NDC 84991-0208-01 (15-Day Supply)

Apply 1 patch per day for up to 12 hours at a time (12 on, 12 off)
Additional Medical-Grade Adhesive Backing Included in 15-Day Supply

Active Ingredient: Lidocaine 4%, Camphor 1%
Inactive Ingredients: Arnica, Boswellia, Vitamin C, and Vitamin E

OTC Olu Patch contains Lidocaine 4%, Camphor 1%, Arnica, Boswellia, Vitamin C, and Vitamin E. This combination of ingredients is recommended for the treatment of acute pain, chronic pain, musculoskeletal pain, neuropathic pain, postherpetic neuralgia, and more. OTC Olu Patch was designed and formulated using **ODG, MTUS,** and **ACOEM Evidence-Based Treatment Guidelines** to improve return-to-work outcomes and help patients recover from injury.

Lidocaine 4%

Lidocaine transdermal patch is recommended as a first-line or second-line treatment option for patients with postherpetic neuralgia. – *ODG*
Lidocaine is a local anesthetic that blocks the initiation and conduction of neuronal impulses, including impulses responsible for the perception of pain. (1) (2) (EG 2). – *ODG*
For postherpetic neuralgia, a systematic review and network meta-analysis evaluating the efficacy of topical treatments for postherpetic neuralgia included 3 randomized trials comparing lidocaine with placebo and found that lidocaine was associated with improved pain control compared with placebo. (3) (EG 1). – *ODG*
For postherpetic neuralgia, a systematic review and network meta-analysis evaluating the efficacy of treatment for postherpetic neuralgia included 3 studies comparing transdermal lidocaine with either placebo or pregabalin and found that lidocaine was associated with a longer time to discontinuation due to loss of pain relief. – *ODG*

Camphor 1%

Camphor is an organic compound that activates the transient receptor potential melastatin 8 receptors on sensory nerve fibers that are responsible for the detection of cold stimuli, producing a cooling sensation. – *ODG*
Topical analgesics are primarily recommended for neuropathic pain when trials of other medications have failed (Namaka, 2004). These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) – *MTUS Chronic Pain Guidelines 8 C.C.R. § 9792.24.2*

Camphor 1% (cont'd)

Topical analgesic drugs are used to treat a variety of painful conditions. One example is acute pain (pain lasting less than 3 or 6 months), which are typically strains or sprains, tendonitis, or muscle aches. Another example is chronic pain, like osteoarthritis of the hand or knee, or certain types of neuropathic pain. Topical analgesics and counterirrants work by producing surface irritation to the skin which can counteract any pain or discomfort in the area. Counterirritant products may work in one of several ways, including producing a cooling sensation, causing dilation of the blood vessels or capillaries which increases circulation to the area. – *Moore RA, Derry S, McQuay HJ. Topical analgesics for acute and chronic pain in adults. Update in: Cochrane Database Syst Rev. 2017 May 12;5:CD008609. doi: 10.1002/14651858.CD008609.pub2. PMID: 25411557; PMCID: PMC4234085.*