Valley Medical Group Marijuana Guideline Policy

Valley Medical Group is committed to providing the best possible evidence-based care for our patients. We recognize that in some evolving areas of treatment, the evidence is not yet compelling and the need to try new treatment approaches may be great. In those areas, we remain open to new treatments based on consensus guidelines.

Marijuana is a chemical substance with a long history of use and abuse. There is only small amount of evidence that can give direction to providers on appropriate use for the care of medical problems. Despite the scarcity of well controlled medical trials we believe there is a case to be made that some well selected patients can benefit from the use of marijuana. The purpose of this policy is to provide guidance for VMG practitioners in considering providing patients with a Certificate of Benefit for marijuana

This policy identifies three recommended patient categories in which a Certificate of Benefit may be provided

- Patients with very specific diagnoses for which the Primary Care Provider has recognized a likely benefit in the use of marijuana and for which there may be some evidence in research to suggest that benefit.
 - a. Severe chronic spasm such as in Multiple Sclerosis or other serious neurological diseases.
 - b. Sever cachexia such as in end stage cancer, or AIDS wasting syndromes
 - c. Severe Crohns disease, unresponsive to usual medications.

VMG Primary care physicians may provide a Certificate of Benefit for patients with these disorders. In these cases, the provider must note in the patient's chart that a Certificate of Benefit has been signed. The provider must also Email the Assistant Medical Director for Quality for the purpose of constructing a registry for patients with these Certificates. The Providers must use the electronic registry to provide the Certificate of Benefit.

VMG providers may not provide a Certificate of Benefit to patients with psychiatric diagnoses without consulting a psychiatrist. VMG providers will use extreme caution in providing a Certificate of Benefit to any patient with a psychiatric diagnosis.

VMG providers will not provide a Certificate of Benefit to patients under the age of 25.

VMG providers must schedule regular follow up and evaluation for these patients.

2. Patient for whom the use of marijuana may be part of a risk reduction strategy in lowering overall medical risk.

a. Patients on chronic narcotics in which an anticipated reduction of 25% or more of the narcotic could be achieved by the use of marijuana.

A physician wishing to issue a Certificate of Benefit for these patients should notify the Marijuana Work Group of the potential benefit and risk for the patient via email with an explanation of expected risk reduction and how it will be measured and tracked. The provider may issue a Certificate of Benefit once approval has been given by the work group. Progress reports should be provided to the work group in 3 and 6 month intervals.

- 3. Other severe diagnoses for which a provider feels marijuana might be beneficial.
 - a. Most of these patients should be getting marijuana through the appropriate specialist. For example, if it is felt a patient with a seizure disorder would benefit, that patient should be getting the recommendation from the neurologist.
 - b. Other cases can be submitted to the marijuana work group for consideration.

VMG providers should not be issuing Certificates of Benefit for patients unless permitted by the guidance above.

All providers issuing marijuana Certificate of Benefit must register through the state of Massachusetts, complete required CME and completely comply with all state of Massachusetts requirements. Presently only physicians can sign a Certificate of Benefit. All patients receiving a Certificate of Benefit for marijuana use must be established patients at Valley Medical Group.

Providers will send an email requesting the marijuana work group review the patient indication for marijuana. The comittee will discuss the case either via email or in person and respond to the requesting provider by email of the decision via the medical director or his/her designate.

All medical use of marijuana will be documented in the chart by the provider and will be documented in the social history and medication list.

The committee will maintain a list of approved patients for evaluation of the program.