

This review focusses on the **unlicensed** use of lidocaine 5% medicated plasters for the treatment of localised (focal) neuropathic pain (LNP). In line with the National Institute for Health and Care Excellence (NICE), and the [guidance from the General Medical Council \(GMC\)](#), MTRAC advises that, "It is the responsibility of the prescriber to determine the clinical need of the patient and the suitability of using the product outside its licensed indications".

### Commissioning guidance:

Commissioners may wish to bear the following in mind when considering the commissioning of the lidocaine medicated plaster (LMP):

- In the opinion of MTRAC members, there is a place for the use of the LMP in the treatment of people with localised neuropathic pain with allodynia, who are intolerant of first-line systemic and topical therapies, or where these therapies have been ineffective. In line with [NHS England guidance on items that should not be routinely prescribed in primary care](#), treatment initiation should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional. The committee also felt that a RICaD (Rationale for Initiation, Continuation and Discontinuation) will enable identification of appropriate patients, and facilitate discontinuation of treatment where appropriate.
- The NHS England guidance also advises CCGs to support prescribers in deprescribing lidocaine plasters in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.
- [Guidance on deprescribing the LMP is available from South East London APC](#). It makes a distinction between use in post-herpetic neuralgia or focal neuropathic pain with allodynia, for which (*weak*) evidence of efficacy exists, and other indications, and includes an algorithm to aid in deprescribing where use is inappropriate.
- The Summaries of Product Characteristics for lidocaine plasters advise re-evaluation of treatment with the plaster every 2-4 weeks, and if there has been no response to treatment stop use, as potential risks may outweigh benefits in this context. Regular review enables re-assessment of the number of plasters to use and the duration of the plaster-free interval.

### Strength of the evidence for efficacy: *weak*

The evidence for the efficacy of the LMP for the treatment of localised neuropathic pain was based on three RCTs. These trials enrolled people with pain with neuropathic features that had persisted longer than three months post-surgery; two small studies with specific populations of patients with post-surgical knee pain (n = 34) or cancer and post-surgical pain (n = 28), and a larger trial of patients with any post-surgical pain (n = 363). Two of the trials evaluated pain intensity and found no significant difference in pain scores for the LMP vs. placebo over 12 weeks' treatment. One of the smaller studies found greater improvement in pain due to allodynia with the LMP vs. placebo.

*MTRAC considered the LMP for this off-label use to assist local commissioners*

### References

1. Grunethal Ltd. Ralvo 700mg medicated plaster 2017. <https://www.medicines.org.uk/emc/product/2469>.
2. Grunethal Ltd. Versatis 700mg Medicated Plaster 2018. <https://www.medicines.org.uk/emc/product/290>.
3. MTRAC. Lidocaine 5% plaster 2010; cited 2020. <https://ccg.centreformedicinesoptimisation.co.uk/files/MTRAC%20Lidocaine%20Plaster%20PHN%20Verdict%20Feb%2010.pdf>.
4. Neuropathic pain in adults: pharmacological management in nonspecialist settings (CG173): NICE; 2013. <https://www.nice.org.uk/guidance/cg173>.
5. NHS England. Items which should not routinely be prescribed in primary care: Guidance for CCGs Version 2, June 2019. <https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-ccg-guidance-v2.pdf>.
6. British Pain Society. BPS Position Statement on Lidocaine Plasters 2018. [https://www.britishpainsociety.org/static/uploads/resources/files/Lidocaine\\_plaster\\_position\\_statement.pdf](https://www.britishpainsociety.org/static/uploads/resources/files/Lidocaine_plaster_position_statement.pdf).
7. Palladini M, Boesl I, Koenig S, et al. Lidocaine medicated plaster, an additional potential treatment option for localized post-surgical neuropathic pain: efficacy and safety results of a randomized, placebo-controlled trial. *Current medical research and opinion* 2019;35(5):757-66. doi: 10.1080/03007995.2019.1565709 [published Online First: 2019/01/21]
8. Pickering G, Voute M, Macian N, et al. Effectiveness and safety of 5% lidocaine-medicated plaster on localized neuropathic pain after knee surgery: a randomized, double-blind controlled trial. *PAIN* 2019;160(5):1186-95. doi: 10.1097/j.pain.0000000000001502
9. Cheville AL, Sloan JA, Northfelt DW, et al. Use of a lidocaine patch in the management of postsurgical neuropathic pain in patients with cancer: a phase III double-blind crossover study (N01CB). *Support Care Cancer* 2009;17(4):451-60. doi: 10.1007/s00520-008-0542-x [published Online First: 2009/01/13]