



Cannabis Sample Prescription & Authorization

Conversion between forms

In some cases, such as before international travel, patients using dried cannabis will want to convert to another form such as Nabilone.

- Nabilone 10x potency (e.g. 0.25mg Nabilone ≈ 2.5mg THC)
- Converting between form of cannabis and cannabinoids is not an exact science, so use caution when switching

Highest-risk groups

Though research is ongoing, cannabis is generally not recommended for patients with:

- History of substance use disorder*
- History of psychosis
- Age < 25 years*

Pregnancy or breastfeeding
Cannabis withdrawal may also be more severe in women. [REF](#)

*Exceptions apply. [More information](#)

Before authorizing medical cannabinoids

- | | |
|---|--|
| <input type="checkbox"/> Non-cannabis treatments for this condition have been attempted and optimized, and documented | <input type="checkbox"/> Treatment agreement has been considered by the patient and provider |
| <input type="checkbox"/> Regulations from Health Canada and provincial regulatory Body (e.g. CPSBC) have been met. More information from CMPA | <input type="checkbox"/> Baseline urine drug screen (optional) REF and PharmaNet search REF has been completed |
| <input type="checkbox"/> Risk of addiction was assessed using a risk tool (e.g. CUDIT-R) | <input type="checkbox"/> Harms of cannabis have been fully discussed with the patient |
| <input type="checkbox"/> Potential medication interactions have been addressed | <input type="checkbox"/> Patient does not belong to a High Risk Group (See Cannabis Flowchart) |

Nabilone or Nabiximols

Dried Cannabis or Cannabis oil



Sample Cannabinoid Prescription

Patient name: _____ Date of birth: _____

Personal health #: _____

Nabiximols _____ spray(s) in the morning and _____ spray(s) in the evening. Dispense qty _____

Increase each subsequent day by 1 spray as needed and tolerated. Max _____ sprays / day.

Nabilone _____ mg _____ times per day. May increase to max _____ mg / day. Dispense qty _____

Prescriber name: _____ Prescriber #: _____

Date: _____ Signature: _____

Prescriber contact information: _____

Sample Medical Document Authorizing Cannabis for Medical Purposes [REF](#)

Complete [Health Canada medical document](#) and mail to licensed producer, OR provide to patient to authorize them to [grow their own plants](#).

Patient's Given Name and Surname: _____

Patient's Date of Birth (DD/MM/YYYY): _____

Daily maximum quantity of dried cannabis OR equivalent in oil extract to be used by the patient

The period of use is day(s) or week(s) or month(s) (then review)

Note: The period of use cannot exceed one year

Health care practitioner's given name and surname: _____

Profession: _____

Health care practitioner's business address: _____

CLICK TO VIEW SAMPLE Rx

Continue to monitor regularly post-prescription at least every 3-6 months [REF REF](#)

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|---|--|
| <ul style="list-style-type: none"> • PharmaNet each visit • Signs of Withdrawal • Depression, anxiety using validated tools such as PHQ-9 and GAD-7 • Respiratory symptoms if inhaled cannabis • Symptom decline / improvement | <ul style="list-style-type: none"> • Signs of cannabis use disorder • Changes in medications or medical history • Functional decline / improvement using a journal or app <p>More details on post-prescription monitoring and suspected adverse event reporting</p> |
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CONTINUING PROFESSIONAL DEVELOPMENT
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Sample prescriptions / suggested starting dose

Sources: Product monographs / Rx files / CFPC Authorizing dried cannabis for Chronic Pain or Anxiety

Nabiximols

2.7mg THC + 2.5mg CBD/spray
10ml ampoule (90 sprays)

Instructions: Take 1 spray at night, then increase no more frequently than every 2 days by 1 spray/day, adding a morning dose if needed and if tolerated.

Max 12 sprays/day.

Nabilone

_____mg (0.25, 0.5, or 1mg capsules)

Instructions: Take 1 capsule up to every 8 hours as needed, may increase as tolerated to max 6mg/day.

Though the monograph recommends a usual dose of 1-2 mg per day, experienced prescribers recommend starting Nabilone at 0.25 mg capsule at night by mouth. Increase slowly, e.g. by 0.1 – 0.25 mg per day as tolerated. Consider asking pharmacy to compound 0.1 mg capsules for ease of dose titration if patient is very frail or sensitive to cannabinoids.

Cannabis oil

(e.g. 0.1mL of 20mg/mL or 25 mg/mL CBD)

Easier to titrate.

Forms: Various e.g. 25mg THC / 0mg CBD per mL, 1mg THC / 20mg CBD per mL, 3mg THC / 3mg CBD capsule. Initial: 2-2.5mg of CBD +/- THC po HS. **USE CAUTION & titrate slowly; higher doses can be poorly tolerated.**

Usual dosage: Uncertain due to lack of randomized trials.

*Though CFPC recommends asking providers to send information on % THC composition, providers are not pharmacies and many do not send this information.

In order to measure small volumes of oil accurately, use a 1ml graduated syringe, or if supplied with a dropper in the bottle cap, count the required number of drops onto a teaspoon, (20 drops being 1ml), and then lick the oil off the teaspoon.

Dried cannabis

(e.g. 1-2 puff HS vaporized, max 700 mg dried cannabis/day)

Note: Guidelines recommend against inhaled cannabis^{REF}

Forms: Various e.g. 12.5% THC, 4% THC / 10% CBD, 1% THC / 13% CBD

Initial: 1-2 puffs inhaled HS. (1 puff of joint ≈ 1-10mg THC. Variation is due to inhalation depth, puff size, THC potency, smoked vs vaped, joint size, etc.) **USE CAUTION & titrate slowly; higher doses can be poorly tolerated.**

Usual dosage: Uncertain due to poor quality evidence. Titrate slowly. Current practice is typically 1-2 g dried cannabis/day^{REF} though consultation is recommended for doses > 700mg dried cannabis /day^{REF} and dose is dependent upon % THC in the dried cannabis.