

Clinicians' Quick Guide to Cannabis-Based Products in WA hospitals

Cannabis-based products (CBP) for medicinal use are now classified as Schedule 8 substances (Controlled Drugs) by the national Poisons Standard when produced or manufactured in accordance with the *Narcotic Drugs Act 1967* and have also been listed as such under WA Poisons legislation.

Good quality evidence on the clinical efficacy and safety of CBP remains scarce. It is important that, whilst clinicians may face consumer and political pressure to prescribe and supply CBP, the same high standards and principles applied to other medicinal products are applied to these agents.

There are four regulatory schemes that need to be considered when prescribing and dispensing CBP in WA: therapeutics goods legislation, customs laws, narcotic drug laws and WA poisons laws. Clinicians looking to prescribe, dispense and administer CBP should be familiar with the requirements set out in the legislation.

CBP for research may have different rules applicable, however the legislative framework still applies; it is advised that further information is sought via the relevant research faculties.

Hospital Governance:

- Within a WA hospital, in addition to State and National legislation, approval processes and funding of CBPs must fall under the same governance process as all other medicines.
- Prior to initiation of treatment all non-formulary products should be assessed either by the Drugs and Therapeutics Committee (DTC) for an Individual Patient Approval (IPA) or by the WA Drug Evaluation Panel for listing on the Statewide Medicine Formulary.
- It is recommended hospital DTCs develop a procedure for the assessment of patient's own CBP for inpatients where treatment was started outside the hospital. This should include requirements for the assessment of:
 - the eligibility of the initiating prescriber and/or prescription;
 - the legal certainty of the product;
 - the availability of continued supply if the patient finishes their own supply whilst an inpatient.

Hospital Prescribing:

- Hospital specialists may seek to become a CBP prescriber to *initiate* treatment for hospital patients.
- Under the *Medicines and Poisons Act 2014* prescribers may be appointed "CBP prescribers", enabling prescribing within or outside of the Schedule 8 Medicines Prescribing Code (the Code). The Code will state which indications, products and patients require notification given to the CEO of Health versus approval from the CEO; approval is required to prescribe CBP to drug dependent individuals.
- The CBP Advisory Committee will advise the CEO on contents of the Code and provide recommendations for requests for approval.
- A prescriber does not have to be a CBP prescriber to *continue* approved treatment for an inpatient.
- Approved prescribers are not guaranteed permission to initiate treatment within a hospital and will be required to follow all hospital and state policies and procedures regarding CBP.

- Cannabidiol (CBD) is classified as a Schedule 4 prescription only medicine where a) there are no more than 2% of other cannabinoids, inclusive of tetrahydrocannabinol (THC) and b) legally imported or legally manufactured in Australia. Prescribing CBD does not require specific approval from the WA Department of Health however must comply with all requirements as for any other prescription medicine in and outside the hospital setting.

Hospital Procurement:

- To import a CBP the prescriber must first seek approval from the TGA under the Special Access Scheme (SAS) or be granted 'Authorised Prescriber' (AP) status by the TGA. The product, treatment and prescriber must also be approved under WA state law. Note that the Category A SAS pathway is specifically not permitted.
- Hospital pharmacy departments may require evidence of these approvals before legally sourcing overseas import CBP via the Office of Drug Control with customs approvals. Hospital pharmacy departments may also purchase from an Australian supplier who has the relevant licences.
- An appropriate level of scrutiny in both scenarios is recommended and all CBP must be labelled and packaged according to the Poisons Standard (the SUSMP).

Patient Own Supplies

- All legally obtained CBP must be done so with a valid prescription, packaged and labelled by a registered pharmacy and must be a pharmaceutical formulation. Patients are not permitted to personally import CBP. The above includes cannabidiol; smoking of cannabis is not lawful.
- Hospitals are recommended to exercise caution to verify the legal certainty of all patient own CBD.
- Patients of an authorised CBP prescriber in WA may continue to have CBP administered in hospital. Interstate visitors possessing lawfully obtained product meeting the requirements of the originating State may be legally administered their CBP in hospital.
- Hospitals may have policies and procedures to be followed prior to prescribing patient own supply CBP. Patient own CBP must be stored, handled and administered as per relevant hospital policies for all patient own medicines.

Resources

Patient information can be found here: [Healthy WA - Cannabis](#)

For further information the following resources are recommended:

[Department of Health – Cannabis-based products](#)

[Cannabis-based Products for Medicinal Use Policy – MP 0039/16](#)

[Medicines and Poisons Act 2014](#) and [Medicines and Poisons Regulations 2016](#)

[Office of Drug Control \(ODC\)](#)

[Poisons Standard November 2016](#)

[Therapeutic Goods Administration \(TGA\)](#)

Enquiries relating to this document may be directed to WADEP: wadep@health.wa.gov.au

Enquiries relating to State regulations or applications to the Department of Health and the CBP

Committee may be directed to the Medicines and Poisons Regulation Branch: poisons@health.wa.gov.au