



Medical Cannabis Patient Info Sheet

THE ACCESS PROCESS

4 easy steps

REGISTER

Register here and receive a phone call from CDA Clinics to establish your eligibility and assist you to get a referral from your current doctor.

REFERRAL

If your doctor won't prescribe medical cannabis for you, CDA Clinics require a referral letter from your doctor.

CONSULT

Once you've been referred by your doctor, we can book you into see one of our prescribing doctors in-clinic or via TeleHealth.

PRESCRIPTION

Once the doctor has received approval for your case, you will be able to collect your prescription to take to the pharmacy. TeleHealth patients will have the medicine delivered direct to your door.

TALK TO YOUR GP

The first thing that you need to do is talk to your regular GP about using Medical Cannabis as a treatment. If the condition is new, your GP is likely to recommend that you try other conventional treatments first.

Before prescribing medicinal cannabis, the doctor will assess each patient to decide if the treatment is appropriate for their condition and individual circumstances. The doctor will also consider the patient's current medications and any other things that may interact with Medicinal Cannabis prescription.

ACCESS



Access to Medical Cannabis is generally via the federal [Special Access Scheme B \(SAS B\)](#) application, and can only be submitted by an Australian-registered Medical Practitioner.

Individual consumers cannot apply to obtain approval to import and access unapproved medicinal cannabis products. Access can only be arranged through an Australian Registered Medical Practitioner. Approval or authorisation is granted on a case-by-case basis.

Once an approval is in place, your doctor arranges for an approved pharmacist to dispense the medication for you.

Note: Applications are made per patient per product.

ELIGIBILITY

The SAS is governed by the Therapeutic Goods Administration (TGA). The TGA is considering **any chronic condition that has lasted 3 months or more and has not responded to conventional treatments/medications, or the medications have significant side effects.**

To date, the TGA has approved over 25 conditions including:

- Chronic pain
- Neuropathic pain
- Cancer Pain
- Chemotherapy-induced nausea and vomiting
- Epilepsy / Seizure Management
- PTSD
- Depression
- Fibromyalgia
- Multiple Sclerosis
- Autism
- Anxiety
- Schizophrenia
- Alzheimer's
- Palliative care
- Cancer pain
- Spasticity from neurological conditions
- Anorexia and wasting associated with chronic illness (such as cancer).

Potentially any medical condition/symptom could be applied for. However, the doctor would have to justify why she/he is applying to prescribe you medical cannabis. This may include providing studies completed on the condition with medicinal cannabis.

CONSENT

You will need to give informed consent and sign that you understand that you cannot drive a vehicle or operate heavy machinery if the medicinal cannabis contains tetrahydrocannabinol (THC).

COST OF MEDICINAL CANNABIS

The cost depends on the cannabinoids in the product, the amount required by the patient, the source, shipping expenses, customs fees and the dispensing fees charged by the dispensing pharmacy.

PBS

Medicinal cannabis is not on the Pharmaceutical Benefits Scheme (PBS) so patients need to pay the costs of purchasing the product.

There is currently no government subsidy for the cost of medicinal cannabis for individual treatment, and the government does not regulate the prices for supply of approved products.

Health Funds

Some patients have been refunded for the cost of the medicine on their health fund. Please check with your own health fund.

Clinical trials generally provide product free of charge to trial participants, but these are generally time limited.

Our general estimate for an average chronic pain patient is to spend \$4 to \$10 per day on Medicinal Cannabis (Med Can).

COST OF MEDICINAL CANNABIS CONSULTS

Your initial medical cannabis consultation will take up to an hour to complete the paperwork. Your own doctor can charge from anywhere between \$150 to \$400 for this initial consultation. This is subsidised by Medicare (\$71).

Subsequent consultations are between \$40 and \$80 and are subsidised by Medicare (\$37). You will need to have follow-up consultations with your doctor to get subsequent monthly prescriptions.

Pharmacies charge a fee to dispense the product. We provide pharmacies with a recommended retail pricelist which we hope will keep the prices down for patients.

If you decide to change your MedCan product or add an additional product, the doctor will need to apply to the TGA again. For each new product your doctor must make another TGA Application on your behalf. Your doctor may charge you a consult fee for her/his time.

TeleHealth Costs (online video call or phone consultation)

CDA TeleHealth consultations are \$199 for the initial consultation and includes the application to the TGA, the prescription and the pharmacy dispensing. Follow up consults / repeat prescription consultations cost \$59. Approval renewals or change of product consultations are \$99.

Please note that TeleHealth consultations will not be eligible for a Medicare rebate unless you live in a remote area without any access to a prescribing doctor. In order to book a TeleHealth consult with CDA Clinics, you will require a referral from your own doctor.

CDA Affiliated Doctors

Doctors who have been trained by CDA Clinics are recommended by us to follow our pricing schedule for consultations. Because these consultations have a lot of associated paperwork and an application to the TGA

GPs can include the Med Can consult as part of a Chronic Care Plan.

CONSULTATION COSTS	CLINIC	MEDICARE REBATE <i>Clinic Only</i>	TELEHEALTH
Application consultation	\$200	\$71	\$199
Prescription Collection	-	-	-
Review / Repeat Prescription	\$70	\$37	\$59
Approval renewal	\$170	\$71	\$99
<p>These prices are only a guide. Each practitioner and clinic sets their own prices due to local overhead costs.</p> <p>Medicare rebates are only available with a physical clinic visit and not available with TeleHealth or online consultations. If you are located in a remote area without access to a prescribing doctor you may qualify for a TeleHealth Medicare rebate.</p> <p>Product cost is additional to this.</p>			

HOW TO PREPARE FOR YOUR TELEHEALTH CONSULTATION

You will need to bring a referral letter from your regular doctor and ideally a copy of your relevant medical history with any other relevant documentation.

We will need a list of previous treatments and medications tried for the condition that you want Medicinal Cannabis for. Bring a list of your current medications or bring them in a bag to your consult.

1. Referral Letter
2. Medical History / Health Summary
3. Current Medications

Do your research

Before your consultation it would be helpful if you could research THC and CBD so that you are familiar with the effects and possible side effects of these cannabinoids (cannabis components). There is a section below that provides an overview of these.

PRODUCTS

Medical Cannabis comes in a variety of forms with varying combinations of cannabinoids (i.e. THC and CBD):

- Flower / bud
- Oils
- Liquid capsules
- Oro-mucosal spray
- Patches
- Gels



ROUTE OF ADMINISTRATION

Orally: spray, oil or capsules or tablets.

Inhaled via vaporisation: using a vaporiser approved by the TGA as a medical device or one sourced by the patient.

Skin: patches, topical gel or topical cream.

MEDICINAL CANNABIS DOSING

There are two types of dosing; regular dosing for control of a consistent symptom/condition, or as required dosing for an intermittent symptom/condition. In both cases patients should try to use the minimal effective dose. This is achieved by starting at a low dose as instructed by your doctor, and gradually increasing your dose until you either (1) have symptom/condition relief, (2) you have a side effect, or (3) you reach the maximum dose prescribed by your doctor. If a side effect occurs, please contact your prescribing doctor and decrease the next dose.

Most regular dosing is divided into twice daily intervals, but some patients find more regular intervals, like four times a day, better at controlling their symptom/condition. An example for a slowly increasing dose with an oil dropper would be 1 drop twice a day, increased by 1 drop every second day, to a maximum of 10 drops twice a day. Doctors call this a titrating dose.

RESTRICTIONS

Patients will not be approved to smoke cannabis as this exposes them to combusted cannabis material. Vaporisation using a vaporiser heats the Medicinal Cannabis to a lower temperature, which releases heated cannabinoids (THC and CBD) at a temperature below combustion.

Doctors seeking approval to use a specific product will need to provide evidence of its safety and efficacy for the condition or symptom being treated as part of their clinical justification to the TGA.

DRIVING

THC (tetrahydrocannabinol) is the main psychoactive component of some cannabis (some Medicinal Cannabis products have no THC, and thus are non-psychoactive). Research has shown that THC use has an effect on a person's ability to drive.

Unlike alcohol, there is currently no specific concentration of THC that authorities can use as an indicator of impairment. It is illegal for any patient being treated with medicinal cannabis containing THC to drive while undergoing treatment.

CANNABINOIDS

Cannabinoids are naturally occurring compounds found in the Cannabis sativa plant. Of over 480 different compounds present in the plant, only around 66 are termed cannabinoids. The cannabinoids are most abundant in the female flower head, which is used in the manufacture of medicinal cannabis products.

The most well-known among these compounds is THC), which is the main psychoactive ingredient in cannabis.

THC and CBD

The main cannabinoids in cannabis are THC and CBD:

Tetrahydrocannabinol (THC) is the most well-known cannabinoid due to its psychoactive properties and therefore its prevalence within black market cannabis that has been specifically cultivated to get a user "high"

THC may also be responsible for some of the medicinal effects of cannabis such as reduction of nausea, vomiting, pain and muscle spasms as well as improvements in sleep and appetite.

Cannabidiol (CBD) has been found to reduce the 'high' caused by THC, and may also be effective for seizures, pain, and may reduce anxiety. CBD causes no 'high' feeling, and patients can drive when using CBD.

CBD is not psychoactive (it won't make you feel 'high') and it may be useful in the management of seizures, pain, and may have anxiolytic and antipsychotic effects. Different cannabis strains contain different ratios of THC to CBD.

Medicinal Cannabis with THC is considered a 'Controlled Drug' under Schedule 8 (S8) of the Poisons Standard.

From 1 June 2015, CBD has been included under Schedule 4 (S4) Prescription Only Medicine of the Poisons Standard when preparations for therapeutic use contain 2% or less of other cannabinoids found in cannabis.

OTHER CANNABINOIDS

Other cannabinoids under active research include Cannabigerol (CBG), Tetrahydrocannabivarin (THCV), Cannabinol (CBN) and Cannabichromene (CBC).

The cannabis plant also contains Terpenes which give cannabis its flavour and aroma. Terpenes have their own pharmacological effects, which can be considered when prescribing.

BLACK MARKET CANNABIS

- Medicinal Cannabis and illegal cannabis come from the same species family but are very different.
- Illegal cannabis is grown from unknown sources, and may contain pesticides, moulds, and bacteria which are harmful.
- Recreational cannabis has been cultivated and bred to contain high amounts of the psychoactive cannabinoid THC. This type of cannabinoid may not be right for your condition and you may benefit more from a higher ratio of CBD to THC.
- The manufacture of Medicinal Cannabis is highly regulated and must conform to strict Good Manufacturing Practices (GMP) – this means products are free from harmful ingredients or bi-products.
- The manufacture and importation of this cannabis is checked and tracked by the Australian government to ensure that there is legitimacy – that you get what you (and your doctor) signed up for.
- Black market cannabis is inconsistent. Medical Cannabis is highly regulated to ensure that the effect that the product has for a patient will be the same from bottle to bottle.
- The gathering of patient data in relation to the positive effects of pharmaceuticals will allow the government to safely deregulate the medical cannabis industry. Black market cannabis does not contribute to this.

HOME GROWN CANNABIS

You cannot legally produce your own cannabis for medicinal use. Home-grown medicinal cannabis products have unknown concentrations of active ingredients and contain potentially harmful contaminants and these home-grown products are easily diverted into the illicit drug market.

Medicinal cannabis products need to be consistent, contaminant free and high quality so doctors can make safe prescribing and dosage decisions.

SCHOOL-AGED TREATMENT

If a patient is at school, they can have the prescribed product administered at school in the same way as other medicines.

It should be noted that medicinal cannabis is often given as a twice daily dose, and it is unlikely that a supply of the medication will need to go to school with the child.

If you need any further information, please see our website or contact us directly.

<http://www.CDAClinics.com.au/>

Watch our informative videos on our [You Tube Channel](#)