**ALL RECOMMENDATIONS (continued from P.3)**

**Monitoring, cont.**

- If a patient experiences new or worsening signs or symptoms of a psychiatric disorder while taking medical cannabis, the clinician should discontinue medical cannabis certification and consult with a psychiatrist or refer the patient for psychiatric assessment and treatment. (A2)

- Clinicians should ask patients about any symptoms of hyperemesis disorder (nausea, vomiting, abdominal pain) and discontinue medical cannabis treatment if the syndrome is identified. (A3)

- If a patient chooses to use medical cannabis, the clinician should:
  - Advise the patient to avoid products purchased outside of registered facilities. (A*)
  - Encourage the patient to switch to an administration method other than smoking and advise against future use of inhaled cannabis. (A3)

- If a patient wants to stop using medical cannabis, the clinician should:
  - Inform the patient that cessation of chronic use may result in cannabis withdrawal symptoms, such as irritability, negative mood, nausea, and stomach pain. (A3)
  - Help the patient develop a plan to taper the dose and ultimately discontinue cannabinoid use. (A3)
Initiating Medical Cannabis Treatment and Sample Approach to Quantifying Current Cannabis Use and Determining Medical Cannabis Dose [a]

- Consider recommending medical cannabis to patients who meet the legal criteria and have ongoing symptoms that have not been successfully managed with other treatments.
- Recommend a cannabis formulation (THC:CBD) based on a patient’s level of use at assessment:
  - Less frequent to no use (<20 days/month): 1 THC:1 CBD
  - Near–daily to heavy use (≥20 days/month): High THC:low CBD
  - Some patients with severe pain may require high THC:low CBD regardless of current use.
- Recommend induction with the lowest dose possible for the first 2 to 3 days of use. The daily dose may be increased by 2.5 mg to 5 mg every 2 to 3 days, as needed, until a therapeutic level is reached.
- Advise patients that incremental dosing can help prevent cannabis-related adverse events.
- Encourage patients to maintain close contact with dispensary pharmacists or their medical care providers during the induction period.
- Advise patients that total dose and dosing frequency can be increased if needed.
- For cannabis-naïve patients, recommend an initial dose of 2.5 mg total cannabinoids daily.
- For cannabis-experienced patients, recommend an initial dose of 5 mg to 10 mg total cannabinoids daily.
- For patients who are currently using cannabis, calculate the dose based on the following:
  - Estimate the amount of total cannabinoids and THC used daily.
  - Recommend a dose of medical cannabis equivalent to at least 50% of the patient’s current amount of THC to reduce the risk of THC withdrawal symptoms.

**Sample Approach to Quantifying Current Cannabis Use and Determining Medical Cannabis Dose**

**Total cannabinoids combine THC and CBD:**

- 1 vape inhalation of cannabis = 10 mg total cannabinoids
- 1/8 ounce of cannabis = 3,500 mg total cannabinoids
- 1 ounce of cannabis = 28,000 mg total cannabinoids

**Assumption:** Most street cannabis is 10% THC. This may be an underestimation of current street cannabis composition; however, it is used to approximate a patient’s THC dose so an appropriate medical regimen can be recommended.

**Example 1:** A patient who reports using 1/8 ounce of cannabis monthly uses approximately 3,500 mg total cannabinoids (or 350 mg THC) monthly.
- This amount is equivalent to approximately 117 mg total cannabinoids daily or approximately 12 mg of THC daily.
- An appropriate recommendation for this patient would be a volume of tincture containing 10 mg of THC daily, taken either in one dose at night or in divided doses 2 to 3 times daily.

**Example 2:** A patient who reports using 1 ounce of cannabis monthly uses approximately 28,000 mg total cannabinoids (or 2,800 mg THC) monthly.
- This amount is equivalent to approximately 930 mg of total cannabinoids daily or 93 mg of THC daily.
- An appropriate recommendation for this patient would be 40 mg to 50 mg of THC daily, taken in 10 mg doses every 4 to 6 hours.
- Counsel patient to reduce nonmedical cannabis use.

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**KEY POINTS**

- Clinicians do not prescribe a specific formulation and dosage of cannabis; they recommend it. Clinicians can manage all aspects of medical cannabis treatment or limit their practice to assessment and certification and refer patients to dispensary pharmacists for all other related services (formulation, initial dosing, and dosing adjustments based on individual symptoms).
- For medical cannabis certification in New York State, at least 1 qualifying condition is required.
- For a current list of indications, see https://cannabis.ny.gov/medical-cannabis