

4th November 2025

To whom it may concern

I have been a pharmacist for over 30 years, 15 of which as a Superintendent Pharmacist. Superintendent Pharmacist is the qualified pharmacist responsible for the management and standards of the professional and clinical aspects of a pharmacy business. Essentially ensuring the business complies with the **Medicines Act 1968, Human Medicines Regulations 2012, and GPhC (General Pharmacy Council) standards**. I have been the Superintendent of Specials Pharma Ltd, a Medical Cannabis dispensing pharmacy for over 5 years.

Cannabis for medical purposes was rescheduled under **The Misuse of Drugs (Amendments) (England, Wales and Scotland) Regulations 2018 (the '2018 Regulations)**, which amended the **Misuse of Drugs Regulations (MDR) 2001 (S.I.2001 / 3998)**. This rescheduling created a new class of cannabis product as "cannabis-based products for medicinal use in humans" (or CBPMs) which enables the use of CBPMs from the 1 November 2018, to be listed in Schedule 2 of the 2001 Regulations. (Please note that CBPMs and Cannabis are not the same with the former a Schedule 2 drug and legal on prescription and the latter a Schedule 1 drug and illegal to possess without a Home Office schedule 1 domestic license and is not for medical use)

The use of CBPMs are strictly controlled in that only a specialist doctor registered on the **GMC (General Medical Council)** register can prescribe them (or allow another prescriber under his/her supervision with a Share Care Agreement) on a Private prescription for Schedule 2 Controlled drugs (CD) a **FP10PCD** form following the **Regulation 15 in the MDR 2001** as to a legally written prescription. This regulation includes the validity of the prescription as 28 days from the date on the prescription, or the date it becomes valid if post-dated.

The Home Office and the Department of Health recommend that the maximum quantity of Schedule 2, 3, or 4 CDs should not exceed 30 days' supply, and more is discouraged, unless there are exceptional clinical reasons. Under the **Misuse of Drugs Regulations 2001**, there is no statutory limit on the quantity or duration for which a Controlled Drug can be prescribed. Legally, a prescriber can issue more than 30 days' supply but doing so must be clinically justified.

Furthermore, different cannabis-based products may contain varying ratios of cannabinoids and terpenes, which can result in different pharmacological effects. As a result, it may be clinically appropriate for a patient to legally receive more than one strain or formulation for more than 30 days provided such supply is within the exemptions and authorities permitted under **Section 5(1) of the Misuse of Drugs Act 1971** and **Section 7 of the Misuse of Drugs Regulations 2001**.

What does this mean in practice for a pharmacy

1. That the prescriber Bona fides is checked to ensure that they are in the Specialist Register on the GMC register or that the prescriber has a Share Care Agreement with a doctor in the Specialist Register on the GMC register.
2. That the prescription is checked for legality including the date. Any prescriptions more than 28 days from the date on the prescription is not supplied even if part of it had already been supplied or dispensed prior to the date. (28 days refers to the supply and not the dispensing of). That any postdated prescriptions are not supplied until the date in which it is legally valid (The date on the prescription and for 28 days thereafter)
3. Most prescriptions for CBPM are "prn" medication (Latin for pro re nata or "when require"). This is normal and therefore the prescription quantity could last less than 30 days or more than 30 days and would be deemed clinically justified if it did last longer than 30 days. Prescriber do include the maximum daily dose which is often multiplied by 30 (as in days) for the final quantity. Patients only take what is required for their symptoms and do not always take the maximum and will therefore have more than 30-day supply. For example, a palliative care patient whose "prn" morphine is used for more than 30 days. Only where a doctor provides a definite end date on the prescription (As they do for a methadone patient) then it is legally required to stop taking the medication on that date.
4. Prescriptions are generally for more than one strain depending on the individual clinical needs. This is both usual and acceptable and can be for numerous reasons. A simple example, a night-time strain may induce sleep whilst a day-time strain may help with energy and concentration.

I confirm that the information provided in this statement is accurate and complete to the best of my knowledge and belief.



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RP/QA Consultant - Safecare Consultancy Ltd

Reference:

- MHRA The supply, manufacture, importation and distribution of unlicensed cannabis-based products for medicinal use in humans 'specials
- The Misuse of Drugs Regulation 2001 (the '2018 Regulations)
- Controlled Drugs (Supervision of Management and Use) Regulations 2013
- Human Medicines Regulations 2012
- GPhC Standards & Guidance for Registered Pharmacies
- Medicines Act 1968

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