Appendix C: Healthcare Practitioner-Reported Clinical Observations from Surveys

Note: Word choice and spellings have been retained as written by respondent to avoid inadvertent mischaracterization of intent. Brackets have been used to explain words redacted to prevent individual identification or for other reasons. Comments are broken down by the patient’s qualifying condition.

Severe and Persistent Muscle Spasms

- 10% REDUCTION noted
- Certainly there is an opioid sparing effect with the initiation of medical cannabis
- decrease in pain meds
- Decrease in Side effects d/t decrease in clients medication regimen w/ medical cannabis.
- Happy and well rested. Better functionality and decreased tenderness to palpation.
- He has been limited by financial consideration as to purchasing products
- He has reduced the Valium (Benzo) use as a result of the cannabis
- He was able to wean off of Lorazepam, Norco, and Cymbalta, all of which he was using due to conditions or symptoms related to his qualifying diagnosis (MS), after starting medical cannabis.
- I am no longer taking my celebrix, muscle relaxers, valium and narcotics.
- I cannot comment as this patient has not followed up with me as instructed.
- I have been able to decrease his opioids which he was on to treat muscle spasms
- I have been able to reduce the dosing in his antispasmodic agents
- Improved quality of life, happier individual.
- It has reduced the need for my pain medication.
- It is very effective for muscle spasms
- narcotic tapers
- no- have not yet seen him in clinic follow up, only phone follow up w/ nursing staff
- No longer a patient in State network
- No longer a patient. She obtained insurance and is seeing an in network provider.
- No, I have not seen him in my office and he has not reported any new difficulties
- No, patient only used it for 5-7 days
- Patient feels a lot better, with less narcotics use related side effects.
- Patient had decrease in constipation and increase in appetite. Patient feels the potency of medication varies with the different dispensing sites.
Patient has been able to reduce his pain with medical cannabis thus needing less narcotic medication

Patient has been able to reduce the amount of pain medication need to function throughout the day.

Patient has been able to reduce the dose or completely stop the opioid medications.

Patient has improved muscle spasms.

Patient has stopped using Narcotic meds for pain.

Patient is reluctant to reduce her narcotic medications

Patient reports ability to reduce her narcotic use.

Patient reports using less "pain pills"

Patient requires less pain management

Patients quality of life has improved.

she is pleased with the impact the cannabis has on her muscle spasms. It has made her a little "dopey" at times, so she has reduced the dose on her own.

stated it worked fairly well

[NAME] notes no improvement with the cannabis

The Dispensaries should make the cost of medical cannabis less expensive.

The fatigue and cognitive slowing he was experiencing from the minimally effective antispasmodic meds is improved with reduction of those meds and addition of cannabis

The medical cannabis is allowing patient to reduce her narcotic medication.

The patient has been able to have some reduction in prescribed narcotics while using medical cannabis. Also reported reduced muscle spasms and pain.

The patient is less anxious

The patient reports that the CBD helps his pain

The patient was able to reduce his pain management medication fentanyl patches strength from 275 to 50, and the patient is thrilled that the pain is being reduced

There is some reduction in narcotic use due to the analgesic effects of medical cannabis.

There may be a worsening of "freezing" or reduction sinemet effectiveness period.

This is difficult to quantify because he has had other health issues non cannabis related and so has used it irregular

This patient is no longer with our practice. They could not continue to be seen as they are a state based insurance patient and we do not accept insurance.

This program has helped him to receive the medical care he needs.

toleration well, no drug interactions or side effects

Too expensive

Yes Patient has been able to reduce pain medications and muscle relaxants

Yes, but not by choice. My Pain Clinic physician tapered me off my narcotics after I told him I was certified for medical cannabis.
Cancer

- [HOSPITAL] restricts vaping of cannabis when inpatient (which I personally disagree with). He will look into getting oral form to use. He only has two more inpatient chemotherapy treatments left.
- Decrease in needing other pain meds or reduction in PRN opioids.
- "haven't seen patient since certification has been seeing onc."
- He has been able to completely wean off prn opioids while on medical cannabis with no change in his cancer or other meds. He has remained stable on his long-acting opioid. Quality of life is much improved. Spirits improved.
- He has had less desire for opioids and benzos.
- His pain medications have been stable
- I have no way of knowing if he ever received or used anything through your program
- None, still required intrathecal pump for pain management
- None. He has died of his cancer.
- Parents used this med for psychogenic vomiting associated with medical procedures. I don't think it worked. He is better now but I don't think it is because of the medical cannabis, it is because he is in a better psychologic space as his therapy intensity has decreased.
- Patient does not want to take in front of young family members because of image, so she still takes dronabinol in the morning, although the vaporized cannabis works better.
- Patient regularly smoked street purchased cannabis for cancer symptoms; now uses MN cannabis
- Patient was satisfied with treatment, but did not provide our hospice team much information about her dosing or symptom relief. Note this patient died [DATE] with lung cancer, receiving hospice care.
- She currently isn't taking it, but her pain is better controlled now with methadone and oxycodone/lorazepam at noon. She is thinking of trying the medical cannabis at noon and seeing if that would work as well as the oxycodone/lorazepam combination
- The patient finds it very helpful, but has limited access to it because of financial constraints
- The patient had previous experience with cannabis for nausea from chemotherapy and found the beneficial effects of the cannabis oil vaped much less then that from cannabis smoked.
- The patient is less anxious
- The patient is now deceased since [DATE] due to his advanced cancer.

Seizures

- Certainly there is an opioid sparing effect with the initiation of medical cannabis
- Diazepam has been lowered due to somnolence
APPENDIX C: ADDITIONAL CLINICAL OBSERVATIONS FROM HEALTHCARE PRACTITIONERS

- Did not seem helpful to parent's appraisal.
- I have not seen any effect on the drug levels of the other antiepileptic medications he takes.
- Medical cannabis was way too expensive for the patient so he did not take it after the first couple weeks.
- Neurologist who has prescribed anti-seizure medications has threatened to discontinue prescribing due to use of medical marijuana because of concerns for interactions.
- No other concerns about the med beyond cost. The family was paying ~1000$ out of pocket for her dose and thus transitioned to [OUT OF STATE PRODUCT] to get more purified Hemp oil that can be shipped across state lines as the THC component is so low. That product is 1/10 the cost of the MN supply and the paucity of beneficial effects from CBD has been sustained. Also, the new product comes in minty chocolate flavor.
- not helpful
- Patient reports using less "pain pills"
- possible decrease in seizure by report
- SURPRISINGLY, NO REDUCTION IN CLOBAZAM WAS NEEDED, and she is on nearly 2 mg/kg/d of clobazam
- This patient has a primary generalized epilepsy and has not had any improvement. He has had just 1 follow up appointment with me since starting cannabis.
- This patient has had multiple no show visits since I certified him for medicinal cannabis
- transient improvement in daily seizure frequency, but seizures continues daily still.
- unknown at this time
- We did see some AED level changes.
- We lowered clobazam from 15 mg bid to 10 mg - 12.5 mg

Crohn's Disease
- he has quit the drug and continued on his regular IBD care.
- I cannot comment as this patient has not followed up with me as instructed.
- If the patient is able to continue to afford medical marijuana we should be able to begin to wean him off some of his prednisone
- It has reduced the need for my pain medication.
- it seems to be working well
- no clinical drug interactions noted
- no interactions noted.
- not yet, haven't seen her for follow up
- perianal disease stable, ferritin improved and holding after iron infusions. Still alot of fatigue. I haven't seen her back myself yet.
- pt found did not help pain , sleep, gain weight, glad had chance to try
• seen by another provider on Feb 4th. Still having fatigue, abdominal pain, variable bowel habits, low body weight
• sent message on Dec 11th reporting more formed stools, weight gain (needed) and less pain, "like a blanket to my system without effecting my mental capabilities?
• Starting dosage was ineffective. He needs to have a trial on an increased dosage.
• This has been a positive step for him. He is working regularly and he and his wife are comfortable with him continuing it as maintenance therapy
• This is difficult to quantify because he has had other health issues non cannabis related and so has used it irregular

Terminal Illness
• Improved quality of life and improved sleep.
• NOTE [NAME] DID NOT FILL AS FAR AS I KNOW ANY MEDICAL MARIJUANA AND DIED SEVERAL MONTHS AGO.
• Patient does not want to take in front of young family members because of image, so she still takes dronabinol in the morning, although the vaporized cannabis works better.
• Yes, the patient was able to decrease his methadone dosage by 15mg within the first month.

HIV/AIDS
• cost
• Decreased ER visits or clinic visits for pain medication
• likely will stop due to cost
• none except pt can't afford it
• The patient finds it very helpful, but has limited access to it because of financial constraints
• very helpful

Tourette Syndrome
• Able to decrease some of his other medications that were trying to control his tics.
• He has been able to eliminate opiate meds and several other medications and their related side effects. He is more alert and has more energy