Why Ask Patients to Cut Into Quarters 10-mg THC Gummies Obtained From a Cannabis Dispensary When 2.5-mg THC (Dronabinol) Is Available by Prescription?

To the Editor: A retrospective study by Sawicki et al[1] examined electronic health records of patients in a geriatric psychiatry practice who were diagnosed with dementia and for whom 2.5 mg of tetrahydrocannabinol (THC) was recommended for their neuropsychiatric symptoms (NPS) by the treating geriatric psychiatrist as part of clinical care. The patients were encouraged to obtain 10-mg THC gummies from a cannabis dispensary and cut them into quarters for the 2.5-mg daily dose.[1] Though the authors highlight that when the "THC was obtained through dispensaries ... the actual dose of THC delivered to patients was non-standard and could have differed, leading to different treatment effectiveness and side effects,"[1(p5)] they do not discuss the alternative option of accessing the 2.5-mg THC dose by prescription from the local pharmacy. Access to a generic, Food and Drug Administration (FDA)-approved form of THC (dronabinol) has been available for over 2 decades in pharmacies located in every state of the United States. Dronabinol is available by prescription in a standardized, well-controlled 2.5mg dose from the pharmacy at the low "out-of-pocket" cost of approximately $30/mo.[2,3] The cost of this generic prescribed medication may be covered by health insurance plans even though, in this case, it would be prescribed for an off-label indication, because, in clinical practice, insurance plans frequently cover generic medications without requiring their "on-label" use. In our clinical practice, when we engage our patients in the process of informed consent and recommend treatment options, we provide our patients with information about all available access to treatment, including recommendations for off-label use of medications that have FDA approval. We were surprised to see that this article makes no mention of dronabinol as an option, neither in their description of the initial phase of treatment recommendation for accessing THC nor in their discussion section, where they identify a need for "further controlled studies of THC for the treatment of NPS in dementia ... in the rapidly changing regulatory landscape of cannabis for medical purposes."[1(p5)] Though the question of efficacy would surely require controlled studies of whether 2.5-mg THC is beneficial for the treatment of NPS in dementia, we can see how these studies can be conducted with the use of dronabinol and without referring patients to cannabis dispensaries.

References

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Marina Goldman, MD, DFAPA
Dimitri Markov, MD, FAPA

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Author Affiliations: Department of Psychiatry and Human Behavior, Thomas Jefferson University, Philadelphia, Pennsylvania (all authors).

Corresponding Author: Marina Goldman, MD, DFAPA, Department of Psychiatry and Human Behavior, Thomas Jefferson University, 33 S 9th St, Ste 210, Philadelphia, PA 19107 (gmarina1@gmail.com).

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ORCID: Marina Goldman: https://orcid.org/0009-0002-0965-445X