

**POLICY NUMBER: POL-120**

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**Chapter:**  
**CLAIMS**

**Subject:**  
**MEDICATIONS**

**Effective Date:**  
**March 31, 2004**

**Last Update:**  
**July 30, 2021**

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#### **PURPOSE STATEMENT**

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

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#### **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, Health Care Benefits - General Principles  
Workers Compensation Board Policy, POL-153, Medical Cannabis

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#### **DEFINITION:**

In this policy:

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

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#### **POLICY:**

1. The Workers Compensation Board (WCB) may authorize payment for medications that are necessary for the treatment of workers who have been approved by the WCB for
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health care 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 WCB practicing within their scope of practice.
- Be dispensed by a licensed 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 WCB using the Canadian Pharmacists' Association Compendium of Pharmaceuticals and Specialties as reference for establishing dosage recommendations.

2. The WCB 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. WCB policy, POL-153, Medical Cannabis, sets out the specific circumstances and conditions under which approval for medical cannabis may be considered.

### **Opioids**

4. The WCB will only authorize the payment of prescriptions of opioids and benzodiazepines under the following circumstances:
  - 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 WCB may authorize 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 health care provider 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 WCB.
  - 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.
  - There is a signed copy of a therapeutic agreement between the worker and physician, such as the Patient Agreement for Long-Term Opioid Therapy, and an Opioid Management Form signed by the prescribing physician, provided to the WCB.
6. The WCB 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 WCB 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 WCB), progress towards return to work or a reduction in pain.
- 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.

**HISTORY:**

July 30, 2021 – Non-substantive edits to terminology.

October 25, 2018 - Amended to update the provisions related to limits on medication authorizations to be consistent with the new policy, Medical Cannabis (POL-153). Additional amendments reflect to update references and terminology.

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