

POLICY NUMBER: POL-153

**Chapter:
CLAIMS**

**Subject:
MEDICAL CANNABIS**

**Effective Date:
October 25, 2018**

**Last Update:
January 28, 2021**

PURPOSE STATEMENT

The purpose of this policy is to explain how the Workers Compensation Board determines approval for medical cannabis to treat a compensable injury or disease.

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-120, Medications

DEFINITION:

In this policy:

“Cannabidiol” (CBD) means the second major chemical compound in cannabis plants and is more sedating and less psychoactive with minimal intoxicating effects.

“Medical cannabis” means any lawful class of cannabis, except cannabis plants and cannabis plant seeds, authorized to treat a medical condition. The term is interchangeable with medical marijuana. The term represents the non-pharmaceutical form of medicinal cannabis. Medical cannabis products do not have a drug identification number (DIN).

“Neuropathic pain” means pain caused objective damage or injury to the nervous system.

“Pharmaceutical cannabinoids” means drugs derived from either synthesis in manufacturing or from plant sources that are approved by Health Canada and have a DIN (drug identification number) with known strengths and recommended dose ranges.

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“Tetrahydrocannabinol” (THC) means the primary psychoactive (intoxicating) chemical compound in cannabis plants.

POLICY:

General

1. The Workers Compensation Board (WCB) does not generally approve medical cannabis, specifically the forms of cannabis that do not have a drug identification number (DIN), as a treatment for a workplace injury or disease. This policy sets out the specific circumstances and conditions under which the WCB may consider approval of medical cannabis.
2. This policy does not apply to the approval of pharmaceutical cannabinoids that have a drug identification number issued by Health Canada. Approval for pharmaceutical cannabinoids will be considered under WCB policy, POL-120, Medications.
3. The WCB will review this policy on a regular basis to ensure that it aligns with accepted medical practices and the growing body of medical research related to the use of cannabis as a treatment option.

Criteria for Approval

4. The WCB will consider approval of medical cannabis only where all of the following criteria are met:
 - It is for the treatment of compensable injuries or diseases as set out in this policy.
 - It is authorized by a single health care provider, as recognized by the WCB, who has conducted an in-person assessment of the worker and is responsible for prescribing standard treatment and for the ongoing care and assessment of the worker.
 - There is objective medical evidence that standard treatment options, including pharmaceutical cannabinoids, have been tried and have been unsuccessful, as set out in the most recent guidelines issued by the College of Family Physicians of Canada for prescribing medical cannabinoids.

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5. The WCB will not approve cannabis for the purpose of smoking because of known respiratory and cardiovascular risks of smoking, except in exceptional instances of end of life care.
6. The medical cannabis must be supplied by a producer approved by the WCB and will be approved at a rate that the WCB determines to be reasonable.
7. The WCB will approve the lowest possible quantity of cannabis to improve or maintain function or quality of life, up to a maximum of 3 grams of dried leaves, or the equivalent, per day of a Cannabidiol (CBD) rich preparation.
8. Generally, the Tetrahydrocannabinol (THC) content of the medical cannabis must be no greater than 1% to be considered for approval. Higher THC content may be considered if there are exceptional medical circumstances, with supporting evidence, as determined by the WCB.
9. Workers are obligated to disclose possible impairment due to medical cannabis use to their employer.

Compensable Injuries or Diseases

10. The WCB may approve medical cannabis for the following injuries and occupational diseases:
 - Spasticity due to spinal cord injury.
 - Nausea and vomiting associated with cancer chemotherapy.
 - Loss of appetite in cancer patients and patients with HIV/AIDS.
 - Symptoms encountered in palliative/end of life care.

Approval of Medical Cannabis for Chronic Neuropathic Pain on a Trial Basis

11. On a case by case basis, the WCB may consider a three-month trial of medical cannabis for chronic neuropathic pain if all of the following criteria are met:
 - There is an objectively identified source of the chronic neuropathic pain.
 - The chronic neuropathic pain has not responded to standard treatment options, as per the most recent guidelines issued by the Canadian Pain Society for prescribing medical cannabis, and pharmaceutical cannabinoids have been tried for no less than one month and have been unsuccessful.

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- A baseline pain assessment, and where appropriate, a functional assessment is conducted prior to approval of medical cannabis, and the results of which can be used for determining the effectiveness of the treatment.
 - A Medical Cannabis Authorization for Chronic Neuropathic Pain (CS-63) form has been completed by the authorizing physician or nurse practitioner.
12. The WCB will consider the circumstances of each case when determining approval. Approval will be provided only for those cases that meet the criteria set out in this policy and only where the potential benefits of medical cannabis outweigh the potential harms as determined through the risk assessment.

Factors that must be considered in the risk assessment include, but are not limited to, the effects of medical cannabis on:

- Young brains (under 25 years)
 - Those with a history or a family history of psychosis
 - Cognitive function
 - Pregnancy and breastfeeding
 - Cardiovascular and respiratory disease
 - Addiction with possible substance abuse
 - Potential impairment in driving or safety sensitive work
13. The authorizing physician or nurse practitioner must provide the WCB with ongoing reports monitoring function and symptoms within three months, including
- Whether the goals of the treatment are being met.
 - Assessment of polysubstance abuse or diversion.
 - Confirmation of acceptable random toxicology screens.
14. The WCB may consider approval beyond the three-month trial period, if objective medical evidence demonstrates that the treatment goals are being met. Indicators of a successful trial period include:
- Effective management of symptoms.
 - Improvement in function or quality of life.
 - Return to work or objective progress towards return to work.

WCB Monitoring Requirements

15. The WCB will monitor the worker's treatment plan and goals to ensure that medical

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cannabis continues to be necessary and effective in treating the compensable injury.

16. The WCB may suspend or discontinue approval of payment for medical cannabis in the following circumstances:

- There is insufficient objective medical evidence to support that treatment goals are being met.
- The medical cannabis results in significant, serious side effects.
- The medical cannabis is harming or impeding the worker's recovery, improvement in function, or return to work.
- There is evidence the medical cannabis is being misused, or used in a manner not intended by the authorizing physician or nurse practitioner, or inconsistent with the intended purposes of the treatment.

HISTORY:

January 28, 2021 - Amended the approval criteria to include the authorizing health care provider's responsibility for prescribing standard treatment and ongoing care and assessment of the worker, and the requirement for a one month trial of pharmaceutical cannabinoids prior to approval of medical cannabis for chronic neuropathic pain.

December 12, 2019 - Amended to update the definition of medical cannabis, include nurse practitioners as authorizers, add content related to improving quality of life, remove medical cannabis treatment for harm reduction, removal of coverage for vapourizers, require the treatment protocol to start with the lowest quantity, and clarify the coverage of medical cannabis costs.

Board of Directors Approval Date: October 25, 2018