SA Health

Streamline Non Formulary Request:

Lidocaine 5% Patch

This Streamline approval is valid for a maximum of 3 months on initial request and subsequent requests require a new form and expire after 12 months.

Lidocaine 5% Patch is available via streamline non formulary request for peripheral neuropathy or focal/localised chronic pain with neuropathic features upon failing all first line agents (i.e. gabapentinoids, tricyclic antidepressants and/or serotonin and noradrenaline reuptake inhibitors), or when predicted harm of first-line agents outweighs the predicted benefit. Prescription should be on Pain Service Consultant or Fellow advice only.

The following information is required to be provided by the prescriber prior to dispensing.

Patient details:

Name:		
UR #:	Date of birth:	Gender:
Patient location (site/hospital):		
Pain Service Consultant or Fellow name & Date of Consultation:		

Patient eligibility for Lidocaine 5% Patch:

☐ 1. a) Peripheral neuropathy

OR

☐ b) Focal/ localised chronic pain with neuropathic features

AND

☐ 2. Upon failing all first line agents (i.e. gabapentinoid, tricyclic antidepressants and/or serotonin and noradrenaline reuptake inhibitors), or when predicted harm of first-line agents outweighs the predicted benefit

AND complete outcome assessment below for initiating patients or continuing patients on lidocaine 5% patches

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Outcome assessment:

Initiating patient – this form has a 3-month expiry

if not applicable, complete next page

Documentation of baseline pain details:

- Pain severity: using Numerical Rating Scale (NRS) score

  At baseline:

- Function: using Functional Activity Score (FAS)*, describe physical activity, sleep and mood (depression and anxiety)

  At baseline:

- Current analgesic use:

  At baseline:

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Continuing patient – this form has a 12- month expiry

if not applicable, ignore this section

Follow up in 3 months from first use with documentation of efficacy in medical notes.

- Change in Pain severity: using Numerical Rating Scale (NRS) score
  At baseline:

  At 3 months:

- Change in function: using Functional Activity Score (FAS)*, describe improvement in physical activity, sleep and mood (depression and anxiety)

  At baseline:

  At 3 months:

- Reduction in analgesic use:

  At baseline:

  At 3 months:

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Prescriber details:

I certify that the above information is correct Date: Prescriber Name: Position:
Clinical unit, hospital:
Telephone No: Pager No:

Please submit this form directly to your local Drug and Therapeutics Committee or via your relevant clinical pharmacist.

PHARMACY USE INFORMATION

Entered in iPharmacy	Yes ☐ No ☐	Signature:
Entered in database	Yes ☐ No ☐	Date:
Expiry date		

***Functional Activity Score (FAS)**	
A	No limitation of relevant activity due to pain (relative to baseline)
B	Mild limitation of relevant activity due to pain
C	Unable to complete activity due to pain

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