

## MID AND SOUTH ESSEX MEDICINES OPTIMISATION COMMITTEE (MSEMOC)

### LOW DOSE NALTREXONE FOR THE TREATMENT OF MULTIPLE SCLEROSIS BLACK: NOT RECOMMENDED FOR PRESCRIBING IN PRIMARY, COMMUNITY OR SECONDARY CARE

**Mid and South Essex CCGs do not support the prescribing of low dose naltrexone (LDN) for the treatment of multiple sclerosis (MS).**

The prescribing of naltrexone 4.5mg, 3mg and 1.5mg capsules and liquid formulations at low doses for MS is not supported due to limited evidence to support safety and efficacy. LDN is unlicensed in MS and requires ordering as a 'specials' product which represents a significant cost and it is also not approved for MS by the MHRA which states 'Currently there is not enough evidence-based information to prove LDN is an effective treatment for MS'.

Naltrexone is licensed in the UK as an adjunctive prophylactic treatment in the maintenance of detoxified, formerly opioid dependent patients. Advocates of its use in MS suggest it should be given at a much lower dose (10-50 times lower) for the treatment of MS. Some research suggests that when naltrexone is given at low doses, it triggers the release of factors which may have an anti-inflammatory effect that could be beneficial in the treatment of MS.

In autumn 2011, the MS Society carried out a review of the evidence for LDN as a potential treatment for MS. The main findings in the report about the clinical trials of LDN for people with MS concluded:

- These trials did not take place over a long enough period to fully assess the benefits of LDN for people with MS.
- The effects of LDN on MS were unclear: one study reported no benefit to people with MS while the other reported some quality of life benefit.
- There was no evidence that LDN could reduce levels of disability or slow progression of MS.
- There is no evidence to indicate what dose of LDN might be most beneficial for people with MS

There have been three clinical trials of LDN for people with MS. The last trial reported its results in 2010: <http://www.mssociety.org.uk/ms-news-and-research/ms-research/potential-treatments/emerging-areas-of-research/ldn>

In existing long term patients, do not stop suddenly without a full discussion with the patient and reviewing for clinical appropriateness.

Providers commissioned to provide services on behalf of Mid and South Essex CCGs are reminded that they are required to follow the local joint formulary and prescribing guidance, as detailed in the medicines management service specification of their contract.

<b>References</b>	Multiple Sclerosis Society: <a href="http://www.mssociety.org.uk">http://www.mssociety.org.uk</a> NICE Clinical Guideline CG186 'Multiple sclerosis in adults: management' (October 2014): <a href="https://www.nice.org.uk/guidance/cg186">https://www.nice.org.uk/guidance/cg186</a>
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