Reviewing Lidocaine Prescribing in Hywel Dda University Health Board (HDUHB)

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Introduction

- Lidocaine is a local anesthetic which when applied topically in the form of a plaster produces a local anaesthetic effect.
- It is licensed for the symptomatic relief of post-herpetic neuralgia.
- HDUHB developed a traffic light system for prescribing:-
  - GREEN - licensed indication (suitable for initiation by all prescribers) for neuropathic pain associated with post herpetic neuralgia (PHN).
  - AMBER - for prescribing by pain specialist only for patients who are intolerant of oral neuropathic agents, or when these agents are ineffective or contra-indicated for the following indications:
    - Total Knee Replacement
    - Scar pain
    - Complex Regional Pain syndrome (CRPS)
  - RED - Suitable for initiation and repeat prescribing by pain specialists ONLY.
    - Prescriptions from pain clinic ONLY
    - Unlicensed indications outside the above recommendation include osteoporotic fracture, rib fracture, fibromyalgia and neuropathic pain including diabetic polyneuropathy.

Aim

- The aim of the audit was to ensure that the prescribing for Lidocaine patches across HDUHB was in-line with the Health Board's traffic light system. The audit was started in the highest prescribing practice in HDUHB.

Method

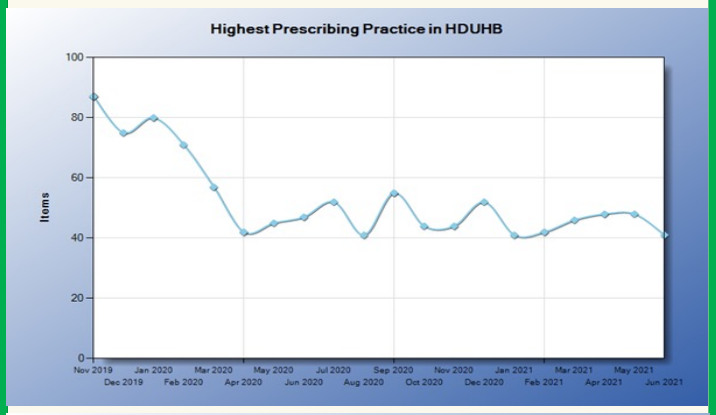
- Start with the highest prescribing practice in HDUHB and roll out throughout the Health Board.
- Agree the Lidocaine Audit with the GP Practice, explaining the rationale of the audit. The following was agreed:
- Remove Lidocaine patches that have not been ordered for 6 months from the patient's repeat medication list.
- For PHN, phone patient to review pain and assess if Lidocaine patch is still needed. If unable to get hold of patient send a letter informing them their Lidocaine plasters are being stopped.
- For amber traffic light indication, contact the patient to see if there is any benefit. Stop patch if no longer needed, if pain still exists offer an alternative such as Capsaicin cream.
- Review the remainder of patients via telephone for red light indication to ascertain if they have benefit or not :
  - no benefit = stop Lidocaine plaster.
  - Possible benefit = suggest a drug holiday to see if any difference in pain is noticed during this period and recontact after 10-14 days to reassess.
  - For those that show demonstrable benefit post-holiday and/or won't stop, discuss with GP and follow HDUHB guidelines for the treatment of neuropathic pain.

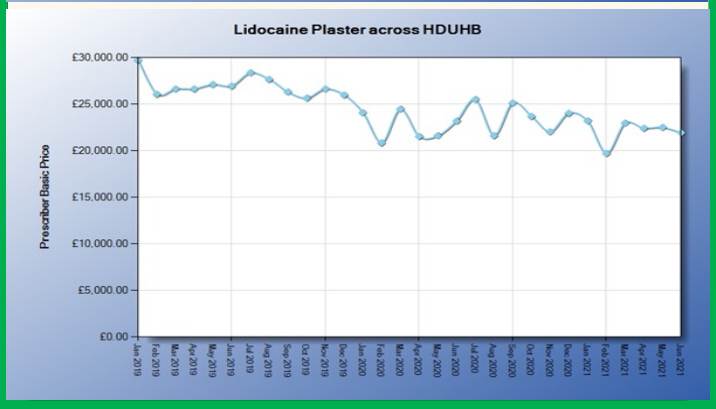
Results

There were 105 patients identified on Lidocaine plasters in the highest prescribing practice in HDUHB.

- 20 had been initiated on Lidocaine plasters in secondary care, the remaining 85 were started in primary care.
- 2 patients were prescribed Lidocaine plasters for PHN, both continued.
- 34 were prescribed for amber indications, 10 continued, 24 were stopped.
- 69 patients were prescribed Lidocaine plaster for red indications, 37 continued, 32 were stopped.

Total savings from stopping Lidocaine plasters in this practice amounted to £39,000. This audit was then rolled out across HDHUB thus saving £93,700 per annum.





Conclusion

1) Lidocaine plasters have been increasingly used for other types of pain outside of their licensed indication. There is no firm evidence to show that it works for pain that is not PHN. However, some individuals may have benefited from its use.
2) By discontinuing Lidocaine plasters, where there was no benefit or where it was being used for off-licensed indications, this has saved the health board £93,700 per annum without impacting on patient care.

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