

# Prescribing Guidelines

*Prescribing arrangement for the management of patients transferring from  
Secondary Care to Primary Care*

## Prescribing Guideline for amantadine for the treatment of fatigue in Multiple Sclerosis

APC PG 021

For the latest information on interactions and adverse effects, always consult the latest version of the Summary of Product Characteristics (SPC), which can be found at: <http://www.medicines.org.uk/>

### Approval and Authorisation

Approved by	Job Title	Date
BW Area Prescribing Committee	L Jones, APC Chair	September 2017
BW GP Medicines Optimisation Committee	W Beecham, Chair	September 2017

### Change History

Version	Date	Author	Reason
v.1.0	1 <sup>st</sup> March 2017	A Scott	Prescribing support for GPs

***This prescribing guideline remains open to review considering any new evidence.***

This guideline should only be viewed online and will no longer be valid if printed off or saved locally

Author	A Scott	Date of production:	November 2016
Job Title	Lead Interface Pharmacist	Review Date	August 2020
Protocol Lead	L Tilling, Consultant; Heart Failure Specialist	Version	v.1.0

# Prescribing Guideline for amantadine for the treatment of fatigue in Multiple Sclerosis

## Principles of sharing care

This prescribing guideline outlines suggested ways in which the responsibilities for managing the prescribing of amantadine to treat fatigue in MS can be shared between the consultant and general practitioner (GP). GPs are invited to participate. If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the consultant. If the consultant asks the GP to prescribe this drug, the GP must reply to this request as soon as practicable confirming whether or not they are happy to do so.

Sharing of care assumes communication between the consultant, GP and patient. The intention to share care should be explained to the patient by the doctor initiating treatment. It is important that patients are consulted about treatment and are in agreement with it.

**Shared Care is only appropriate if it provides the optimum solution for the patient.**

Note, the doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.

Author	Amaka Scott	Date of production:	Nov 2016
Job Title	Interface Lead Pharmacist	Review Date	August 2020
Protocol Lead		Version	0.1
Local	Trust Intranet	1 of 3	

---

#### CONSULTANT Responsibilities

Confirm diagnosis of MS related fatigue.  
Ask GP in writing to prescribe initial 6-8 week supply of amantadine.  
Outline written instructions for GP  
Regular patient review - at least annual

#### General Practitioner Responsibilities

Prescription of amantadine as recommended by the Consultant Neurologist.  
Review response to ongoing treatment as per written instructions from Consultant Neurologist.  
Stop treatment if patient receives no benefit after 8 weeks.  
Refer back to secondary care if not responding to recommended treatment.

#### Patient's role (or that of carer)

Adhere to treatment as advised by the specialist.  
Report any adverse events.  
Agree to review treatment after 8 weeks and agree to stop treatment if no improvement in fatigue is observed.

#### SUPPORTING INFORMATION

Amantadine is the only recommended medication for people with MS and fatigue in the current NICE Guidelines. It is very safe and very cheap.

##### **Introduction**

Amantadine tablets are recommended for the treatment of fatigue in MS. This use is unlicensed and most only be initiated by a Consultant Neurologist.

##### **Administration**

200mg tablets taken orally every morning for a month then increased to twice daily for a month. If patients get no benefit, stop treatment and inform neurology team of this.

##### **Contraindications**

- Known hypersensitivity to amantadine or any of the excipients.
- Individuals subject to convulsions.
- A history of gastric ulceration.
- Severe renal disease.
- Pregnancy.

##### **Cautions**

Amantadine should be used with caution in patients with confusional or hallucinatory states or underlying psychiatric disorders, in patients with liver or kidney disorders, and those suffering from, or who have a history of, cardiovascular disorders. Caution should be applied when prescribing amantadine with other medications having an effect on the CNS (See section 4.5, Interactions with other medicaments and other forms of interaction).

---

**Pregnancy and breastfeeding**

Do not use in pregnancy or if breast-feeding

**Side Effects**

Amantadine's undesirable effects are often mild and transient, usually appearing within the first 2 to 4 days of treatment and promptly disappearing 24 to 48 hours after discontinuation. The most commonly reported effects were gastro-intestinal disturbances (anorexia, nausea), CNS effects (loss of concentration, dizziness, agitation, nervousness, depression, insomnia, fatigue, weakness), or myalgia.

**Contact Information**

Royal Berkshire Foundation Trust Hospital, 0118 322511	
Lead Consultant	
Lead Nurse	
Medicines Information	

**References**

SmPC for amantadine accessed via <http://www.medicines.org.uk/emc/medicine/31200> July 2017

---