

## Policy Statement; Prescribing of Lidocaine 5% plasters (Versatis® or Ralvo®) off-label is **not supported**

### Mid-Essex Clinical Commissioning Group does not support the prescribing of lidocaine 5% plasters (Versatis® or Ralvo®) outside their marketing authorisation

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). **They are not licensed for any other indication.** Due to safety concerns, they are not suitable for long-term use. Lidocaine plasters are listed on NHS England's Drugs of Limited Clinical Value

#### Recommendations:

- **Do not start prescribing** lidocaine plasters for any patient in primary care **unless** for post herpetic neuralgia (PHN) in whom alternative treatments have proven ineffective or are contraindicated
- **Review** efficacy and tolerability of lidocaine plasters 2 – 4 weeks after initiation and **STOP** if ineffective. Continue to review treatments outcomes at least six-monthly for all patients
- Requests from secondary care for continuation of lidocaine plasters in primary care for off-label indications will only be granted in **exceptional clinical circumstances** and where expected clinical outcomes have been achieved. These should be submitted to [MECCG.PIMMS@nhs.net](mailto:MECCG.PIMMS@nhs.net). **Do not accept** prescribing responsibility for lidocaine plasters in primary care if initiated in secondary care, without exceptional clinical circumstances being demonstrated
- Where prescribing of lidocaine plasters is clinically appropriate, prescriptions should specify the **Ralvo®** brand which represents better value prescribing
- Under **no circumstances** should there be open-ended GP prescribing of lidocaine patches without review date

#### Post herpetic neuralgia:

Symptoms may include constant or intermittent stabbing or burning pain, allodynia (pain induced by a non-painful stimulus), hyperalgesia (severe pain from a mildly painful stimulus), and intense itching. Symptoms can resolve after a few months, or may persist for longer.

- Initial treatment should be with simple analgesics and if these do not control symptoms, use the [Mid Essex Neuropathic pain pathway](#)
- If symptoms remain after step 3 of this pathway, a 2-4 week trial of lidocaine plasters (Ralvo®) may be attempted in primary care for patients whose neuropathic pain is secondary to a previous herpes zoster infection
- Counsel patient that about 16% of people who use lidocaine plasters experience burning, dermatitis, erythema or other skin irritation. Patients should also be made aware of the genotoxic and carcinogenic effects of a lidocaine metabolite seen in rats
- Up to three plasters can be applied to a painful area once daily for a maximum of 12 hours within a 24 hour period. Plasters may be cut into smaller pieces, the smallest size plaster that relieves symptoms should be used
- A trial is considered successful if there is a 30-50% reduction in pain and/or return of ability to undertake activities of daily living
- **If outcomes not achieved, discontinue treatment as potential risks may outweigh benefits**

#### For all new and existing patients:

- Treatment should be **reassessed at least six-monthly** and an attempt made to either **reduce** the amount or size of plasters needed to cover the painful area, or to **extend** the plaster-free period

Title	<b>Lidocaine plasters Policy statement</b>
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Updated by	Medicines Optimisation Team, Mid Essex CCG
References:	PrescQIPP Bulletin 200 November 2017 version 3.0 <a href="https://www.prescqipp.info/component/jdownloads/send/54-lidocaine-plasters/3727-bulletin-200-lidocaine-plasters-drop-list">https://www.prescqipp.info/component/jdownloads/send/54-lidocaine-plasters/3727-bulletin-200-lidocaine-plasters-drop-list</a>
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Version	Change
1.0	Tightened recommendations around accepting prescribing responsibility in primary care when initiated in secondary care.