



Policy 04-06 – new policy application on pharmaceutical cannabinoids and cannabis authorized for medical use

Background

Cannabis for medical treatment has been legally available in Canada since 2001 and WCB has adjudicated coverage for medical cannabis under the policy for experimental, non-standard treatment (Policy 04-06, Part II, Application 1, Question 11). However, the existing policy is not specific to cannabis and does not provide any direction regarding use, dose, etc. There is now a body of research that provides some guidance about possible benefits, cautions, and contraindications. WCB proposes to use this information to provide guidance and transparency for workers and doctors contemplating cannabis in the treatment of work-related medical conditions.

We are proposing this new policy to help workers and their treatment providers access coverage for pharmaceutical cannabinoids and cannabis for medical treatment and to ensure there is transparency regarding coverage and expectations. In developing the policy, our goal has been to support access to necessary treatment within a framework of medical evidence, legislative obligations and professional practice guidelines.

Under the *Workers' Compensation Act (WCA)* WCB has the authority to decide whether medical aid for an injured worker is necessary and appropriate (s.80 of the *WCA*). With that authority there is also a responsibility to ensure the treatment is the most appropriate based on current medical knowledge and will support the worker in a successful return to work.

The proposed policy reflects current medical evidence, advice, and knowledge about the benefits and risks of pharmaceutical cannabinoids and cannabis for therapeutic use. It also reflects the law that governs the use of cannabis for medical treatment in Canada. WCB will periodically review the policy to consider advances in the body of scientific knowledge.

The policy includes general information and essential clinical requirements. WCB expectations regarding the clinical requirements will be supplemented with a physicians' guide that will provide additional detail. Also included is an addendum (Addendum A) that provides a list, with links, of the legal and medical references that form the basis of the policy provisions.

The policy also takes into consideration the current healthcare concerns regarding smoking. The policy restricts coverage to vaporizing the dry herb rather than smoking or otherwise combusting it.

In developing the policy, we have also reviewed and considered the four cannabis policies developed by other Canadian jurisdictions (New Brunswick, Ontario, Prince Edward Island, and Saskatchewan), as well as the two published guidelines and practice directives (British Columbia and Nova Scotia).



See attached draft Policy 04-06, Part II, Application 6, and draft Policy 04-06, Part II, Addendum A for additional details.

We welcome your feedback, ideas and suggestions.

This posting will be open until May 2, 2022.

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**APPLICATION 6: PHARMACEUTICAL CANNABINOIDS AND CANNABIS
AUTHORIZED FOR MEDICAL USE**

- 1. ***Why does WCB have a policy on pharmaceutical cannabinoids and medical cannabis?***

See also the Physicians' guide to authorizing cannabis for medical purposes (TBD)

This policy supports workers and their physicians by providing clarity about coverage available for pharmaceutical cannabinoids and cannabis authorized for medical use in the treatment of work-related injury and disability.

Under the *Workers' Compensation Act (WCA)*, WCB has the authority to decide whether medical aid for an injured worker is necessary and appropriate (s.80 of the *WCA*). With that authority there is also a responsibility to ensure the treatment is the most appropriate based on current medical knowledge and will support the worker in recovery and a successful return to work.

The policy reflects current medical evidence, advice, and knowledge about the benefits and risks of pharmaceutical cannabinoids and cannabis authorized for therapeutic use. It also reflects the law that governs the use of cannabis authorized for medical use in Canada (see Addendum A for medical and legislative references). WCB will periodically review the policy to consider advances in the body of scientific knowledge.

- 2. ***What is a pharmaceutical cannabinoid?***

Pharmaceutical cannabinoids are prescription drugs approved by Health Canada to treat specific medical conditions. They have a drug identification number (DIN) and are chemically pure drugs, based on compounds in cannabis, that have undergone the required scientific study, including clinical trials, to determine the drug's dose, effectiveness, and safety in humans.

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3. *What is meant by “cannabis authorized for medical use”?*

In this policy, “Cannabis authorized for medical use” is the dried, topical, oil, edible forms, etc., of cannabis authorized for use as medical therapeutic treatment. It is often referred to as “medical cannabis” or “medical marijuana”. For convenience, the shorter term “medical cannabis” is used in this policy.

NOTE: For the purposes of this policy, the terms “cannabis authorized for medical use” and “medical cannabis” do not include fresh plants or seeds. Individuals can obtain a license to grow their own cannabis for medical use; however, there is a much higher risk of inconsistency in strength and dose than there is with dried and processed product purchased from a licensed medical cannabis supplier. Because of this risk to the worker, WCB provides coverage only for commercially prepared dried cannabis, topical preparations, oils, and edibles from Health Canada suppliers licensed to sell to registered patients for medical purposes.

4. *Which cannabinoids are considered therapeutic?*

There are over 60 cannabinoids in cannabis; however, the two primary cannabinoids that are reported to have therapeutic benefits for some medical conditions are:

- THC (delta-9-tetrahydrocannabinol), which is the cannabinoid primarily responsible for the psychotropic effects (effects on mental state) of cannabis, and
- CBD (cannabidiol), which is more sedating and less psychoactive than THC, and reportedly has minimal intoxicating effects.

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5. *What is the difference between pharmaceutical cannabinoids and medical cannabis?*

As explained in Question 2, pharmaceutical cannabinoids are prescription drugs approved by Health Canada to treat specific conditions.

Medical cannabis has been legally available in Canada since 2001; however, there is limited research and scientific evidence regarding its application and effectiveness as a medical treatment. Health Canada has not approved its use as a prescription drug and it does not have a drug identification number (DIN) or a natural product number (NPN).

Although it is not a prescription drug, the federal *Cannabis Regulations* allow some health care professionals to authorize medical cannabis use under certain conditions. This is why this policy refers to “authorizing” medical cannabis, rather than “prescribing”.

6. *What are the designated conditions for which pharmaceutical cannabinoids or medical cannabis may be considered?*

WCB may consider approving coverage for prescription cannabinoids or medical cannabis for the treatment of any of the following conditions only when it has been accepted by WCB as resulting from a compensable work-related injury or disease or its treatment:

- chronic neuropathic pain resulting from an injury to the central or peripheral nervous system
- spasticity resulting from an injury to the central nervous system (spinal cord injury)
- nausea, vomiting, and loss of appetite associated with cancer chemotherapy
- opioid/narcotic harm reduction
- pain and other symptoms experienced in a palliative setting

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7. *What criteria is used to approve coverage for pharmaceutical cannabinoids?*

WCB **will** approve coverage for pharmaceutical cannabinoids if the following criteria have been met:

- the worker must have already had appropriate trials of standard therapies*,
- the pharmaceutical cannabinoids are prescribed to treat a compensable designated condition (see Question 6), and
- the pharmaceutical cannabinoids are prescribed to treat a medical condition formally approved by Health Canada (on-label use)

WCB **may** consider approving coverage for pharmaceutical cannabinoids for off-label use (prescribing a drug for a use not formally approved by Health Canada) if the following criteria have been met:

- the worker must have already had appropriate trials of standard therapies*,
- the pharmaceutical cannabinoids are prescribed to treat a compensable designated condition (see Question 6), and
- the same criteria used for the authorization of cannabis for medical purposes has been met (see Question 8)

*In palliative care (end-of-life) situations, an appropriate trial of standard therapy is not required.

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8. *What criteria is used to approve coverage for medical cannabis?*

WCB may consider approving coverage for medical cannabis if the following criteria have been met:

- the worker must have already had appropriate trials of standard therapies*
- unless contraindicated, the worker has already had reasonable trials of pharmaceutical cannabinoids
- the medical cannabis is authorized to treat a compensable designated condition (see Question 6)
- the authorizing physician is the treating physician who is responsible for the ongoing care of the worker’s underlying medical condition or symptoms for which medical cannabis is authorized
- the authorizing physician has conducted an appropriate, in-person, comprehensive clinical assessment of the worker, including follow-up clinical assessments
- regardless of the worker’s place of residence or the jurisdiction in which the health professional practices, the health professional must, at a minimum, adhere to the Standard of Practice on cannabis for medical purposes and its associated Advice to the Profession from the College of Physicians and Surgeons of Alberta
- the benefits of medical cannabis for the worker outweigh the risks
- the authorized dose and administration route are appropriate and do not exceed the maximum amounts specified in policy

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*Coverage for medical
cannabis (continued)*

- the worker has a medical document or a written order for medical cannabis, as required under the *Cannabis Regulations*

*In palliative care (end-of-life) situations, an appropriate trial of standard therapy is not required.

9. Are there additional legal and health professional requirements for approval of coverage for medical cannabis?

The *Cannabis Regulations* give direction on a wide range of issues regarding recreational and medical cannabis. All of those legal requirements must be followed; however, the requirements most relevant to this policy are those regarding the health professionals who can authorize medical cannabis, the documentation needed to do so, and licensing of medical cannabis suppliers.

Provincial regulatory bodies also have a role in determining which health professionals can authorize medical cannabis in their jurisdiction. As well, the College of Physicians and Surgeons of Alberta (CPSA) has a published *Standard of Practice: Cannabis for Medical Purposes* that all members regulated in Alberta, and any physicians providing care to Albertans, must follow. Additional details are provided in the associated *Advice to the Profession* document from the CPSA.

For additional information on clinical expectations for authorizing health professionals, see WCB’s *Physicians’ guide to authorizing cannabis for medical purposes*.

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10. *Are there additional requirements for approval of coverage for medical cannabis with respect to opioid/narcotic harm reduction?*

In addition to meeting all the requirements in Questions 8 and 9, 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.

WCB may extend coverage beyond the initial trial period if there is objective evidence from the treating physician or pharmacy records of significant (at least 30%) and maintained reduction in daily morphine equivalent dosage.

11. *What are the worker’s responsibilities?*

In addition to participating in the medical process required for authorization of medical cannabis, if WCB approves coverage of the medical cannabis the worker must:

- obtain authorization for medical cannabis from only one physician and notify WCB if it becomes necessary to change physicians
- **obtain medical cannabis only from a licensed medical cannabis supplier (licensed by Health Canada) or from a hospital**
- for reimbursement, submit an itemized receipt for the medical cannabis that includes the amount of product purchased and the THC content or percentage of the cannabis; if the cannabis is in a form other than dried product, such as oil or edibles, etc., the receipt from the supplier must also include the equivalency factor for calculation purposes

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12. *What does WCB consider an appropriate dose and administration route?*

WCB will consider doses and administration routes that align with Health Canada’s *Information for Health Care Professionals* and relevant Standard(s) of Care and Advice to the Profession developed by the CPSA. It is generally recommended that a prescriber start with lower THC levels, because the lower content minimizes potential unwanted cognitive effects; also, higher doses of THC do not necessarily lead to better pain control.

WCB considers an appropriate dose is generally the lowest safe and effective dose of medical cannabis, taking into consideration both the daily quantity and the THC content, and not exceeding the limits indicated below:

- the amount of dried medical cannabis is limited to three grams per day
- the medical cannabis should be CBD-rich with minimal THC
- the maximum allowable THC content for medical cannabis is 90 milligrams per gram or 9% (when a THC dosage range is specified, the higher number is used for this determination)
- if the purchased medical cannabis is in a form other than dried cannabis (i.e., oil, edibles), the dose must not exceed the allowable equivalent dose for dried cannabis; coverage of these forms of cannabis is contingent on the supplier providing the equivalency factor for calculation purposes

Because of the known risks of smoking, WCB will not approve coverage for dried medical cannabis if the route of administration is smoking. The treating physician’s

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*Appropriate dose and
administration route
(continued)*

*Vaporization as a
route of
administration*

authorization must explicitly indicate a non-smoking route of administration that is recommended by Health Canada. For the same reason, remuneration for pre-rolled ‘joints’ will not be considered.

In this policy, vaporization refers to vaporization of the dry cannabis herb, using a vaporizer designed to heat and vaporize the dry herb so that it can be inhaled. It does not include “vaping” or “e-vaping”, which uses an electronic device to heat a liquid solution to produce a vapour that can be inhaled. WCB **does not** provide coverage for vaping liquids or vaping devices.

Based on current Health Canada recommendations, vaporization of the dry herb appears to be an acceptable alternative to smoking. WCB may approve vaporization as a route of administration, provided that it is vaporization of the dry cannabis herb without solvents or other additives, using a vaporizer for dry herbs that is approved by Health Canada for medical use.

The WCB-approved vaporizer is to be used only for administration of WCB-approved medical cannabis. Its use with any product not approved by WCB, whether for medicinal purposes or recreational, is strictly prohibited. WCB will not assume any liability for any health consequences of non-approved use of the vaporizer. WCB will cover the reasonable cost of an approved vaporizer.

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13. *When coverage of medical cannabis is approved, how long will WCB continue the coverage?*

For continued coverage, WCB requires a clinical reassessment by the authorizing physician and confirmation of functional improvement every three months.

WCB will continue coverage if there is sufficient evidence that the medical cannabis is effective, measurable treatment goals are reached and maintained, and there are no adverse effects that outweigh the benefits. For example, sufficient evidence of effectiveness in pain relief is a 30% reduction in pain symptoms (see WCB’s *Physicians’ guide to authorizing cannabis for medical purposes* for more information).

14. *When will WCB suspend or end coverage of medical cannabis?*

WCB may suspend or end coverage for medical cannabis when it has confirmed it is no longer necessary or appropriate, it impedes return to work, or there is evidence of misuse.

Examples of misuse include:

- repeated unauthorized dosage adjustments,
- the authorized cannabis is used in a manner not intended by the authorizing physician, or inconsistent with the intended purposes of the treatment, or
- the worker is diverting the medical cannabis (for example, selling or providing it to others).

15. *When is this policy application effective?*

This policy application (Application 6 – Pharmaceutical Cannabinoids and Cannabis Authorized for Medical Use) is effective XXX and applies to all requests for initial coverage or extensions of coverage of medical cannabis made on or after that date.

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ADDENDUM A

CANNABIS AUTHORIZED FOR MEDICAL USE - REFERENCES

Legislative Reference:

1. Government of Canada *Cannabis Regulations*
<https://laws-lois.justice.gc.ca/eng/regulations/SOR-2018-144/>

Medical References:

2. Government of Canada: *Information for Health Care Professionals: Cannabis (marihuana, marijuana) and the cannabinoids, October 2018*, accessed September 27, 2021
<https://www.canada.ca/content/dam/hc-sc/documents/services/drugs-medications/cannabis/information-medical-practitioners/information-health-care-professionals-cannabis-cannabinoids-eng.pdf>
3. College of Physicians and Surgeons of Alberta
 - A) *Standard of Practice: Cannabis for Medical Purposes*, reissued July 1, 2021, accessed September 27, 2021
<https://cpsa.ca/physicians/standards-of-practice/cannabis-for-medical-purposes/>
 - B) *Advice to the Profession: Cannabis for Medical Purposes*, revised August 2021, accessed September 27, 2021
https://cpsa.ca/wp-content/uploads/2020/06/AP_Cannabis-for-Medical-Purposes.pdf
4. Alberta College of Family Physicians
 - A) G. Michael Allan MD CCFP, et al. *Simplified guideline for prescribing medical cannabinoids in primary care*; Vol 64: FEBRUARY | FÉVRIER 2018 | *Canadian Family Physician* | *Le Médecin de famille canadien*
<http://www.cfp.ca/content/cfp/64/2/111.full.pdf>
 - B) *Neuropathic Pain Calculator*, accessed September 27, 2021
<https://pain-calculator.com/calculators/neuropathic-pain/>
 - C) *Missing "High" Quality Evidence: Medical Cannabinoids for Pain?*, November 2017, accessed September 28, 2021
Harms of Medical Cannabinoids: Up in Smoke!, November 2017, accessed September 28, 2021

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ADDENDUM A

CANNABIS AUTHORIZED FOR MEDICAL USE - REFERENCES

Any Other "Doobie"ous Effects of Medical Cannabinoids?, December 2017, accessed September 28, 2021

Blazing Through the Evidence on THC Versus CBD Combinations in Medical Cannabinoids, April 2018, accessed September 28, 2021

<https://gomainpro.ca/tools-for-practice/>

5. The College of Family Physicians of Canada, *Guidance in Authorizing Cannabis Products Within Primary Care*, March 2021, accessed September 27, 2021

<https://www.cfpc.ca/CFPC/media/PDF/CFPC-Guidance-in-Cannabis-Within-Primary-Care.pdf>

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