

Medical Cannabis Guidelines

***NOTE: The following criteria and coverage requirements/limits are under review and may change without notice. Please refer back to ensure you are reviewing the latest information.*

Medical cannabis has very limited scientific evidence to support its use in compensable workplace injuries. The Workers' Compensation Board of Nova Scotia (WCBNS) has developed the following guidelines for case by case review for approval.

For coverage to be considered, requests must be aligned with current best practice clinical guidelines. As well, they must also be aligned with Canadian College of Family Physician (CCFP) guidelines, Health Canada and other leading Pain organizations. These guidelines include:

- “Simplified guideline for prescribing medical cannabinoids in primary care”, Published in Canadian Family Physician, February 2018.
- “Prescribing smoked cannabis for chronic non-cancer pain”, Published in Canadian Family Physician, December 2014.
- “Authorizing dried cannabis for pain or anxiety: preliminary guidance from the College of Family Physicians of Canada”, issued by the College of Family Physicians of Canada, September 2014.
- “Pharmacological management of chronic neuropathic pain: Revised consensus statement from the Canadian Pain Society” – Canadian Pain Society, December 2014

Cannabis, if covered, must follow the Health Canada process that complies with the Access to Cannabis for Medical Purposes Regulations.

Criteria:

- A. Treatment for which medical cannabis may be authorized must be for one of the following medical conditions and that condition must be deemed related to the compensable injury or illness.
 - Refractory Neuropathic pain
 - Spasticity resulting from a spinal cord injury
 - Nausea and vomiting associated with cancer chemotherapy
 - Loss of appetite associated with human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS)
 - Pain and other symptoms in a palliative (end of life) cancer pain setting
- B. Have exhausted conventional pharmaceutical treatments:
 - Have had **adequate trials** of appropriate pharmaceutical treatment (minimum 12 weeks), including a synthetic cannabinoid, titrating up to an effective dose, with documented evidence that they were ineffective or not tolerated.
 - For refractory neuropathic pain:

- Treatment that has failed to respond to **adequate trials** of a minimum of THREE DIFFERENT categories of first line agents (e.g., TCA, SNRI, Gabapentinoid) and/or second line agents (e.g. Tramadol or Opioids). If any category of agent was not trialled, a compelling reason must be provided.
- Failure to respond to an **adequate trial** of a synthetic cannabinoid.

C. Contraindications

If the Injured Worker has any of the following contraindications to medical cannabis, then coverage for cannabis will not be considered.

- Under age 25
- Has a personal or strong family history of psychosis
- Has a current or past cannabis use disorder
- Has an active substance use disorder
- Is pregnant, planning to become pregnant, or breast-feeding
- Has cardiovascular disease, or
- Has respiratory disease

D. Benefits outweigh the risks

Coverage will be considered when the expected benefits of treatment with medical cannabis outweigh the potential risks.

Precautions should be identified with acceptable rationale included for prescribing cannabis in those who:

- Have a concurrent mood or anxiety disorder
- Are heavy users of alcohol or are taking opioids or benzodiazepines, or other sedating prescribed or over the counter medications
- Have risk factors for cardiovascular disease, or
- Smoke tobacco
- Where treatment may impede recovery from the injury or for those working in a safety sensitive setting.

E. Appropriate clinical assessment and re-assessment

The authorizer must complete a comprehensive initial clinical assessment with measurable findings prior to consideration of coverage, along with subsequent re-assessments to support ongoing coverage.

- Full clinical history (past medical, substance use, social history, assessing for contraindication and precautions, physical examination etc.)
- Identification of measurable treatment goals to evaluate progress.
- Risk/benefit review with patient, including direction on safe use, medical/psychological side effects, dependence, impairment, task performance.
- For refractory neuropathic pain – Provide acceptable objective baseline and progress measures (i.e., consider SF-36, BPI) to support continuance of medical cannabis.
- Assessment for substance abuse.
- Completion of a Cannabis treatment agreement.

- Identify the clinical rationale for the daily quantity of dried cannabis, THC and/or CBD percentage, and period of use authorized. (See quantity limits and route information below.)
- Identify and comment on the potential impacts to the workers' ability to perform tasks at home and at work, with particular attention to safety sensitive tasks, such as driving or operating machinery.
- Follow-up at regular intervals (minimum of every 12 weeks) to evaluate and assess for efficacy and ongoing need to continue treatment. Discontinue if no appreciable clinical effect or if significant side effects occur.

F. Authorizer

The authorizer of the medical cannabis in relation to the compensable injury must be the one responsible for managing the ongoing care of the condition and/or associated injury and for conducting regular clinical reassessments of the response to cannabis treatment.

Should the authorizer, who assumes responsibility for conducting regular clinical reassessments of the worker's response to medical cannabis treatment, not be the primary treating professional, the primary care physician/prescriber must support the use and continued use of medical cannabis for the treatment of the work-related condition.

Coverage Limits:

- The medical cannabis and route of administration authorized for the worker must satisfy all of the following:
 - The route of administration must not involve smoking.
 - The daily quantity of dried medical cannabis must not exceed three grams per day.
 - The medical cannabis should be CBD-rich with minimal THC.
 - The THC percentage of the medical cannabis must not exceed nine per cent.
 - The milligrams (mg) of THC per day should be no more than 30 mg, but in no case shall exceed 75 mg. The daily quantity of dried cannabis must not exceed 3g/day.
 - If alternate forms are prescribed (i.e. oil), they must be converted to a similar ratio and amount.
 - Cannabis must not be home grown.
- Where the approved route of administration is vaporizing, the WCB will cover up to a reasonable cost of a vaporizer, with replacements limited to once every two years. Other devices and paraphernalia will not be covered.

Forms

Requests for cannabis should be completed using the [Medical Cannabis Request Forms](#).

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