

# Guidelines for recommending oral cannabis products in adults

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## Background

The lack of validated condition-specific dose-response studies evaluating safety and efficacy for cannabis and its cannabinoid constituents supports the need for consensus recommendations on dosing and administration. The Cannabis Research Review Board created these guidelines to support qualified clinicians initiating and titrating oral cannabis products in adult patients.

## General guidelines

- These recommendations are made with the expectation that clinicians recommending cannabis products will be educated in the basic pharmacology of cannabis and its most common cannabinoid constituents.
- Clinicians should use their judgment based on individual clinical circumstances (e.g., medication adherence, frailty, risks of cognitive impairment, balance disturbances, falls, potential drug-drug and drug-disease interactions, patient past experience with cannabis, etc.).
- Potential modifications may include starting with a lower or higher dose of tetrahydrocannabinol (THC) relative to cannabidiol (CBD), a slower or more rapid titration interval, or a lower or higher ceiling dose of THC relative to CBD.
- Consult with a pharmacist at a Utah medical cannabis pharmacy to identify a product for your patient that best conforms to these recommendations and allows for step-wise initiation and titration.

## Oral cannabis protocol

**Initial dose:** CBD 5 to 10 mg + THC 1 to 2.5 mg, once to twice daily.<sup>1</sup>

- Increase CBD by 10 mg (5 mg twice daily) every 2 to 3 days as tolerated until the patient reaches their goals or to a maximum of 40 mg/day.
- If goals are not met with this ratio of CBD to THC, titrate THC by increasing it by 2.5 mg/day every 2 to 7 days as tolerated to a maximum daily dose of 40 mg/day THC and 40 mg/day CBD.

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<sup>1</sup> Adapted from Bhaskar A, et al. Consensus recommendations on dosing and administration of medical cannabis to treat chronic pain: results of a modified Delphi process. *Journal of Cannabis Research*, 2021; 3 (1):22.