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

Administration Method and Dose, cont.

- For cannabis-experienced patients and patients who are currently using nonmedical cannabis, an initial dose of medical cannabis equivalent to 50% of the patient's current amount of THC, with titration to an effective daily dose
- Clinicians should inform patients of the risks associated with unregulated cannabis use and recommend discontinuation after medical cannabis is initiated. (A3)

Potential Adverse Effects

- Clinicians should use caution when initiating medical cannabis in patients with a known history of arrhythmia, CAD, SUD, or psychosis or a family history of schizophrenia. (A2)
- Clinicians should inform patients about and provide education on the management of potential acute adverse effects of medical cannabis use (A2):
  - Inform patients of the potential for intoxication (i.e., feeling "high"), dizziness, or impaired concentration; recommend that patients lie down and wait for these effects to resolve and then reduce their dose of THC.
  - 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 hyperemesis.
  - Inform patients, particularly elderly individuals, that cannabis use may increase the risk of falls.
- 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)

Medical Cannabis During Pregnancy

- For patients who may become or are currently pregnant, clinicians should (A3):
  - Inform them about the risks, to themselves and the neonate, of using cannabis while pregnant.
  - Recommend using contraception while using cannabis.
  - If a cannabis-naive patient is pregnant, advise against initiating any cannabis use.

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

  - If a pregnant patient is currently using unregulated cannabis, advise against continued use; if the pregnant patient plans to continue using cannabis, encourage a switch to regulated adult-use or medical cannabis and discuss harm reduction strategies.

Medical Cannabis in Patients Younger Than 25 Years

- Clinicians should inform patients younger than 25 years 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 (A2):
  - If a cannabis-naive patient is younger than 25 years, advise against initiating cannabis.
  - If a patient younger than 25 years is currently using unregulated cannabis and intends to continue use, advise a switch to regulated adult-use or medical cannabis and discuss harm reduction strategies.

Monitoring

- For all patients taking medical cannabis, clinicians should perform an annual assessment of benefits, undesired effects, and risks, including consideration for CUD using the DSM-5-TR diagnostic criteria. (B*)
  - 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)
- 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 cannabis hyperemesis syndrome (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 in patients who vape medical cannabis, the clinician should:
  - Advise the patient to avoid vape products purchased outside of registered facilities. (A*)

Continued on next panel >

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

Monitoring, cont.

- Encourage the patient to switch to an administration method other than 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)
- Clinicians should not perform urine toxicology testing unless the patient and clinician have engaged in shared decision-making and the patient agrees to testing. (A3)

KEY POINT

- Clinicians do not prescribe medical cannabis; they *recommend* it. Certifying practitioners are authorized to evaluate and certify patients for medical cannabis based on their independent clinical judgement. Clinicians can choose to 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).

← 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.

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 OCTOBER 2025

ALL RECOMMENDATIONS P.1

Assessment

- Before certifying a patient for medical cannabis use or guiding patients on reducing harm when using cannabis, clinicians should determine the following:
  - Current and previous use of medical, regulated adult-use, or unregulated 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, CAD, SUD, or psychosis or family history of schizophrenia (A2)
  - Current diagnosis of cannabis use disorder based on DSM-5-TR diagnostic criteria (A3)
  - 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*), such as the PEG Scale and DSM-5 PTSD Checklist.

Administration Method and Dose

- Clinicians should counsel patients on the risks and benefits of available medical cannabis administration methods, advise patients against using vaped, smoked, or dab/wax cannabis products, and engage in shared decision-making on the most appropriate method. (A3)
- Clinicians should recommend a medical cannabis method and dose based on a patient's symptoms and the frequency, amount, and type of cannabis they currently use, if applicable. (A3)
- To initiate cannabis, clinicians should recommend (A3):
  - For cannabis-naive patients, a dose of 2.5 mg THC daily or lower

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Medical Cannabis Initiation

Medical Cannabis Dosing [a]

- 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 at the lowest dose possible for the first 2 to 3 days of use. The daily dose may be increased by 2.5 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 clinicians during the induction period.
  - Advise patients that total dose and dosing frequency can be increased if needed.
  - 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 [a]

- **Total cannabinoids comprise THC and CBD:**
  - 1 vape inhalation of cannabis = approximately 10 mg total cannabinoids
  - 1/8 ounce of cannabis = approximately 3,500 mg total cannabinoids
  - 1 ounce of cannabis = approximately 28,000 mg total cannabinoids
- **Assumption:** Most unregulated cannabis is 10% THC. This may underestimate 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.

Good Practice for Medical Cannabis Assessment

- Obtain the following information from patient interviews, medical records, and, when possible, the patient's other clinicians (e.g., primary care, psychiatry, neurology, pain management, oncology, infectious disease):
  - History of the condition for which the patient seeks medical cannabis, including onset, duration, and characteristics 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
  - History of current and prior substance use, SUD, including family history of SUD, and SUD treatment
  - Prior medical history and full medication reconciliation; check the NYS Prescription Monitoring Program Registry to identify any controlled substances or medical cannabis taken by the patient
- Check whether patients have a government-issued photo ID, email address, and current physical address that matches their state ID. If they do not have a government-issued photo ID, they must submit a different proof of NYS residence. ID that matches the medical cannabis certification document is required to purchase medical cannabis products.

Medical Cannabis Terminology

Administrative process	
Administration method	Refers to how cannabis is used or applied. Currently available in NYS: inhaled (including vaporized oil, vaporized whole or ground flower, and combusted whole or ground flower), oral, sublingual, topical, dabs (also known as shatter or wax), and suppository.
Care provider registration	An educational process by which a clinician becomes eligible to certify patients for medical cannabis use.
Medical cannabis certification	A patient assessment completed by a clinician registered in the NYS Medical Cannabis Program to certify that the patient qualifies for medical cannabis eligibility based on the clinician's professional opinion.
Dispensary	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.
Constituents of Cannabis	
Cannabinoid	One of a group of more than 100 biologically active chemicals found in the cannabis plant.
THC	The main psychoactive constituent of cannabis.
CBD	A constituent of cannabis traditionally considered nonpsychoactive. In a purified form, approved by the FDA for treatment of seizures associated with Lennox-Gastaut syndrome, Dravet syndrome, or tuberous sclerosis complex in patients aged 1 year or older.
THC:CBD ratio	The ratio of THC to CBD in a medical cannabis product.
Terpenes	An educational process by which a clinician becomes eligible to certify patients for medical cannabis use.

Abbreviations: CAD, coronary artery disease; CBD, cannabidiol; CUD, cannabis use disorder; DSM-5-TR, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision; FDA, U.S. Food and Drug Administration; PEG, Pain, Enjoyment of Life, and General Activity; PTSD, posttraumatic stress disorder; SUD, substance use disorder; THC, delta-9-tetrahydrocannabinol.