocaine plasters for treating nerve pain because there is not enough evidence to do so.

There is no good evidence that they work for other types of pain.

What options are available instead of lidocaine plasters?

If you are already receiving lidocaine plasters on prescription your doctor will review your treatment.

You can talk to your doctor about the options available so that you can come to a joint decision about what the best option will be to relieve your pain.

Painkillers usually only reduce pain by 30% to 50%, so you can talk to your doctor about other things you can do to help manage your pain such as massage, ice or heat therapy, or gentle exercise.

What do I do if my medicine has been changed and it's causing me problems?

If you have problems with your new painkillers you can speak to your doctor.

In exceptional (rare) circumstances, lidocaine patches may continue to be prescribed for nerve pain following shingles (not for other types of pain relief) if all other possible treatments have not worked or can't be used, and they are recommended by a specialist.

Where can I find more information and support?

- You can speak to your local pharmacist, GP or the person who prescribed the medication to you
- National and local charities can offer advice and support, for example:
 - Pain Concern: 0300 123 0789 <http://painconcern.org.uk/>
 - Pain UK: <https://painuk.org>
- The NICE information for patients can be found at:
www.nice.org.uk/guidance/cg173/ifp/chapter/About-this-information
- The Patients Association can also offer support and advice:
www.patients-association.org.uk/ or call 020 8423 8999

Find out more about the medicines that are being stopped or reduced:
<https://www.england.nhs.uk/medicines/items-which-should-not-be-routinely-prescribed/>

If you have any questions about lidocaine prescribing please email them to: england.medicines@nhs.net

Appendix 4: Template letters for patients

To

«PATIENT_Title» «PATIENT_Forename1» «PATIENT_Surname»
«PATIENT_House» «PATIENT_Road»
«PATIENT_Locality»
«PATIENT_Town»
«PATIENT_County»
«PATIENT_Postcode»

Dear «PATIENT_Title». «PATIENT_Surname»

Re: Change to your prescription – Lidocaine 5% plaster (for pain)

The practice has been working with local hospital pain specialists to review our prescribing of lidocaine 5% plasters in line with national and local South East London Area Prescribing Committee (SELAPC) recommendations. As a practice we regularly review the medication that we prescribe for you to ensure our patients receive the best and most cost-effective treatment available. As part of this review, the doctors have made some changes to your next repeat prescription. This is to enable us to continue to provide high quality treatment and to make the best use of NHS resources available to practices.

Our records show that you are currently prescribed lidocaine 5% plaster or Versatis® (a brand name of lidocaine 5% plaster) on your repeat prescription. We will be changing you over to Ralvo® 700mg medicated plaster which is another brand name for lidocaine 5% plaster and you should not notice any difference in effect or any new side effects.

Please finish using all your current supply of Versatis® (lidocaine 5% plaster) before starting Ralvo®.

We hope that you will understand this change in your prescription; if you have any queries, do not hesitate to speak with your community pharmacist, nurse or GP.

Yours Sincerely

{GP practice signature}

To

«PATIENT_Title» «PATIENT_Forename1» «PATIENT_Surname»
«PATIENT_House» «PATIENT_Road»
«PATIENT_Locality»
«PATIENT_Town»
«PATIENT_County»
«PATIENT_Postcode»

«Date»

Dear «PATIENT_Title». «PATIENT_Surname»

Re: Book an appointment to review: Lidocaine 5% plaster (for pain)

The practice has been working with the local hospital pain clinic to review our prescribing of lidocaine 5% plasters in line with national and local South East London Area Prescribing Committee (SEL APC) recommendations. We are currently reviewing patients on lidocaine plasters to see if alternative pain management strategies would be more appropriate, as locally lidocaine 5% plasters are only recommended if you have certain type of nerve pain, and only on the advice of a pain specialist.

Lidocaine plasters should not be prescribed routinely in primary care to treat indications other than those stated below. We would therefore like to invite you to book an appointment to review the use of your lidocaine 5% plasters. This is to enable us to continue high quality treatment and, at the same time to make effective use of the NHS resources available to the practice.

Please contact the surgery to book an appointment to review this.

Yours sincerely,

{GP practice signature}