Cannabis-based products for medicinal use guideline - Stakeholder workshop discussion:

Tuesday 6th November 2018

Area of scope	Stakeholder views
Definition of cannabis based medicinal products A preparation or other product, other than Sativex that: – is or contains cannabis, cannabis resin, cannabinol or cannabinol derivatives – must be produced for medicinal use in humans – is a medicinal product, or a substance or preparation for use as an ingredient of, or in the production of an ingredient of, a medicinal product.	Some stakeholders felt the government definition was too narrow for the purposes of what should be covered in this guideline. It was noted that a significant number of CBD products are marketed as food supplements, such as CBD-OTC, which have unregulated compositions. It was suggested that the scope could clarify that 'CBD products currently sold as food products' would be excluded. It was queried whether cannabis products for medicinal use should be defined and then evidence sought, or whether evidence should be sought to determine what cannabis based products have medicinal effect and can therefore be considered 'medicinal' and as such included in the scope. It was highlighted that 'cannabis' and 'cannabis-based products' are not all one thing and there is a need to understand which compositions are effective and for what conditions.
Areas that will be covered 'Note that guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine's summary of product characteristics to inform decisions made with individual people about licensed medicines.' This guideline will consider use of cannabis-based medicinal products for the following people when other treatment options have not been successful, those with: – chronic pain	It was noted that under key areas that will be covered, the second paragraph is confused, suggesting that unlicensed products will not be considered and should be deleted. It was suggested, based on a recent report, that anxiety also be covered in the scope of this guideline. It was also noted that if the evidence to be reviewed is expanded beyond RCTs, there are a large number of studies looking at the use of cannabis for medicinal use in many more clinical areas.

– chemotherapy-induced nausea and vomiting – spasticity due to multiple sclerosis – severe treatment-resistant epilepsy.	
Areas that will not be covered 1 Nabiximols (Sativex). This was listed as a Schedule 4 controlled drug before September 2018 and has been considered by the NICE guideline on multiple sclerosis in adults. 2 Synthetic cannabinoids. These remain as Schedule 1 controlled drugs and this guideline covers cannabis-based medicinal products that are listed Schedule 2 controlled drugs. 3 Over-the-counter cannabis oil. This guideline covers cannabis-based medicinal products that are listed as Schedule 2 controlled drugs. 4 Smoked cannabis-based products. As set out by the government on the 21 September 2018, the administration of cannabis-based products for medicinal use by smoking is prohibited.	It was queried why Sativex was excluded. Some attendees felt that it would be important to include Sativex otherwise much of the evidence for cannabis-based medicinal products would be excluded, and the remaining evidence would be of low quality. It was also noted that there are a couple of studies in press on Sativex and paediatric spasticity. It was also queried why synthetic cannabinoids are excluded, in particular Nabilone. It was noted by some stakeholders that these are not considered 'cannabis-based'. It was suggested by stakeholders that evidence around synthetic cannabis could be analysed for prescribers' information but that no recommendations had to be made. It was proposed that 'over the counter cannabis oil' could be re-phrased to 'cannabis oil sold as food supplements' It was queried whether smoked cannabis would be separated from vaped products. Some stakeholders felt that excluding evidence from smoked cannabis will exclude a large amount of evidence regarding harms and adverse effects. It was felt by some stakeholders that all licensed cannabis-based medicinal products should be included in the guideline to give readers the full picture of the evidence base. It was noted that Epidiolex, which is licensed outside the UK, can be used in the UK because it is engaging with the regulatory framework in the UK. Concern was raised that Epidiolex can be bought online and that interaction/interference with other prescribed medicines should be considered.
Who the guideline is for This guideline is for: • healthcare professionals prescribing cannabis-based medicinal products (doctors on the Specialist Register of the GMC)	It was highlighted that although only those on the specialist register can prescribe cannabis-based medicinal products, other healthcare professionals and commissioners need to be aware. Stakeholders commented that those who can prescribe may change in the future, as such it was recommended to insert the word 'currently' to the first bullet to reflect this. It was suggested that the scope include 'all prescribers'.

• healthcare professionals providing care for people taking cannabis-based medicinal products • commissioners and providers of services for people taking cannabis-based medicinal products • people using services, their families and carers and the public. It may also be relevant for: • health and social care regulators • individual people and organisations delivering non-publically funded services • the police.	
Who is the focus? Groups that will be covered: • Adults, young people, children and babies Specific considerations will be given to children and babies. Groups that will not be covered • Pregnant women and women who are breastfeeding.	It was highlighted that adolescents are a group for who there may need to be specific considerations. Concern was raised about the exclusion of pregnant women. Some stakeholders felt pregnant women should be included as there would need to be some statement of impact on this group in the guideline. It was noted that people will be taking cannabis-based medicinal products for long term chronic conditions and as such there are likely to be cases of women becoming pregnant while using cannabis-based medicinal products. It was also noted that as most cannabis-based medicinal products are not licensed there will not be a product summary noting potential harms for pregnant women.
Settings The guideline will cover all settings, include people's own homes, where publically funded health and social care is delivered.	The inclusion of prisons and secure environments was seen by some stakeholders as important. It was recognised that this is already captured in the wording used.
Key issues This guideline will consider use of cannabis-based medicinal products for the following people when other treatment options have not been successful, those with: – chronic pain	It was queried what 'last resort medicine' meant and what would happen if cannabinoids were more effective than alternative forms of treatment. Stakeholder queried the limitation of spasticity to those with MS, and likewise the limitation of MS to spasticity.

– chemotherapy-induced nausea and vomiting – spasticity due to multiple sclerosis – severe treatment-resistant epilepsy.	It was discussed whether areas should be based on symptoms or diagnoses. Some stakeholders preferred symptoms, for example 'spasticity' separate from MS.
Questions 1.1 What is the clinical and cost effectiveness of cannabis-based medicinal products for people with: – chronic pain – chemotherapy-induced nausea and vomiting – spasticity due to multiple sclerosis – severe treatment-resistant epilepsy? 1.2 What are the side effects, adverse effects or complications of cannabis-based medicinal products for people with: – chronic pain – chemotherapy-induced nausea and vomiting – spasticity due to multiple sclerosis – severe treatment-resistant epilepsy? 1.3 What are the contraindications, potential interactions and risks and cautions for use of cannabis-based medicinal products for people with: – chronic pain – chemotherapy-induced nausea and vomiting – spasticity due to multiple sclerosis – severe treatment-resistant epilepsy? 1.4 What are the individual patient monitoring requirements, treatment durations, reviewing	The stakeholders did not have any comments on questions 1.1 to 1.3. Question 1.4, stakeholders queried if compulsory data collection would be included. Question 2.1, stakeholders queried the inclusion of 'consent'. Question 2.2, stakeholders queried whether 'family members' was needed or if the guideline should refer to 'legal guardian' instead. Question 3.1 stakeholders queried the quality assurance of the products itself and how patients can give informed consent for products that contain 100s of molecules that may have unknown effects.

and stopping criteria for use of cannabis-based medicinal products for people with: – chronic pain – chemotherapy-induced nausea and vomiting – spasticity due to multiple sclerosis – severe treatment-resistant epilepsy? 2.1 What individual treatment factors need to be taken into account when considering prescribing and obtaining patient consent for cannabis-based medicinal products? 2.2 What support is needed to help prescribers and patients (or their family members or carers) make decisions about cannabis-based medicinal products? 3.1 What are the prescribing requirements for cannabis-based products, including: – who should be able to prescribe? – which care setting(s)? – which formulation (including strength), dose, frequency, route of administration, quantity and quality assurance? – when and how should treatment be withdrawn or stopped?	
Main outcomes • Clinical outcomes and effectiveness • Quality of life • Service user satisfaction • Carer satisfaction	Long term adverse effects, such as from THC, was raised as an area of concern. If available, evidence with long term follow up will be used. There was particular concern about long term use in children and adolescents and adverse effects. The meaning of the term 'satisfaction' was queried. It was suggested that this could cover aspects of care not covered by other outcomes, although it was noted there would be overlap with other outcomes. It was suggested that service user and carer satisfaction be combined. It was suggested 'service providers satisfaction' be added.

• Adverse effects and safety	It was suggested specific safety issues be considered as THC creates structural changes to the brain.
Guideline commission Should we be looking at anything else to address the commission?	It was noted that the commission was concerned with effectiveness, there was concern that trials would provide evidence concerning efficacy rather than effectiveness.
Potential equality issues to consider during the development of this guideline • Age and Disability: These groups may need specific consideration when considering the effectiveness, safety and potential harms, decision making and prescribing requirements for cannabis-based medicinal products. • Pregnancy and maternity *(excluded from the scope of the guideline)*: pregnant and breast feeding women may need specific guidance when considering the effectiveness, safety and potential harms, decision making and prescribing requirements for cannabis-based medicinal products.	It was suggested that cultural objections could be added, noting anecdotal evidence that some sectors of society will not want to prescribe these products because of negative connotations.
Guideline committee composition: • 2 consultant neurologists (MS, epilepsy) • consultant in palliative medicines • consultant psychiatrist specialising in addiction • consultant anaesthetist/pain specialist • secondary/tertiary care pharmacist • oncology specialist • 2 consultant paediatricians specialising in neurology (or epilepsy) • GP	Attendees were informed that as well as the core committee there would be opportunity for co-opted members for specialist areas, as well as expert witnesses. It was suggested that the committee could include representation for: • Palliative care for paediatrics, in addition to that for adults. • Psychiatrist specialising in mental health, to address the benefits of cannabis use for anxiety disorders • An MS specialist (possibly as a co-opted member) • A patient group with real world knowledge of how cannabis-based medicinal products are used by people.

• nurse (neurology specialist) • specialist in medicines ethics and law (academic)	Stakeholders queried whether the committee could have experts from the international field.