



Opium policy review (Policy 04-06, Part II, Application 4)

Background

We're reviewing our prescribed opioid analgesics (narcotics) policy to ensure:

- workers receive safe and effective treatment,
- criteria for coverage for opioid prescriptions are clearly and transparently outlined, and
- current medical evidence, advice, and knowledge about the benefits and risks of opioids prescribed for acute and chronic pain management form the basis of the policy.

What we propose

Our revised policy draft outlines the phases or types of pain for which we may approve coverage for opioids:

Acute or post-operative pain	Long-term opioid therapy	Palliative care
<ul style="list-style-type: none">• Experienced generally within the first four weeks following a compensable injury or surgery for the compensable condition• We may approve coverage for a maximum of two weeks• In exceptional circumstances, we may extend coverage during the acute phase, if required, and if specific criteria are met• A definition of acute care and specific criteria for coverage beyond two weeks are set out in policy (questions 6 and 7)	<ul style="list-style-type: none">• Treats pain that lasts past the time of normal tissue healing, usually more than four weeks following a compensable injury or surgery for the compensable condition• Long-term opioid therapy includes treatment for chronic, non-malignant pain• Specific criteria for coverage are set out in policy (question 8)	<ul style="list-style-type: none">• We may approve coverage for prescribed opioids during palliative care, which is when a worker is in the later stages of a terminal disease or injury (end-of-life care)• A definition of palliative care is set out in policy (question 10)

We also took the opportunity to add the following:

- The medical guidelines physicians should follow when prescribing opioids
- What requirements physicians must follow when prescribing opioids during long-term opioid therapy
- Relevant cross references to modified work, return to work, and duty to cooperate policies



We also added an addendum that provides a list, with links, of the medical references that form the basis of the policy provisions.

See attached draft Policy 04-06, Part II, Application 4, and Addendum B, for additional details.

We welcome your feedback, ideas and suggestions.

This posting is open until **September 26, 2022.**

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1. *What are the objectives of WCB regarding the authorization of Why does WCB have a policy for prescribed opioid analgesics (narcotics/opioids), also called narcotics?*

WCB has a responsibility to ensure treatment:

- is safe, effective, and appropriate, and
- supports the worker in recovery and a successful return to work, and
- is based on current medical knowledge.

This policy supports workers and their physicians by providing clarity about coverage available for opioids prescribed for the treatment of work-related injury and disease. As part of an overall approach to effective, appropriate claims management, including the provision of and payment for medical aid, WCB ensures that prescribed opioids analgesics (narcotics) support treatment goals including safe and early recovery, return to function, and return to work*.

The policy reflects current medical evidence, advice, and knowledge about the benefits and risks of opioids prescribed for acute and chronic pain management. WCB periodically reviews medical evidence and published accepted standards of care to ensure the policy aligns with the most updated evidence.

See Addendum B for medical references.

*For more information on how WCB evaluates safe return to work (including suitable modified work and safety sensitive positions), see Policy 04-05, Part II, Application 4.

For more information on how WCB evaluates whether workers and employers have met their duty to cooperate (including when the worker is not able to conform to the employer's safety policy, or when the employer is not able

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to provide suitable modified work), see Policy 04-11, Part II, Application 1.

To ensure the protection of clients, WCB aligns with published accepted standards of care developed by the College of Physicians & Surgeons of Alberta (CPSA), when available.

The approved Standard of Practice includes, but is not limited to, opioids, benzodiazepines, sedatives, and stimulants.

2. What is the focus of this policy?

The primary focus of this policy is the management of chronic, non-malignant pain (pain lasting more than 12 weeks or past the time of normal tissue healing), and the authorization of payment for prescriptions of analgesics (narcotics).

3. For the purposes of this policy, what are is a prescribed opioid analgesics (narcotics)?

For the purposes of this policy, a prescribed opioid analgesics (narcotics) refers to a prescription medications, legally available in Canada, including but not limited to those identified by the College of Physicians & Surgeons of Alberta (CPSA) in their Advice to the Profession (see Addendum B). Triplicate Prescription Program Medication List.

3. What medical guidelines must physicians follow when prescribing opioids?

Physicians must follow the CPSA's Standards of Practice (see Addendum B) when prescribing any medication linked to a substance use disorder or substance-related harm, including opioids.

WCB expects physicians will follow the Standard and its associated Guidelines, including but not limited to the following:

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- to the extent possible, establish the underlying cause of the pain and identify the appropriate course of treatment, and
- prior to prescribing opioids, carry out an adequate trial of non-opioid analgesics, and
- prescribe the lowest effective dose of opioids and, if prescribing a dose that exceeds the Guidelines, carefully justify the prescription, and
- not prescribe benzodiazepines, hypnotics, and/or sedatives at the same time as opioids, and
- continue to prescribe opioids only if there is measurable clinical improvement in function and pain that outweighs the risks of continued opioid therapy.

4. Will WCB authorize services to assist with medication management?

WCB may refer an injured worker for medication assessment and management including addiction assessment and treatment, narcotic cessation, and/or rehabilitation programs.

4. What conditions are required to approve coverage of prescribed opioids?

WCB only approves coverage for prescribed opioids when:

- there is only one prescriber (generally the worker's primary treating physician), and
- the prescribed opioids are not given by injection, except in immediate post-injury, operative, peri-operative (around the time of the surgical procedure while in hospital or clinic), or palliative/end-of-life situations, and
- the prescribed medication is generally limited to one long-acting and/or one short-acting opioid analgesic at any given time.

See Questions 7 through 9 for additional criteria.

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5. What types of treatment does WCB approve coverage for?

WCB may approve coverage for prescribed opioids for:

- acute or post-operative care (see Question 6)**
- long-term opioid therapy, including treatment for chronic, non-malignant pain (see Question 8)**
- palliative care (see Question 10)**

6. When does WCB approve coverage for opioids for acute or post-operative care?

WCB may approve coverage for prescribed opioids during the acute or post-operative period for a maximum of **two weeks. Physicians should prescribe no more than needed.**

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7. *What if pain exceeds two weeks and additional opioid treatment is recommended?*

In exceptional circumstances, and if medically required, WCB may approve coverage for prescribed opioids beyond two weeks under the following conditions:

- the prescribed opioids are part of an integrated, multi-disciplinary approach to pain management, and**
- there is evidence that treatment with prescribed opioids results in demonstrable improvement in the worker's function, progress towards return to work, and/or substantial reduction in pain that outweighs the risks of continued opioid therapy, and**
- there is a confirmed treatment goal, a plan to reduce opioids, and a proposed end date for opioid treatment, and**
- there is a written treatment agreement between the worker and the prescribing physician, which identifies the prescriber, conditions regarding early refills, and the risks associated with prescribed opioid use. A copy of this agreement should be forwarded to the WCB claim file.**

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8. *When does WCB approve coverage for opioids for long-term opioid therapy?*

Long-term opioid therapy, including treatment for chronic, non-malignant pain, is to treat pain that lasts past the time of normal tissue healing, usually more than **four weeks** following a compensable injury or surgery for the compensable condition.

WCB may approve coverage for prescribed opioids during this treatment when:

- the pain has lasted longer than **four weeks** from the date of injury or surgery, and
- the prescribed opioids are part of an integrated, multi-disciplinary approach to pain management, and
- there is evidence that treatment with prescribed opioids results in demonstrable improvement in the worker's function, progress towards return to work, and/or substantial reduction in pain that outweighs the risks of continued opioid therapy, and
- there is a confirmed treatment goal, and
- there is a written treatment agreement between the worker and the prescribing physician, which identifies the prescriber, conditions regarding early refills, and the risks associated with prescribed opioid use, and
- the treatment agreement is on file with WCB before treatment begins.

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9. What are the requirements for physicians when prescribing opioids during long-term opioid therapy?

The prescribing physician must provide a progress report within four weeks of initiating long-term opioid therapy, and every three months thereafter. The manner and form of the reporting is determined by WCB and includes, but is not limited to:

- the dosage (typically less than 90 morphine equivalents) and frequency of prescribed medication, and
- baseline and periodic updates on function level, and
- pain intensity, and
- opioid-related harms, and
- any modification to the treatment plan, and
- any other information WCB requests.

10. When does WCB approve coverage for opioids for palliative care?

WCB may approve coverage for prescribed opioids in the later stages of a terminal disease (end-of-life care) during palliative care. At this point, the worker is in the end stages of a terminal compensable injury or disease.

11. Are there circumstances where WCB may not approve payment of prescribed opioids?

WCB may not authorize payment for opioids when:

- the pain is idiopathic (there is no known cause), and/or
- the pain is primarily due to psychological factors, and/or
- there is a history of remote, recent, or current substance abuse.

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5. Are there medical guidelines, regarding the use of prescribed opioid analgesics (narcotics) in managing chronic non-malignant pain, which WCB expects physicians will follow?

The College of Physicians & Surgeons of Alberta has approved a Standard of Practice, *Prescribing: Drugs with Potential for Misuse or Diversion* (the Standard), which physicians must follow in prescribing opioid analgesics (narcotics) for long-term opioid treatment (LTOT). WCB expects that physicians will follow the Standard and its associated Guidelines, including but not limited to the following:

- to the extent possible, the underlying medical process causing the pain should be established and the course of treatment commensurate with the condition
- an adequate trial of non-opioid analgesics should have been carried out
- opioid analgesics would not ordinarily be prescribed for patients whose pain is idiopathic or primarily determined by psychological factors
- a history of remote, recent, or current substance abuse is a strong contra-indication
- continue to prescribe LTOT **only** if there is measurable clinical improvement in function and pain that outweighs the risks of continued opioid therapy
- prescribe the lowest effective dose and, if prescribing a dose that exceeds the opioid prescribing guidelines endorsed by the CPSA, carefully justify the prescription

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6. Under what circumstances would WCB generally authorize payment for prescribed opioid analgesics (narcotics)?

Chronic, non-malignant pain

WCB may authorize payment for prescribed opioid analgesics (narcotics) for the management of chronic, non-malignant pain when:

- the prescribed opioid analgesics are part of an integrated, multi-disciplinary approach to pain management,
- the prescribed opioid analgesics do not form the first line of treatment for longer-term or chronic injuries, and
- there is evidence that treatment with prescribed opioid analgesics is resulting in demonstrable improvement in the injured worker's function, progress towards return to work and substantial reduction in pain that outweighs the risks of continued opioid therapy.

Each case will be decided on its own merits.

Other circumstances

WCB may also authorize payment for prescribed opioid analgesics (narcotics) when:

- an injured worker is in the early, acute stage of treatment for a compensable injury (generally the first 12 weeks following injury),
- an injured worker is being treated in the later stages of a terminal disease (end-of-life care) which means at high risk for dying in the near future in hospice care, hospitals, long-term care settings, or at home,
- an injured worker is being treated for severe injuries with recognized, organically based pain.

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7. Does WCB impose any conditions when authorizing prescribed opioid analgesics (narcotics)?

If WCB authorizes payment for prescribed opioid analgesics (narcotics) for the management of chronic, non-malignant pain, it will monitor treatment and will require that:

- there is only one prescriber (generally the injured worker's primary treating physician)
- there is only one dispensing pharmacy
- except in immediate post-injury, operative, peri-operative, or palliative/end-of-life situations, the prescribed opioid analgesic is not given by injection
- the prescribed medication is generally limited to one long-acting and/or one short-acting opioid analgesic at any given time
- there be a written "use of treatment" agreement between the injured worker and the prescribing physician, which, at a minimum, identifies the prescriber, the pharmacy, conditions regarding early refills, and the risks associated with prescribed opioid analgesic use
- the "use of treatment" agreement, in a manner and form acceptable to WCB, be on file with WCB at the commencement of LTOT
- the prescribing physician must report, on a regular basis, within 4 weeks of initiating LTOT, and every 3 months thereafter, in a manner and form prescribed by WCB, with respect to matters including, but not limited to, the dosage and frequency of prescribed medication, baseline and periodic updates on function level, pain intensity, opioid related harms, and any modification to the treatment plan

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2. *Under what circumstances would WCB suspend or discontinue authorization of prescribed opioid_s analgesics (narcotics)?*

WCB may suspend or discontinue authorization of payment for prescribed opioid_s analgesics when:

- increases in dosage do not result in improvement in function, including progress towards return to work and a clinically significant reduction in pain, or
- the prescribed opioid_s analgesics result in opioid-related harm (medical complications and/or significant, serious side effects, e.g., non-physiological processes required for bodily functions, medications required to counteract side effects reasonably attributable to opioid_s analgesics), or
- medical advice indicates the prescribed opioid_s analgesics are delaying or imperiling the injured worker's recovery, return to function, and/or work, or
- there is evidence of repeated dosage adjustment that has not been prescribed or authorized, or
- there is evidence that the prescribed opioid_s analgesics are being misused, used in a manner not intended by the prescribing physician, or inconsistent with the intended purposes of the medication.

~~Each case will be decided on its own merits.~~

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3. *Will WCB authorize services to assist with medication management?*

WCB may refer an injured worker for medication assessment and management including addiction assessment and treatment, narcotic-opioid cessation, and/or rehabilitation programs.

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4. *When is this policy application effective?*

This policy application [Application 4 – Prescribed Opioid Analgesics (Narcotics)] is effective for all new prescriptions as of April 1, 2017, except when noted otherwise in a specific policy section(s).

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Previous versions

- [Policy 0406 Part II - June 2017](#)
- [Policy 0406 Part II - August 2015](#)
- [Policy 0406 Part II - December 2010](#)
- [Policy 0406 Part II - May 2006](#)

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ADDENDUM B

PRESCRIBED OPIOID ANALGESICS (NARCOTICS) - REFERENCES

Medical References:

1. College of Physicians and Surgeons of Alberta
 - A) *Standard of Practice: Prescribing: Drugs Associated with Substance Use Disorders or Substance-Related Harm*, reissued September 6, 2018, accessed May 25, 2022
<https://cpsa.ca/physicians/standards-of-practice/prescribing-drugs-associated-with-substance-use-disorders-or-substance-related-harm/>
 - B) *Advice to the Profession: Prescribing: Drugs Associated with Substance Use Disorder or Substance-Related Harms*, revised September 2019, accessed May 25, 2022
https://cpsa.ca/wp-content/uploads/2020/06/AP_Prescribing-Drugs-Associated-with-Substance-Use-Disorders.pdf