In recent years, cannabidiol (CBD) combined with clobazam has attracted considerable attention as a treatment option for certain childhood epilepsies, especially rare and severe syndromes. But patients and families often face confusion when trying to understand how this treatment fits within the NHS framework. Which conditions qualify? What changed after 2018's rescheduling? Why do specialist-only prescribing rules matter? And how do unlicensed cannabis-based medicinal products fit in?

This post unpacks those questions, translating policy jargon into clear, practical answers based on current NHS rules, specialist guidance, and available resources. Whether you're a parent exploring treatment options or a healthcare professional needing clarity on cannabidiol plus clobazam use in children, this comprehensive guide should help.

Background: The 2018 Rescheduling of Cannabidiol

Before 2018, cannabis-based products, including cannabidiol, were largely unavailable for legal prescription on the NHS. In November 2018, cannabidiol was "rescheduled" — removing it from Schedule 1 controlled substances and reclassifying it as a Schedule 2 drug under the Misuse of Drugs Regulations 2001. This change allowed certain cannabis-based medicines to be prescribed legally by doctors in the UK for specific medical indications.

What this meant in simple terms: Doctors could now prescribe licensed cannabidiol medicines legally, but this did not automatically mean broad NHS funding or easy access.

- Rescheduling enabled specialist clinicians to prescribe CBD products legally without risking prosecution.
- However, each use of cannabidiol was (and still is) tightly controlled, with specialist-only prescribing rules.
- NB: Rescheduling is about legal status, not who pays for treatment — NHS funding is a separate, often more complex, decision.

Impact on childhood epilepsy treatment

The rescheduling paved the way for trials and eventual licensing of cannabidiol products for rare childhood epilepsy syndromes, but only in very specific contexts.

Licensed Indications: Rare Severe Epilepsy Syndromes where NHS will fund Cannabidiol + Clobazam

The key to NHS access for cannabidiol combined with clobazam lies in the licensed indications and NICE technology appraisal guidance.

Currently, cannabidiol plus clobazam is licensed and funded on the NHS for:

- **Dravet syndrome**
- **Lennox-Gastaut syndrome**
- **Tuberous sclerosis complex (TSC)**

These are rare, severe epilepsy syndromes typically diagnosed in childhood and characterised by frequent, treatment-resistant seizures.

The Evidence Behind This

The licensing and subsequent NHS funding decisions largely stem from clinical trials demonstrating that cannabidiol, when added to clobazam, can reduce seizure frequency in patients with these syndromes. As a result, the NHS provides funding for CBD medicines within these defined conditions and under specific prescribing guidelines.

What This Means in Practice

Epilepsy Syndrome NHS Cannabidiol + Clobazam Funding Status Specialist Prescribing Dravet syndrome Licensed & funded Specialist neurologist or epilepsy centre only Lennox-Gastaut syndrome Licensed & funded Specialist neurologist or epilepsy centre only Tuberous sclerosis complex (TSC) Licensed & funded (for seizure treatment) Specialist neurologist or epilepsy centre only Other epilepsy syndromes Generally *not* funded on the NHS Unlicensed, specialist discretion

Because these syndromes are rare, prescribing cannabidiol plus clobazam on the NHS is restricted to specialist epilepsy clinics. Patients cannot typically access this treatment through general paediatricians or GPs due to prescribing guidelines.

Specialist-Only Prescribing Rules and What They Mean

The NHS and regulatory authorities require that cannabidiol combined with clobazam is prescribed only by consultants who specialise in epilepsy management. This limits inappropriate use and ensures close monitoring.

- **Why specialist-only?** Cannabidiol interacts with clobazam by affecting liver enzymes and drug metabolism, so experienced oversight is crucial.
- Specialists determine candidacy for treatment based on syndrome diagnosis, dose adjustments, and monitoring side effects.
- General practitioners and community services cannot initiate these prescriptions, though they may help with continuing prescriptions after specialist assessment.

How Patients Typically Access Treatment

1. Referral to a paediatric epilepsy specialist or epilepsy centre
2. Diagnosis confirmation of one of the licensed syndromes (Dravet, Lennox-Gastaut, or TSC)

3. Assessment for suitability of cannabidiol plus clobazam
4. Initiation of treatment in the specialist clinic, with ongoing follow-up

This pathway ensures that NHS funding is applied correctly and meets NICE criteria.

Unlicensed Cannabis-Based Medicines and NHS Caution

Beyond licensed cannabidiol products, there exist *unlicensed* cannabis-based medicines, often compounded or imported from overseas. These are not licensed by the Medicines and Healthcare products Regulatory Agency (MHRA) and come with more uncertainty regarding quality, dose consistency, and efficacy.

Important points:

- Even post-rescheduling, unlicensed cannabis-based medicines remain a grey area for NHS funding and prescribing.
- NHS England and NICE strongly caution against routine prescribing of unlicensed cannabis products due to lack of clear evidence and regulatory approval.
- These medicines may sometimes be prescribed "off-label" at specialist discretion, but patients usually bear the cost themselves unless exceptions apply.

For families considering these options, https://vergemagazine.co.uk/can-you-get-medical-cannabis-on-the-nhs-a-guide-to-the-uk-system/ sites like medicalcannabis.co.uk can provide directories of clinics and services, while releaf.co.uk offers patient-friendly explanations about cannabis-based medicines in the UK context.

The NHS Funding versus Legal Prescribing Balance

It is critical to separate legality from NHS funding:

- Post-2018 rescheduling means cannabidiol medicines *can legally be prescribed* under specific conditions.
- However, the NHS decides *where and when it will pay* for the medicine, usually limited to approved indications and specialist oversight.
- Legal prescribing does not guarantee NHS funding, and not all patients will receive cannabidiol on the NHS outside of NICE-approved syndromes.

This distinction leads to much patient confusion, especially when clinics or online sources suggest easy access to cannabidiol on the NHS regardless of diagnosis.

No Specific Prices Available But Costs Can Vary

At the time of writing, no specific prices for cannabidiol plus clobazam combinations were stated in NHS or publicly available sources. Pricing for licensed cannabidiol products may vary depending on formulation and supplier. Should any reliable future sources quote exact costs, those figures will be attributed and published to provide clear transparency.

Summary: Who Gets Cannabidiol with Clobazam on the NHS?

- Children diagnosed with **Dravet syndrome**, **Lennox-Gastaut syndrome**, or **tuberous sclerosis complex** are eligible for NHS-funded cannabidiol plus clobazam treatment.
- Prescribing must come from specialist epilepsy clinicians, not general doctors or clinics.
- Unlicensed cannabis-based medicines remain largely outside NHS funding and carry more uncertainty.
- Legal prescription post-2018 rescheduling does not mean universal NHS funding or availability.
- Families can use specialist directories like medicalcannabis.co.uk and patient information sites such as releaf.co.uk for guidance.

Helpful Resources

- medicalcannabis.co.uk – UK clinic directory and comparison site for cannabis-based medicines
- releaf.co.uk – Patient-friendly explainer on cannabis-based medicines in the UK
- NICE Technology Appraisal TA715 – Guidance for cannabidiol with clobazam in Dravet and Lennox-Gastaut syndromes
- NHS Epilepsy Information

If you are a parent or carer trying to explore cannabidiol treatment for childhood epilepsy, always ask your specialist consultant about eligibility and NHS pathways before seeking treatment elsewhere.