



West Yorkshire and Harrogate Commissioning Policy

Treatment	Lidocaine 5% medicated plasters (in paediatrics 0-18years)
For the treatment of	<p>Children with:</p> <ul style="list-style-type: none"> • Complex Regional Pain Syndrome (CRPS) • Persistent Post-Surgical Pain (PPSP) • Erythromelalgia • Isolated Neuropathic Pain
Commissioning position	<p>Only to be considered for first line use in paediatric patients on specialist tertiary paediatric pain centre advice where paediatric pain consultant considers lidocaine patches most suitable therapy for individual child to avoid:</p> <ul style="list-style-type: none"> • pain impacting on wellbeing and activities of daily living (ADL) e.g. unable to self-mobilise, pain affecting whole limbs, pain having significant longer term impact on school attendance, pain having significant impact on mental wellbeing; <p>OR</p> <ul style="list-style-type: none"> • use of alternative systemic treatments that pose a higher risk of side-effects if the child is already receiving polypharmacy for their underlying condition, and/or those whose underlying condition impacts on renal and/or hepatic metabolism; <p>OR</p> <ul style="list-style-type: none"> • use of standard care pain medications that may cause unacceptable side-effects e.g. opioid side-effects/tolerance, cardiac risks of amitriptyline, risk of suicidal ideation with gabapentinoids, risks in overdose, risks of addiction; <p>OR</p> <ul style="list-style-type: none"> • alternative 5-day/4-night admission to hospital for MDT treatment package (Including invasive analgesia which necessitates general anaesthetic and nerve block) plus 15-18 therapy sessions). <p>Other requirements:</p> <ol style="list-style-type: none"> 1. Agreement from patient/parent/carer to commence treatment 2. Agreement from patient/parent/carer to regular reviews with the paediatric pain team 3. Agree criteria for discontinuing lidocaine plasters if deemed ineffective 4. Tertiary pain team complete an audit form on initiation of lidocaine plasters and at end of treatment.
Date effective from	June 2021

Policy to be reviewed by	June 2023
Background information	<p>Post-herpetic neuralgia, for which the product is licensed, is not a disease of childhood, in keeping with its underlying pathology, but other types of neuropathic pain are encountered.</p> <p>Advantages over existing therapies are avoidance of inpatient stay & invasive analgesia, avoidance of other medications with significant side-effect profiles and risks, few systemic side effects and the patches are well tolerated. There is no titration period. Efficacy takes up to 4 weeks to be apparent and the treatment can be stopped if it is not shown to be effective.</p> <p>The product is licensed in the UK for adults, therefore quality is assured.</p> <p>Nationally across the UK there are 13 tertiary paediatric pain centres (including Alder Hay and GOSH) all of whom prescribe lidocaine plasters for a specific cohort of children as first line for medical management of discrete neuropathic pain. Initiation of lidocaine plasters avoids or limits the use of systemic medicine and avoids hospital admission wherever possible.</p> <p>In 2018, 6 paediatric patients were admitted to LTHT for a 5-day inpatient stay to receive invasive analgesia (necessitating a general anaesthetic) and intensive therapy/rehab.</p> <p>No admissions in 2019 and 2020 to date as using plasters as first line instead.</p> <p>Maximum treatment duration would be 2 years (across the ICS it is estimated only 1 child will require the full 2 year treatment).</p> <p>Children account for 23% (570,000) of the total West Yorkshire and Harrogate population.¹ Across West Yorkshire & Harrogate ICS, we expect 20 paediatric patients per year at a cost of £ 16,200 per year.</p>
Summary of evidence/rationale	<p>The limited amount of published data within paediatrics, in conjunction with anecdotal unpublished reports from other leading paediatric pain management centres would support the extrapolation of available adult data, that this treatment modality is both safe and effective for the management of discrete neuropathic pain in children.</p> <p>Collated published UK data from the 13 tertiary pain centres showed, of 115 children treated with lidocaine plasters, 69% showed benefit and only 7% developed localised side-effects e.g. skin irritation.</p> <p>From unpublished local and national data, most children are managed with a maximum of 2 plasters, with many children requiring less than 1 plaster, cut to appropriate size to cover the painful area. Children will be expected to continue treatment for a minimum of 1 month and an average of 3 months.</p> <p>The manufacturer states that the plasters can be cut into smaller sizes with scissors. Patch size may vary depending on patient. Based on our current paediatric patient population, size varies between 0.25 -1.5 patches. We would expect the 6 weeks to be prescribed by the hospital specialist</p>

	<p>consultant, following advice from the paediatric chronic pain team. This would be supplied by the hospital outpatient pharmacy. We would then expect further supplies to be prescribed by the patient's GP if this is suitable. This is a licensed product, although we are proposing its use to be outside its specific licence.</p> <p>Lidocaine plasters are worn for 12 hours a day and can be applied in the morning or evening, depending on therapy advice, the patient's preference and lifestyle. This will follow with a 12 hour plaster free period. Lidocaine plasters have minimal side-effects however local irritation is a recognised side-effect of the plasters. When it is first applied, it can initially be uncomfortable if the skin is already very sensitive. Once the patch is in place, this sensation usually resolves after 1-2 minutes.</p> <p>Feedback from patients/parents/carers includes improved quality of life, reduced trips to doctors and pharmacies and reduced appointments/stays at GPs and hospitals. Patients are able to integrate back into schools with an improved mental health state as they are in less pain and more mobile.</p> <p>Transition</p> <p>Less than 10% of paediatric patients using lidocaine plasters are transitioned into the adult service. These cases are very rare and are reviewed thoroughly by the paediatric pain service to manage the patient's condition and pain. In 2020, 1 patient transitioned from paediatric to adult pain services whilst continuing with lidocaine plasters.</p> <p>Paediatric patients transitioning will be seen in a joint paediatric and adult pain clinic, which occurs 4-6 times a year. These patients will be managed in line with the above recommendations and for the maximum treatment length stated within this policy.</p>
Contact for this policy	<p>Leeds Commissioning of Medicines Group</p> <p>leedscg.medsoptcommissioningteam@nhs.net</p>

References

1. West Yorkshire and Harrogate Health and Care Partnership. [Children, Young People and Families Programme](#). < Accessed 28.05.2021 >

