NHS
West Hampshire
Clinical Commissioning Group

Medicines Optimisation news headlines

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Lidocaine Patches

One of the areas of work in West Hampshire that still needs to be completed is the review of patients prescribed lidocaine plasters. This follows the recommendation from NHS England that:

- Prescribers in primary care should not initiate lidocaine plasters for any new patient (apart from exceptions below).
- Prescribers should be supported in deprescribing lidocaine plasters in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.

These recommendations do not apply to patients who have been treated in line with NICE CG173, Neuropathic pain in adults: pharmacological management in non-specialist settings, but are still experiencing neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia or PHN).

Relief of post-herpetic neuralgia is the only licensed indication for lidocaine patches where they may be used in the following manner:

- The painful area should be covered with the plaster once daily for up to 12 hours within a 24 hours period.
- Each plaster must be worn no longer than 12 hours. The subsequent plaster-free interval must be at least 12 hours. This can be day or night but within the licensed time frame.
- The plasters may be cut into smaller sizes with scissors prior to removal of the release liner.
- The treatment outcome should be re-evaluated after 2-4 weeks.
- If there has been no response to Versatis after this period (during the wearing time and/or during the plaster-free interval), treatment must be discontinued as potential risks may outweigh benefits.
- Long-term use of Versatis in clinical studies showed that the number of plasters used decreased over time. Therefore treatment should be reassessed at regular intervals to decide whether the amount of plasters needed to cover the painful area can be reduced, or if the plaster-free period can be extended.

In addition the NHS England guidance states that if, in exceptional circumstances, there is a clinical need for lidocaine plasters to be prescribed off-label in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team.
There have been some instances where the specialist pain teams have exhausted all other reasonable options and have found that lidocaine has been beneficial. Where a positive need has been identified by a specialist team in this way, it is expected that there will be a need for continued prescribing in primary care and the local CCGs and hospitals are working on ways to communicate this information more effectively. Prescribing should not be continued for any other indication.
Patches are sometimes used short term in secondary care for other off-label indications but in these circumstances prescribing should not be continued in primary care.

Travax or NaTHNaC?
The National Travel Health Network and Centre, (NaTHNaC), is a UK government organisation which produces travel health guidance for healthcare professionals who are advising travellers. Advice is also available to travellers themselves when planning overseas trips from the UK. The service is commissioned by Public Health England and supported by a number of hospitals that are nationally recognised for their work on diseases that are related to travel.
NaTHNaC is now the preferred source for travel advice as referenced in the national PGDs for travel vaccines. Their website is free to access and is well worth a look if you are unfamiliar with it. Access to Travax will no longer be provided through the CCG.

Alcohol content of Oramorph®
The addictive potential of morphine in Oramorph® and the subsequent need for caution when anyone with the potential for opioid addiction requires potent analgesia is well known. However it is less widely publicised that Oramorph® contains alcohol. The Summary of Product Characteristics carries the following entry:

"Oramorph Oral Solution contains 10 vol % ethanol (alcohol). Each dose *(10ml)* contains up to 0.81 g of alcohol which is equivalent to 20 ml beer or 8.3 ml wine. Harmful for those suffering from alcoholism. To be taken into account in pregnant or breast-feeding women, children and high-risk groups such as patients with liver disease, or epilepsy."

It's something to bear in mind when reviewing people who have been prescribed Vitamin B compound preparations and thiamine.

Patients with swallowing difficulties
As a general rule tablets or capsules should not be opened or crushed unless there is specific information available to ensure that their safety and efficacy are maintained. Sometimes this is provided by the relevant Summary of Product Characteristics; for example capsules intended for children that can be opened and the contents added to yogurt or fruit puree.

The properties of modified release preparations are destroyed by crushing, leading to higher initial levels of the drug and a shorter duration of action. Crushing should not be undertaken unless there is evidence to support it. Modified release tablets can occasionally be halved or quartered without affecting their properties, but are usually scored to enable this to be carried out accurately.

The CCG has a subscription to the NEWT guidelines that provide verified information on the preparation of medicines for patients with swallowing difficulties. Access to the guidelines is available to all practices in West Hampshire and the log in details can be obtained from your Medicines Optimisation Pharmacist or Technician.

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