

POLICY NUMBER: POL-120

Chapter:
CLAIMS

Subject:
MEDICATIONS

Effective Date:
March 31, 2004

Last Update:
November 22, 2016

PURPOSE STATEMENT

The purpose of this policy is to explain how the Workers Compensation Board determines authorization for prescription medications, including narcotics and opioids.

REFERENCE:

Workers Compensation Act R.S.P.E.I. 1988, Cap. W-7.1, Section 18(1), 18(2), 18(3).
Workers Compensation Board Policy, POL-64, Health Care Providers.
Workers Compensation Board Policy, POL-92, Medical Aid.
Controlled Drugs and Substances Act R.S.1996, C.19.

DEFINITION:

In this policy:

“Opioids” means natural or synthetic narcotic analgesics (pain medication).

POLICY:

1. The Workers Compensation Board may authorize payment for medications that are necessary for the treatment of workers who have been approved by the Workers
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Compensation Board for medical aid benefits. In order to give consideration for payment, the medication must:

- be prescribed by a licensed physician, dentist, nurse practitioner or other health care provider recognized by the Workers Compensation Board practicing within their scope of practice;
- be dispensed by a licenced pharmacist;
- be prescribed for a compensable condition.

In addition, the dosage, frequency of use, and total amount prescribed must be clearly indicated in reports submitted to the Workers Compensation Board using the Canadian Pharmacists' Association Compendium of Pharmaceuticals and Specialties as reference for establishing dosage recommendations.

2. The Workers Compensation Board may refuse or limit the authorization of payment of prescription drugs or medications that are ineffective, inappropriate, or harmful, including those which may lead to dependency or addiction.
3. The payment of some medications will not be authorized by the Workers Compensation Board. These medications are listed in Schedule II, III, and IV (excluding benzodiazepines) of the *Controlled Drugs and Substances Act*. In general, these include the following types of medications:
 - cannabis, its preparations, derivatives, and similar synthetic preparations;
 - amphetamines;
 - barbiturates; and
 - anabolic steroids.

The Workers Compensation Board may consider exceptions to the types of prescription medications that are not generally authorized on a case-by-case basis. Each case will be considered on its individual merits and authorization of the prescription medication must be supported by current research and evidence as provided by an independent, objective and validated source or evidence based guideline.

Narcotics/Opioids

4. The Workers Compensation Board will only authorize the payment of prescriptions of narcotics/opioids and benzodiazepines under the following circumstances:

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- all legal and regulation requirements have been met;
 - use conforms to current medical practice standards; and
 - approval is limited to two weeks post injury or post surgery.
5. The Workers Compensation Board may authorize narcotic/opioid prescriptions beyond two weeks when all of the following criteria are met:
- the prescription of opioids is part of an integrated approach to pain management;
 - the prescription can only be prescribed by a single licenced physician or dentist at any one point in time;
 - the route of prescription is oral or topical;
 - careful consideration is given to behavioral symptoms that suggest opioids may increase the complexity of the worker's problem;
 - there is evidence that treatment with opioids will result in improvement of both pain and function;
 - the prescription pattern follows regular dosing of long-acting oral opioids, with infrequent short-acting oral dosages of the same opioid for breakthrough pain;
 - there is appropriate monitoring by the Workers Compensation Board;
 - there is compliance with the guidelines issued in February 2005 by the College of Physicians and Surgeons of Prince Edward Island as well as updates as they become available; and
 - there is a signed copy of a therapeutic agreement between the worker and physician, such as the Patient Agreement of Conditions Governing Treatment with Opioids, Appendix 4 of the College of Physicians and Surgeons of Prince Edward Island Guidelines, and a Narcotic Management Form signed by the prescribing physician, provided to the Workers Compensation Board.
6. The Workers Compensation Board will periodically review the worker's treatment plan and goals to ensure that opioids continue to be necessary and effective in treating the compensable injury or disease.

The Workers Compensation Board may suspend or discontinue authorization of payment for prescribed opioids when:

- increases in dosage do not result in improvement in function (based on validated outcome measures acceptable to the Workers Compensation Board), progress towards return to work or a reduction in pain;

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- the prescribed opioids result in significant, serious side effects (e.g., non-physiological processes required for bodily functions, medications required to counteract side effects reasonably attributable to opioids);
 - the prescribed opioids are harming or impeding the worker's recovery, improvement in function, or return to work;
 - there is evidence of repeated dosage adjustments that have not been prescribed or authorized;
 - there is evidence the prescribed opioids are being misused, used in a manner not intended by the prescribing physician, or is inconsistent with the intended purposes of the medication.
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HISTORY:

November 22, 2016 - Amended to allow approval of medications not generally authorized under exceptional circumstances, and to update the list of prescribing health care providers and opioid treatment methods.

February 16, 2011 - Amended to clarify that automatic approval of opioids post injury or post surgery will be limited to two weeks.

May 28, 2009 - Amended to include that a signed copy of a therapeutic agreement between the worker and physician must be provided to the Workers Compensation Board prior to the authorization of long-term opioid prescription for chronic non-cancer pain. Also, a section has been added related to the suspension or discontinuation of authorization of payment for prescribed opioids.

May 24, 2007 - Amended to reflect changes to the Registered Nurses Act and Regulations as well as current medical practice regarding the prescription of Opioids.

March 31, 2004 - Replaces the "Medication" policy which was rescinded on June 23, 2003.

Board of Directors Approval Date: March 31, 2004
