

## Co Durham & Tees Valley APC – Advice on prescribing Lidocaine Patches in Primary Care

NHS England (November 2017) advises that primary care prescribers **should not initiate lidocaine** plasters for new patients and **supports the deprescribing of lidocaine plasters for existing patients**; this does not apply to patients still experiencing post-herpetic neuralgia having been treated in accordance with NICE Guidance for neuropathic pain in adults (CG173, February 2017).

In **exceptional clinical need**, lidocaine plasters may be prescribed in co-operation with a suitable specialist.

NICE CG173 recommends offering initial treatment with amitriptyline, duloxetine, gabapentin or pregabalin, offering one of the remaining three drugs if the initial treatment is not effective or not tolerated; consider capsaicin cream for patients with localised neuropathic pain who wish to avoid, or cannot tolerate, oral treatments.

The position of the APC and NHSE is that lidocaine patches are not to be used outside their licensed indications. In addition, they are approved locally for use in the following:

- the treatment of multiple rib fractures on the advice of pain specialists only, in line with the procedure for pain management and rehabilitation following multiple rib fractures – RED drug, and prescribing should therefore remain with secondary care
- palliative care – please note that prescribers in primary care can initiate prescribing in palliative care patients.

Over the last 12 months there were 5,311 items for Lidocaine patches prescribed in Tees Valley at a cost of £393,466

In the County Durham area, 3662 items at a cost of £241,798

### Advice on prescribing Lidocaine Patches

- Advice on new initiations – consider if for licensed indication, palliative care
- DO NOT add to repeat following admission to hospital for rib fractures, consider carefully before prescribing on specialist advice as should be within formulary recommendations ONLY
- Ensure treatment is used correctly and that people have at least a 12 hour treatment free period every 24 hours.
- Ensure treatment is reviewed at four weeks and discontinued if it is ineffective.
- With longer-term use, reassess treatment at regular intervals (e.g. every six 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 attempting to reduce the number of plasters used or increase the interval between plasters.
- 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

#### Useful resources

1. Neuropathic pain in adults: pharmacological management in non-specialist settings. CG173. <https://www.nice.org.uk/guidance/cg173>
2. Lidocaine bulletin and resources available from PrescQIPP: <https://www.prescqipp.info/media/1418/b200i-lidocaine-plasters-drop-list-briefing-30.pdf>