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PBM Solution



2019 State of

Medical Marijuana

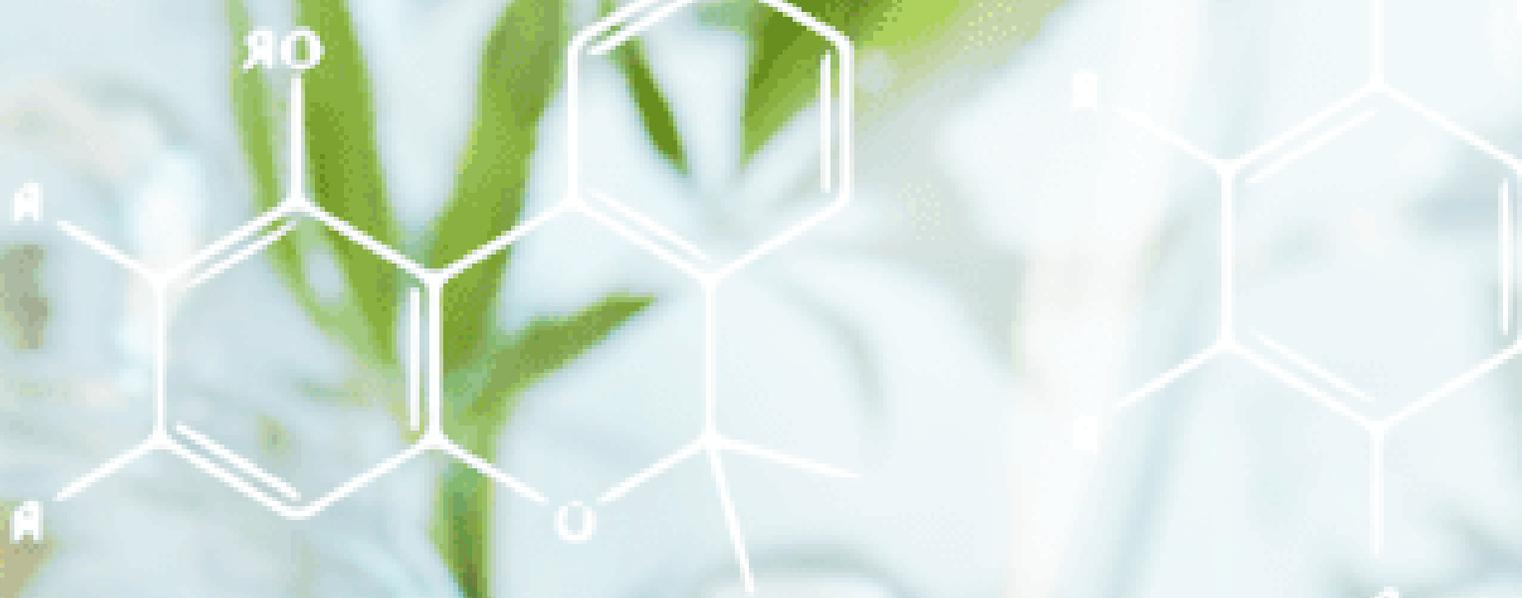
Clinical and Regulatory Basics

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Contents

Medical Marijuana: Clinical Basics	3
Medical Marijuana: Legalization 2019	10
Implications of Epidiolex FDA Approval on Workers' Compensation	15
Pondering Pot: Recent Updates and Research that Underline the Need for More Insights	18





Medical Marijuana: Clinical Basics

What are the basic components of marijuana and what potential benefits do they possess?

Medical Marijuana: Clinical Basics

With more than [47,000 deaths resulting from opioid-related overdoses](#) in the United States in 2017, some physicians and patients are looking to marijuana as a viable alternative. Its proposed ability to cure various ailments with few side effects styles marijuana as somewhat of a “miracle” drug. To understand the draw toward marijuana treatments, we must start with the basics: what exactly is considered medical marijuana and what does it do?

[The National Institute on Drug Abuse](#), part of the National Institute of Health, defines medical marijuana as “using the whole, unprocessed marijuana plant or its basic extracts to treat symptoms of illness and other conditions.” More specifically, the marijuana plant contains various chemicals called cannabinoids, two of which are used in the creation of medical marijuana. The human body contains cannabinoid receptors and the cannabinoids in marijuana are understood to interact with these receptors to affect processes such as [pleasure, memory, appetite, and pain](#).

Marijuana Components: THC and CBD

The two main cannabinoids used in medical marijuana are delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD). THC is the main mind-altering ingredient that causes the “high” attributed to marijuana use. CBD, on the other hand, does not cause a “high.” The distinction between THC and CBD is important to note, since many debates on the use of marijuana as a medicine focus on the drug’s psychoactive properties. Because only THC causes this high, most medical strains of marijuana contain very small percentages of THC. Yet difficulty lies in standardization, which means THC levels can be much higher than anticipated.

Potential Medical Uses of Cannabinoids

From a medical standpoint, THC and CBD may be capable of treating [pain, inflammation, epileptic seizures, and mental illnesses](#), among other ailments. The relief of pain, specifically, is relevant to workers’ compensation. Since marijuana purportedly is less addictive and may have fewer long-term side effects than opioids, marijuana seems like an ideal alternative to get workers back to their jobs faster and more effectively. Where, then, does the debate arise?

Simply put, marijuana leaves much to question in terms of efficacy and long-term side effects. Because no large-scale, double-blind clinical studies exist to prove or disprove marijuana’s medicinal efficacy, we must rely upon anecdotes and small-scale studies or surveys. [Some studies have shown](#) that THC causes euphoria and that lung damage is possible due to inhalation of smoke. Beyond this, however, the medical community does not know enough about marijuana’s effects to determine it a fully viable medicine.

Despite this lack of clinical evidence, many states have taken steps to legalize marijuana. These decisions, along with the federal government’s stance on the issue, are discussed in the next section.

Cannabinoids: A Comparison

Delta-9-tetrahydrocannabinol (THC)

- Mind-altering: causes a “high”
- May be capable of treating pain, inflammation, seizures, mental illnesses, etc.
- Typically produced in small doses in medical marijuana (less than 5%), though this is often not regulated

Cannibidiol (CBD)

- Does not cause a “high”
- May be capable of treating pain, inflammation, seizures, mental illnesses, etc.
- Medical marijuana contains higher quantities of CBD than THC

Marijuana leaves much to question in terms of **efficacy and long-term side effects.**



Recent Studies on Marijuana

Because of marijuana's status as a Schedule I drug, research is consequently very difficult and insight into the drug's efficacy and long-term side effects are limited. However, some small-scale clinical studies provide some show of the potential benefits of cannabis.

[NASEM Study: January 2017](#)

"Substantial" evidence of benefit for:

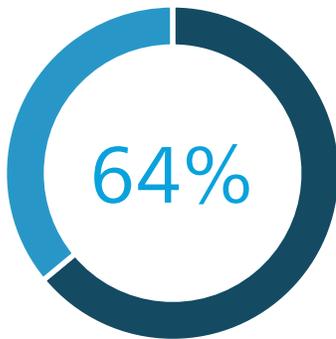
- Chronic pain
- Nausea and vomiting due to chemotherapy

"Limited" or "Moderate" evidence of benefit for:

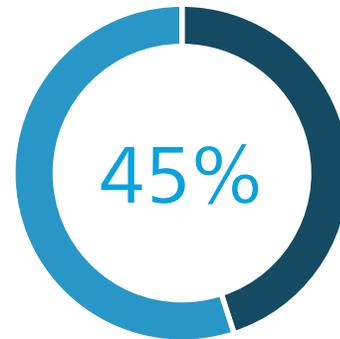
- Anxiety
- Short-term sleep loss
- Appetite/weight loss due to HIV/AIDS

[University of Michigan: 2013 - 2015](#)

Surveyed 244 medical cannabis patients with chronic pain:



Reported reduction in use
of opioids



Reported decreased side effects &
improved quality of life

More Research is Needed

Importantly, although there are studies that exist looking at marijuana and more are beginning, there is so much variation in what is legal in each state and what is being sold that the insights from these trials do not necessarily reflect the product that consumers are using. More research is needed to understand these different strains and products.

The ["Pondering Pot"](#) article at the end of this brochure provides more research insights.

Research on medical marijuana
is **limited and mostly
anecdotal.**



Numerous small-scale studies appear to support cannabis as an effective pain-reducing medicine, and the findings of a few are summarized below.

Chronic Pain

Study	Product	Type	Participants	Results
Therapeutic Benefits of Cannabis: A Patient Survey	Cannabis, general	Survey	100	Average reported pain decrease of 64%
Low Dose Vaporized Cannabis Significantly Improves Neuropathic Pain	Vaporized Cannabis	Double-blind, placebo-controlled clinical trial	39	Low dose and medium doses effective at reducing pain
Smoked Cannabis for Chronic Neuropathic Pain: A Randomized Controlled Trial	Smoked Cannabis	Randomized	23	Reduced pain and improved sleep
A Randomized, Placebo Controlled Cross-Over Trial of Cannabis Cigarettes in Neuropathic Pain	Smoked Cannabis	Double-blind, placebo-controlled clinical trial	32	Low and high doses effective reducing pain from various causes
Cannabis Use for Chronic Non-Cancer Pain: Results of a Prospective Survey	Smoked Cannabis	Survey	32	Participants self-reported pain relief
Efficacy of Dronabinol as an Adjuvant Treatment for Chronic Pain Patients on Opioid Therapy	Dronabinol	Randomized, single-dose, double-blind, placebo-controlled, crossover trial Phase 2 = extended open-label titrated trial	30	Phase 1 showed decrease in pain, no difference in doses. Phase 2 showed significant relief of pain

Sources listed on last page

Other Pain

Study	Product	Type	Participants	Results
Medical Marijuana Utilization and Perceived Therapeutic Value in Patients with ALS	Cannabis, general	Survey	102	Majority of those who used medical marijuana reported that it is effective in improving appetite, aiding sleep, reducing anxiety, relieving depression, and relaxing muscles
Multicenter, Double-Blind, Randomized, Placebo-Controlled, Parallel-Group Study of the Efficacy, Safety, and Tolerability of THC:CBD Extract and THC Extract in Patients with Intractable Cancer-Related Pain	THC:CBD extract & THC extract	Double-blind, randomized, placebo-controlled study	177	THC:CBD reduced pain, worsened nausea & vomiting; THC had no statistical difference
A Preliminary Controlled Study to Determine Whether Whole-Plant Cannabis Extracts Can Improve Intractable Neurogenic Symptoms	Cannabis extracts	Double-blind	24	Pain relief from THC & CBD was statistically greater than placebo
Nabilone for the Treatment of Pain in Fibromyalgia	Nabilone	Randomized, Double-blind, placebo-controlled	177	Nabilone reduced pain better than placebo
Comparison of Analgesic Effects and Patient Tolerability of Nabilone and Dihydrocodeine for Chronic Neuropathic Pain: Randomised, Crossover, Double-Blind Study	Nabilone and Dihydrocodeine	Randomized, double-blind, crossover trial	96	Dihydrocodeine provided greater pain relief than Nabilone with fewer side effects
Low Dose Treatment with the Synthetic Cannabinoid Nabilone Significantly Reduces Spasticity-Related Pain: A Double-Blind Placebo-Controlled Cross-Over Trial	Nabilone	Randomized, double-blind, crossover trial	11	Use of Nabilone of 1mg per day decreased pain
Preliminary Assessment of the Efficacy, Tolerability and Safety of a Cannabis-Based Medicine (Sativex) in the Treatment of Pain Caused by Rheumatoid Arthritis	Sativex	Randomized, double-blind, parallel group study	58	Sativex decreased pain

Sources listed on last page

A close-up photograph of several marijuana buds, showing their green and yellowish-orange trichomes. The buds are out of focus in the background and sharp in the foreground.

Medical Marijuana: Legalization 2019

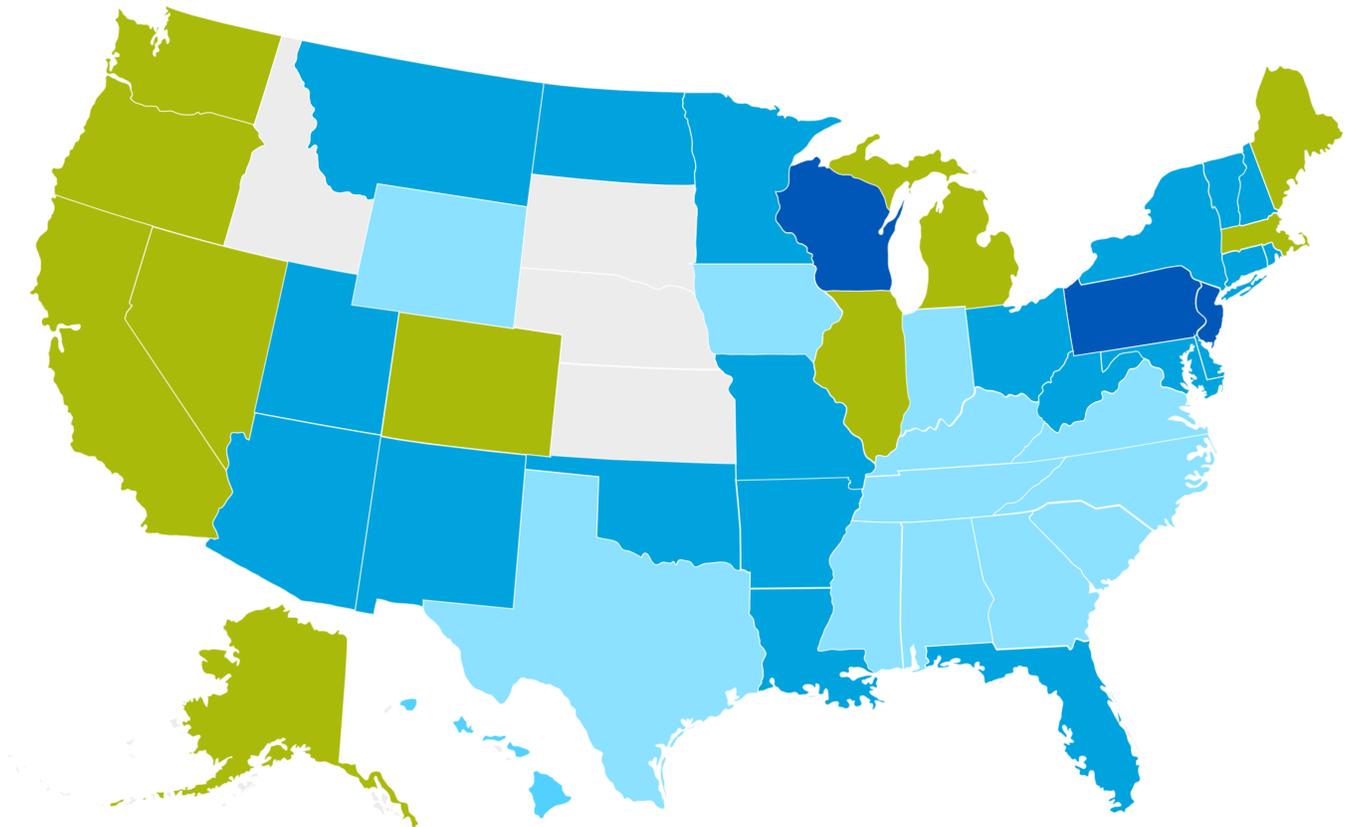
Several states have legalized marijuana for medical and recreational purposes, and movement is happening on the federal level.

Medical Marijuana: Legalization 2019

California was the first state to (re)legalize marijuana for medicinal purposes. Since that decision in 1996, the [majority of states plus the District of Columbia have passed medical marijuana legislation](#) in some form. Additionally, ten states and the District of Columbia have legalized marijuana for recreational purposes, beginning with Colorado and Washington in 2012. Marijuana remains a Schedule I drug federally.

The map below illustrates the breakdown of different state laws regarding marijuana.

Marijuana Legalization: October 2019



-  Bills active October 2019
-  Limited-purpose medical marijuana legal
-  Medical marijuana legal
-  Medical and recreational marijuana legal

Summary of State Actions 2019

2019 was a busy year for states when it came to bills about marijuana. Here is a summary of topics that states considered during their legislative sessions.

- Include on PDMP
- Allow in [lace of opioids, any condition
- NV - Prohibit employment discrimination for medical marijuana use
- Increasing legal age for recreational use to 25
- Potency limits placed on all marijuana products
- Health warning on medical marijuana products
- Medical marijuana allowed in schools
- Allows medical marijuana for minors
- Residential marijuana agriculture

California was the first state to legalize marijuana for medicinal purposes. Since then, the majority of states have legalized cannabis in some form. **Marijuana remains a Schedule I drug federally.**



Federal Bills Related to Marijuana

As more states legalize marijuana, the federal government is beginning to introduce bills related to the regulation and research of marijuana. Here are major bills that have been introduced to Congress in 2019.

HR 127:	Access & Research
HR 171:	Legitimate Use for States
HR 420:	Removal from CSA – Regulated Like Alcohol
HR 493:	Sensible Enforcement
HR 1119:	Reduces State/Federal Law Gaps
HR 1151:	Medical Marijuana for Veterans
HR 1456/S 597:	Marijuana Justice Act
HR 1687:	Okay for Federal Employees Use Where Legal
HR 7128:	Survey of Cannabis Use Act
VA S 1152:	SAFE Banking Act
HR 4322:	Cannabis Research – De-Scheduling
S 2227:	De-Schedules Cannabis, Adds a Federal Tax – sponsored by several Democratic Presidential Candidates

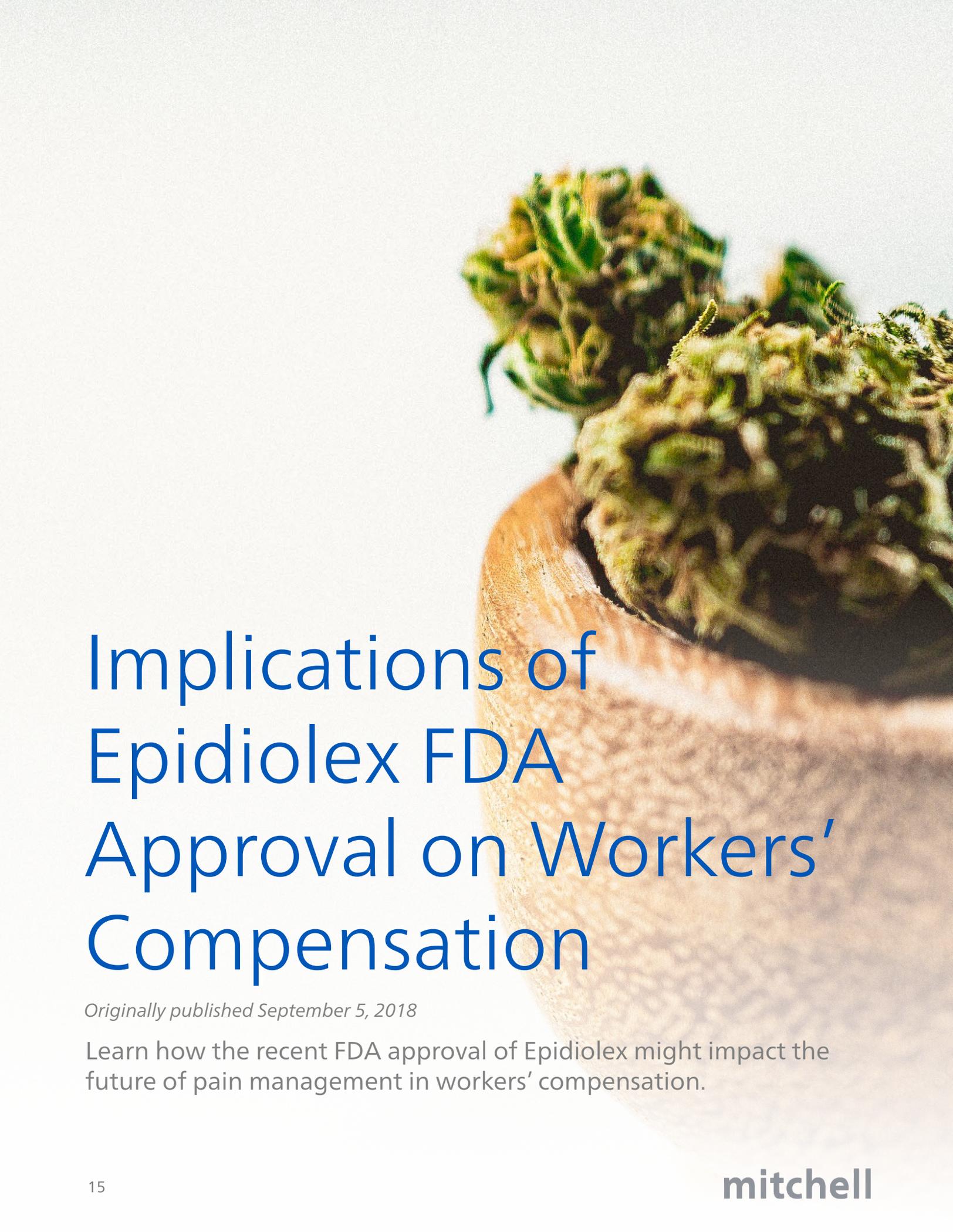
Congress S2227 / H3884

With the 2020 election in sight, marijuana legalization is a hot topic. Several Democratic presidential candidates have sponsored these two bills, which would decriminalize cannabis. Here are some major points related to the bills:

- **Decriminalize cannabis**
- Remove as a scheduled drug, **allowing states to regulate**
- Imposes **5% federal tax** on all cannabis products
- Treats cannabis products as tobacco products
- Requires Bureau of Labor Statistics to compile demographic data on cannabis owners and employees
- Creates Cannabis Justice Office in DOJ & Community Reinvestment Grant program in CJO
- Provides authorization for SBA loans to cannabis businesses
- Allows for **resentencing and expungement** of certain cannabis related offenses

As more states legalize marijuana for medical and recreational purposes, the **federal government is beginning to introduce bills** related to research and regulation of marijuana.





Implications of Epidiolex FDA Approval on Workers' Compensation

Originally published September 5, 2018

Learn how the recent FDA approval of Epidiolex might impact the future of pain management in workers' compensation.

Implications of Epidiolex FDA Approval on Workers' Compensation

In June 2018, the [Federal Drug Administration \(FDA\) approved Epidiolex](#), the first plant-derived cannabinoid medicine in the United States. With several states already moving toward [legalization of medical marijuana](#), this is a major step for the federal government. Until this point, states and the federal government were at odds about whether marijuana should be legalized for medicinal purposes; most states currently have some form of medical marijuana program, while the [federal government still considers marijuana a Schedule I drug](#).

With federal approval of this drug comes several questions for the workers' compensation industry. To better understand the implications of Epidiolex, let's first review what the drug is and why its approval marks a turning point for the United States.

What is Epidiolex?

Epidiolex is an oral, plant-derived cannabinoid medication approved for use in severe childhood epilepsy cases. It is the first-ever cannabis-based drug to be approved by the FDA. As is required for FDA approval of any drug in the United States, the approval of Epidiolex involved several controlled clinical trials to prove its efficacy and safety in treating seizures.

The FDA has previously approved three synthetic, cannabis-like drugs: Marinol, Syndros and Cesamet. However, these drugs are not made from the cannabis plant itself; Epidiolex, on the other hand, is derived directly from the cannabis plant, which makes this approval particularly significant. In addition, Epidiolex only utilizes the cannabidiol (CBD) cannabinoid from the marijuana plant, meaning that the drug does not cause the "high" typically associated with marijuana products containing delta-9-tetrahydrocannabinol (THC).

How Might Epidiolex's Approval Change Federal Legalization?

Marijuana is currently a Schedule I drug in the United States, meaning that it is considered to have a high risk of abuse and no clinical benefit. However, researchers were able to prove Epidiolex's clinical benefit through extensive clinical trials, which points to a possible rescheduling for marijuana. [The last petition to reschedule the drug was denied in April 2017](#), but Epidiolex may require the DEA to reschedule the ingredient CBD in order to become commercially available.

Additionally, Epidiolex is currently approved only for seizures, but FDA approval may allow for the expansion of indications and access to the drug for further trials. As more evidence is collected for the benefits of CBD medications, we expect to see eventual expansion into treatment for conditions common in workers' compensation claims.

What Does FDA Approval of Epidiolex Mean for Workers' Compensation?

There are several important considerations for workers' compensation in relation to the approval of Epidiolex. In the wake of the opioid crisis, medical marijuana has been a hot topic in the workers' compensation industry as a possible alternative for chronic pain treatment. With nearly 49,000 overdose deaths in 2017 (provisional data) attributed to all types of opioids, [19,000 of which are attributed to prescription opioids](#), the potential of alternative treatment is even more critical. Although Epidiolex is not currently available as a treatment for conditions common in workers' compensation, FDA approval of Epidiolex is the first step to clinically providing CBD medications as potential alternatives to opioids and subsequently legalizing these medications for the treatment of pain.

Although Epidiolex is **not currently available as a treatment for conditions common in workers' compensation**, FDA approval of Epidiolex is the first step to clinically providing CBD medications as potential alternatives for the treatment of pain.



Another consideration for insurers and employers is the currently complicated landscape of reimbursement for medical marijuana. As of now, each state has its own stance on medical marijuana legalization and subsequent reimbursement, most of which is vague or conflicting. However, with the approval of Epidiolex, much of this guesswork will likely be reduced, if not eliminated. If a drug is FDA-approved, it can be dispensed in pharmacies, assigned a National Drug Code (NDC) and run through Pharmacy Benefit Managers. If this FDA-approved formulation becomes available to workers' compensation patients, insurers will be able to control and cover this drug similarly to any other medications used to treat work-related injuries.

Finally, there has been much debate on how marijuana legalization increases on-the-job injuries due to marijuana intoxication. Although this is still a concern with the legalization of recreational marijuana, Epidiolex does not cause any psychoactive effects. Again, although Epidiolex is not currently approved for treatment of pain, the hypothetical expansion of treatment would mean that those injured workers using the drug would not face the hazard of workplace injuries due to marijuana intoxication.

How Might the Future Look for Medical Marijuana in the United States?

Several possible outcomes could result from the approval of Epidiolex. In the near future, we expect additional trials and an expansion of approved conditions for treatment with Epidiolex. Additionally, this approval signals the potential end for medical marijuana dispensaries and the beginning for drug manufacturers to develop additional CBD medications. As stated earlier, this will allow for greater control by insurers and the PBMs that serve them. Finally, we expect gradual decriminalization of marijuana in general, since continued state recreational and medical legalization will likely lead to overall federal legalization.

The approval of Epidiolex is a major step for the federal government, but further expansion of legalization will still likely take years. Clinical trials alone can take several years and the process to legalize will likely be complicated. Until then, monitor changing legislation and reimbursement decisions with our [interactive marijuana laws map](#).

A close-up photograph of cannabis buds on a light-colored wooden surface. A magnifying glass is positioned over the buds, focusing on a single, large, dense bud in the foreground. The background is softly blurred, showing more buds and the handle of the magnifying glass. The overall lighting is bright and natural.

Pondering Pot: Recent Updates and Research that Underline the Need for More Insights

Originally published September 10, 2019

This article was originally published on
WorkCompWire's Leaders Speak series.

Pondering Pot: Recent Updates and Research that Underline the Need for More Insights

The U.S. Surgeon General's [recent advisory](#) on marijuana use during adolescence and pregnancy highlights a critical perspective in the push to legalize marijuana: we still do not yet know enough about the drug.

As the opioid crisis continues and states look for ways to reduce prescribing of and addiction to opioids, [marijuana has repeatedly surfaced as a potential alternative in pain management](#). While some smaller-scale findings suggest that medical marijuana could be an effective way to manage pain, there still is not sufficient long-term clinical research to confirm that it is a viable solution.

[One part of the Surgeon General's advisory states](#), "While CBD is not intoxicating and does not lead to addiction, its long-term effects are largely unknown, and most CBD products are untested and of uncertain purity." This is important to highlight as the workers' compensation industry continues to consider whether medical marijuana is a viable option for pain management.

Although the advisory is specific to pregnant women and adolescents, the fact that we need to understand more about the drug applies widely. States continue to legalize or expand the legalization of marijuana, while clinical research lags behind. In 2019, more than [700 bills were considered across the United States related to cannabis](#). Yet, only a few studies have emerged recently to show the benefits or drawbacks of marijuana and its legalization.

Let's take a look at a few recent studies.

Recent Research

Some studies have found that cannabis can be an effective treatment for chronic pain.

Notably, [a review from JAMA of 79 trials on the effectiveness of marijuana](#) found that there was moderate evidence to suggest that cannabis is effective at treating chronic pain. Another study found that cannflavins, components of the cannabis plant, are thirty times more effective at treating pain than aspirin. Although there is not enough abundance of cannflavins in a single weight of cannabis to provide therapeutic benefits, [researchers have found a way to metabolically engineer the cannflavins](#). This is an interesting step in research of the plant and its possible therapeutic benefits. Again, more research needs to be done to assess the true opportunity of these chemicals as alternative analgesics.

However, research has been conflicted on whether or not marijuana use reduces opioid use and rates of opioid overdose.

One study, [published in The Journal of Bone & Joint Surgery](#), looked at self-reported use of marijuana during patients' recovery from musculoskeletal injuries. The findings in this study contradict the belief that the availability of marijuana will reduce opioid use. In fact, the study found that patients who used marijuana during their recovery actually had higher rates of opioid use. Additionally, opioid prescription duration was longer for those who used marijuana during their recovery than for those who did not use marijuana (90 days versus 15 days, respectively).

[A study from Pain Medicine](#) looking at concurrent opioid and marijuana use from patients with chronic pain found that patients who used opioids and marijuana at the same time were at a higher risk for opioid misuse.⁷

Several studies have also looked at the rate of opioid overdoses in states that legalized marijuana. An initial [study from JAMA Internal Medicine](#), published in 2014, found that, in states with legalized medical marijuana, opioid overdose deaths were 25 percent lower than in states that had not legalized marijuana. However, [a similar study that was released in 2018 in the Proceedings of the National Academy of Sciences](#) and included data through 2017 found the opposite: opioid overdose death rates were actually higher in states that had legalized medical marijuana. In this period, legalization increased moderately: twenty-three states (plus Washington DC) had legalized medical marijuana by 2014 versus 30 by 2017.

Data from Colorado, which has had legal medical marijuana since 2001, shows that [opioid overdose deaths have steadily increased in the state](#), even after legalization of recreational marijuana in 2012.

Yet another study, [published in the JAMA Internal Medicine journal](#), found that the rate of opioid prescriptions in states with legal marijuana dropped, suggesting a decline in opioid use and abuse in those states. In analyzing Medicaid prescription data (2011-2016), the researchers found that, in states with medical marijuana laws, opioid prescribing was 5.88% lower. States with legal recreational marijuana saw a 6.38% decrease in the prescribing of opioids. The authors of the research note, however, that they “do not know whether patients actually avoided or reduced opioid use because of increased access to cannabis.”

More Research is Needed

It is important to note that, although many of these studies show a correlation between marijuana legalization and opioid use or abuse, they do not prove causation. Other factors may be at play in the increase or decrease in opioid overdoses in certain states. The lack of controlled clinical trials to clarify the true benefits and side effects of medical marijuana makes it difficult to determine if the drug is actually valuable or detrimental to patients and society.

The findings across these studies underline the need for more research. Recent changes at the federal level suggest we may soon get just that: the [DEA announced](#) at the end of August that it would start processing pending applications to grow marijuana for scientific research. As of now, scientists can only obtain marijuana for research from the University of Mississippi.

Regardless of opinion on the drug, marijuana continues to be a hot topic in workers' compensation and across the country. As more becomes known about its effects and applications, we are sure to see more action taken at the state and federal level.

More than **700 bills** related to marijuana were proposed in state legislatures in 2019.



Clinical Studies

Webb CW, Webb SM. Therapeutic Benefits of Cannabis: A Patient Survey. *Hawai'i Journal of Medicine & Public Health*. 2014;73(4):109-111.

Wilsey B, Marcotte TD, Deutsch R, Gouaux B, Sakai S, Donaghe H. Low Dose Vaporized Cannabis Significantly Improves Neuropathic Pain. *The journal of pain : official journal of the American Pain Society*. 2013;14(2):136-148. doi:10.1016/j.jpain.2012.10.009.

Ware MA, Wang T, Shapiro S, et al. Smoked cannabis for chronic neuropathic pain: a randomized controlled trial. *CMAJ : Canadian Medical Association Journal*. 2010;182(14):E694-E701. doi:10.1503/cmaj.091414.

Wilsey B, et al. A Randomized, Placebo-Controlled, Crossover Trial of Cannabis in Cigarettes in Neuropathic Pain. *The Journal of Pain: Official Journal of the American Pain Society*. 2008;9(6):506-521. <https://doi.org/10.1016/j.jpain.2007.12.010>.

Ware M, Doyle C, Woods R, Lynch M, Clark A. Cannabis use for chronic non-cancer pain: results of a prospective survey. *Pain*. 2003 Mar; 102(1-2): 211–216.

Narang, S., Gibson, D., Wason, A., Ross, E., Michna, E., Nedeljkovic, S., & Jamison, R. (2008). Efficacy of Dronabinol as an Adjuvant Treatment for Chronic Pain Patients on Opioid Therapy. *The Journal of Pain*, 9(3), 254-264. <http://dx.doi.org/10.1016/j.jpain.2007.10.018>

Kaufman, J., Almasry, K., Boller, A., Dahodwala, N., Elman, L., Kelley, M., McCluskey, L. (2014). Medical Marijuana Utilization and Perceived Therapeutic Value in Patients with ALS. *Neurology*, 82(10), Supplement P3.014.

Johnson J, Burnell-Nugent M, Lossignol D, Ganae-Motan ED, Potts R, Fallon M. Multicenter, double-blind, randomized, placebo-controlled, parallel-group study of the efficacy, safety, and tolerability of THC:CBD extract and THC extract in patients with intractable cancer-related pain. *Journal of Pain Symptom Manage*. 2010 Feb; 39(2): 167–179. Published online 2009 Nov 5. doi: 10.1016/j.jpainsymman.2009.06.008

Wade D, Robson P, House H, Makela P, Aram J. A preliminary controlled study to determine whether whole-plant cannabis extracts can improve intractable neurogenic symptoms. *Clin Rehabil*. 2003 Feb; 17(1): 21–29.

Quinlan Skrabek R, Galimova L, Ethans K, Perry D. Nabilone for the treatment of pain in fibromyalgia. *Journal of Pain*. 2008 Feb; 9(2): 164–173. Published online 2007 Nov 5. doi: 10.1016/j.jpain.2007.09.002

Frank B, Serpell MG, Hughes J, Matthews JNS, Kapur D. Comparison of analgesic effects and patient tolerability of nabilone and dihydrocodeine for chronic neuropathic pain: randomised, crossover, double blind study. *BMJ : British Medical Journal*. 2008;336(7637):199-201. doi:10.1136/bmj.39429.619653.80.

Wissel J, Haydn T, Müller J, Brenneis C, Berger T, Poewe W, Schelosky L. Low dose treatment with the synthetic cannabinoid Nabilone significantly reduces spasticity-related pain : a double-blind placebo-controlled cross-over trial. *J Neurol*. 2006 Oct; 253(10): 1337–1341. Published online 2006 Sep 20. doi: 10.1007/s00415-006-0218-8

Blake DR, Robson P, Ho M, Jubb RW, McCabe CS. Preliminary assessment of the efficacy, tolerability and safety of a cannabis-based medicine (Sativex) in the treatment of pain caused by rheumatoid arthritis. *Rheumatology (Oxford)* 2006 Jan; 45(1): 50–52. Published online 2005 Nov 9. doi: 10.1093/rheumatology/kei183

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