

Cannabis Care Guide for Pharmacists

2025

Short Version—Core items
without supplemental guidance

Cannabis Care Guide for Pharmacists INITIAL Consultation

1. REASON FOR USE

- a. What are your reasons for using cannabis?
- b. What do you hope cannabis will do for you?
- c. How well is it working?
- d. Do you have questions or concerns?

2. ACCESS

- a. Are other providers working with you to manage your cannabis and health concerns?
- b. Do you have a medical authorization?
- c. Have you discussed these symptoms with your primary care provider?
- d. May I share our discussion with your primary care provider?
- e. How else are you managing these health concerns?
- f. Where do you purchase or obtain your cannabis?
- g. How do you pay for your cannabis?
- h. What is the cost per month?
- i. Do you have any concerns related to cost?

3. REGIMEN

- a. How do you currently use cannabis?
- b. How often do you use cannabis?
- c. How much cannabis do you typically use daily?
- d. What are the THC and CBD strengths of the products you use? Do you have the products here with you?
- e. Have you tried other cannabis products or cannabinoids in the past?

4. RISK ASSESSMENT

- a. Risk factors:
 - ☐ Are you under age 25?
 - ☐ Are you pregnant or planning pregnancy?
 - ☐ Are you breastfeeding?
 - ☐ Do you have a personal/family history of psychosis?
 - ☐ Do you use substances (alcohol, opioids) or have a history of use that resulted in harm?
 - ☐ Do you have an anxiety or mood disorder?
 - ☐ Do you have medical conditions related to the lungs, heart, kidney or liver?
- b. Do you drive or use cannabis while at work?
How long do you wait to drive after using cannabis?
- c. Are you experiencing any of these effects?
 - ☐ Euphoria/getting “high”
 - ☐ Fast heartbeat, change in blood pressure
 - ☐ Drowsiness
 - ☐ Dizziness
 - ☐ Dry mouth
 - ☐ Constipation
 - ☐ Dry eye, red eye
 - ☐ Anxiety, fear, panic, memory problems
 - ☐ Cough (if smoking or vaping)
 - ☐ Vomiting/hyperemesis
 - ☐ Other:

4. RISK ASSESSMENT *(continued)*

d. CUDIT-SF (screen for cannabis use disorder)¹⁰

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

TOTAL = **If score ≥ 2 :** Positive screen for possible cannabis use disorder **If score ≤ 1 :** Provide education on potential risk of cannabis use disorder.

5. DRUG INTERACTION REVIEW

a. Do you use any of the following medications or substances?

- ☐ Alcohol
- ☐ Opioids
- ☐ Benzodiazepines
- ☐ Gabapentin
- ☐ Other medications causing cognitive impairment:

- ☐ Cocaine
- ☐ Amphetamines
- ☐ Nicotine products (smoking)

b. Do you use other substances or medications not prescribed for you?

c. Assessment of the following interactions requires an updated medication list:

- THC is primarily metabolized by CYP 2C9, 2C19 and 3A4.
- THC is an inhibitor of CYP 3A4, 2C9, 2D6 and 2B6.
- CBD is primarily metabolized by CYP 3A4 and 2C19.
- CBD is an inhibitor of CYP 3A4, 2C19, 2D6, 2C8, 2C9, 1A2, 2B6, UGT1A9, UGT2B7 and P-gp.
- Cannabis is a CYP1A2 inhibitor *but* smoking cannabis can induce CYP1A2.^{7,13–16}

The clinical impact of drug interactions with cannabis is an evolving area, and current knowledge is very limited. However, assessment and monitoring are still recommended.

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Cannabis Care Guide for Pharmacists

Cannabis continues to be used frequently for medical and non-medical purposes. Pharmacists are well positioned to assess patients for the benefits and harms associated with cannabis use, regardless of the reasons for use. This clinical guide helps pharmacists to assess, support and refer patients who use cannabis.

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