



Policy Amendment Proposal HC-02 Safe Use of Medications

This policy amendment proposal relating to the safe use of medications will reflect the issues consulted on during the engagement for the *Workers' Safety and Compensation Act* (the 'Act') and will align the amendments made in the new legislation.

The new Act comes into force July 1, 2022. The intended effective date of the proposed policy amendments will be July 1, 2022.

The proposed amended Safe Use of Medications policy will reflect minor changes to ensure consistency with the provisions of the Act.

A five-year policy review plan will be developed later in 2022. After July 1, 2022, all amended policies to align with the new Act will be prioritized for a more detailed review.

The purpose of this policy is to establish parameters for the authorization and safe use of appropriate medications, including opioids, in the treatment of a work-related injury.

Relevant sections of the Act

The following sections of the Act are relevant:

- 111 health care assistance

Proposed minor changes to this policy are highlighted in yellow

- changes to section references, language and definitions

Board Orders/Regulations

N/A

Current policy

[HC-02 Safe Use of Medications](#)



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The board of directors is providing this policy amendment proposal to stakeholders seeking their input, comments, questions and suggestions.

Some questions for consideration:

1. Are there any general comments about this policy proposal?
2. Are there any gaps in this policy proposal?
3. Additional comments?

The views of our stakeholders are important to us. All feedback will be considered prior to the board of directors approving any amendments.

Engagement on this policy proposal closes on **April 30, 2022**. Please provide your feedback by:

1. Downloading a [fillable form](#) on our website and sending it as an attachment to Policy.Feedback@wcb.yk.ca
2. Emailing comments directly to Policy.Feedback@wcb.yk.ca
3. Receipt in our building by April 30, 2022, by mail or drop off at
Yukon Workers' Compensation Health and Safety Board
401 Strickland Street
Whitehorse, Yukon Y1A 5N8

By the end of May a summary of all feedback on this policy amendment proposal will be published on our website at www.wcb.yk.ca



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Preventing work-related injuries is the most important job in any workplace. The *Workers' Safety and Compensation Act* establishes the responsibilities of all workplace parties to work together to ensure the physical and psychological health and safety of workers. When injuries do occur, workers and employers must continue to work together to facilitate an injured worker's early and safe return to health and work.

Purpose

This policy establishes parameters for the authorization and safe use of appropriate medications, including opioids, in the treatment of a work-related injury.

Definitions

addiction means the use of psychoactive substances (that is, substances affecting one's mind or behaviour), leading to a loss of control, compulsive and continued use resulting in adverse social, physical and psychological consequences

board means the Workers' Safety and Compensation Board

Compendium of Pharmaceuticals and Specialties (CPS) is the most widely used source of drug information in Canada. It is published by the Canadian Pharmacists Association and lists medications commonly used in Canada to treat various medical conditions

dependence means

- a. physical: a physiological state whereby a person becomes dependent on the continued regular use of a drug to the extent that to stop taking it leads to withdrawal (which may be relieved in total or in part by re-administering the substance)
- b. psychological: characterized by a subjective sense of need for a specific substance

Physical or psychological dependencies do not necessarily correlate with addiction and may be a normal consequence of long-term use of opioids, tranquilizers and hypnotics

Drug Identification Number (DIN) is the number located on the label of prescription and over-the-counter drug products that have been evaluated and authorized for use and sale in Canada

health care provider means

- a. a medical practitioner; or
- b. a health care provider recognized by the board.



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medical practitioner means

- a. a person who is entitled to practice medicine in Yukon pursuant to the *Medical Profession Act*; or
- b. a person entitled to practice medicine under the laws of another province.

medication is a pharmaceutical agent prescribed (or recommended, in the case of over-the-counter medications) by a medical practitioner and labelled with a Drug Identification Number (DIN)

worker means a person who performs work or services for an employer under a contract of service or apprenticeship, written, or oral, express or implied and as further defined in section 77 of the Act

Policy Statement

1. General

The Act provides that the board may provide a worker with health care assistance, including services, devices or equipment that is necessary to grant relief from a work-related injury. All questions as to the necessity, character and sufficiency of any health care assistance are determined solely by the board.

The board supports the provision of necessary and appropriate health care services to:

- a. promote effective recovery from a work-related injury;
- b. maintain or enable early and safe return to work for workers; and
- c. reduce the severity of symptoms where the work-related injury has a significant impact on daily living activities.

The board may cover the cost of medications, including opioids, under this policy where these medications have been prescribed by a licensed medical practitioner and dispensed by a licensed pharmacist or authorized health care provider.

The board authorizes payment for medications where:

- a. the medication is prescribed or recommended by a medical practitioner or other health care provider authorized to write prescriptions;
- b. the use is consistent with accepted medical practice in Canada, the manufacturer's instructions and is prescribed or recommended in accordance with the *Compendium of Pharmaceuticals and Specialties* (CPS);



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- c. the medication has a valid Drug Identification Number (DIN);
- d. the medication is appropriate to address the worker's medical needs arising out of their work-related injury;
- e. the medication is expected to improve or maintain the workers' functional abilities, thus enabling the worker to safely stay at work or improve the likelihood of a safe and timely return to work; and
- f. the medication is expected to minimize the risk of further injury or aggravation of the work-related injury.

2. Appropriateness of Medications

Payment for medication expenses will be determined by **the board**. The medication must be appropriate to the work-related injury and the worker. Accordingly, **the board** will consider:

- a. the recommendation of the treating medical practitioner responsible for the worker's ongoing care;
- b. the intended benefit of the medication in relation to the work-related injury (in some cases, a 'companion' medication is required to address side effects from the primary medication); and
- c. whether the dosage, frequency of use and total amount prescribed is clearly indicated in reports submitted to **the board**.

Where appropriate, **the board** may consider current scientific evidence and evidence-based guidelines developed by professional health organizations in Canada and the United States regarding the use of a particular medication in relation to a worker.

The board may refuse or limit the authorization of payment for medications that are determined to be inappropriate, ineffective or harmful, including those that may lead to dependency or addiction.

3. Opioids (Pain Medication), Tranquilizers and Hypnotics

Non-opioid medication should be the first choice for treating pain, especially pain associated with minor or mild soft tissue injuries. However, the short-term use of opioid medication to treat moderate-to-severe pain (from the initial work-related injury, subsequent surgery or recurrence of injury) is considered reasonable and appropriate, and may be covered by **the board**.

When determined appropriate by **the board**, payment may be authorized for opioids, tranquilizers and hypnotics for:

- a. a period of hospitalization for the work-related injury;



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- b. up to one month following the work-related injury; or
- c. related subsequent surgery or recurrence of injury.

At any time, the payment for opioid medication will be discontinued if:

- a. the current status of the worker's work-related injury or condition no longer requires opioids;
- b. there is insufficient evidence to support a conclusion that the treatment is beneficial to the work-related injury;
- c. there is evidence that the treatment is causing more harm than benefit;
- d. the treatment is contributing to a dependence or addiction; or
- e. the treatment is a factor contributing to the worker's inability to fully participate in medical rehabilitation or return to work efforts.

Where a medical practitioner recommends extending use of a medication for a period greater than one month, they must provide a satisfactory medical explanation of special or extenuating circumstances for the extension, in writing, to **the board**.

The board will determine the appropriateness and reasonableness of the prescription extension, and determine the need for a therapeutic agreement (that is, a written document establishing expectations, roles, responsibilities and consequences between **the board**, the worker and other parties deemed necessary by **the board**).

The board may refer the worker for a medical assessment, where it is suspected the use of opioids, tranquilizers or hypnotics is interfering with the worker's recovery and return to work plan.

4. Over-the-Counter Medications

When determined to be appropriate and recommended by a medical practitioner in writing, **the board** may authorize payment for non-prescription medications.

5. Off-Label Use of Prescription Medications

Off-label refers to the prescription and use of medications for purposes other than the purpose for which they were initially developed. These medications must be approved by Health Canada and described in the CPS. **The board** may authorize payment for off-label use of medications on a case-by-case basis if such use is reasonable and appropriate for the work-related injury.



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6. Non-Standard, Not-Generally-Accepted Drugs or Substances

The board does not normally authorize payment for non-standard, not-generally-accepted drugs or substances.

On a case-by-case basis, the board may authorize payment for such drugs or substances upon written submission, from a treating medical practitioner, that presents the case for the proposed drug or substance to treat the work-related injury. The case for the proposed drug or substance must meet all of the following criteria:

- a. all other conventional medications, drugs or substances have been tried or at least considered and found to be medically inappropriate;
- b. the drug or substance will be used for a medical condition that results from a work-related injury;
- c. there is sufficient evidence to indicate the drug or substance can be expected to produce the intended effects on health outcomes in the particular case under consideration;
- d. there is sufficient evidence to indicate the drug's or substance's expected beneficial effects on human health outweigh its expected harmful effects;
- e. a medical practitioner has provided the worker with any necessary and/or appropriate referrals, prescriptions, or medical documents that are required for the drug or substance; and
- f. the drug or substance in question can be provided legally in Canada from an accredited and/or licensed source.

Examples of non-standard, not-generally-accepted drugs or substances include, but are not limited to:

- a. cannabis;
- b. amphetamines;
- c. barbiturates (the exception is phenobarbital, which may be authorized for payment if prescribed for seizure disorders following a severe head injury);
- d. anabolic steroids;
- e. drugs or substances not legally accessible in Canada; and
- f. medications used for purposes other than medically prescribed.



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7. Criteria for Reimbursement of Medication Expenses

To be eligible for reimbursement of medication expenses, the worker's use of the medication must follow the provisions of this policy.

Where a generic medication is equivalent and available to replace a brand-name medication, the board will pay the cost of the generic equivalent, unless there is a valid medical reason that the brand-name medication is required, or the brand-name medication is available at a lower price than the generic equivalent.

Original receipts must be submitted to the board within one month of purchase to be considered for reimbursement.

8. Addiction

Some classes of medications involve a high risk of physical dependence, tolerance and addiction with prolonged use or high doses:

- a. opioids: natural or synthetic narcotic analgesics (pain medication) such as morphine, codeine, Oxycodone and Darvon used to treat moderate-to-severe pain; and
- b. tranquilizers and hypnotics: medications, such as barbiturates and benzodiazepines, used to treat anxiety, sleeplessness and muscle spasms.

There may be circumstances where the board or the treating medical practitioner believe the worker's need for opioids, tranquilizers or hypnotics is mostly psychological in nature, and such dependence is contributing to behaviours not favourable to or interfering with the goals of recovery and return to work. In such circumstances, the board may discontinue authorization for payment of opioids, tranquilizers or hypnotics in consultation with the treating medical practitioner and the board's medical consultant.

Addiction Intervention

Opioids, tranquilizers and hypnotics may lead to dependency or addiction, even when used appropriately. Where reasonable medical evidence supports a diagnosis of addiction resulting from treatment for a work-related injury, the board will cover the costs of addiction intervention (see policy [EN-10 Subsequent Injuries, Disorders and Conditions](#)). Intervention may include a gradual withdrawal of the medication from the worker's regimen, referral to a specialist or referral to a multidisciplinary intervention (such as an addiction rehabilitation program) as determined by the board.

Authorization for addiction intervention is subject to the following conditions:

- a. authorization for payment will be on a one-time basis;
- b. intervention for relapses will not be covered;



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- c. where there is a delay in accessing appropriate intervention, **the board** will review ongoing authorization for payment for opioids, tranquilizers or hypnotics with the treating medical practitioner;
- d. the goal of the intervention will be to discontinue use over a short period of time. This is not expected to exceed 12 weeks;
- e. following the intervention, **the board** will no longer authorize payment for opioids, tranquilizers or hypnotics for that worker, except on an exceptional basis related to emergency medical treatment;
- f. if the worker refuses to mitigate the effects of the addiction by declining appropriate intervention programming without just cause (as determined by **the board**), **the board** will cease authorization for opioids, tranquilizers or hypnotics; and
- g. Policy [RE-03 Mitigation of Loss](#) applies to all decisions regarding further entitlement to benefits and services.

Related Policies

[EN-10 Subsequent Injuries, Disorders and Conditions](#)

[RE-03 Mitigation of Loss](#)
