

Minnesota Medical Cannabis Program Petition to Add a Qualifying Medical Condition

Making Your Petition

Any person may petition the Minnesota Department of Health (“the Department” or “MDH”) to add a qualifying medical condition to those listed in subdivision 14 of Minnesota Statutes section 152.22. Petitions will be accepted only between June 1, 2022, and July 31, 2022. Petitions received outside of these dates will not be reviewed.

Use this online form to submit requested information.

Instructions

Complete each section of this petition and attach all supporting documents where noted in this form. Clearly indicate which section of the petition an attachment is for. You can save your submission as a PDF, which you can print or keep for your records. Each petition is limited to one proposed qualifying medical condition. If your petition includes more than one medical condition, it will be dismissed. If you are petitioning for the addition of a medical condition that was considered but not approved in a prior year's petition process, you must include new scientific evidence or research to support your petition or describe substantially different symptoms. The MDH website has the petitions for each petitioned medical condition reviewed in prior years. See Petitions to Add Qualifying Medical Conditions. Petitions that do not include new scientific evidence or research to support your petition or describe substantially different symptoms will not be considered. If the petition is accepted for consideration, MDH will send the petition documents to the Medical Cannabis Review Panel (“Review Panel”). MDH staff will also provide information to the Review Panel about the proposed qualifying condition, its prevalence, and the effectiveness of current treatments. You may withdraw your petition any time before the Review Panel's first public meeting of the year by submitting a written statement to MDH stating that you want to withdraw it.

Petition Review Process

An appointed citizens Review Panel will meet to review all eligible petitions and supporting documentation. MDH will post notice of the public meetings of the Review Panel on its medical cannabis website. After the public meeting and by Nov. 2, 2022, the Review Panel will provide the Commissioner of Health a written report of findings.

The Commissioner will approve or deny the petition by Dec. 1, 2022.

Section A: Petitioner's Information

This information has been redacted.

Section B: Medical Condition You Are Requesting Be Added

Please specify the name and provide a brief description of the proposed qualifying medical condition. Be as precise as possible in identifying the condition. Optional: Include diagnostic code(s), citing the associated ICD-9 or ICD- 10 code(s), if you know them.

IBS-D, Irritable Bowel Syndrome with Diarrhea. IBS-D is a type of IBS in which abdominal pain or bloating symptoms happen along with stools that are often loose or more frequent than usual. It is believed that IBS-D causes frequent colon spasms, which increases colon motility in the small and large intestines.

Section C: Symptoms of the Proposed Medical Condition and/or Its Treatment

Describe the extent to which the proposed qualifying medical condition or the treatments cause suffering and impair a person's daily life.

IBS-D causes frequent abdominal pain or discomfort along with frequent stools which are often loose.

Stress can cause IBS-D to flare up. The amount of time spent going to the rest room can cause additional stress which can in turn intensify IBS which then can further up the stress.

A person experiencing an IBS-D flareup might pass on traveling, social functions, errands and may stay home from work out of fear from being too far from a restroom.

Section D: Availability of Conventional Medical Therapies

Describe conventional medical therapies available and the degree to which they ease the suffering caused by the proposed qualifying medical condition or its treatment.

There is no current cure for IBS-D, so the focus is on making the symptoms manageable.

Current treatment options:

Diet modification, typically a low FODMAP diet is suggested. In my own experience, high FODMAP foods do seem to trigger IBS-D but their removal from diet does not prevent a flareup.

Anti-diarrheal medications: Over the counter medications such as loperamide can help ease the frequency of passing stools and can help with discomfort, but sometimes isn't enough.

Anticholinergic medications. Medications such as dicyclomine (Bentyl) can help relieve painful bowel spasms. They are sometimes prescribed for people who have bouts of diarrhea. These medications are generally safe but can cause constipation, dry mouth and blurred vision.

Tricyclic antidepressants. This type of medication can help relieve depression as well as inhibit the activity of neurons that control the intestines to help reduce pain.

Pain medications. Pregabalin (Lyrica) or gabapentin (Neurontin) might ease severe pain or bloating. Alosetron (Lotronex). Alosetron is designed to relax the colon and slow the movement of waste through the lower bowel. Alosetron can be prescribed only by doctors enrolled in a special program, is intended for severe cases of diarrhea predominant IBS in women who haven't responded to other treatments, and isn't approved for use by men. It has been linked to rare but important side effects, so it should only be considered when other treatments aren't successful.

Eluxadoline (Viberzi). Eluxadoline can ease diarrhea by reducing muscle contractions and fluid secretion in the intestine, and increasing muscle tone in the rectum. Side effects can include nausea, abdominal pain and mild constipation.

Eluxadoline has also been associated with pancreatitis, which can be serious and more common in certain individuals.

Rifaximin (Xifaxan). This antibiotic can decrease bacterial overgrowth and diarrhea.

Section E: Anticipated Benefits from Medical Cannabis

Describe the anticipated benefits from the medical use of cannabis specific to the proposed qualifying medical condition.

Pharmacogenetic Trial of a Cannabinoid Agonist (dronabinol) Shows Reduced Fasting Colonic Motility in Patients with Non-Constipated Irritable Bowel Syndrome.

Section F (optional): Scientific Evidence of Support for Medical Cannabis Treatment

Strengthen your petition by including evidence generally accepted by the medical community and other experts supporting the use of medical cannabis to alleviate suffering caused by the proposed medical disease or its treatment. Please include citations and links (if available) to peer-reviewed published journals or other completed medical studies.

<https://pubmed.ncbi.nlm.nih.gov/21803011/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC320264>

Section G (optional): Letters in Support of Adding the Medical Condition

MINNESOTA MEDICAL CANNABIS PROGRAM PETITION TO ADD A QUALIFYING
MEDICAL CONDITION

Upload letters of support for the use of medical cannabis from persons knowledgeable about the proposed qualifying medical condition, such as a licensed health care professional. (Please combine letters of support into one file before you upload.)

Section H: Acknowledgment and Signature

Please note: Any individually identifiable health information relating to any past, present, or future health condition or health care contained in this petition is classified as a health record under Minnesota Statutes §144.291, and is not subject to public disclosure.

I certify that the information provided in this petition is true and accurate to the best of my knowledge.

This information has been redacted. (Submitted 06/12/2022)

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