

Physicians' guide to authorizing cannabinoids for medical purposes



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WCB-Alberta adheres to [Policy 04-06, Part II, Application 6 \(https://www.wcb.ab.ca/assets/pdfs/public/policy/manual/printable_pdfs/0406_2_app6.pdf\)](https://www.wcb.ab.ca/assets/pdfs/public/policy/manual/printable_pdfs/0406_2_app6.pdf) to review requests for payment of cannabinoids through a workers' compensation claim.

When considering prescribing or authorizing medical cannabinoids, please refer to this physicians' guide.

Guidelines

1. Prescription cannabinoids

WCB will approve coverage for the prescription cannabinoids Nabilone (Cesamet™ and generics) or Nabiximols (Sativex™) when either is prescribed to treat a compensable medical condition and these medications are approved for that indication by Health Canada.

Pharmaceutical cannabinoids prescribed for any other condition(s) outside of palliative/end-of-life care will be considered as off label-use (see section 2).

A trial of prescription cannabinoids is required before WCB will consider funding cannabis for medical use in all cases, except for palliative or end-of-life care.

2. Medical cannabis or off-label use of prescription cannabinoids

Due to the limited research on the therapeutic use, safety or efficacy of cannabis, WCB-Alberta takes a precautionary approach to funding for the protection of patient health and well-being.

Authorizing physicians must comply with provincial regulatory bodies. Regardless of the jurisdiction in which the health professional practices, they must, at a minimum, adhere to the current [Standard of Practice \(https://cpsa.ca/physicians/standards-of-practice/cannabis-for-medical-purposes/\)](https://cpsa.ca/physicians/standards-of-practice/cannabis-for-medical-purposes/) and [associated documents \(https://cpsa.ca/wp-content/uploads/2020/06/AP_Cannabis-for-Medical-Purposes.pdf\)](https://cpsa.ca/wp-content/uploads/2020/06/AP_Cannabis-for-Medical-Purposes.pdf) on cannabis for medical purposes from the College of Physicians and Surgeons of Alberta.

Except in relation to palliative care, entitlement to medical cannabis and off-label use of pharmaceutical cannabinoids for a work-related injury/disease may be considered if **all** of the following seven criteria are met.

Eligibility criteria for coverage

1. Designated conditions

WCB may consider payment for prescription cannabinoids or medical cannabis for the treatment of any of the following condition(s) when accepted by WCB as resulting from a work-related injury or disease or its treatment:

- Chronic neuropathic pain resulting from a lesion or disease of the somatosensory nervous system.
- Spasticity resulting from an injury to the central nervous system or spinal cord.
- Nausea, vomiting and loss of appetite associated with cancer chemotherapy.
- Opioid/narcotic harm reduction.

2. Medical cannabis must be authorized by the treating health professional

The physician who authorizes medical cannabis is the health professional responsible for managing the ongoing care of the medical condition and/or the associated compensable injury or disease. This physician is also responsible for conducting regular clinical assessments of the worker's response to the medical cannabis treatment.

3. Exhausted conventional treatments

Except in palliative care situations, the worker must exhaust standard therapies before initial entitlement to medical cannabis will be considered. The use of conventional treatments and the worker's response to those treatments must be clearly documented in the medical records.

Conventional treatments have been exhausted when all of the following apply:

- a. Adequate trials of such treatments took place, defined as lasting at least three months and including, at a minimum, three first-line and/or second-line treatments.
- b. For medical cannabis, a three-month trial with a pharmaceutical cannabinoid was undertaken.
- c. The treatments are either ineffective (e.g., fail to alleviate or improve the designated condition based on clinical or objective evaluation), medically contraindicated or not tolerated due to adverse reactions preventing continuation.

Note: WCB will only consider covering medical cannabis for opioid/narcotic harm reduction when the injured worker is on a daily dosage of opioids over 90 morphine equivalents.

4. Clinical assessments and reassessments required

Before starting medical cannabis treatment: An in-person clinical assessment of the worker must take place before initial eligibility to medical cannabis will be considered.

Every three months during medical cannabis treatment: Subsequent reassessments must be conducted to support ongoing eligibility to medical cannabis. A minimum 30% improvement is required for consideration to extend funding.

The results of these assessments must be clearly documented in the worker's medical records to establish the necessity, appropriateness and sufficiency of the medical cannabis treatment.

An appropriate initial clinical assessment will include:

- Clearly identified measurable treatment goals used to evaluate progress and effectiveness of the medical cannabis treatment (e.g., cessation of nausea or vomiting, pain relief, improved or sustained function, return to work). **A 30 % reduction in symptoms or improvement in function is a standard used in the literature for a clinical effect.**
- An assessment of the patient's risk of addiction using a standard addiction risk tool such as CAGE-AID or the Opioid Risk Tool.
- Administration of baseline pain and functional assessments, using validated measures such as the Brief Pain Inventory (BPI) and short form health survey (SF-36) if treatment is for pain or spasticity.
- Clear documentation of the recommended daily quantity of dried cannabis and the maximum tetrahydrocannabinol (THC) percentage, within restrictions of the dosing section below (eligibility criteria 6).
- Clear description of the potential impact on the worker's ability to perform work duties, including safety-sensitive tasks such as driving or operating machinery.
- A therapeutic agreement signed by the physician and the worker.

An appropriate clinical reassessment will:

- Evaluate whether the worker has made progress towards the identified treatment goals. Where applicable, administer follow-up pain and functional assessments (such as BPI and SF-36) and compare to previous results.
Note: A minimum 30% improvement is required for consideration to extend funding.
- Assess the worker for adverse effects, side effects or any change in function.

- Identify the potential impacts to the worker's ability to perform their work duties, paying particular attention to any safety-sensitive tasks, such as driving or operating machinery.
- Clearly specify clinical rationale for changes to the daily quantity of dried cannabis and the THC percentage recommended.

Note: When used for 'opioid harm reduction,' documentation of the current opioid dosage is required.

5. The benefits of medical cannabis outweigh the risks

Medical cannabis may be considered where the benefits of the treatment for the worker outweigh the risks.

- a. *Contraindications:* The following risk factors would normally outweigh any potential benefit to the worker. Except in palliative care situations, WCB will not approve coverage of medical cannabis for workers with any of these risk factors unless there is agreement from the worker's care team that medical cannabis is the only remaining course of action and the risk of not attempting a trial of medical cannabis is greater than the potential harm.

These contraindicated risk factors include whether the worker:

- is under age 25.
- has a personal or strong family history of psychosis.
- has a current or past cannabis or substance use disorder (except for opioid/narcotic harm reduction).
- suffers from severe cardiovascular or cerebrovascular disease.

- b. *Precautions:* The following factors may increase the risks of medical cannabis and will be considered when determining its necessity, appropriateness and sufficiency. Without limiting the foregoing, such factors include situations where the worker:

- has a current mood or anxiety disorder.
- is taking opioids or benzodiazepines.
- takes other medications and interactions are suspected.

- c. *Recovery:* The treatment is not impeding the worker's recovery and safe return to work.

6. Dose and route of administration

Subject to the limits on dosing and administration outlined in this section, an appropriate dose will generally be the lowest safe and effective dose of medical cannabis in terms of both the daily quantity and THC percentage.

The medical cannabis and route of administration authorized for the worker **must** satisfy all of the following:

- The method of administration must not involve smoking.
- Daily quantity does not exceed three (3) grams of dried cannabis (or equivalent) per day.
- **THC content of the medical cannabis does not exceed nine (9) mg/gram or 9%.**
- Medical cannabis was purchased from a licensed medical cannabis provider. WCB will not support purchase of fresh plants or seed for home growing purposes.

When authorized to assist with managing symptoms during end of life care, WCB may fund higher daily dosages and/or higher THC concentrations.

7. Valid medical document or written order

In addition to satisfying the requirements of the Cannabis Regulations, the medical document or written order must comply with the dosing criteria of WCB's cannabis for medical purposes policy and specify:

- the maximum THC percentage of the medical cannabis authorized for the worker, and
- the total daily dose of dried cannabis or equivalent.

Approvals

Initial approval of medical cannabis and approval following a change in dose will be limited to three-month trials. WCB requires updated reporting, including a clinical reassessment, at least every three months to consider extending any trial of medical cannabis.

WCB may continue to approve medical cannabis treatment for additional periods of three months, provided objective medical evidence supports that the treatment goals are being met.

Suspension or termination of coverage

WCB may suspend or end coverage for medical cannabis when there is evidence it is no longer necessary, appropriate, sufficient treatment or where there is evidence of misuse; however, WCB will contact the authorizing physician before doing so.

Reasons for suspending or discontinuing entitlement to medical include, but are not limited to:

- Insufficient progress towards identified treatment goals (e.g., weight gain, cessation of nausea or vomiting, improvement in pain, improved or sustained function, return to work), recognizing reasonable adjustments to the worker's dose may be required.
- For opioid narcotic harm reduction, if there has not been a clinically significant (at least 30%) and maintained reduction in daily morphine equivalent dosage compared to baseline.
- Development of significant adverse effects such as cannabis use disorder.
- There is evidence to suggest medical cannabis use is impeding the worker's recovery.
- There is misuse or diversion of the medical cannabis (e.g., selling it or providing it to others).

Approval before purchase

Before purchasing medical cannabis for medical use, the worker must obtain pre-approval from WCB.

WCB is not responsible for the cost of the medical cannabis incurred by the worker where:

- entitlement to medical cannabis is not allowed, or
- the medical cannabis does not match the authorization in the medical document or written order.

Likewise, WCB is not responsible for the cost of the medical cannabis incurred by the worker above the maximal daily amounts or THC concentration set forth in the policy.

For references see [Policy 04-06, Part II, Application 6 - PHARMACEUTICAL CANNABINOIDS AND CANNABIS AUTHORIZED FOR MEDICAL USE \(https://www.wcb.ab.ca/assets/pdfs/public/policy/manual/printable_pdfs/0406_2_adda.pdf\)](https://www.wcb.ab.ca/assets/pdfs/public/policy/manual/printable_pdfs/0406_2_adda.pdf), Addendum A.