

INITIAL CERTIFICATION

PCP/referring doctor:

New evaluation for medical cannabis for:

- Chronic pain
- PTSD
- Opioid replacement
- Neuropathies
- Epilepsy
- Cancer
- HIV/AIDS
- Amyotrophic lateral sclerosis
- Parkinson's disease
- Multiple sclerosis
- Inflammatory bowel disease (IBD)

Associated Conditions(s) or Symptom(s):

- PTSD
- Opioid Use Disorder
- Seizures
- Severe Nausea
- Severe or persistent muscle spasms
- Severe or chronic pain resulting in substantial limitation of function
- Cachexia or wasting syndrome

Description of symptoms: ***

Current cannabis use (past 30 days):

Amount (weight in ounces) purchased per week:

Number of days used per week:

****PLEASE DELETE BEFORE SIGNING NOTE: Common quantities used and mg conversion:*

1 vape inhalation= 10 mg

1/8th of an ounce/month= 3500 mg; most street cannabis is 10% THC (350 mg THC); ~12 mg THC/day

*Heavy users often use ~1 ounce/month= 28000 mg cannabis; 2800 mg THC; ~100 mg THC/day****

Past medical history, surgical history, and family history were reviewed in the patient's chart.

Relevant history includes:

****Fill in all relevant PMH*****

Substance use and mental health history:

Any history of substance use?

Any mental health history?

Ever hospitalized for psychiatric reasons?

History of hallucinations?
Family history of SUD?

Assessment for Cannabis Use Disorder (CUDIT-SF)

1.How often during the past 6 months did you find that you were not able to stop using cannabis once you had started?				
Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	4
2.How often in the past 6 months have you devoted a great deal of your time to getting, using, or recovering from cannabis?				
Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	4
3.How often in the past 6 months have you had a problem with your memory or concentration after using cannabis?				
Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	4

Total Score _____

Positive Screen=2 or higher

I have reviewed the patient's controlled substance dispensing history in the Prescription Monitoring Program Registry in compliance with the iSTOP program before prescribing a controlled substance.

Reference #:

Table 1: Montefiore Medical Cannabis Program method for recommending medical cannabis in eligible patients

- 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 adverse events or side effects from cannabis.
 - 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 titrated up if needed.
- For cannabis-naive patients, recommend an initial dose of 2.5 mg total cannabinoids daily.
- For patients who are cannabis-experienced, recommend an initial dose of 5 mg to 10 mg total cannabinoids daily, or 50% of their current THC use to reduce the risk of THC withdrawal symptoms.
- 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.

Table 2: How MMCP clinicians recommend dose of cannabinoids

- 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:* Your patient reports using 1/8 ounce of cannabis monthly. Based on the above calculation, this is approximately 3,500 mg total cannabinoids, 10% of which (350 mg) if THC consumed monthly. When divided by 30 days in a month, this patient is using approximately 117 mg total cannabinoids daily or approximately 12 mg of THC daily.
 - MMCP clinicians would recommend sublingual 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:* Your patient reports using 1 ounce of cannabis monthly. This is approximately 28,000 mg total cannabinoids (or 2,800 mg THC) monthly; they are consuming approximately 930 mg of total cannabinoids daily and 93 mg THC daily.
 - MMCP clinicians would recommend 40 mg to 50 mg of THC daily, taken in 10 mg doses every 4 to 6 hours.
 - Counsel patient to cease non-medical cannabis use.

Commented [DS1]: ElSohly, M. A., et al. (2016). "Changes in Cannabis Potency Over the Last 2 Decades (1995-2014): Analysis of Current Data in the United States." *Biol Psychiatry* 79(7): 613-619.

Medical Cannabis Treatment Agreement

I, _____, have met with Dr. _____ and discussed my medical condition. I was given information about the following risks and concerns regarding medical cannabis treatment:

I received information about the following:

- Alternative treatment options available.
- The risks of medical cannabis including the risk of potentially serious, but uncommon, side effects like falls and worsening of mental health conditions.
- The risks of traveling with medical cannabis products including traveling across state lines.
- Employers that drug test may not approve the use of medical cannabis.
- Using medical cannabis products in public places is prohibited.

I will do the following:

- I will let my doctor know of any changes to my health or mental health.
- I will let my doctor know of any changes to my medications.
- I will keep my medical cannabis products in a safe place away from children and pets.
- I will not share my medical cannabis products or give them to anyone else.
- I will not drive or operate heavy machinery within 6 hours of taking medical cannabis.

I will continue with my ongoing treatment plan.

I had the opportunity to ask any questions and all of my questions were answered by my doctor. I fully understand the above.

Patient: _____ Date: _____

Doctor: _____ Date: _____