Neurohaven Summary of Medical Cannabis Prescribing Guidelines in the UK

Overview

Document Titles Summarised:

1. **How to Prescribe Medical Cannabis in the UK V1.5**
2. **MCCS Good Practice Guide V1.3**

Release Dates:

- April 2022 (V1.5)
- June 2024 (V1.3)

Authors:

- The Medical Cannabis Clinicians Society (MCCS)

Purpose:

- To provide comprehensive guidelines for UK clinicians on prescribing cannabis-based medicinal products (CBPMs) safely and effectively.

Key Points

Legal Framework

- **Legal Since:** November 2018
- **Prescribers:** Only specialist doctors registered with the General Medical Council (GMC) can initiate prescriptions. This includes specialists in various medical fields such as neurology, oncology, and palliative care. General Practitioners (GPs), junior doctors, or non-medical independent prescribers (pharmacists or nurses) can continue prescriptions for stable patients, provided they operate under the guidance of a specialist.
- **Requirements:** Prescriptions must comply with GMC and MHRA guidelines. Specialists must ensure they prescribe within their area of expertise and follow multidisciplinary team discussions for complex cases.

Initial Consultation

- **Components:**
    - **Presenting Symptoms and Diagnosis:** Document the primary reasons for the patient's visit and their specific symptoms.
    - **Medical History:** Focus on cardiovascular, liver, and renal diseases, as these conditions can significantly impact the suitability of CBPMs.
    - **Medication Review:** Assess current and past medications, including over-the-counter drugs and complementary therapies. Note any treatments that have failed, the duration of use, and reasons for discontinuation.
    - **Mental Health History:** Pay particular attention to any history of mental illnesses such as psychosis or schizophrenia, as these are key contraindications.
    - **Family Health History:** Investigate any family history of mental illnesses, particularly psychosis or schizophrenia, to assess genetic predisposition.

- **Substance Use and Social History:** Evaluate past cannabis use and potential risk behaviours associated with drug dependence. Consider the patient's social support system and responsibilities, such as caregiving roles and employment that involves operating machinery.
- **Physical Examination and Investigations:** Conduct a thorough physical examination and relevant investigations to rule out contraindications.
- **Contraindications Check:** Ensure no contraindications are present before prescribing CBPMs.

Contraindications

- **Main Contraindication:** A personal history of psychosis or schizophrenia is the primary contraindication for prescribing THC-containing CBPMs. However, CBD, known for its antipsychotic properties, is generally considered safe.

- **Other Contraindications:** Include severe cardiopulmonary disease, recent myocardial infarction or stroke, cardiac dysrhythmias, severe renal or liver disease, pregnancy or breastfeeding, and known drug interactions. Caution is required for younger patients under 21 years and those with a history of cannabis dependency syndrome.

Indications for Use

- **Primary Indications:**
  - **Chronic Pain:** Effective for various types of pain, including neuropathic and inflammatory pain.
  - **Anxiety and PTSD:** CBPMs can help manage anxiety disorders and post-traumatic stress disorder symptoms.
  - **Epilepsy:** Particularly useful for treatment-resistant epilepsy.

- **Neurological Conditions:** Includes multiple sclerosis, Parkinson's disease, dystonia, Tourette's syndrome, and conditions with marked spasticity.
- **Inflammatory Bowel Disease:** Helps manage symptoms of Crohn's disease and ulcerative colitis.
- **Sleep Disorders:** Effective in improving sleep quality and managing insomnia.
- **Cancer:** Used as a palliative treatment to improve the quality of life in life-threatening cancer conditions.

Prescribing Guidelines

- **Dosage Principles:**
  - **Start Low, Go Slow:** Begin with low doses to minimize side effects and gradually increase based on patient response.
  - **Form Selection:** Oils are preferred for cannabis-naive patients due to ease of dosage control. Flowers can be used for breakthrough pain or when patient preference dictates.
  - **Peer Approval:** Required for dosages exceeding 2g of flower daily or for high THC content prescriptions (>22%). Document reasons for high dosages and ensure multidisciplinary team review.
- **Forms of CBPMs:**
  - **Oils:** Often start with high CBD/low THC formulations to manage symptoms with fewer psychoactive effects.
  - **Flowers:** Suitable for managing acute pain episodes, such as trigeminal neuralgia or panic attacks. Preference for flowers should be well-documented, noting the reasons for such preference and patient history with cannabis use.

Training and Certification

- **Training Programs:** MCCS offers monthly 3-hour training sessions covering the basics of medical cannabis prescribing. These sessions include practical guidelines, case studies, and evidence-based practices.
- **Mentoring:** New prescribers should seek mentorship from experienced clinicians, particularly in the initial months. This can be facilitated through multidisciplinary team meetings where complex cases and dosages are reviewed collectively.
- **Continuous Education:** Clinicians are encouraged to stay updated with the latest research and guidelines. MCCS provides access to an evidence base and regular updates on new developments in medical cannabis.

Practical Steps for Prescribers

Initial Steps

1. **Understand Legal and Clinical Guidelines:**
    - Familiarize yourself with NHS, NICE, and other professional guidelines.
    - Ensure compliance with GMC and MHRA regulations, including prescribing within your area of expertise and following multidisciplinary discussions.
2. **Conduct Comprehensive Consultations:**
    - Review patient history, current medications, and potential contraindications.
    - Discuss treatment goals, expected outcomes, and document all findings meticulously.
3. **Document Thoroughly:**
    - Accurate documentation of all consultations, prescriptions, and follow-up appointments is crucial. This includes detailing the patient's medical history, treatment goals, and response to CBPMs.

Prescribing Process

1. **Initial Prescription:**
    - Start with low doses, particularly for cannabis-naive patients, and prefer oil formulations initially.
    - For experienced users, consider flower formulations, but document the rationale and patient's history with cannabis.
2. **Follow-Up:**
    - Conduct regular follow-ups to review patient progress and adjust dosages as necessary. Face-to-face consultations are recommended at least every four months in the first year.

- For stable patients, repeat prescriptions can be managed through less frequent face-to-face visits, but continuous monitoring and documentation are essential.

3. **Peer Review:**
    - Seek approval from a multidisciplinary team for significant dosage changes or high THC content prescriptions. Ensure all peer reviews are well-documented and comply with clinical guidelines.
4. **Ethical Considerations:**
    - Avoid directing patients to specific pharmacies. Allow freedom of choice and ensure prescriptions are based solely on medical necessity.
    - Report any unethical practices, such as pharmacies charging premiums for specific products, to the appropriate authorities.

Additional Resources

- **Membership:** Join the MCCS for access to comprehensive training, mentorship, and a peer support network. Membership benefits include regular updates, access to the latest research, and reduced entry to training events.
- **Evidence Base:** Utilize MCCS and Drug Science databases for the latest research on medical cannabis. Engage with ongoing studies and contribute to the growing body of evidence on the efficacy and safety of CBPMs.

Important Links:

- MCCS Membership
- Drug Science Project Twenty21
- NICE Guidelines on CBPMs

This expanded summary provides detailed guidance for clinicians, ensuring they have the necessary information to prescribe medical cannabis safely and effectively.