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CHIEF OF STAFF

Cathleen D. Bennett
Commissioner
NJ Department of Health
PO Box 360
Trenton, NJ 08625-0360

Re: Initial Recommendation-Medicinal Marijuana Review Panel

Dear Commissioner Bennett:

Please accept this Initial Recommendation on behalf of the Medicinal Marijuana Review Panel (Panel). This will confirm that the Panel has reviewed forty-five petitions¹ that were submitted as part of the process to determine whether additional debilitating conditions should be added for purposes of eligibility in the New Jersey Medicinal Marijuana Program (MMP). Panel members who attended the public meeting held on May 11, 2017, in Trenton, New Jersey, voted on the petitions. Although the votes were not unanimous, this Initial Recommendation represents the Panel's view as supported by a majority vote of the members who were present at the meeting.

The Panel considered each petition per the following factors set forth at N.J.A.C. 8:64-5.3(a):

1. The extent to which the condition is generally accepted by the medical community and other experts as a valid, existing medical condition;
2. If one or more treatments of the condition, rather than the condition itself, are alleged to be the cause of the patient's suffering, the extent to which the treatments causing suffering are generally accepted by the medical community and other experts as valid treatments for the condition;
3. The extent to which the condition itself and/or the treatments thereof cause severe suffering, such as severe and/or chronic pain, severe nausea and/or vomiting or otherwise severely impair the patient's ability to carry on activities of daily living;
4. The availability of conventional medical therapies other than those that cause suffering to alleviate suffering caused by the condition and/or the treatment thereof;
5. The extent to which evidence that is generally accepted among the medical community and other experts supports a finding that the use of marijuana alleviates suffering caused by the condition and/or the treatment thereof; and

¹ Petitions are posted on the Department's website at <http://www.nj.gov/health/medicalmarijuana/review-panel/petitions2016.shtml>.

6. Letters of support from physicians or other licensed health care professionals knowledgeable about the condition.

Pursuant to N.J.A.C. 8:64(d), the Panel is charged with issuing an initial written recommendation as to whether:

1. The medical condition and/or the treatment thereof is/are debilitating;
2. Marijuana is more likely than not to have the potential to be beneficial to treat or alleviate the debilitation associated with the medical condition and/or the treatment thereof; and
3. Other matters that the panel recommends that the Commissioner consider that are relevant to the approval or the denial of the petition.

The Panel refers to the attached list of petitions and initially recommends that you **GRANT** those listed under the categories **Chronic Pain Related to Musculoskeletal Disorders, Migraine, Anxiety, Chronic Pain of Visceral Origin, and Tourette's Syndrome**; and that you **DENY** the petitions listed under the categories **Asthma and Chronic Fatigue**. The Initial Recommendation to grant petitions is based on the Panel's finding that the conditions involved are debilitating and that medicinal marijuana is more likely than not to have the potential to be beneficial to treat or alleviate the debilitation associated with the conditions. The Initial Recommendation to deny petitions is based on the Panel's finding that the conditions involved are not debilitating and/or that medicinal marijuana is not more likely than not to have the potential to be beneficial to treat or alleviate the debilitation associated with the conditions.

All of the Panel recommendations were supported by peer-reviewed publications in the leading medical journals. This included an analysis of 38 randomized clinical trials (RCT) that assessed the use of cannabinoids in the treatment of various pain syndromes and concluded that these preparations are efficacious in relieving chronic pain (Aggarwal S, Clin J Pain, 2013;29:162). Similarly, Dr. Hill reviewed 28 RCTs which studied the use of cannabinoids for the treatment of chronic pain, neuropathic pain and spasticity (JAMA 2015, 313(24):2474). He concluded that there is high-quality evidence which supports the use of marijuana for these conditions. According to a number of authors, there is a strong scientific basis to consider cannabinoids as a therapeutic intervention for patients requiring high doses of opioids. This would have the secondary impact of helping to curb the opioid epidemic (Hurd Y, Neurotherapeutics, 2015, 12:807). The National Academies of Sciences Engineering and Medicine have conducted a comprehensive review of the health effects of cannabis, which was released in January of 2017. Those findings provide strong supportive evidence of the following: Patients with chronic pain who were treated with cannabis were more likely to experience a significant reduction in their pain symptoms

This is not a final recommendation. The Panel members understand that the New Jersey Department of Health will be posting this Initial Recommendation for a 60-day public comment and that the Department will be convening a public hearing during that time. We further understand that public comments made during the public hearing and/or submitted in writing to the Department will be forwarded to all Panel members for their review. After having the opportunity to review the public comments, the Panel will schedule another public meeting to discuss its findings per the factors identified above and make its final recommendations to you on each of these petitions.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Bekker", with a long horizontal flourish extending to the right.

Alex Bekker, MD, PhD, FASA, Chairman of Panel
Professor and Chair, Department of Anesthesiology
Professor, Department of Physiology and Pharmacology
Rutgers New Jersey Medical School
Newark, NJ

Chronic Pain Related to Musculoskeletal Disorders

MMP – 011	Chronic Pain
MMP – 017	Chronic Non-Cancer Pain
MMP – 028	Chronic Pain
MMP – 035	Chronic Pain as a result of daily sciatic nerve pain (Sciatica)
MMP – 051	Chronic Pain
MMP – 008	Sporadic Hemiplegic Migraine (SHM)
MMP – 037	Spinal Stenosis, 4 Herniated Discs, Sciatica, Arthritis, Diabetes, Broken Shoulder, Peripheral Vascular Disease, Chronic Pain
MMP – 038	Complex Regional Pain Syndrome Type 1 and Type 2
MMP – 040	Back, Lower Back, Neck, Leg Spasms, Chronic Pain, Fusion L5-S1, Fractures L3-L4, Femur Fracture, Muscle Spasms, Head Concussion, and Multiple Injuries and Surgeries
MMP – 045	Lumbar Spine: Disc Herniation, Degenerative Disc Disease and Sciatic
MMP – 049	Severe and Chronic Intractable Pain (ICD-721.3) and Depression
MMP – 023	RSD-Reflex Sympathetic Dystrophy and CRPS – Complex Regional Pain Syndrome
MMP – 056	Complex Regional Pain Syndrome (Reflex Sympathetic Dystrophy)
MMP – 001	Neural Foraminal Stenosis
MMP – 006	Peripheral Neuropathy
MMP – 010	Neuropathic Pain
MMP – 012	Lumbar Radiculopathy, Chronic Pain Syndrome, Lumbar Post-Laminectomy, Cervicalgia, Neuropathic pain
MMP – 048	Cauda Equina Syndrome
MMP – 050	Arnold-Chiari Malformation (CM or ACM: I, II, III),
MMP – 058	Neuropathic Pain: Peripheral/central, autonomic, diabetic, toxic/inflammatory, hereditary, acquired or idiopathic
MMP – 019	Rheumatoid Arthritis
MMP – 022	Arthritis
MMP – 026	M15. Primary Generalized (Osteo)arthritis
MMP – 047	Rheumatoid Arthritis
MMP – 059	Autoimmune Disorder; Rheumatoid Arthritis, Systemic Lupus, Systemic Lupus, Systemic Sclerosis/Scleroderma, Psoriatic Arthritis
MMP – 031	Chronic Late Stage Lyme Disease with Pain and Depression
MMP – 063	Opioid Use Disorder
MMP – 009	Systemic Lupus Erythematosus
MMP – 052	Fibromyalgia/Osteoarthritis
MMP - 054	Fibromyalgia/Osteoarthritis
MMP – 057	Fibromyalgia
MMP - 062	Fibromyalgia

Migraine

MMP – 036	Migraine
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