

Lidocaine plasters

Lidocaine 5% plasters (available as Versatis® and Ralvo®) are licensed for the symptomatic relief of neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia) in adults.^{1,2} They are not licensed for any other indication.

Key recommendations

- 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.
- Current NICE guidance does 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, 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).
 - » Consideration of capsaicin cream for those with localised neuropathic pain who wish to avoid, or who cannot tolerate, oral treatments.³
- Review those prescribed lidocaine plasters for unlicensed indications, with a view to discontinuing them wherever possible. Where the person needs continued treatment, consider alternative treatments appropriate to the indication.
- Address peoples' 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.⁴
- Where lidocaine plaster treatment is considered appropriate:
 - » 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.^{1,2}
 - » With longer-term use, reassess treatment at regular intervals (e.g. every six months).⁵ 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.³
 - » Consider attempting to reduce the number of plasters used or increase the interval between plasters.^{1,2}
 - » Consider a 'trial without' to assess ongoing need. A trial of unmedicated physical protection (with cling film or a suitable dressing)⁶ is also an option.

Supporting evidence

Evidence for the effectiveness of lidocaine plasters is weak and limited.

A 2014 Cochrane review found no evidence from good quality randomised controlled trials (RCTs) to support the use of topical lidocaine to treat neuropathic pain in adults.⁷ For NICE guidance on the pharmacological management of neuropathic pain (CG173) only one small study of lidocaine plasters (N=28) met the inclusion criteria.³

Limited data for lidocaine plasters in non-neuropathic pain indications (including musculoskeletal pain) are available. Where RCTs have been published they are often limited by small size or negative findings (see full PrescQIPP bulletin for more detail).

Costs and savings

Lidocaine plasters are a relatively costly treatment option. The annual cost per person per daily dose of plaster is £880.87.⁸

In England and Wales in excess of £20.4 million is spent annually on lidocaine plasters (ePACT May 17 - Jul 17). If the 10th percentile of cost per 1,000 patients was reached by all currently above it, **annual savings would be in the order of £14.9 million which equates to £22,429 per 100,000 patients.**



Bulletin

<https://www.prescqipp.info/b200-lidocaine-plasters-drop-list/category/54-lidocaine-plasters>



Data pack

https://pdata.uk/#/views/B200_LidocaineplastersDROP-List/FrontPage?iid=1

References

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