

Medicines Management Team Advisory Summary

There is not enough evidence based information to prove Low Dose Naltrexone (LDN) is an effective treatment for Multiple Sclerosis

If LDN is used to treat MS, both the indication and the product formulation are unlicensed

Primary care prescribers are discouraged to prescribe LDN for any indication as it is not on formulary and the evidence is scarce.

Introduction

- **This statement does not apply to Naltrexone for opioid dependence (50/100mg)**
- Small pilot studies have shown that LDN is a relatively safe and well tolerated drug in people with MS and can improve some symptoms. However, a randomised, double blind, placebo controlled trial needs to be performed to fully assess the efficacy and safety of the drug.
- There is no published long term data on efficacy and safety of LDN when used for MS
- One study did not find any evidence of incompatibility between LDN and interferon beta
- LDN may block the analgesic effects of opioids and they should not be used together
- **If LDN is taken, a beneficial response to LDN cannot be assured or guaranteed**

Formulary Status (LOW DOSE NALTREXONE ONLY)

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NON-FORMULARY	NON-FORMULARY	NON-FORMULARY

Recommended Actions

- Do NOT prescribe LDN under the NHS
- LDN may be initiated by MS specialists. Treatment shall be privately funded
- If Primary care prescribers decide to take over prescribing, they should be aware they are taking responsibility for a highly specialist, off-label treatment

Prescribing Guidance

- Due to the lack of evidence and guidance, LDN is not on formulary and its use is not recommended, except by experienced MS clinicians who should prescribe themselves on a private basis

References

1. "What is the evidence for low dose naltrexone for treatment of multiple sclerosis?" Katie Smith – East Anglia Medicines Information Service. UKMi 6/11/2015
<http://www.medicinesresources.nhs.uk/GetDocument.aspx?pagelid=785145>