



Volume 3

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Medical Marijuana

TAKING OUR PULSE

As of June 2014, 22 states and Washington, DC permit the use of marijuana as a viable medical treatment option for select patients. Laws in certain states allow individuals to grow their own marijuana at a specified quantity, while other states require purchase in controlled amounts through a dispensary.

Two states, Colorado and Washington, have legalized marijuana for recreational use and many others have decriminalized the substance to varying degrees.

Marijuana for medicinal purposes is not approved by the U.S. Food and Drug Administration (FDA).

Marinol (dronabinol) and Cesamet (nabilone) are synthetic cannabinoids with a component of marijuana as the active ingredient. Marinol is FDA approved and is indicated for the treatment of anorexia (loss of appetite and inability to eat) associated with weight loss in patients with AIDS, and for nausea and vomiting associated with cancer chemotherapy in those patients who have failed to respond to conventional anti-emetic treatments. Cesamet is FDA approved for the treatment of nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional anti-emetic treatments. Broadspire[®] does approve these medications when used for compensable conditions consistent with their FDA indications.

Health plans do not include marijuana on their drug formularies and do not reimburse members who pay for them out of pocket. **What is our position on coverage for medical marijuana?**

JUST WHAT THE DOCTOR ORDERED

Marijuana has historically been viewed as an alternative treatment option, however more recently has been gaining approval as an acceptable option for reducing pain, nausea, seizures and increasing appetite. Although marijuana has shown therapeutic potential in the treatment of epilepsy, efficacy and safety remain to be proven. The American Society of Addiction Medicine has taken a position against marijuana for medical purposes claiming it is an addictive drug and not approved by the FDA.

The dilemma lies in the sheer nature of the drug. Researchers cannot study the therapeutic potential of marijuana because they are banned from doing so as it is a Schedule 1 substance with no accepted medical use.

Of the 18 states that have workers compensation state treatment guidelines, five specifically do not recommend marijuana and the remaining 13 make no reference to the substance at all.

Challenges to both employers and treating providers include the use of medical marijuana while on the job causing potential impairment in cognitive and/or physical ability resulting in injury to self or to others. Marijuana may be detected during pre-employment drug screening as part of the hiring process and employment could be denied. In addition, a DUI may be charged if driving is impaired and testing is positive for marijuana even in those states where medicinal marijuana is allowed.

Broadspire does not recommend authorization/certification of medical marijuana as a medically necessary and appropriate treatment as it has not been proven safe or effective for human consumption for the treatment of any disease state.

KEY TAKE-AWAY POINTS

- Marijuana is legal in some states for medicinal and/or recreational purposes, however it is banned for distribution by the U.S. federal government.
- Tetrahydrocannabinol (THC), the active ingredient in marijuana, can decrease pain, but can also lead to dependence and addiction and has significant side effects.
- Risks associated with chronic use include respiratory illnesses, impaired judgment, reduced workplace productivity, negative impact related to attention, memory and processing complex information.
- Broadspire does not recommend authorization/certification of medical marijuana as a medically necessary and appropriate treatment. Only synthetic, FDA approved cannabinoids can be approved.

CIRCULATING IN THE PRESS

The New England Journal of Medicine recently ran an article titled, “Adverse Health Effects of Marijuana” Below is an excerpt.

Marijuana use has been associated with substantial adverse effects, some of which have been determined with a high level of confidence (Table 2). Marijuana, like other drugs of abuse, can result in addiction. During intoxication, marijuana can interfere with cognitive function (e.g., memory and perception of time) and motor function (e.g., coordination), and these effects can have detrimental consequences (e.g., motor-vehicle accidents). Repeated marijuana use during adolescence may result in long-lasting changes in brain function that can jeopardize educational, professional, and social achievements. However, the effects of a drug (legal or illegal) on individual health are determined not only by its pharmacologic properties but also by its availability and social acceptability. In this respect, legal drugs (alcohol and tobacco) offer a sobering perspective, accounting for the greatest burden of disease associated with drugs not because they are more dangerous than illegal drugs but because their legal status allows for more widespread exposure.

As policy shifts toward legalization of marijuana, it is reasonable and probably prudent to hypothesize that its use will increase and that, by extension, so will the number of persons for whom there will be negative health consequences.

Table 2. Level of Confidence in the Evidence for Adverse Effects of Marijuana on Health and Well-Being.

Effect	Overall Level of Confidence*
Addiction to marijuana and other substances	High
Abnormal brain development	Medium
Progression to use of other drugs	Medium
Schizophrenia	Medium
Depression or anxiety	Medium
Diminished lifetime achievement	High
Motor vehicle accidents	High
Symptoms of chronic bronchitis	High
Lung cancer	Low

Nora D. Volkow, M.D., Ruben D. Baler, Ph.D., Wilson M. Compton, M.D., and Susan R.B. Weiss, Ph.D. (2014, June 4) Adverse Health Effects of Marijuana Use. Retrieved from <http://www.nejm.com>.