TEXAS Health and Human Services

Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.
Commissioner

Request to Add Medical Conditions for Which a Physician May Prescribe Low-THC Cannabis or Add Pulmonary Inhalation Devices for Low-THC Cannabis

This form can be used for the following purposes:

1. A treating physician of a patient diagnosed with a medical condition for which Low-THC Cannabis may be prescribed may use this form to request the medical condition be added to the list of neurodegenerative or non-neurodegenerative diseases.

   OR

2. A qualifying dispensing organization may use this form to recommend a specific pulmonary inhalation device.

This form must be submitted through email to HPCDPSprovider@dshs.texas.gov.

The Department of State Health Services (DSHS) will follow the process defined under 25 Texas Administrative Code, Subchapter D §1.61 and §1.63 and may update the list after submission. DSHS staff may ask for additional information to make a determination.

Submission Information

Submission Type:

Request Date:

Name and Credentials: **Organization:**

Address:

City: **State:** **Zip:**

Phone Number: **Email Address:**

Physician Use Only

Select Type of Disease:

Name of Disease:

If selecting non-neurodegenerative disease, you must submit the peer-reviewed published research by attaching it in the email along with this form, or by providing the link here:

Dispensing Organization Use Only

Specific Pulmonary Inhalation Device(s) Recommended:

☐ By submitting this form, I attest that the proposed pulmonary inhalation device(s) is safe and effective for the pulmonary inhalation of low-THC cannabis.

Comments: