

Lidocaine 5% Medicated Plasters

Area Prescribing Committee Position Statement

*The prescribing of Lidocaine Medicated Plasters is **not supported** by Barnsley Area Prescribing Committee (APC) for indications other than Post-Herpetic Neuralgia (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 Medicated Plasters have a **grey classification** for Post-Herpetic Neuralgia and **Amber G** for unlicensed indications on the formulary. They should be prescribed as the cost-effective brand **Ralvo®**, only where indicated.*

In line with NHS England guidance 'Items which should not routinely be prescribed in Primary Care'¹ :

- No **new patients** should be initiated on Lidocaine Medicated Plasters unless the exceptions apply.*
- All patients currently prescribed Lidocaine Medicated Plasters should have their prescription reviewed and Lidocaine Medicated Plasters should be **deprescribed** where appropriate.*
- Patients with neuropathic pain associated with **Post-Herpetic Neuralgia** in whom alternative treatments are contra-indicated, not tolerated, or ineffective can continue to have Lidocaine Medicated Plasters prescribed where appropriate.*
- **For other indications (unlicensed):** If, in exceptional circumstances, there is a clinical need for Lidocaine Medicated 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 include the management of neuropathic pain in palliative care patients/patients currently under the pain clinic with **focal neuropathic pain** (e.g. scar pain, post total knee replacement neuropathic pain, complex regional pain syndrome) who are intolerant of oral neuropathic agents or where these therapies have been ineffective or contraindicated.*

In Barnsley, primary care expenditure on lidocaine plasters between January 2022 and December 2022 was approximately £42,000, ² The costs for lidocaine plasters are significantly higher than other treatment options for neuropathic pain ([Appendix 1](#)).

The Medicines Management Team can support primary care prescribers in reviewing patients and deprescribing lidocaine plasters. Further information on deprescribing and switching to alternative treatments can also be found in the PrescQIPP bulletin available at: <https://www.prescqipp.info/media/1415/b200-lidocaine-plasters-drop-list-30.pdf>

Background and rationale¹

Lidocaine plasters can be applied for pain relief and are **licensed** for symptomatic relief of neuropathic pain associated with previous herpes zoster infection (**post-herpetic neuralgia, PHN**) in adults. Use of lidocaine plasters is restricted to patients diagnosed with PHN, in whom alternative treatments have proved ineffective or where such treatments are contra-indicated or associated with intolerable side effects. PHN 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 non-painful stimulus) and intense itching. Symptoms can resolve after a few months, or may persist for longer.³

NICE CG173 Neuropathic pain in adults: pharmacological management in non-specialist settings does not include lidocaine plasters as a treatment option for neuropathic pain.⁴ NICE did not make a recommendation about the use of lidocaine plasters for neuropathic pain, as only very limited evidence on this treatment met their inclusion criteria.

For neuropathic pain (except trigeminal neuralgia), NICE recommend:

- Amitriptyline, gabapentin, pregabalin or duloxetine for initial treatment (note that none of the duloxetine studies considered by NICE were in people with post-herpetic neuralgia).
- If the initial treatment is not effective or not tolerated, offer one of the remaining three drugs and consider switching again if the second and third drugs tried are also not effective or not tolerated.
- Consider tramadol only if acute rescue therapy is needed
- Consider capsaicin cream for those with localised neuropathic pain who wish to avoid, or who cannot tolerate, oral treatments.

The Barnsley Area Prescribing Committee has endorsed local prescribing guidance for the management of neuropathic pain, which includes information on the management of post-herpetic neuralgia:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Neuropathic%20Pain%20Drug%20Management.pdf>

The NHS England guidance states that if in '**exceptional circumstances**' for indications other than post-herpetic neuralgia (unlicensed indications), 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 include the management of neuropathic pain in palliative care patients/patients currently under the pain clinic with focal neuropathic pain* (e.g. scar pain, post total knee replacement neuropathic pain, complex regional pain syndrome) who are intolerant of oral neuropathic agents or where these therapies have been ineffective or contraindicated. Lidocaine plasters should only be initiated in these circumstances by specialist pain/palliative care specialists with a clear documented management and review plan that has been discussed with the primary care GP.

Deprescribing³

A face to face review should be arranged for all patients aged 18 and over currently prescribed lidocaine plasters to ensure that prescribing is in line with local and national guidance.

See the [Lidocaine plaster prescribing/de-prescribing information](#) section below for further information on deprescribing of Lidocaine plasters.

Unlicensed indications (indications other than post-herpetic neuralgia)

Discontinue the lidocaine plasters wherever possible. Where the person needs continued treatment, consider alternative treatments appropriate to the indication. Refer to local/national guidance as applicable e.g. Barnsley neuropathic pain guidance <https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Neuropathic%20Pain%20Drug%20Management.pdf>.

Palliative care specialists may use lidocaine plasters for unlicensed indications (including the management of neuropathic pain) where alternative treatments are ineffective/not tolerated. These indications should be discussed and agreed between the GP and specialist on an individual basis. The lidocaine plasters should be initiated by the palliative care specialist and clear advice should be provided to the GP in a management and review plan, included in a clinic letter from the palliative care specialist. The

palliative care team should undertake regular reviews (at least every 6 months) of these patients and update the GP after each review.

Pain specialists may use lidocaine plasters for the management of patients with **focal neuropathic pain** (e.g. scar pain, post total knee replacement neuropathic pain, complex regional pain syndrome) who are intolerant of oral neuropathic agents or where these therapies have been ineffective or contraindicated. If the specialist pain clinic wishes to use lidocaine plasters for an unlicensed indication for a particular patient then they should initiate the lidocaine plasters and provide clear advice to the GP in a management and review plan, included in a clinic letter from the pain specialist. The patient should have a review every 6 months but this may be included as part of the patient's annual GP practice medication review.

Post-herpetic neuralgia

Review the need for continued use. Assess for suitability to change to an appropriate treatment for post-herpetic neuralgia (See NICE CG 173 and local prescribing guidance for the management of neuropathic pain). Discuss self-care advice and treatment expectations (see below).

Ensure that the prescribing of lidocaine plasters is restricted to people diagnosed with post-herpetic neuralgia in whom alternative treatments are contraindicated, not tolerated or ineffective.

Some alternative treatments for post-herpetic neuralgia require dose titration and it can take time to titrate up to an effective dosage. This should be discussed with patients at the start of treatment, as should possible adverse effects of the individual neuropathic pain drugs. The patient should have a review every 6 months but this may be included as part of the patient's normal medication review

Lidocaine plaster prescribing/de-prescribing information:

- Ensure treatment is used correctly and that people have at least a 12 hour treatment free period every 24 hours. No more than 3 plasters should be applied at the same time. State on the prescription exactly where the plaster should be applied.
- When needed, the plasters may be cut into smaller sizes with scissors prior to removal of the release liner.
- Ensure treatment is reviewed at 2-4 weeks and discontinued if it is ineffective. If there has been no response to Ralvo® after this period (during the wearing time and/or during the plaster-free interval), treatment must be discontinued as potential risks may outweigh benefits. .
- **With longer-term use**, the GP practice should reassess treatment at regular intervals, e.g. every 6 months.
 - Include an assessment of pain control, impact on lifestyle and daily activities (including sleep disturbance), physical and psychological wellbeing, adverse effects and continued need for treatment.
 - Consider stopping lidocaine plasters if the patient is not attending the review appointments.
 - If the lidocaine plasters were initiated by a specialist and prescribing beyond 6 months seems to be needed, consider contacting the specialist to discuss on-going prescribing.
 - Consider attempting to reduce the number of plasters used or increase the interval between plasters.
 - Consider cutting, plasters into smaller sizes with scissors prior to removal of the release liner. Any remaining plaster should be saved to use another day.
 - Consider a 'trial without' to assess ongoing need. A trial of unmedicated physical protection (with cling film or a suitable dressing) is also an option.
 - Where the patient has gained demonstrable benefit from lidocaine plasters and/or pain increases on stopping lidocaine plasters, the plasters should be prescribed in monthly quantities (do not prescribe a box of 30 if not required, round to the nearest 5 plasters) as acute prescriptions.
 - Prescribe as the cost-effective brand Ralvo®.⁶

Self-care and treatment expectations²

Address patient's expectations of treatments for neuropathic pain (and other types of chronic pain) at an early stage. Medication is unlikely to completely eliminate pain. Realistic treatment expectations should focus on reducing pain and maintaining function, with a view to improving quality of life.

Remind the patient that painkillers usually only reduce pain by 30% to 50%, and there are other things they can do to help manage their pain such as massage, ice or heat therapy and gentle exercise.

Self-care advice for those with post-herpetic neuralgia 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.

Further help and advice

- Pain management teams :
Doncaster- Pain clinic Montagu 01709 649038 / 01709 649039
Pain clinic Bassetlaw 01909 502270
Sheffield 0114 2712493
- Community specialist palliative care team:
01226 645280 (Mon-Fri 8.45am - 4.45pm)
01226 644575 (weekends and bank holidays)
- Barnsley Hospice palliative care: team: 01226 244244
- A **patient information leaflet** explaining the changes to lidocaine plaster prescribing is available:
<https://www.prescqipp.info/media/1399/patient-information-changes-to-lidocaine-plaster-prescribing.pdf>

References

1. NHS England guidance 'Items which should not routinely be prescribed in Primary Care: Guidance for CCGs'. Available at: <https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-ccg-guidance.pdf> Accessed <01.05.2023>
2. Drug Tariff online. Available at: <https://www.nhsbsa.nhs.uk/sites/default/files/2023-04/Drug%20Tariff%20May%202023.pdf> <Accessed 01.05.2023>
3. PrescQIPP CIC Drugs to Review for Optimised Prescribing –Lidocaine plasters. Available at: <https://www.prescqipp.info/media/1415/b200-lidocaine-plasters-drop-list-30.pdf>. Accessed <01.05.2023>
4. NICE CG173 Neuropathic pain in adults: pharmacological management in non-specialist settings. Available at: <https://www.nice.org.uk/guidance/CG173>. Accessed <01.05.2023>
5. Lidocaine 5% medicated plasters for localised neuropathic pain : A position statement from The British Pain Society. Available at: https://www.britishpainsociety.org/static/uploads/resources/files/Lidocaine_plaster_position_statement.pdf Accessed <01.05.2023>
6. Ralvo® Medicated Plaster SmPC. Available at: <https://www.medicines.org.uk/emc/product/2469/smpc> . Accessed <01.05.2023. >
7. Barnsley guidance on drug management of neuropathic pain. Available at: <https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Neuropathic%20Pain%20Drug%20Management.pdf> Accessed <01.05.2023>

Development Process

This position statement has been subject to consultation and endorsement by Sheffield and Doncaster pain clinic and Barnsley Hospice was ratified at the Area Prescribing Committee on 12th July 2023.

Appendix 1

Costs²

Lidocaine plaster price comparison with other neuropathic pain management drugs (Drug Tariff May 2023).²

Drug	Usual maintenance dose	Cost per 30 days (£)
Lidocaine plasters (Ralvo®)	ONE to Three plasters to be applied for 12hours out of a 24hour period. Plasters may be cut to size	£72.40 to £217.20
Amitriptyline	10mg-75mg	£0.70 - £1.80
Gabapentin capsules*	300 mg to 3,600 mg daily	£3 - £8
Pregabalin capsules*	150 mg to 600 mg daily	£2 - £6
Duloxetine	60 mg to 120 mg daily	£3 - £6

- Please note that tablets have a higher acquisition cost than capsules. Please check the [Drug Tariff](#) for up-to-date prices