If you live with fibromyalgia, persistent pain and exhaustion can affect almost every part of daily life. It is understandable to look for treatments that might help when standard options have not worked well. Medical cannabis may come up in that search—but the NHS does not routinely prescribe it for fibromyalgia.

The short answer is that NHS prescribing is tightly restricted, and fibromyalgia is not one of the conditions for which cannabis-based medicines are routinely recommended. There is also not enough reliable evidence to show that these medicines are a safe and effective treatment for fibromyalgia. That does not mean your symptoms are not real, or that you should be left without support. It does mean that NHS clinicians usually focus on treatments with better evidence, tailored to your symptoms and circumstances.

This article explains the rules, what treatment and referral routes may be available, and how an online eligibility check or private video consultation fits into the picture.

Why NHS prescribing is limited

In the UK, "medical cannabis" is a broad term for medicines containing cannabis-derived substances. Some products contain cannabidiol (CBD), tetrahydrocannabinol (THC), or both. They are not all the same, and unregulated cannabis products bought online or elsewhere are not equivalent to prescribed medicines.

NHS prescribing is limited to a small number of situations. The NHS says specialist doctors may consider cannabis-based medicines for certain people with:

- rare, severe forms of epilepsy;
- nausea and vomiting caused by chemotherapy, when other medicines have not helped; or
- muscle stiffness and spasms caused by multiple sclerosis, when other treatments have not worked.

Even for these conditions, a prescription is not automatic. A specialist weighs up the evidence, possible benefits and risks, and the person's previous treatments.

Fibromyalgia not listed NHS guidance as a condition for which cannabis-based medicines are routinely prescribed. The phrase "fibromyalgia not listed NHS" can sound dismissive, but it describes the limits of current NHS policy—not the seriousness of the condition or the impact it can have.

Who can prescribe cannabis-based medicines on the NHS?

For an NHS prescription, the decision must be made by a **specialist hospital doctor**, usually one with expertise in the relevant condition. A GP cannot routinely start an NHS cannabis-based medicine for fibromyalgia. The specialist will generally consider it only when standard treatments have not helped or are unsuitable, and when there is a recognised reason to expect benefit.

This is sometimes described as "specialist hospital doctor only". It is not simply a matter of asking a GP to add cannabis to a prescription. A GP may discuss your symptoms, review other treatments and refer you to a specialist where appropriate, but that does not guarantee a cannabis prescription.

Doctors must also consider potential harms. Depending on the product, these can include dizziness, sleepiness, problems with concentration or memory, changes in mood, and interactions with other medicines. THC-containing products can cause anxiety or other mental health effects in some people. The risks can be especially important if someone drives, uses machinery, is pregnant or breastfeeding, or has a history of certain mental health problems.

What does the evidence say about cannabis and fibromyalgia?

Research into cannabis-based medicines for chronic pain is ongoing. Some people report that cannabis products help with pain, sleep or other symptoms, but personal experiences are not the same as strong evidence that a treatment works reliably for most people. Studies of cannabis and chronic pain have often been small, short-term or difficult to compare because they use different products and doses.

For fibromyalgia specifically, the evidence is not strong enough for the NHS to recommend routine prescribing. This is one reason **NHS prescribing is limited conditions** rather than being available for any persistent pain problem. A treatment can be available privately in some circumstances without being recommended or funded by the NHS.

Be cautious about claims that a cannabis product will cure fibromyalgia, replace all other medicines or work without risk. If you are considering CBD or another product bought without a prescription, discuss it with a doctor or pharmacist—particularly if you take other medicines. Products sold as supplements may vary in quality and ingredients, and their safety and effectiveness for fibromyalgia are not established.

Why women's pain deserves careful attention

Fibromyalgia is diagnosed more often in women than in men, and women are also disproportionately affected by several other chronic pain conditions. That does not mean women experience pain in the same way, or that every symptom has the same cause. It does make it important for healthcare professionals to listen carefully, assess the whole picture and avoid assuming that pain is "just stress" or a normal part of being a woman.

People can have fibromyalgia alongside another condition, including endometriosis or menopause-related symptoms. Treating one issue does not necessarily resolve the others. If your pain changes, becomes worse, or comes with new symptoms, it is worth discussing this with a clinician rather than assuming it is all part of fibromyalgia.

Endometriosis: delays and wider effects

Endometriosis occurs when tissue similar to the lining of the womb grows elsewhere in the body. It can cause severe period pain, pelvic pain, pain during sex, bowel or bladder symptoms, fatigue and difficulties with fertility. Symptoms vary, and some people have endometriosis without the pattern they expect from descriptions online.

Many people wait years for a diagnosis. Endometriosis UK has reported a lengthy average diagnostic delay in the UK, reflecting challenges such as symptoms being mistaken for normal period pain, difficulty accessing specialist assessment and the fact that symptoms can overlap with other conditions. During that time, pain may affect education, work, relationships, sleep and mental wellbeing.

If you have ongoing or worsening pelvic pain, very painful periods, pain during sex, or bowel or bladder symptoms that follow a menstrual pattern, speak to your GP. You can ask about assessment for endometriosis and whether referral to a gynaecology service is appropriate. A fibromyalgia diagnosis should not prevent a clinician from investigating a possible additional cause.

Menopause symptoms are not only hot flushes

Menopause can bring a wide range of symptoms. Alongside hot flushes and night sweats, people may experience poor sleep, joint or muscle aches, headaches, low mood, anxiety, difficulty concentrating, vaginal

or urinary symptoms, and changes in sexual wellbeing. These can overlap with fibromyalgia symptoms or make existing pain harder to manage.

Not every ache is caused by menopause, and menopause does not explain all persistent pain. But mentioning changes in your periods, sleep, mood and other symptoms can help your GP consider whether menopause may be contributing. Treatment options can include hormone replacement therapy (HRT) for suitable people, non-hormonal treatments and practical support. The right choice depends on your health, symptoms and preferences.

What NHS treatment may be offered for fibromyalgia?

Fibromyalgia treatment is usually focused on improving day-to-day function and quality of life, rather than promising to remove every symptom. What helps can differ from person to person. A GP may discuss self-management, medicines and referral options, and review the plan over time.

NICE guidance on chronic primary pain—which includes fibromyalgia—supports a person-centred approach. Options may include:



- **Information and shared planning:** understanding the condition and agreeing realistic goals can help you make decisions about treatment and daily activities.
- **Physical activity:** NICE advises considering a supervised group exercise programme for chronic primary pain. Starting gently and building up gradually may be more manageable than pushing hard during a flare.
- **Psychological approaches:** cognitive behavioural therapy (CBT) or acceptance and commitment therapy (ACT) may help some people manage the impact of persistent pain. This does not mean the pain is imagined.
- **Medicines:** a clinician may discuss certain antidepressants for chronic primary pain, even if depression is not the reason for taking them. The potential benefits and side effects should be reviewed together.
- **Support for related problems:** help with sleep, mood, work, mobility or other diagnosed conditions may be part of a broader plan.

Medicines sometimes used in fibromyalgia care need individual review. NICE advises against starting some medicines, including opioids and gabapentinoids, for chronic primary pain because evidence of benefit is limited and there can be harms. If you already take a medicine, do not stop it suddenly without getting advice from your prescriber.

What referral pathways are available?

Your GP is often the starting point. They can review your symptoms and medical history, check whether other conditions may be contributing, discuss suitable initial treatments and consider referral. The exact pathway varies by local NHS service and by the symptoms that need assessment.

1. **Book a GP appointment.** If possible, note your main symptoms, how long they have lasted, what makes them better or worse, and how they affect sleep and daily life.
2. **Discuss investigations or other diagnoses.** Tests do not diagnose fibromyalgia itself, but a clinician may use them to check for other explanations when appropriate.
3. **Agree initial treatment and review.** This may include advice on activity, a medicine review, psychological support or other local services.
4. **Ask whether referral is appropriate.** Depending on your needs, this could be to a pain service, rheumatology, gynaecology or a menopause service. Referral does not always mean a specialist will offer cannabis.

Seek urgent medical advice for severe or sudden symptoms, or if you feel seriously unwell. For example, new chest pain, sudden weakness, or severe abdominal pain needs assessment rather than being assumed to be fibromyalgia.

What about an online eligibility check or private video consultation?

Some private clinics offer an **online eligibility check** to help someone understand whether they may meet that clinic's criteria for an assessment. It is a screening step, not a diagnosis, a prescription or proof that treatment is suitable. Eligibility rules differ between clinics, and passing an online check does not guarantee that a clinician will recommend cannabis-based treatment.

A **private video consultation** may allow a specialist clinician to take a medical history, review previous treatments and discuss potential benefits and risks remotely. If a prescription is considered, the clinician should make an independent clinical decision and explain the product, follow-up arrangements, costs and possible side effects. Ask whether the clinician is appropriately registered and experienced in the relevant area, and how your GP will be kept informed—with your consent.



Private treatment is not the same as NHS treatment. You may need to pay for the consultation, medicine and follow-up, and ongoing costs can add up. Before booking, check exactly what the service includes, what happens if you are not suitable, and whether the clinic has clear arrangements for monitoring and responding to side effects. Do not stop NHS treatment or delay an assessment for another condition while exploring a private option.

Questions to ask your GP or specialist

- Could anything else be contributing to my pain or fatigue?
- What treatment options are recommended for my symptoms and health history?
- Would a pain service, gynaecology or menopause referral be appropriate?
- How will we review whether a treatment is helping, and what side effects should I look out for?
- If I am considering a private cannabis consultation, could it interact with my current treatment?

Question What to know Is fibromyalgia routinely eligible for NHS medical cannabis? No. Fibromyalgia is not among the conditions for which cannabis-based medicines are routinely prescribed on the NHS. Can my GP prescribe it for fibromyalgia? NHS cannabis-based medicines are generally specialist-led; a GP cannot routinely start one for this purpose. Does a private eligibility check guarantee a prescription? No. It is only an initial screening step. A clinician must assess whether treatment is appropriate. What should I do if my symptoms are not being managed? Ask your GP to review your plan and discuss relevant treatment or referral options, including assessment for other causes.

The bottom line

The NHS does not routinely prescribe medical cannabis for fibromyalgia because the condition is not on its limited list of indications and the evidence is not strong enough to support routine use. Where NHS cannabis-based treatment is considered, it is usually a **specialist hospital doctor only** decision—not a standard GP prescription.

You still deserve a thorough assessment and a plan femalefirst.co.uk that takes your pain seriously. Ask about NHS treatments and referral pathways, and mention symptoms that could point to endometriosis,

menopause or another condition. If you explore an online eligibility check or private video consultation, treat it as a way to seek an assessment—not a promise of treatment—and make sure your wider healthcare team knows about any medicines you are considering.