Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. 133b  Cannabinoids in the management of multiple sclerosis and chronic pain

PCT Clinical Executive
Decision  April 2009

Date Approved by CCG  March 2013

Date of issue:  April 2009, updated with licensing information August 2012, August 2016 No change to policy

South Central Priorities Committees have considered the evidence for clinical and cost effectiveness of medicinal cannabinoids in spasticity, chronic pain and other symptoms associated with MS, and chronic pain from other causes and consider that the evidence is currently insufficient to support their use for any indication. Priorities Committees therefore recommend that medicinal cannabinoids for these indications should be a LOW PRIORITY.

Chronic pain, spasticity and other symptoms in multiple sclerosis and chronic pain from other causes are often inadequately relieved by current therapies and cause considerable morbidity at individual and population level. Beneficial effects have been reported from smoked cannabis, which is illegal in the UK, and this has led to investigation of medicinal cannabis extracts (cannabinoids). Cannabinoids taken in oral form have highly variable bioavailability. Oro-mucosal cannabinoids (Sativex) may give more consistent results.

An oral formulation, nabilone, was licensed in 1982 for use in the UK for treatment of nausea and vomiting associated with chemotherapy. In June 2010 the MHRA granted Sativex (oromucosal spray) a ‘limited marketing authorisation’ on the basis of clinical trials undertaken by the manufacturer. The licence states that “Sativex is indicated as treatment for symptom improvement in patients with

- moderate to severe spasticity due to multiple sclerosis
- who have not responded adequately to other anti-spasticity medication and
- who demonstrate clinically significant improvement in spasticity related symptoms during an initial trial of therapy”.

As regards pain relief, a review of the evidence found that, used alone, oral cannabinoids have weak analgesic efficacy, at best only comparable with codeine. There is limited trial
evidence that Sativex and oral cannabinoids as add-on therapy may improve pain scores in patients with MS and chronic pain.

As regards muscle stiffness and spasticity, when used as add-on therapy, trial evidence found that neither oral nor oro-mucosal cannabinoids improved the objective assessment of spasticity using the Ashworth score. Oral formulations and Sativex as add-on therapy have shown a positive effect on spasticity in patients with MS using subjective patient rating scales. One further trial was negative for this outcome when analysed by intention to treat. However, positive trial outcomes have been measured as small changes in rating scales and both the clinical and statistical significance of the results has been questioned.

NOTES:
- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual’s health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE
- Please check you are using the most recent version of this policy
- This Policy was recommended to all Thames Valley CCGs. Consult individual CCG websites for date of adoption
- Thames Valley clinical policies can be viewed at http://www.fundingrequests.cscsu.nhs.uk/
- Oxfordshire CCG clinical polices can be viewed at http://www.oxfordshireccg.nhs.uk/professional-resources/priority-setting/lavender-statements