A Very Expensive Sticking Plaster? A Prescribing Review

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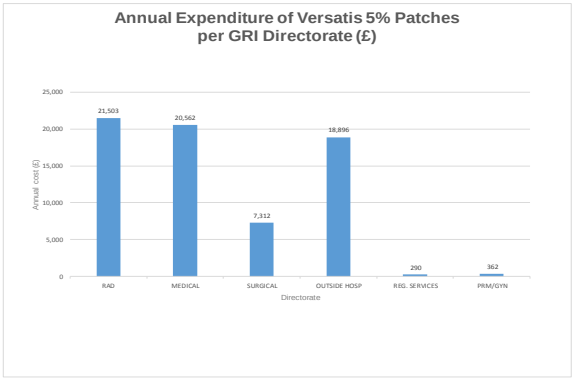
Care and support through terminal illness

Background

- 5% lidocaine-medicated plasters (LMPs) are included in the local Formulary but only for use in post-herpetic neuralgia. Use for other indications is non-Formulary.
- Data from September 2015 – September 2016 showed an "outside hospital" (which has since been clarified as "mainly hospice", i.e. Marie Curie Glasgow (MCG) annual spend of £18.896 on LMPs (261 packs).



- The use of LMPs totalled 14% of MCG drug expenditure with evidence suggesting that there is an overall doubtful benefit to their use [1].

Research Questions

- How many patients were prescribed LMPs in the IPU in October 2016?
- Why was the LMP prescribed and was it in line with current evidence and recommendations?[1,2]

Aim

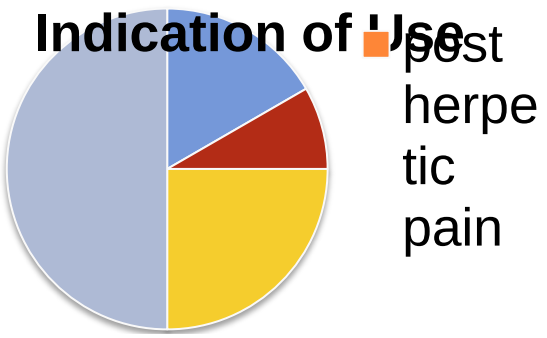
- To reduce total spend on a treatment of doubtful benefit.

Methods

- A retrospective analysis of case notes for inpatients admitted in October 2016 was undertaken.
- Patients were identified through PalCare.
- Data was collected from notes using a modified form used previously in NHSGGC acute sector .

Results

- 35% of patients admitted to the IPU (12/34) had been prescribed LMPs:
- 67% of prescriptions had been initiated prior to admission



- 0% of prescriptions were for post-herpetic neuralgia
- 50% of LMP prescriptions were in line with current Scottish Palliative Care Guidelines
- 0% had a baseline site specific pain assessment
- 17% had a assessment of their pain 48hrs post admission
- 8% had a localised skin reaction to the LMP
- 33% died with LMPs still in-situ
- 50% of patients were discharged on LMPs with no plan for review

Conclusions

- Baseline site specific pain at initiation and then benefit – pain assessment and patient perception – should be assessed at 48 hours and 1 week.
- A 24hr patch free period should be trialled if the pain resolves; after, if the pain resumes, the LMP should be restarted.
- Application site reactions are common and should be reviewed.
- Review of benefit in the in-patient setting and community post-discharge, discontinuing the LMP if no benefit is had, is warranted.

Update

- A new LMP - with identical bioequivalence and indications of use to that currently used - is now available; at 15% less cost.[3]
- New evidence shows efficacy in localised neuropathic pain and suggests LMPs have a role in multimodal analgesia in those at risk of adverse side effects. [4]

References:

1 Derry S. *et al.* Topical lidocaine for neuropathic pain in adults. Cochrane Database of Systematic Reviews 2014
2 www.palliativecareguidelines.scot.nhs.uk
3 Medicines Update Primary Care July 2017
4 de León-Casasola OA, Mayoral V. The topical 5% lidocaine medicated plaster in localized neuropathic pain: a reappraisal of the clinical evidence. J Pain Res. 2016 Feb 12;9:67-79

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