HIV CLINICAL RESOURCE ¼-FOLDED GUIDE

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THERAPEUTIC USE OF MEDICAL CANNABIS IN NEW YORK STATE

NYSDOH AIDS INSTITUTE HIV CLINICAL GUIDELINE JANUARY 2022

ALL RECOMMENDATIONS P.1

Assessment

- Before approving a patient for medical cannabis use, clinicians should determine the following:
  - Current and previous use of medical, unregulated, and regulated adult-use cannabis, including amount and administration method (A3)
  - Method used for smoking cannabis (e.g., pipe or rolling papers), if applicable (A3)
  - Known history of arrhythmia, coronary artery disease (CAD), or psychosis (A2)
  - Potential drug-drug interactions with medical cannabis (A*)
- Clinicians should assess and document the qualifying condition for medical cannabis based on medical records and patient evaluation with standardized tools. (A*)

Medical Cannabis Initiation

- Clinicians should recommend a medical cannabis formulation and dose based on a patient's symptoms and the frequency, amount, and type of cannabis currently in use, if applicable. (A3)
- Clinicians should use caution when recommending medical cannabis to patients with a known history of arrhythmia or CAD, a history of psychosis, or a family history of schizophrenia (A2):
  - For a patient with a history of arrhythmia or CAD, the clinician should determine whether the patient is being treated for the condition and consult the treating care provider. In discussing the risks and benefits of medical cannabis use, clinicians should inform patients that the THC in medical cannabis can elevate heart rate.

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ALL RECOMMENDATIONS *(continued from P.1)* P.2

Medical Cannabis Initiation, cont.

  - If a patient has a history of psychosis and is being treated for the condition, the clinician should consult the patient's mental health care provider to determine the context of the psychosis (e.g., substance-induced) and inform the patient that the THC in medical cannabis can exacerbate psychosis.
  - If a patient has active psychosis and is cannabis-naive, the clinician should advise against initiating medical cannabis; if a patient is using unregulated cannabis, the clinician should recommend switching to medical cannabis to reduce THC intake and discuss harm reduction strategies with the patient.
  - If a patient has a family history of schizophrenia, the clinician should inform the patient that cannabis use may precipitate symptoms of schizophrenia.
- Clinicians should counsel patients on the risks and benefits of the available medical cannabis administration methods (see Table 2 in full guideline). (A*)
- Clinicians should advise patients against using vaped or smoked cannabis products. (A*)
- Clinicians should inform patients about potential acute adverse effects of medical cannabis use and provide patient education regarding management of adverse effects (A2):
  - Clinicians should inform patients of the potential for intoxication (i.e., feeling "high"), dizziness, or impairment in concentration; if symptoms occur, recommend that patients lie down and wait for symptoms to resolve and reduce their dose of THC.
  - Clinicians should ensure that patients know to seek emergency medical evaluation if they experience any serious adverse effects, including hallucinations, psychosis, severe anxiety, paranoia, pulmonary or cardiac symptoms, or hypermesis.
  - Clinicians should inform patients that cannabis use may increase the risk of falls, particularly in elderly individuals.
- Clinicians should inform patients of childbearing potential of the potential risks of using cannabis while pregnant, including preterm labor and intrauterine growth restriction (A2):
  - If a cannabis-naive patient is pregnant, the clinician should advise against initiating any cannabis use.

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ALL RECOMMENDATIONS *(continued from P.2)* P.3

  - If a pregnant patient is currently using unregulated cannabis, the clinician should first advise against continued use. If the patient plans to continue using cannabis, the clinician should encourage a switch to regulated adult-use or medical cannabis and discuss harm reduction strategies.
  - For individuals who could become pregnant, clinicians should recommend the use of contraception while using cannabis.
- Clinicians should inform patients who are <25 years old of the potential for long-term changes in brain development, mental health, and cognition associated with cannabis use in people whose brains are still developing (see *Monitoring > Cognition* section of full guideline) (A2):
  - If a cannabis-naive patient is <25 years old, the clinician should advise against initiating cannabis.
  - If a patient <25 years old is currently using unregulated cannabis and intends to continue use, the clinician should advise the patient to switch to regulated adult-use or medical cannabis and discuss harm reduction strategies.
- Clinicians should advise patients to take the first dose of medical cannabis before bedtime and at home in a safe environment to limit potential immediate adverse effects. (A3)
- Clinicians should caution patients about the potential for impaired driving while taking cannabis and advise them to avoid driving or operating heavy machinery while using medical cannabis. (A2)
- Clinicians should inform patients of the risks associated with unregulated cannabis and recommend discontinuation after medical cannabis is initiated. (A3)

Monitoring

- For all patients taking medical cannabis, clinicians should perform an annual assessment for cannabis use disorder (CUD) to identify problematic use. (B*) Assessment tools include the *Cannabis Use Disorder Identification Test (CUDIT-R)* and the *Diagnostic and Statistical Manual of Mental Disorders (DSM)-5* criteria.
  - If CUD is diagnosed, clinicians should work with the patient to develop an individualized treatment plan that maximizes benefits and minimizes harm. The plan may include referral to treatment, cannabis cessation, or harm reduction approaches. (A3)

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ALL RECOMMENDATIONS *(continued from P.3)* P.4

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 vape medical cannabis, the clinician should ask about any breathing changes, including reduced exercise tolerance, shortness of breath, or wheezing. (A3)
- If breathing changes occur, 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 t han vaping 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)

← Use this code with your phone's QR code reader to go directly to a mobile-friendly version of the guideline.

This ¼-Folded Guide is a companion to the New York State Department of Health AIDS Institute guideline *Therapeutic Use of Medical Cannabis in New York State.* The full guideline is available at www.hivguidelines.org.

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-naive 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 1 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.

a. Based on experience at Montefiore Medical Center Medical Cannabis Program

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

Medical Cannabis Terminology

Administrative process	
Care provider registration	An educational process by which a medical care provider becomes eligible to certify patients for medical cannabis use
Medical cannabis certification	A patient assessment completed by a practitioner registered in the NYS Medical Cannabis Program to certify that the patient has a qualifying severe debilitating condition(s) necessary for medical cannabis eligibility in NYS
Medical cannabis registration	Patients complete the online process to become registered to receive medical cannabis. Once completed, patients receive an NYS registration identification card
Dispensing facility	A retail site of an organization registered with NYS to dispense medical cannabis under the supervision of a pharmacist to individuals with medical cannabis certification
Cannabis constituents	
Cannabinoid	One of a group of over 100 biologically active chemicals found in the cannabis plant
delta-9-tetra-hydrocannabinol (THC)	The main psychoactive constituent of cannabis
Cannabidiol (CBD)	A constituent of cannabis traditionally considered nonpsychoactive. A purified form of CBD is approved by the FDA for treatment of seizures associated with Lennox-Gastaut syndrome, Dravet syndrome, or tuberous sclerosis complex in patients 1 year of age and older
THC:CBD ratio	The ratio of THC and CBD in a medical cannabis product

Good Practice for Medical Cannabis Assessment

- Obtain the following information from patient interviews, medical records, and, when possible, the patient's care providers (e.g., primary care, psychiatry, neurology, pain management, oncology, infectious disease):
  - A thorough history of the condition for which the patient seeks medical cannabis. Onset, duration, and characteristics should be described as well as previous treatment attempts and their success.
  - Psychiatric history, including diagnoses, history of psychosis, previous treatment(s), hospitalization(s), signs and symptoms (e.g., auditory or visual hallucinations), history of suicide attempts or suicidal ideation, and family history of schizophrenia or other psychosis.
  - A detailed history of current and prior substance use, substance use disorder (SUD), and treatment. Family history of SUD should be documented.
  - Prior medical history and full medication reconciliation. This should include checking the *NYS Prescription Drug Monitoring Program* to identify other controlled substances the patient takes, including medical cannabis.
- Check whether patients have a state photo ID and email address and that their current address matches their state ID. If they do not have a state photo ID, they must submit a different proof of NYS residence. Patients must complete online registration after receiving their certification. Registration may be completed by telephone if a patient does not have internet access, but the required documents must be mailed for processing, along with an attestation form provided with the certification.