

## Thames Valley Priorities Committees Oxfordshire PCTs

### Policy Statement: Inosine Pranobex for Chronic Fatigue Syndrome/Chronic Epstein Barr Virus Infection

Policy No 64  
TV42

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***The Thames Valley Priorities Committees' recommend that Inosine Pranobex for Chronic Fatigue Syndrome/Chronic Epstein Barr Virus Infection be considered a LOW PRIORITY and not normally funded.***

Inosine Pranobex (Immonovir – Registered name with Newport Pharmaceuticals Ltd) is used for mucocutaneous herpes simplex, as adjunctive treatment of genital warts and for sub-acute sclerosing pan-encephalitis, but is not the drug of first choice. There are several brand names. It has been found to be active in laboratory trials for enhancing the body's immune system, which may be of benefit to patients with chronic fatigue syndrome and chronic Epstein-Barr virus infection. There is only one clinical trial suggesting some benefit in patients with severe chronic fatigue syndrome. The major side effect is raised serum and urinary urates.

#### **Effectiveness**

##### *Clinical studies*

There is only one single blind randomised clinical trial.<sup>i</sup> There were 10 patients in the intervention arm and six in the placebo one. The average decrease in the symptom severity scores was the same in the intervention and placebo groups. In this study the numbers are small and the design has been confusingly implemented. There is also an open audit of 200 cases presented as a poster at a London Conference.<sup>ii</sup> 30% had definite improvement, but 41% had an increase in symptoms. This was not a controlled comparative clinical trial and the outcome results are not impressive. Neither study provides good evidence for the clinical effectiveness of Inosine Pranobex in CFS/CEBV.

#### **Cost-effectiveness**

No information concerning the cost-effectiveness of using of Inosine Pranobex for CFS/CEBV has been identified.

This statement will be reviewed in light of new evidence or further guidance from NICE

- <sup>i</sup> Francisco Diaz-Mitoma, Eva Turgonyi, Ashok Kumar, Wilfred Lim, Louise Larocque, Byron M. Hyde. Clinical Improvement in Chronic Fatigue Syndrome Is Associated with Enhanced Natural Killer Cell-Mediated Cytotoxicity: The Results of a Pilot Study with Isoprinosine®. *J of Chronic Fatigue Syndrome*, Vol. 11(2) 2003, pp. 71-95.
- <sup>ii</sup> Pinching A. Inosine Pranobex in the treatment of chronic fatigue syndrome - a pilot study. Poster at A National Conference - Fatigue 2002 – 17-18 May 2002, London SW1P 3AA organised by The National ME Centre.
- Report of CFS/ME Working Group: Report to the Chief Medical Officer of an Independent Working Group. London; Department of Health, 2002.
- <http://www.cdc.gov/ncidod/diseases/ebv.htm>.
- GMC e-Formulary at <http://www.doctors.net.uk/home.cfm>.
- Becker-H, Helmke-K. Inosiplex enhances the growth of Epstein-Barr nuclear antigen-positive B-cells from patients with rheumatoid arthritis and infectious mononucleosis. *International Journal of Immunopharmacology* 1988;10(4):439-43.
- Sundar SK, Stefanescu I, Menezes J. IgG from Epstein-Barr virus infectious mononucleosis patients inhibits interleukin-2 production. *International Journal of Immunopharmacology* 1987; 9(8):869-73.
- Sundar SK, Menezes J. Isoprinosine abolishes the blocking factor-mediated inhibition of lymphocyte responses to Epstein-Barr virus antigens and phytohemagglutinin. *International Journal of Immunopharmacology* 1986;8(1):101-6.
- Sundar SK, Barile G, Menezes J. Isoprinosine enhances the activation of sensitized lymphocytes by
- Epstein-Barr virus antigens. *International Journal of Immunopharmacology* 1985;7(2):187-92.

***The priorities forum statements can be found electronically on the following link***

***<http://www.oxfordshire.nhs.uk/prioritysetting.asp>***