Prescribing Protocol SESLHDPR/648

Lidocaine (lignocaine) patch for symptomatic treatment of neuropathic pain refractory or unsuitable for alternative medications

Health
South Eastern Sydney
Local Health District

Prescribing Protocol	
Title	Lidocaine (lignocaine) patch for the symptomatic treatment of neuropathic pain refractory or unsuitable for alternative medications
Areas where Protocol/Guideline applicable	District
Authorised Prescribers	For initiation only by Pain and Spinal Medicine staff specialists
Indication for use	Symptomatic relief of neuropathic or nociceptive pain refractory to alternative medications
Clinical condition	Neuropathic pain or nociceptive pain
Contra-indications	• Hypersensitivity to the active substance or to any of the excipients. • Patients with known hypersensitity to other amide local anaesthetics (e.g bupivacaine). • The patch must not be applied to inflamed or injured skin.
Precautions	• The patch should not be applied to mucous membranes. An alternative formulation should be sought for mucous membranes. • Pregnancy • Caution in severe cardiac impairment, severe renal impairment, severe hepatic impairment (excretion of lignocaine may be delayed). • The patch contains propylene glycol which may cause skin irritation.
Place in Therapy	• Neuropathic pain or nociceptive pain refractory or unsuitable to alternative medications. • Adjunctive treatment.
Dosage (Include dosage adjustment for specific patient groups)	The painful area should be covered with lidocaine patch/es ONCE daily **for up to 12 hours** within a 24 hour period. *Only the number of patches that are needed for an effective treatment should be used.* A **maximum of 3 patches** can be used at the same time.
Duration of therapy	Inpatient use only. Treatment outcome should be re-evaluated after 2-4 weeks.
Important Drug Interactions	• Use with caution in patients on Class I anti-arrhythmic medications (mexiletine) – cardiac and CNS effects may be additive and synergistic • If used concomitantly with other products containing local anaesthetic agents, the amount absorbed from all formulations must be considered.

Administration instructions	The painful area should be covered with lidocaine patch/es ONCE daily **for up to 12 hours** within a 24 hour period. *Only the number of patches that are needed for an effective treatment should be used.* A **maximum of 3 patches** can be used at the same time. Patches may be cut into smaller sizes with scissors prior to removal of the release liner. The patch must be applied to intact, dry, non-irritated skin. Press the patch for at least 10 seconds to make sure the patch sticks firmly. The patch must be used immediately following the removal of the release liner from the gel surface. Use opened sachets within 14 days. After first opening the sachet, keep the sachet tightly closed. **Transdermal patches should not be exposed to extremes of temperature.** Placement of external heat sources, such as heating pads or electric blankets over lignocaine patch is not recommended as may increase plasma lignocaine levels. After removal the used patch must be folded in half, adhesive sides inwards and disposed of safely.
Monitoring requirements	Possible signs of systemic lignocaine toxicity: cicumoral tingling, dizziness, vomiting, drowsiness, seizures, mydriasis, bradycardia, arrhythmia, shock.
Management of complications	If toxicity suspected, remove patch and contact medical officer
Basis of Protocol/Guideline (including sources of evidence, references)	Versatis (Lignocaine) 5% dermal patch Product Information. BioCSL. Last updated 04/01/2021 NSW Health Policy Directive High-Risk Medicines Management PD2020_045
Groups consulted in development of this protocol	Dr Sachin Shetty, Director - Spinal Injuries Unit, POWH Louise Thomson, POWH Pharmacist

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GOVERNANCE	
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Chairperson, QUM Committee	Dr John Shephard
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