Medical Marijuana and its Use in Hospice and Palliative Care

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Learning Objectives

• Discuss medical marijuana’s clinical role in hospice and palliative care
• Summarize legal and regulatory issues including “related” and “coverage” status for medical marijuana use in hospice
• Describe components of a sample medical marijuana hospice protocol
What is Medical Marijuana?

Legal definition: the use of cannabis or marijuana, including constituents like THC and other cannabinoids, as a physician-recommended form of medicine or herbal therapy

Marijuana- Cannabis plant
Comes in various forms from buds, oils, tinctures, pills or topicals

https://definitions.uslegal.com/m/medical-marijuana/

Introduction

• Marijuana has been used for thousands of years, by cultures all over the world, for both medicinal and religious purposes
  – In 2008 a 2,700-year-old grave in the Gobi Desert was identified as the world’s oldest marijuana stash
• 2 primary strains: sativa (↑THC) and indica (↑CBD)
• Cannabis contains:
  – >400 chemical compounds
  – >100 separate cannabinoids
• The female buds of the plant are smoked once dried
THC vs. CBD

**THC (tetrahydrocannabinol)**
- Euphoric “high” effect
- Confusion, paranoia
- Sleep-inducing
- Appetite stimulant

**CBD (cannabidiol)**
- Low euphoria
- Modulates effects of THC
- Many clinical uses

[Link](https://news.medicalmarijuanainc.com/differences-cbd-thc/)

Formulations of Marijuana

- Buds
- Concentrates: hash, budder, shatter, dabs, wax, oil
- Transdermal Patch
- Oral tincture
- Edibles
- Wine/ Beer
- Ointment/ Cream/ Lotion

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## Routes of Administration

<table>
<thead>
<tr>
<th>Route</th>
<th>Onset</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inhaled – smoked or vaporized</td>
<td>Rapid</td>
<td>2-3 Hours</td>
</tr>
<tr>
<td>Oral ingestion</td>
<td>30-60 min</td>
<td>5-6 hours</td>
</tr>
<tr>
<td>Oral Transmucosal</td>
<td>30-60 min</td>
<td>5-6 hours</td>
</tr>
<tr>
<td>Rectal</td>
<td>30-60 min</td>
<td>2-8 hours</td>
</tr>
<tr>
<td>Topical</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td>Transdermal</td>
<td>1-2 hours</td>
<td>8-24 hours</td>
</tr>
</tbody>
</table>


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## Which Breed Should a Patient Buy?
Adverse Effects

- Anxiety:
  - Not seen as commonly with CBD vs. THC
- Psychosis:
  - Hallucinations, paranoid delusions
  - Caution in patients with pre-existing risk factors such as family history, previous mental illness, or childhood abuse
- Lung Damage?
- Cardiac
- Hyperemesis syndrome a.k.a. Greenout syndrome
- Note: no receptors in brain stem so cannot overdose


Drug Interactions

- CNS depressants: Additive drowsiness, fall risk
  - Opioids, benzodiazepines, alcohol
- Medications that cause tachycardia:
  - Psychostimulants, anticholinergics, theophylline
- CYP450  liver enzyme inducers and inhibitors
Indications

Main clinical uses:
• Seizures
• Adjuvant analgesic treatment
• Sleep disturbance
• Nausea
• Dyspnea
• Anorexia
• QOL

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Seizures

- Treatment of refractory seizures is an active area of research
- Many documented anecdotal accounts in the literature
- Most research done on Dravet syndrome in children
  - Data suggests CBD vs. THC is preferred

Pain

- Many clinical trials conducted to evaluate effect on pain
- CBD may be more effective than THC
- More effective for neuropathic pain (treatment resistant) vs. other types of pain
- Adjuvant effect for pain control in conjunction with opioids
- Treatments are well-tolerated and preferred by patients

References:

Nausea

• Meta analysis demonstrating efficacy, particularly in chemotherapy-induced nausea
  – Studies with patients using whole plant marijuana or natural cannabinoids like CBD are lacking
• Several studies showed smoked marijuana did not alleviate nausea better than standard treatment (ex: ondansetron), but was more preferred by patients

  • Machado Rocha FC, et al. (2008), Therapeutic use of Cannabis sativa on chemotherapy-induced nausea and vomiting among cancer patients: systematic review and meta-analysis. European Journal of Cancer Care, 17: 431-443

Cachexia/Anorexia

• Evidence for promoting weight gain inconclusive
  – The “munchies” are real, based upon patient feedback
  – Cannabis did increase appetite, +/- weight gain in several studies
• Some studies did not show benefit over traditional therapies
• Possibly helpful in patients for whom it’s important to eat

Dyspnea

Studies dating back to the 1970’s demonstrated improvements in lung function immediately after smoking
Marijuana inhaler studied but never made it to market
In patients with lung disease, consider alternatives to the inhaled route
     If the inhaled route is necessary, vaporization may be preferred


Insomnia

- Few randomized, controlled trials available
- Drowsiness/ sleepiness often listed as a side effect in trials evaluating marijuana for other conditions
- Doses should be used in moderation to prevent anxiety
- THC more effective than CBD

Dementia & Parkinson’s

- Several studies with cannabis in patients with dementia and Parkinson’s
  - Results are inconclusive
- Zach Klein Film: Prescribed Grass
  - Documentary filmmaker, certified marijuana instructor
  - Anecdotal results: Patients calmer, more relaxed, able to write better, possibly able to discontinue other medications


QOL Improvement

- Study in March 2018 evaluating safety and efficacy of medical cannabis in population of 2736 elderly patients
  - 564 patient died within 6 months of treatment
- After 6 months of treatment, 94% reported improvement in QOL and pain level was reduced from a median of 8 down to 4 on a scale of 0–10
- Most common adverse events: dizziness (9%) & dry mouth (7%)
- After 6 months, 18% stopped using opioid analgesics or reduced their dose

Poll

How is placebo marijuana, meant to be smoked in placebo-controlled trials, made available?
A) Herbal marijuana substitute
B) A special breed of grass bred to look similar to marijuana
C) Actual marijuana with the active ingredients removed, in a process similar to coffee decaffeination

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Summary

- Marijuana has many active compounds
- CBD seems to have more medical benefit than THC
- Marijuana appears to be relatively safe and effective for a variety of conditions
- More studies are needed to better understand its role in hospice and palliative care

Regulations
Federal Regulations

- Cannabis is listed in Schedule I of the federal Controlled Substances Act
  - No medical value and high potential for abuse
  - No large-scale clinical trials to prove its use but restrictions make doing trials difficult
- Justice Dept. advised that states and local gov’t can authorize cannabis use (2013)
  - Drew a distinction between use by seriously ill persons and large-scale for profit commercial enterprises
- Trump administration taking a stronger stance
- Not FDA approved (ingredients vary)

State Regulations
General State Requirements

- Registration and training requirements for health care practitioners
- Written recommendation from a licensed physician
- Qualifying conditions

- Register for a medical marijuana ID card (not required in CA and run through counties)
- Approved dispensaries
- Proxy/caregiver rules
- Transporting
- Possession/cultivation limits

*Rules vary from state to state*
California Regulations

- Approved by Prop 215 in 1996
  - Ensured that seriously ill persons had the right to obtain and use cannabis for medical purposes when deemed appropriate by a physician and protected from criminal prosecution or sanction
  - Afforded protection to physicians if they recommend cannabis
- 2017- The Medicinal and Adult Use Cannabis Regulation and Safety Act (MAUCRSA)
  - Established a uniform licensing regime for both medial and adult-use cannabis effective 1/2018
  - Licensing requirements for cultivation, transportation, distribution, etc.

California Medical Board Guidelines

- Patient-physician relationship
  - Must be attending physician
  - Conducted a medical evaluation
- Patient evaluation
  - Documented medical exam and history of current and PMH, social hx, drug and alcohol hx, family hx, previous therapies tried, etc.
  - Use of telehealth is permissible
  - Informed and shared decision-making
  - Discussion of risks and benefits
### California Medical Board Guidelines cont’d

- **Treatment agreement**
  - Clear objectives of treatment, goals, treatment and evaluation plan and “exit” strategy
  - Signed by patient
- **Qualifying conditions**
  - Recommendations are at the discretion of the physician
  - Not limited to cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, and migraine
- **Ongoing monitoring**
  - Regular re-assessment and at least annual review

### California Medical Board Guidelines cont’d

- **Consultation and referral**
  - Indicated for those with substance use disorder or co-occurring mental health problems
- **Medical records**
  - Outlines information that should be included
  - Review of the CURES system
  - Signed treatment agreement
- **Physician conflicts of interest**
  - Office cannot be in or connected to a dispensary or receive financial interest from a dispensary or cultivation center
Caregivers

State-dependent rules:

• In California, the caregiver needs to provide services beyond just providing marijuana

State Marijuana Law Resource

Procon.org
https://medicalmarijuana.procon.org
Challenges for Patients

- Mandatory registration- (physician’s recommendation, gov’t issued ID, proof of residency)
- Initial cost for physician visit to get certified
- Registration fees (range from $0- $200)
- Use of registry ID cards across state lines (ot allowed in CA)
- Number of approved dispensaries
- Some states- smoking not allowed; edibles only allowed for minors
Challenges for Hospices

- Question legitimate medical therapy
- Willingness to write for medical cannabis
- Physician certification & training requirements
- Staff lack fundamental understanding (various types, edible vs. smoked, etc.)
- Concern about turning off referral community
- Lack of policies or procedures

Who Pays?

- Not federally approved so funds from the Medicare Hospice Benefit can NOT be used to cover cost
- Cost should be covered by the patient out of pocket
Poll

1. Does your hospice have a policy/procedure for medical marijuana?
   - Yes
   - No

2. Does your hospice offer training to your staff about medical marijuana?
   - Yes
   - No

Hospice Policies & Procedures

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Procolizing Medical Cannabis - Background

Various states have passed laws legalizing the use of medical marijuana. Despite the decriminalization of medication marijuana in many states, according to federal law it is illegal.

However, the United States Department of Justice has formally stated that they will not prosecute medical marijuana users complying with state regulations.

Due to increasing legalization at the state level and increasing availability, medical marijuana use is increasing. Based on the potential indications for medical marijuana, our hospice patients may be using medical marijuana to treat their symptoms, in addition to traditional medications.

Procolizing Medical Cannabis

1. Seasons Hospice (SH) clinicians will be offered education on medicinal marijuana with an emphasis on possible side effects and drug interactions.
2. The SH nurse will ask the patient and/or caregiver if the patient is using medical marijuana and document in the designated section in the nurse visit note of the EMR.
3. If the patient is using medical marijuana, the SH nurse will educate the patient on the potential for side effects and drug interactions.
4. The SH nurse will inform Seasons’ pharmacy vendor when a patient is using medical marijuana during medication profiling, so the pharmacist can check for drug interactions.
Procolizing Medical Cannabis

5. The SH nurse will inform the medical director/hospice physician and entire IDG when a patient is using medical marijuana.
6. Seasons’ clinicians will not participate in any aspect of recommending, administering, or providing medical cannabis (marijuana).
7. A SH physician may discuss medical marijuana with the patient and caregiver at his/her discretion.
8. If the attending physician is also a Seasons’ employee and practices in a state where medical marijuana is legal, it will be at his/her discretion to participate in the recommending or ordering process.

Seasons Hospice & Palliative Care Protocol

Other Conundrums

- Balancing act-legal in your state, but federally illegal
- Accommodations for those in ALFs or nursing homes?
- What if someone is smoking or using illegally? (less an issue in CA)
- Where to store it?
- Tracking dosing (especially in nursing homes)
- Objection by staff or nursing home residents
- Dealing with “smoking”
- Assist in medicating- especially for those with dementia
Questions?

References

- Aggarwal SK, Blinderman CD. The Palliative Care Network of Wisconsin (PCNOW) Fast Fact #270: Cannabis for Symptom Control. [cited 2017 Jun 10]. Available at: https://www.mypcnow.org
References

- Geke A, H et al. Tetrahydrocannabinol for neuropsychiatric symptoms in dementia Neurology May 2015, 10.1212
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