International Brotherhood of Electrical Workers Local 353

Medical Cannabis Coverage: Frequently Asked Questions

October 2026

Medical Cannabis Coverage

How do I access medical cannabis coverage under IBEW Local 353's benefit plan?

Claims for medical cannabis are managed through the same Prior Authorization process as other specialty therapies. To initiate the process, a Physician must provide a valid Medical Document authorizing the use of medical cannabis and complete the medical cannabis Prior Authorization form. This form outlines the clinical need for medical cannabis and its intended use. The request is then reviewed by the FACET Program, and a coverage decision is rendered.

What is the FACET Program?

FACET is an independent, third-party administered Prior Authorization program for specialty therapies. It is administered by a team of Clinical Pharmacists who evaluate claims based on established evidence-based clinical criteria. FACET operates independently of the cannabis and pharmaceutical industries to ensure objective assessments.

What medical conditions are eligible for medical cannabis coverage?

FACET considers medical cannabis coverage for the following medical conditions ONLY:

1) **Chronic Neuropathic (Nerve) Pain**
2) **Spasticity secondary to Multiple Sclerosis or Spinal Cord Injury**
3) **Chemotherapy Induced Nausea and Vomiting**
4) **Pain in a Palliative Care Setting (most commonly associated with late-stage cancer)**
5) **Pediatric Treatment Resistant Epilepsy**

FACET regularly reviews the list of eligible medical conditions as new medical evidence and clinical practice guidelines become available that support use of medical cannabis. **Coverage is only approved if a patient has failed adequate trials of appropriate first-line therapies.**

How did FACET determine the list of eligible medical conditions?

While medical cannabis is used for various conditions, most benefits remain anecdotal, lacking controlled clinical studies. The eligible conditions listed above have the highest level of evidence that supports the safe and effective use of medical cannabis in that condition.

What does the term "first-line" therapy mean?

A first-line therapy refers to a medication (or class of medications) that has evidence supporting its use as being the most appropriate initial therapy for a given medical condition. For example, in chronic nerve pain, pregabalin (Lyrica) is considered a first-line medication (along with other medications from other classes). Medical cannabis is not an approved first-line therapy for any medical condition and is only considered when first-line treatments have failed.

Are there any financial limits to the coverage if approved?

If approved through the FACET program, medical cannabis coverage is limited to a maximum of **$1,000 per 12 months**.

Do I have to use a specific Licensed Producer/Seller if my Prior Authorization request is approved?

No**.** If a Prior Authorization request is approved, members may obtain medical cannabis from any Health Canada-approved licensed producer or seller of their choice.

That said, there are differences in how claims are reimbursed across different medical cannabis providers:

1) IBEW Local 353 has chosen to partner with **Starseed Medicinal**. Approved claims purchased at Starseed Medicinal will be submitted electronically by Starseed to Canada Life.
2) At all other medical cannabis licensed sellers, members will need to pay out-of-pocket at the time of purchase and then submit their receipt to Canada Life for reimbursement.

If my Prior Authorization request is approved, how long is coverage valid for?

If coverage is approved, the prior authorization decision letter you receive from FACET will indicate how long your coverage is valid for, with that duration depending on the underlying clinical characteristics of the claim. The maximum approval period under the plan is **12 months** at which point a member must fill out a renewal form for coverage through FACET.

If my Prior Authorization request for coverage is denied, does that mean I cannot use medical cannabis?

No, a denial does not prevent a member from using medical cannabis. A completed and valid Medical Document for medical cannabis entitles any member to access medical cannabis independently. The Prior Authorization process determines only whether coverage is available under IBEW Local 353's benefits plan.

I have already been using medical cannabis prior to now, do I still need to go through this Prior Authorization process to be eligible to claim medical cannabis under the FACET program?

Yes. Prior or current use of medical cannabis does not guarantee coverage. Members must meet established clinical criteria before coverage is approved.

Can I (or my Physician) appeal a medical cannabis Prior Authorization decision?

Yes. Appeals will be permitted under the following circumstances:

- Important clinical information was omitted from the initial submission
- There has been a material change in the patient's condition or treatment history, supported with clinical evidence.

How do I start the process of applying for medical cannabis coverage?

There are two ways in which the process can be initiated:

1. **Through a Physician:** If your medical cannabis is being authorized by your family physician or specialist, they will need to fill out the medical cannabis prior authorization form and submit it to the FACET program. FACET will send a letter to you and your physician outlining the coverage decision and clinical rationale. If approved, you may choose whether to purchase your medical cannabis from Starseed Medicinal or another Health Canada approved Licensed Seller.
2. **Through Starseed Medicinal:** Members can contact Starseed Medicinal directly (https://www.starseed.com/register) to schedule an initial appointment with an affiliated Nurse Practitioner or Physician to determine if medical cannabis is a suitable treatment option and submit a prior authorization form to FACET to determine coverage eligibility.

Note: Working with a Starseed-affiliated healthcare provider does not guarantee coverage. FACET's approval is based on strict clinical criteria, and requests outside of these criteria will not be approved.

Prior Authorization for Medical Cannabis

Where can I find a list of Health Canada approved Medical Cannabis Licensed Sellers?

A list of Health Canada approved Medical Cannabis Licensed Sellers is available on Health Canada's website. Look for license holders authorized to sell for medical purposes that list a client care phone number:

https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/industry-licensees-applicants/licensed-cultivators-processors-sellers.html#a1

Where do I access the FACET Prior Authorization form for medical cannabis?

The FACET Prior Authorization form can be accessed from:

- **TEIBAS.com, or myTEIBAS.com**
- **Starseed Medicinal will also have access to the FACET prior authorization forms (https://www.starseed.com/register or 1-844-756-7333)**
- **by contacting the FACET program directly.**

How do I contact the FACET program?

You can reach the FACET team as follows:

Website:	www.facetprogram.ca
Email:	claims@facetprogram.ca
Phone:	1 (844) 492-9105
Fax:	1 (844) 446-1575

Accessing Healthcare vs Plan Reimbursement for Specialty Drugs, GLP-1 Medications & Medical Cannabis

The goal of the IBEW Local 353 Trustees is to ensure that they can continue to provide meaningful, sustainable, and well-managed benefits for members and their families. To do this, the Trustees need to manage costs and unfortunately cannot cover every requested medication, medical device or healthcare service requested by our members or their healthcare providers. To ensure the long-term sustainability of the benefits plan, there are rules and criteria built into the plan's design that limit what the benefit plan can reimburse. The plan uses a "Prior Authorization" program for certain drugs, so that members know in advance whether the treatment they are seeking will be covered under the plan.

If the IBEW Local 353 benefit plan is unable to reimburse a claim that has been requested by a physician or authorized prescriber due to it not meeting the coverage criteria, it does not mean a member is unable to access that medication, product or service. It simply means that the plan cannot reimburse a member for any part of the expense because it does not meet the criteria for coverage. This in no way prevents a member from accessing what was requested by either paying out-of-pocket or seeking coverage under their spouse's plan (if applicable). In some cases, there may be coverage available through a publicly funded program.

The approval or decline of a claim under the benefits plan is a reimbursement decision only. It is not a judgment on the treatment plan or a signal that a member is receiving inappropriate medical advice. The plan simply is not in a position to approve every request for coverage it receives each year. Please be assured that these reimbursement decisions are not questioning the treatment being requested.

Prior Authorization for Medical Cannabis

For example:

- If a member is requesting Wegovy® coverage for weight management – the IBEW Local 353 benefit plan does not cover therapies for weight loss. As a result, the plan cannot reimburse Wegovy®. In this case, the member has approval for use through a valid prescription from their physician, but a Prior Authorization request would be declined by the plan because weight loss therapies are not eligible for reimbursement under the plan. However, the member can still proceed with Wegovy® treatment because they have a valid prescription, but they must be willing to pay out-of-pocket for the medication or have secondary coverage through a spouse's plan that covers some or all the cost of Wegovy®.
- If a member is looking to access medical cannabis for the treatment of anxiety – the IBEW Local 353 benefit plan does not cover medical cannabis for anxiety. A member may have received authorization from a physician to use medical cannabis, but since the IBEW Local 353 benefit plan does not cover medical cannabis for the treatment of anxiety, the claim is not eligible to be reimbursed under the plan. A member can have an authorization for medical cannabis from their physician, but the Prior Authorization reimbursement request in this case would be declined. A member can still proceed with filling their medical cannabis prescription, but none of the cost would be eligible under the benefit plan for reimbursement.