

Compassionate Use Board (CUB) Petition Content Guide

The purpose of the patient petition is to provide the CUB evidence that the patient's condition is intractable. Medical Cannabis is not to be considered a first line treatment but to be recommended when standard treatments have failed to manage the patient's symptoms. This document can assist the Recommending Medical Provider and patient/guardian with supplying the proper documentation for review.

Basic Elements for a Complete Submission

1. **Compassionate Use Board petition**, with *all areas* addressed by the Recommending Medical Provider (RMP) submitted via the REDCap website.
2. A **Subjective Objective Assessment and Plan (SOAP)** note from the *face-to-face evaluation* with the Recommending Medical Provider, this note should include the following information (unable to accept telehealth visits):
 - Details of the condition or symptoms for which the medical cannabis will treat
 - History of the standard treatment modalities including the results of the previously tried treatments
 - List all previously tried medications, why they were stopped, and the dates for which they were trialed.
 - An evaluation of any current or past cannabis treatment as related to the condition
3. Any **past treatment records** from previous primary care physicians and or specialty providers that provide a record of the condition's past treatments of symptoms.

4. **Confirmation** that the patient's medical team are aware of the decision to seek medical cannabis for treatment of the condition. Or why they have declined to provide confirmation.
 5. Details of any past **cannabis use** that includes medical and non-medical (THC/CBD) and the following:
 - How long has the patient used cannabis?
 - How did the patient take the cannabis (inhaled, orally, etc.)
 - What type of cannabis was used (brand name, if able, edible, flower, etc.)
 - What effect if any did it have on the patient's symptoms?
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Suggested Documents/Information to Include by Condition

For Anxiety:

- DSM-V diagnosis of an anxiety disorder.
- List of FDA approved medication trials and when/why you stopped them.
- Current mental health treatment with at least one full course of cognitive behavioral therapy.
- Rule out thyroid involvement if able.

For Autism:

- Confirmation that the patient's treating team is aware of the decision to seek medical cannabis. Or why they are unable to provide confirmation.
- List of behavioral interventions tried.
- List of FDA approved medication trials and when/why you stopped them.
- Specific details of behaviors/symptoms requesting to treat with medical cannabis.
- Details of any self-injurious, harm to others, destruction of property, or other concerning safety risks.

For **Chronic Pain:**

- List of medications tried for treatment of medical condition and when/why you stopped them.
- A detailed physical assessment from RMP.
- Past medical records that support the requesting condition diagnosis and provide a history of the interventions that have been tried (surgical reports, radiological reports, physical therapy notes, chiropractic notes, consultations, etc.).

For **Epilepsy:**

- Previously tried medications and results.
- Clear diagnosis of the condition by a respective specialist.
- Confirmation of PCP/Specialist consultation with RMP. Or why they are unable to provide confirmation.

For **Insomnia:**

- Documented trial/failure of OTC/FDA medication options.
- Sleep hygiene trial completed.
- Sleep Study Results or documentation indicating details of lacking Obstructive Sleep Apnea evaluation.
- Mental Health evaluation/treatment documented.

For **PTSD:**

- List of medications tried for treatment of PTSD and when/why you stopped them.
- Types of therapies tried for treatment of PTSD.
- Letter from your current licensed mental health provider that:
 - Confirms you are in current treatment
 - Confirms your PTSD diagnosis
 - They are aware of the decision to seek medical cannabis treatment. Or why they are unable to provide confirmation.

Contraindications

Medical Cannabis is **not** recommended for the following:

- Patients that are **pregnant** or **lactating**
 - Patients with a history of **Substance Abuse Disorder**
 - Patients with history of **Bipolar** or **Psychosis**
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