



5 November 2021

Circular 025/21

## Medical Cannabis Access Programme (MCAP)

Dear Pharmacist,

The purpose of this circular is to update you on the implementation of the Medical Cannabis Access Programme (MCAP).

The purpose of the programme is to facilitate access to acceptable cannabis-based products for medical use that are of a standardised quality and which meet the requirements outlined in S.I. No. 262 of 2019 (Misuse of Drugs (Prescription and Control of Supply of Cannabis for Medical Use) Regulations 2019) (as amended).

The Medical Cannabis Access Programme is to provide access for patients with the following medical conditions which have failed to respond to standard treatments:

- spasticity associated with multiple sclerosis resistant to all standard therapies and interventions
- intractable nausea and vomiting associated with chemotherapy, despite the use of standard anti-emetic regimes
- severe, refractory epilepsy that has failed to respond to standard anticonvulsant medications

The Minister for Health, following consultation with the IPU, has determined that the following fee rates should apply for dispensing under the Medical Cannabis Access Programme (MCAP):

Patient care fee:	€53.37
Standard dispensing fee:	€5.00
M.D.A fee	€5.74

In line with Ministerial policy pertaining to the Medical Cannabis Access Programme in Ireland, the specified controlled drugs **CannEpi<sup>TM</sup> Oral Solution** and **Tilray<sup>®</sup> THC10:CBD10 Full Spectrum Oral Solution** as listed in Schedule 1 of the Misuse of Drugs (Prescription and Control of Supply of Cannabis for Medical Use) (Amendment) Regulations 2020 have been assigned administrative codes by the HSE Primary Care Reimbursement Service.

The administrative codes will facilitate access to **CannEpi<sup>TM</sup> Oral Solution** and **Tilray<sup>®</sup> THC10:CBD10 Full Spectrum Oral Solution** in accordance with the Misuse of Drugs (Prescription and Control of Supply of Cannabis for Medical Use) Regulations 2019 (as amended).

The Consultant Neurologist / Oncologist must make an application to register the patient on the Cannabis for Medical Use Register. The HSE [Cannabis for Medical Use Register Application form](#) must be completed by the prescribing medical consultant and the patient/parent/guardian. Persons added to the register will be issued with a Cannabis for Medical Use Registration (CMUR) number from the HSE PCRS and this CMUR number will be provided to the prescribing consultant on the [Cannabis for Medical Use Prescription Form](#) (please see copy in Appendix A ) which must be used for prescribing these products.

Reimbursement of **CannEpi<sup>TM</sup> Oral Solution** and **Tilray<sup>®</sup> THC10:CBD10 Full Spectrum Oral Solution**, prescribed by medical consultants and supplied through community pharmacies for a specified therapeutic indication as outlined in Schedule 2 of the Misuse of Drugs (Prescription and Control of Supply of Cannabis for Medical Use) Regulations 2019 (as amended), will be on an individual named patient basis aligned to the patient's eligibility under the Community Drug Schemes (Medical Card, Long Term Illness Scheme and Drugs Payment Scheme).

Pharmacists can check if reimbursement approval is in place for patients by contacting Pharmacy Function on 01 8647100 option 7 or email [pharmacy.response@hse.ie](mailto:pharmacy.response@hse.ie). Pharmacies can dispense and claim manually for these products using the administrative codes provided on a unified claim form with a copy of the Cannabis for Medical Use prescription (Copy of Summary of Claims Certificate included in Appendix B). Claims submitted for patients who are not approved will not be paid.

<b>Administrative Code</b>	<b>Product Description</b>	<b>Pack Size</b>	<b>Reimbursement Price</b>
46121	CannEpil™ Oral Solution (100mg/ml CBD, 5mg/ml THC in MCT oil)	50ml	€467.64
46120	CannEpil™ Oral Solution (100mg/ml CBD, 5mg/ml THC in MCT oil)	30ml	€280.80
46122	Tilray® THC10:CBD10 Oral Solution (10mg/ml CBD, 10mg/ml THC)	25ml	€135.00

Please see attached list of frequently asked questions (FAQs)

Yours faithfully,



Shaun Flanagan  
Primary Care Eligibility & Reimbursement

## **Cannabis for Medical Use Prescription Form**

<h1 style="margin: 0;">CANNABIS FOR MEDICAL USE</h1> <h2 style="margin: 0;">PRESCRIPTION FORM</h2>		 Feidhlimíocht na Seirbhíse Sláinte Health Service Executive	
<b>FOR USE BY CONSULTANT NEUROLOGIST / ONCOLOGIST</b>		<b>Pharmacy</b> sequence number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>	
<b>ONLY</b> Please complete all sections in BLOCK CAPITALS where appropriate			
<b>PART 1 – HOSPITAL AND PATIENT DETAILS</b>			
<b>Hospital Name:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>		<b>Telephone No.:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>	
<b>Address Line 1:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>		<b>Eircode:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>	
<b>Address Line 2:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>		<b>Eircode:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>	
<b>Patient Name:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>		<b>Eircode:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>	
<b>Address Line 1:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>		<b>Eircode:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>	
<b>Address Line 2:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>		<b>Eircode:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>	
<b>Phone Number:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>		<b>Date of Birth:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>	
<b>Card Type:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>		<b>Gender:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>	
<b>Card Type:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>		<b>Card Number:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>	
<b>CMUR NUMBER (LEGAL REQUIREMENT)</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>		<b>Card Number:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>	
<b>Part 2-Prescribed Drugs Details</b> (please specify the product, strength, form, dose and Quantity)			
<b>Cannabis Product</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>	<b>Strength</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>	<b>Form</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>	<b>Dose</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>
<b>Dispense the total quantity above in _____ instalments at the _____ (day/week/monthly etc.)</b>			
<b>Dispense the following quantity _____ every _____ (day/week/monthly etc.)</b>			
<b>Comments</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>			
<b>Prescribing Doctor:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>			
<b>Medical Council No.:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>			
<b>Speciality:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>			
<b>Doctor's Signature:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>			
<b>Prescription valid for dispensing _____ instalment within 14 days from this date.</b>			
<b>PART 3 – NOMINATED PHARMACY DETAILS</b>			
<b>Please give to the nominated pharmacy in which the patient will collect the Cannabis Product.</b>			
<b>Pharm. Name:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>		<b>GMS No:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>	
<b>Address 1:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>		<b>Eircode:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>	
<b>Address 2:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>		<b>Eircode:</b> <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>	
<b>Notes: 1) To Hospital: A copy of this form should be kept on file for your records</b>			
<b>2) To Patient: This form must be given to your nominated pharmacist.</b>			

## Appendix B

### Summary of Claims under Medical Cannabis Access Programme

<b>Medical Cannabis Access Programme (MCAP)</b>	
HSE	
PRIMARY CARE REIMBURSEMENT SERVICE	
UNIT 1 - 10 JS PLAZA, NORTH PARK BUSINESS PARK	
EXIT 5, M50, NORTH ROAD, FINGLAS, DUBLIN 11, D11 PXT0	
 <b>SUMMARY OF CLAIMS UNDER THE MEDICAL CANNABIS ACCESS PROGRAMME</b>	
PHARMACY NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MONTH / YEAR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NUMBER OF FORMS	<input type="text"/>
PHARMACY NAME ADDRESS AND STAMP	
<input type="text"/>	

## Frequently Asked Questions

### Medical Cannabis Access Programme (MCAP)

#### **Q1. Where can I find more information on the Medical Cannabis Access Programme (MCAP)?**

The Department of Health published clinical guidance - 'Clinical Guidance on Cannabis for Medical Use' which can be accessed at <https://www.gov.ie/en/publication/90ece9-medical-cannabis-access-programme/>

#### **Q2. How do patients apply for registration on the Cannabis for Medical Use Register (CMUR)?**

The Consultant Neurologist / Oncologist must make an application for registration on the Cannabis for Medical Use Register. The HSE Cannabis for Medical Use Register Application form must be completed by the prescribing medical consultant and the patient/parent/guardian.

#### **Q3. How do community pharmacy contractors check if a patient is registered on the Cannabis for Medical Use Register and if reimbursement approval is in place for patients?**

Contact pharmacy function on 01 8647100 option 7 or email (by Healthmail) to [pharmacy.response@hse.ie](mailto:pharmacy.response@hse.ie)

The CMUR number will be provided to the prescribing consultant on the Cannabis for Medical Use Prescription Form and this CMUR number must be included on the prescription form. There is no requirement for a treatment card listing the CMUR number.

Patients will have to be registered on one of Community Drug Schemes. Patient approval will not be visible on Secure Scheme Checker. Initial approval will be for a maximum of 6 months.

#### **Q4. How much does the patient pay for items dispensed under MCAP?**

These products are exempt from prescription charges for approved patients.

#### **Q5. What are the reimbursement arrangements for pharmacists?**

The pharmacist will order the drug from the supplier as normal and will be reimbursed the Reimbursement price plus the fees as outlined in Circular 025/21.

GMS approved patients do not also require a separate GMS prescription from their GP.

All patients or their representative must sign the Unified Claim Form (UCF) to confirm that they have received the items.

The top copy of the UCF is submitted for each dispensing with a copy of the Cannabis for Medical Use Prescription Form using form number format. The UCF will need to include patient name, Community Drug Scheme eligibility details, administrative codes, name and quantities of products dispensed and dates of dispensing.

These claims are submitted manually, similar to claims submitted for Opioid Substitution Treatment Scheme. A separate bundle containing copies of the Cannabis for Medical Use Prescription Forms with UCFs attached, and the summary of claims certificate must be forwarded to the HSE no later than **14 days after the last day of the month** in which the supply was completed. Claims are submitted in the normal manner and should be posted to:

Health Service Executive (HSE)  
Primary Care Eligibility & Reimbursement Service (PCERS), P.O. Box 6422,  
Finglas, Dublin 11

**Q6. What are the prescription requirements for the cannabis based products listed in Schedule 1 of the Misuse of Drugs (Prescription and Control of Supply of Cannabis for Medical Use) Regulations 2019 (as amended)?**

Persons added to the register will be issued with a Cannabis for Medical Use Registration (CMUR) number from the HSE PCRS and this CMUR number will be provided to the prescribing consultant on the Cannabis for Medical Use Prescription Form (As per legislation, 'a practitioner shall not issue a prescription for a specified controlled drug other than in a format prescribed by the Executive for that purpose')

A prescriber cannot legally issue a prescription for a specified controlled drug (Schedule 1 of the Misuse of Drugs (Prescription and Control of Supply of Cannabis for Medical Use) Regulations 2019)(as amended) to a person who is not registered and entered in the Cannabis for Medical Use Register and does not have an individual CMUR number assigned to them.

**Prescription requirements for specified controlled drugs as per Misuse of Drugs (Prescription and Control of Supply of Cannabis for Medical Use) Regulations.**

The specified controlled drugs listed in Schedule 1 of the Misuse of Drugs (Prescription and Control of Supply of Cannabis for Medical Use) Regulations (SI 262 of 2019) and amendment Regulations (SI 505 of 2020) are Schedule 2 (CD2) products as per the Misuse of Drugs Regulations 2017 and amendment legislation (Misuse of drugs (amendment) Regulations 2019 (SI 282 of 2019). This means the cannabis products/preparations listed in the Misuse of Drugs (Prescription and Control of Supply of Cannabis for Medical Use) Regulations are Schedule 2 (CD 2) controlled drugs and prescriptions must meet the requirements of the Misuse of Drugs Acts 1977 to 2016 and the Misuse of Drugs Regulations 2017.

**Q7. Where can these products be ordered from?**

The supplier of CannEpil™ Oral Solution (100mg/ml CBD, 5mg/ml THC in MCT oil) has confirmed that product can be ordered directly from Georgelle.

The supplier of Tilray® THC10:CBD10 Full Spectrum Oral Solution (10mg/ml CBD, 10mg/ml THC) has yet to confirm the date the product will be available or ordering arrangements.