



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). USE CAUTION – Avoid starting than 5x conversion as higher amounts can cause intolerable adverse events.

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

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

Dried Cannabis or Cannabis oil

Nabilone or Nabiximols



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

Patient name: _____ Date of birth: _____

Daily quantity of dried marijuana to be used by the patient: _____ grams/day The period of use is: ___ day(s) or ___ week(s) or ___ year(s) Max 1 year

- Dried cannabis _____ mg
 - vaporized _____ times per day
- Cannabis oil: Take _____ mL of _____ mg CBD / mL and _____ mg THC / mL. Dispense qty _____

Note to producer: Send information on % THC composition directly to practitioner's office. Notify practitioner of any change in THC concentration of product given to patient* [REF](#)

Prescriber name: _____ Prescriber # & Province: _____

Profession: _____ Date: _____ Signature: _____

Practitioner business license: _____

Business address where patient consulted practitioner: _____

IF FAXED: I, the health care practitioner, acknowledge that the faxed medical document is now the original medical document and that I have retained a copy of this document for my records only. Initials: _____

CLICK TO VIEW SAMPLE Rx

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

- 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
- Signs of cannabis use disorder
- Changes in medications or medical history
- Functional decline / improvement using a journal or app

[More details on post-prescription monitoring](#) and [suspected adverse event reporting](#)

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Sample prescriptions / suggested starting dose

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

Nabiximols

(e.g. 1 spray in the morning and 1 spray in the evening)

Forms: 2.7mg THC & 2.5mg CBD per spray

Spasticity or neuropathic pain associated with multiple sclerosis (MS), cancer pain: Buccal spray: Initial: One spray in the evening on first day.

Titration and individualization: Dosage is slowly self-titrated by the patient and may be increased each subsequent day by one spray as needed and tolerated.

Usual dosage: 4 to 8 sprays daily. Most patients require ≤ 12 sprays daily. Experience is limited with dosage of > 12 sprays daily, although some patients may require and tolerate higher dosing. Sprays should be evenly distributed over the course of the day during initial titration.

Nabilone

(e.g. 1 mg 2 times per day)

Forms: 0.25, 0.5, 1 mg cap

Oral: Initial: 0.25 mg PO hs. **USE CAUTION & titrate slowly; higher doses can be poorly tolerated.** Consider asking pharmacy to compound 0.1 mg cap. Titrate slowly. May administer 2 or 3 times per day during chemotherapy course, or 1mg BID for neuropathic pain; continue for up to 48 hours after the last chemotherapy dose. Maximum: 6 mg/day divided in 3 doses.

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 \approx 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 > 700 mg dried cannabis /day^{REF} and dose is dependent upon % THC in the dried cannabis.

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.