



# Resource impact statement

Resource impact

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## No significant resource impact is anticipated

The NICE guideline on multiple sclerosis in adults: management, updates and replaces the former guideline that published in October 2014.

We do not expect this update to have a significant impact on resources; that is:

- the resource impact of implementing any single guideline recommendation in England will be less than £1 million per year (or approximately £1,800 per 100,000 population, based on a population for England of 56.3 million people) **and**
- the resource impact of implementing the whole guideline in England will be less than £5 million per year (or approximately £9,000 per 100,000 population, based on a population for England of 56.3 million people).

This is because the new recommendations are consistent with the previous guideline and should not have a significant impact on NHS resources. However, [recommendation 1.5.14 for the treatment of fatigue](#) may represent a change in practice for primary care providers. It updates the recommendation in the previous guideline from offer to consider amantadine, and also includes modafinil and a selective serotonin reuptake inhibitor (SSRI) as additional options.

Amantadine is currently prescribed as the first-line pharmacological treatment alongside non-pharmacological management options, as a part of a multidisciplinary approach to fatigue. Clinical experts suggest the recommendation may result in a decrease in the use of amantadine and increased use of modafinil in a broader range of clinical settings, including primary care. Modafinil and SSRIs are off label for this indication and are currently less commonly prescribed, usually under secondary care specialists.

Because the unit cost of amantadine is greater than that of modafinil and SSRIs, there may be a potential cost saving if people use modafinil or SSRIs instead of amantadine. However, based on the [MHRA drug safety update](#) the use of modafinil requires a baseline electrocardiogram before treatment, and regular cardiovascular function monitoring during treatment. This may impact both secondary and primary care, with the associated costs likely to reduce the savings. Any potential savings are not expected to be significant at a national level and should be assessed locally.

Monitoring of SSRIs would not have a similar impact as they are already more widely used and once people are on a stable dose, monitoring would take place in primary care as part of the usual medication review process.

Services for people with multiple sclerosis are commissioned by NHS England and integrated care systems. Providers are NHS hospital trusts and primary care.