**Lidocaine Medicated Plaster**

**Level 3 Review Guidance**

**BACKGROUND**

Lidocaine 5% medicated plasters are indicated for the symptomatic relief of neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia, PHN) in adults.

In 2008 the SMC made the following recommendation:

*Lidocaine 5% medicated plaster is accepted for restricted use within NHS Scotland for the treatment of neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia).*

*There are only limited comparative data available for lidocaine plasters, the comparative clinical effectiveness remains unclear. It is restricted to use in patients who are intolerant of first-line systemic therapies for post-herpetic neuralgia or where these therapies have been ineffective.*

**Boards should use this space to insert local guidance and formulary options**

**AIM**

To promote prescribing for the treatment of neuropathic pain in line with local clinical and formulary guidelines and to reduce inappropriate use of lidocaine 5% medicated plasters without compromising patient safety or care.

The Practice should agree and apply a policy of prescribing formulary first line choices for neuropathic pain.

Medication not ordered in the last 3 months will be inactivated from repeat prescribing

GP signature/date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pharmacist signature/date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Boards should use this space to provide details of any related Local Enhanced Services, mechanism of delivery etc.**

**Method**

Run a search to find patients with Lidocaine 5% medicated plaster on repeat prescribing or prescribed an acute script in the last 3 months.

Complete the data collection form and pass to the GPs for review.

Add appropriate read code to patient record.

Send letter to patient (see appendix for sample).

A summary should be completed and shared with the local prescribing team.

Discuss and leave with the practice the attached protocol for medication initiation and review in Primary care.

**Additional clinical information**

* The painful area should be covered with a plaster (max of 3) for up to 12 hours within a 24 hour period. The plaster can be applied during the day or at night. The subsequent plaster free interval must be 12 hours.
* The skin should be intact, dry, and non-irritated. Hairs in the affected area should be cut off, not shaved.
* Local site reactions are common however they are minimised by the plaster free interval.
* The dose should be titrated to give adequate analgesia (maximum 3 plasters).
* Monitor pain control and other analgesics prescribed. Other analgesia may be reduced if lidocaine is effective.
* Most patients respond in 2-4 weeks and treatment must be discontinued if there has been no response or if the benefit has been gained by the protective effects of the plaster only.
* If pain resolves on the plaster, try a plaster free period after 7 days of plaster use.
  + Remove the plaster for 24hrs and assess the pain
  + If the pain returns, restart the plaster
  + If the patient remains pain free or with stable pain; discontinue the plaster.
* Treatment should be reassessed regularly to decide if the number of plasters required can be reduced or the plaster free interval can be increased.
* Consider gradual dose reduction if improvement is sustained.
* If treatment is continued – reassess with a further plaster free trial every month.
* Capsaicin 0.075% cream (Axsain®) is licensed for the symptomatic relief of neuralgia associated with and following Herpes Zoster infections (post-herpetic neuralgia) after open skin lesions have healed. It can be used for up to 8 weeks and is a more cost effective choice than lidocaine medicated plasters.

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| **Boards should use this space to detail preferred list and pricing position** |

**DATA COLLECTION FORM**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PATIENT NAME | | |  | | | | | | | |
| CHI Number | | |  | | | | | | | |
| Dose and site of application | | |  | | | | | | | |
| Number of plasters per day | | | **(max recommended=3 per day)** | | | | | | | |
| Details of treatment initiation (GP, pain clinic, secondary care specialty etc) | | |  | | | | | | | |
| Attending secondary care for treatment/review | | | | | | Y / N | | | | |
| START DATE |  | | | MOST RECENT Rx | |  | | REGULAR Rx ORDERING | | Y / N |
| Blood tests | eGFR | | | U&Es | | LFTs | | Abnormal results may limit other treatment options | | |
| Indication | | Post herpetic neuralgia (licensed indication) | | | | | | | Y / N | |
| Unlicensed indication (please specify) | | | | | | | | |
| EXCLUSION CRITERIA | | Not ordered in last 3 months (remove from repeat prescribing) | | | | | | | Y / N | |
| Palliative care | | | | | | | Y / N | |
| Previous intolerance or lack of response to first line therapy (amitriptyline/gabapentin) | | | | | | | Y / N | |
| Treatment response reviewed after 2-4 weeks treatment (discontinue if no benefit) | | | | | | Y / N | Reviewed by: | | | |
| CONCURRENT MEDICINES (of relevance)  e.g. amitriptyline/gabapentin/pregabalin | | | | |  | | | | | |
| Previous relevant medicines | | | | |  | | | | | |
| Comments:  Recommendation: | | | | | | | | | | |
| **Pharmacist signature / date:** | | | | | | | | | | |
| GP comments: | | | | | | | | | | |
| **GP Signature / date:** | | | | | | | | | | |

**SAMPLE LETTER -** attend Practice for review

Dear…………

The practice is currently reviewing patients who receive regular prescriptions for lidocaine 5% plasters (Versatis® plasters).

You have not had your pain control and medication reviewed for a while. Please contact the surgery to arrange an appointment with your usual GP to discuss your treatment.

We have, in the meantime, removed this item from repeat prescribing. (delete as appropriate)

Yours sincerely

**SAMPLE LETTER -** attend surgery for review after plaster free period.

Dear…………

The practice is currently reviewing patients who receive regular prescriptions for lidocaine 5% plasters (Versatis® plasters).

You have received these plasters for a while now and guidelines for use recommend that patients on regular treatment should have periodic plaster free periods to assess continued need.

Please make an appointment at the surgery with (insert ‘your usual GP’ or name of GP doing reviews) within the next couple of weeks. Once you have arranged the appointment please do not use a plaster for the 24 hours before the appointment. This will let your GP do a better review of your pain and assessment of your treatment needs.

Yours sincerely

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| **Sample letter - Change to most cost-effective option**  Dear ……………,  We are currently carrying out a review of our patients receiving repeat prescriptions for Lidocaine 5% plasters (Versatis®).  I would like to advise you that our practice policy has recently changed, and from now on we will be prescribing this as Lidocaine 700mg plasters (Ralvo®). Although the description and name of the patch has changed the dose is equivalent – 700mg is the same as 5%.  Although the name of the new patch has changed, the number of patches you use each day will remain the same and the benefits you obtain from your medication will remain the same. Your next repeat prescription will be issued under this new name.  Please finish the patches you already have before starting to use Ralvo®.  When you request your next prescription it will be changed to -  **Lidocaine 700mg medicated plasters (Ralvo®)**  This change is in line with Health Board recommendations. If you feel you need any further information please do not hesitate to discuss this with your local Community Pharmacist or your General Practitioner.  Thank you for your co-operation with this change.  Yours sincerely |

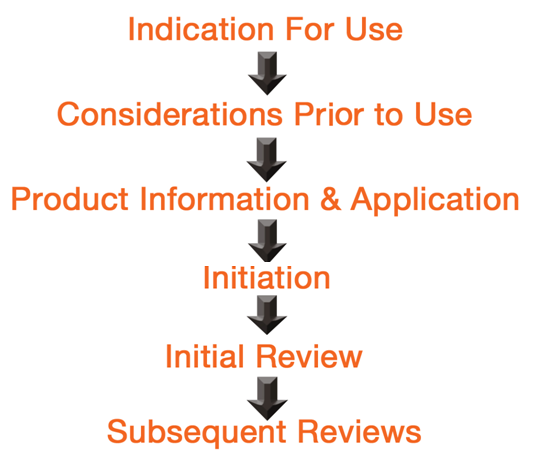
**Summary of work completed**

|  |  |
| --- | --- |
| PRACTICE NAME/NUMBER |  |
| PROTOCOL NAME & LEVEL |  |
| Number of patients identified by search |  |
| Number of patients reviewed |  |
| Number of patients for whom treatment stopped |  |
| Number of patients for whom other recommendations were made (give details of switch) |  |
| Estimate of cost efficiencies (where possible) |  |
| Additional comments/information |  |
| Pharmacist / technician signature |  |
| Date |  |

protocol for medication initiation and review in Primary care

Lidocaine 5%

Medicated Plaster



A Protocol for Medication

initiation & Review in primary care

Indication for Use

Lidocaine 5% Medicated Plaster is licensed for the symptomatic relief of neuropathic pain due to post hepatic neuralgia. Other uses are off licence, non-SMC and non-formulary indications.

Considerations Prior to Use

Consider alternative first and second line analgesic options before selecting Lidocaine 5% Medicated Plaster. Although drug interactions are believed to be uncommon, exercise caution with Class I anti-arrythmic medications. Do not apply to broken, irritated or inflamed skin, and avoid contact with mucous membranes and the eyes. Lidocaine can cross the placenta, and is potentially excreted in breast milk, so safety is uncertain in pregnancy and lactation. Caution must be exercised in severe hepatic, renal and cardiac impairment.

Product Information & Application

Lidocaine 5% Medicated Plaster measures 10cm x 14cm, and should be applied directly over the painful area (dry, intact non irritated skin). Up to 3 patches can be used simultaneously in a 24 hour period. The patch should be used immediately after removal from the package. The package is re-sealable. The patch can be cut to shape/size. Hair should be removed prior to adhesion (removed by scissors, and not by shaving). The plaster(s) should be applied for 12 hours each day.

Initiation of Lidocaine 5% Medicated Plaster

* Clinician should record the indication for use.
* If this is an off licence indication, the patient should be informed of this.
* The site(s) of pain and intended area(s) to apply Lidocaine 5% Medicated Plaster should be recorded.
* A base line 0-10 pain score is useful to assess future response.
* Patients should be informed of how to apply the medicated plaster, and encouraged to read the product information leaflet.

Initial Review at 2 to 4 weeks

* Confirm the site(s) of Lidocaine 5% Medicated Plaster application, and assess for signs of skin irritation/side effects.
* Confirm the number of patches that are being applied per 24hrs.
* Assess the level of pain reduction. A 0-10 pain scale measurement over the past 24hrs is adequate.
* Usually, a response should be seen by 2 weeks. If no response is achieved by 4 weeks, then cease treatment.
* If the pain responds, consider a plaster free period after 7 days of plaster use. The pain relieving benefits will often persist after the plaster has been removed.
* If stopping Lidocaine 5% Medicated Plaster, then reassess the patient’s pain after a 24 hour period. If the pain recurs, Lidocaine 5% Medicated Plaster can be restarted.
* Exclude the occlusive/skin protective effect of Lidocaine 5% Medicated Plaster as the sole mechanism of benefit. This is not sufficient grounds to continue treatment.

Subsequent Reviews at 4 Week Intervals

* Review the number of plasters being applied in a 24hrs period.
* Assess the patient’s current level of pain on a scale of 0-10 over the past 24hrs.
* Review continued use of Lidocaine 5% Medicated Plaster, and decide with patient whether:

1. The total number of plasters per 24hrs could be reduced.
2. Whether the plaster-free period (initially 12 hours of every day) could be increased.
3. A trial without treatment can be considered, and the patient’s pain re-evaluated after 24hrs. If the patient’s pain remains manageable, then treatment can be discontinued
4. Current treatment should be continued and subsequently reviewed.

* Review patient’s medical records for evidence of significant co-morbidities (e.g. worsening hepatic, renal or cardiac function) that may prevent continued prescribing.

**If treatment with Lidocaine 5% Medicated Plaster** **is to be continued, then subsequent reviews should occur at 4 intervals. Usually treatment can be successfully withdrawn as the peripheral neuropathic pain tends to desenstise with time.**

**Further Reading**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010958.pub2/pdf>

<http://www.prescriber.co.uk/SpringboardWebApp/userfiles/espres/file/newproducts/versatis.pdf>

<http://www.mhra.gov.uk/home/groups/par/documents/websiteresources/con2032998.pdf>

<https://www.medicines.org.uk/emc/PIL.19293.latest.pdf>

<http://www.palliativecareguidelines.scot.nhs.uk/guidelines/medicine-information-sheets/Lidocaine.aspx>

NHSGGC Prescribing Indicator Implementation Guide Lidocaine 5% Medicated Plaster (Versatis®)