



North Central London
Joint Formulary Committee

Lidocaine 5% Medicated Plasters Position Statement

Lidocaine patches are not recommended by the NCL Joint Formulary Committee for any indication.

No new patients should be initiated on lidocaine 5% medicated plasters.

Patients currently prescribed lidocaine 5% medicated plasters should have their prescription reviewed.

Recommendation

- Review all patients receiving prescriptions for lidocaine 5% medicated plasters for any indication, with a view to stopping their treatment.
- Simple analgesia (paracetamol + / - codeine) is recommended first line for management of pain associated with shingles and post-herpetic neuralgia.
- Amitriptyline 10 mg to 75 mg at night is the first line neuropathic pain agent in NCL. Gabapentin 300 mg to 3600 mg per day (in divided doses) is the second line neuropathic pain agent in NCL.
- If no other treatment option can be identified for patients established on treatment with lidocaine medicated plasters, they should be referred to a specialist service for review.
- The patient should be advised that lidocaine 5% medicated plasters are **not** included on the formularies of specialist services in NCL, therefore alternative treatment options will be sought.

Background

- In NCL we spend approximately £140,000 per annum on lidocaine medicated plasters.
- In November 2012, the JFC considered the evidence base for efficacy of lidocaine 5% medicated plasters in neuropathic pain to be weak. Studies included methodological limitations, such as small numbers of patients, use of an enriched design which may have overstated the response to active treatment, or use of open-label methodology which limits the credibility of subjective pain response measurements. [\[Link\]](#)
- In a double-blinded, placebo-controlled study of patients with post-herpetic neuralgia, results were presented for an enriched population of 71 participants that had responded to lidocaine in the initial phase of the trial. The primary endpoint was defined as a lack of efficacy on two consecutive days leading to withdrawal from treatment. This occurred after a median of 13.5 days in the lidocaine-exposed patients versus a median of 9 days in placebo patients. The difference between the two groups was not reported as statistically significant ($p = 0.15$). [1]
- Lidocaine medicated plasters have a marketing authorisation only for the symptomatic relief of neuropathic pain associated with previous herpes zoster infection. They are **not** indicated for use in other forms of neuropathic pain. [2]
- NICE CG 173 (Neuropathic pain) does not recommend using topical lidocaine patches for localised neuropathic pain. [3]

- NICE Clinical Knowledge Summaries recommend simple analgesia (paracetamol +/- codeine) first line for the management of pain associated with shingles and post-herpetic neuralgia, though there is a lack of good quality evidence to support this. If paracetamol +/- codeine is ineffective, follow neuropathic pain guidance. [4] [\[link\]](#)
- For treatment options available in NCL for the management of neuropathic pain, follow the local guidance on management of neuropathic pain available on the JFC website. [\[link\]](#)

Treatment	Dose regimen	Cost (30 days)	Cost (annual)
Lidocaine 5% plaster	1 to 3 plasters daily	£72 to £217	£876 to £2,640
Amitriptyline	10 mg to 75 mg nightly	£1 to £3	£10 to £36
Gabapentin	300 mg to 3,600 mg daily	£1 to £9	£10 to £115
Pregabalin	150 mg to 600 mg daily	£1 to £4	£14 to £46
Duloxetine	60 mg to 120 mg daily	£3 to £5	£28 to £63

Primary care prices from Drug Tariff October 2017

References

[1] Binder A *et al.* Topical 5% lidocaine (lignocaine) medicated plaster treatment for post-herpetic neuralgia. *Clin Drug Invest* 2009; 29(6): 393 - 408

[2] Summary of Product Characteristics. Versatis 5% Medicated Plaster. Grunenthal Ltd. [Date of revision of text: 13/11/14]

[3] National Institute of Health and Care Excellence. Clinical Guideline 173: Neuropathic pain in adults: pharmacological management in non-specialist settings. <https://www.nice.org.uk/guidance/cg173> [Accessed: 24/7/17]

[4] NICE Clinical Knowledge Summaries, "Post-herpetic neuralgia," March 2013. [Online]. Available: <https://cks.nice.org.uk/post-herpetic-neuralgia#!scenariorecommendation:2>.

[5] PrescQIPP. Lidocaine plasters. December 2013 <https://www.prescqipp.info/-lidocaine-plasters/send/54-lidocaine-plasters/852-bulletin-51-lidocaine-plasters>

Groups / Individuals who have overseen the development of this guidance:	JFC Support Pharmacists
Groups which were consulted and have given approval:	NCL Formulary Pharmacists, NCL Heads of Medicines Management
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