



CANNABIS ON PHARMACY PRACTICE: LAWS & PRACTICAL IMPACT

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lecture presentation for

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(FAMU Pharmacy)

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Disclaimer

This presentation is prepared for general information purposes only. The information it contains is not legal advice. Legal advice is dependent upon the specific circumstances of each situation. Also, the law may vary from state to state. Consult personal lawyer for legal advice.

Disclosure

I have no personal or professional conflict regarding this presentation. I represent no interested party, person, nor industry discussed herein.



OBJECTIVES UPON COMPLETION

1. Describe the schedules of controlled substances according to their class or purpose.

2. Identify drugs considered not to be based on a legitimate medical purpose.

3. Compare and contrast federal v. state laws on prescribing, recommending and dispensing controlled substances. (authorized medical use – settings 3c)

4. Define cannabis and CBD, THC, Hemp, Cannabinoid, Medical v. Recreational Marijuana

5. Discuss the legislative acts regarding cannabis – state what “cannabis” products are “legal” and which are not.

6. Examine federal versus state laws on cannabis

7. List counseling duties for patients with opioid prescriptions.

8. List counseling obligation for patients taking prescription medications and cannabis

9. Identify the pharmacy staff’s role in HIPAA compliance.

10. Discuss & debate drug-free workplace in the era of medical and recreational use marijuana as a policy paradigm

11. Debate & discuss the potential direction of pharmacy practice with the introduction of cannabis (3b2 statutes schedule change * 3c. Impact & Bias)

PHARMACIST OATH:

Role &

Responsibilities



a. Oath

November 2021 Oath of a Pharmacist was adopted by AACCP Board of Directors and APhA Board of Trustees

<https://www.aacp.org/resource/oath-pharmacist>



The full text of the 2025 UPDATED Oath

“

I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow: I will consider the welfare of humanity and relief of suffering my primary concerns. I will promote inclusion, embrace diversity, and advocate for justice to advance health equity. I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for all patients. I will respect and protect all personal and health information entrusted to me.

I will accept the responsibility to improve my professional knowledge, expertise, and self-awareness. I will hold myself and my colleagues to the highest principles of our profession's moral, ethical, and legal conduct. I will embrace and advocate changes that improve patient care. I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists. I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public.

”

PHARMACY TECHNICIAN'S OATH

Pharmacy technicians do not have a formal oath like pharmacist. They are bound by a code of ethics and professional standards. Key aspects include:

1 Confidentiality:

Protecting patient information. Pharmacy technicians are entrusted with sensitive patient information and must respect the privacy and dignity of their patients.

2 Patient Welfare:

Ensuring the quality of medications. They are expected to apply their knowledge and skills to ensure optimal patient outcomes.

3 Ethical Conduct:

Upholding ethical conduct. Pharmacy technicians are expected to maintain the highest principles of moral and ethical conduct, avoiding any activity that discredits the profession.

4 Ethical Conduct:

They must obey the laws governing pharmacy practice and support their enforcement.

STATUTES AND RULES

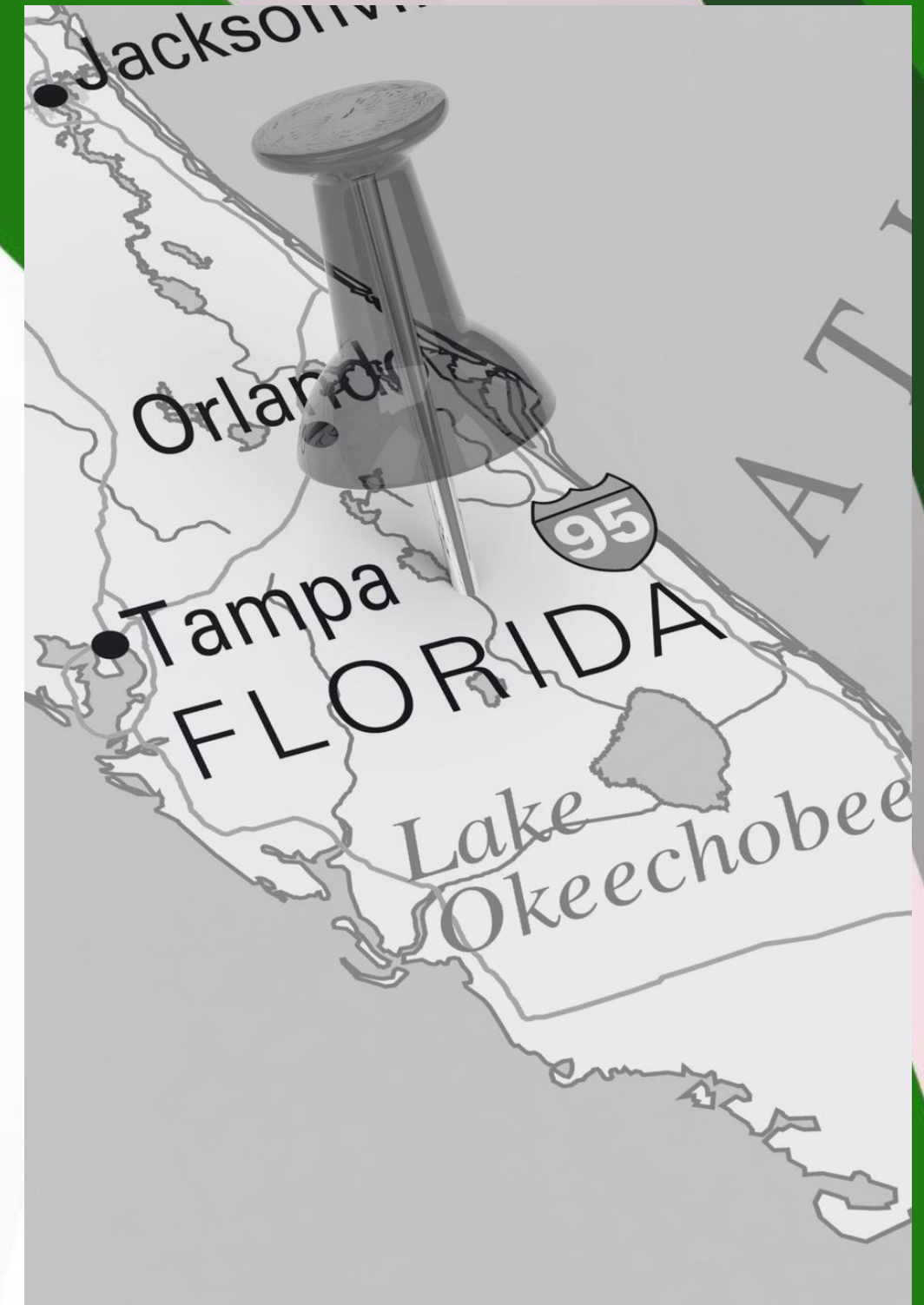
Florida Statutes 465 Pharmacy Practice Act

Formation of the Board of Pharmacy emanates from Chapter 465 which governs the practice of pharmacy in the State of Florida. The Board of Pharmacy is created within the Florida Department of Health. Board members are appointed to a 4-year term by the Governor and confirmed by the Senate.

Composition of 9 members: 7 pharmacists of various pharmacy practice settings. However, 2 must be community practitioners, and 2 must practice in a Class II Institutional or Modified Class II permit (hospital/institutional practice), 3 must be licensed in Florida irrespective of practice setting. All pharmacists must have at least 4 years of practice experience in Florida. 2 members are Florida residents with no connection to pharmacy practice. One (1) member must be at least 60 years old.

Florida Administrative Code 64B16

Includes the Rules governing the practice of pharmacy as developed and established by the Florida Board of Pharmacy. Includes the rules promulgated by the Board of Pharmacy. The Board is required by law to promulgate certain rules to implement specific mandates with Chapters 465, 456, and 120, Florida Statutes.



Chapter 456, Florida Statutes

Governs the Department of Health



Within Chapter 456, the Department's and the Board's scopes interrelate and intertwine. The Board must/may promulgate rules for the purposes of carrying out the mandates set forth in Chapter 456.

Provides uniform procedures for the exercise of specified authority. The purpose of the act is to ensure that the general public has access to information regarding the functions and duties of administrative bodies, e.g. Board of Pharmacy and Department of Health, whose actions may affect the interests of private citizens. Under Chapter 120, The Administration Commission (the Governor and Cabinet) has adopted model rules (Chapter 28) by which agencies are required to abide when dealing with rulemaking and hearing procedures.

Chapter 120, Florida Statutes

*Administrative
Procedures Act.*

Florida Statutes 893.04

Crime – Drug Abuse Prevention and Control

The Florida Comprehensive Drug Abuse Prevention and Control Act
a.k.a The Controlled Substances Act.

This chapter establishes the schedules for controlled substances as well as the manner of prescribing, storing, handling, dispensing, administering, etc.

- 893.04 Pharmacist and Practitioners work in conjunction with FS 465.

The background features a close-up of various colored pills (blue, white, purple) on the right side, and a green cannabis leaf on the bottom left. The main text is centered on a white background with green diagonal stripes.

Rules **on Prescribing, Recommending and Dispensing controlled substances**

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0800-0899/0893/Sections/0893.04.html

CONTROLLED SUBSTANCE CLASS

Controlled substances are divided into five (5) schedules (or classes) on the basis of their potential for abuse, accepted medical use, and accepted safety under medical supervision.

SCHEDULE I: Cannabis & others

- Has a high potential for abuse.
- Has no currently ACCEPTED medical use in treatment in the United States
- Lacks acceptable safety for use under medical supervision.

ie. heroin, lysergic acid diethylamide (LSD), 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone, peyote, and marijuana (cannabis).

- Other therapeutic uses?
- Illegal under federal law

PRESCRIPTION REQUIREMENTS

May dispense based on a written, oral, or **electronic** prescription from a practitioner, under specific conditions. 893.04 (2023) FL Stat.

- **Prescriber's Identity** – Prescriber's identity and DEA registration #
- **Quantity:** Written and a numerical notation for controlled substances and
- **Date:** numeric or written (mo/day/year format). The month written may be abbreviated.
- **NOTE:** If prescriber is not available to verify a prescription, the pharmacist may dispense the controlled substance without verification, but may insist that the person to whom the controlled substance is dispensed provide valid photographic identification FS 893.04 7(d)
- **Labeling:** Affix to the prescription container with pharmacy name, address, serial number, date of initial filling, patient's name, prescriber's name and directions for use or cautions
- Record retention: a minimum of two (2) years from date filled. Fla. Admin Code Ann. R. 64B16-28.140

SCHEDULE II DRUGS

II: High misuse and high physical and psychological dependence ie. Vicodin, OxyContin, Oxycodone, Cocaine, Adderall, Morphine Hydrocodone, Methadone, Methamphetamine, Opium, Ritalin, Fentanyl

Prescriber Requirements: MD/DO, Certified Optometrist, Podiatrists, Dentist, Physician Assistant and ARNPs w/ DEA #

Written or Electronic and Signed by prescribing practitioner on the Day of Issue (No oral fill and dispense except in **emergencies** and the supply is limited to 72 hours or 3 day limit.

*[**Emergency:** immediate administration is necessary for proper treatment, no alternative is available (including non-controlled substances), and it's not reasonably possible to provide a written prescription * Fla. Admin Code Ann. 64F-13.001*

Dispensing: 28 day rule. No more than 2 days before the end of the previous fill. Expires after 6 months.

Transferred: Schedule II-V may be transferred between retail pharmacies for initial filling on a one-time basis, ONLY upon patient request And, must record the transferring pharmacy, pharmacist, and date of request.

No Automatic Refills of Schedule II

ACUTE PAIN



DEFINED BY FLORIDA DEPARTMENT OF HEALTH

The normal, predicted, physiological, and time-limited response to an adverse chemical, thermal, or mechanical stimulus associated with surgery, trauma, or acute illness.

SCHEDULE II OPIODS

Guidelines, Limits & Reporting Requirements for Pain Treatment

Prescription Limits for *Acute* Pain

A pharmacist may dispense:

- ***up to a 3-day supply of a Schedule II opioid** . OR,
- ***a 7-day supply** for if the prescriber indicates "**acute pain exception**" on the prescription

Prescriptions for *Nonacute* Pain

If the Schedule II pain opioid prescription is for greater than a 7-day supply, the prescriber must indicate "**Nonacute Pain**" on the prescription.

Pharmacist Reporting & Monitoring Requirements:

- ***R**eport to the Prescription Drug Monitoring Program (PDMP) each time a controlled substance II-V is dispensed to a patient, as soon thereafter as possible but no later than close of business the day after the prescription is dispensed.
- ***D**ispenser or designee has a duty to consult the PDMP system to review a patient's controlled substance dispensing history prior to filling a controlled substance for a patient age 16 or older unless a statutory exemption applies.
 - Statutory exemptions:** Patient is less than age 16 ~ Drug being prescribed is a nonopioid schedule V, System is not operational
 - Requestor has technological or electrical failure

•**Discipline:** 1st offense: Failure to consult in the PDMP may result in a non-disciplinary citation by the regulatory board. 2nd offense: Subject to disciplinary action against license.

SCHEDULE II OPIODS

DON'T COMMIT A CRIME: PDMP Reporting Requirements

- Pharmacies and dispensing practitioners must report controlled substance dispensing no later than the next business day.
- Pharmacies and dispensing practitioners must report zero dispensing activity by the close of the next business day.
- **CRIME:** Failing to report the dispensing of a controlled substance is a first degree misdemeanor

Schedule III – V

III: Low misuse with moderate to low physical dependence and a high psychological dependence ie. Chlorphentermine, Phentermine, Anabolic Steroids, Buprenorphine-based drugs ie Suboxone when less than 90mg codeine

IV: Low potential for abuse and a low risk of dependence ie. Valium, Klonopin, Ativan

V: Lowest potential for abuse among controlled substances. They are regulated due to the potential for misuse ie. cough medications w/less than 200 mg codeine/100ml ie. Robitussin AD, Phenergan w/ Codeine, Lomotil

- [Schedule III](#), [IV](#), and [V](#) controlled substances may be refilled up to five times within a 6-month period from the date the prescription was written, unless the prescriber provides a new prescription.

ALERT: New Florida Pharmacy Laws in Florida

The 2024 Florida Statutes (including 2025 Special Session C)

[http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0800-0899/0893/Sections/0893.04.html#:~:text=\(e\)%20A%20pharmacist%20may%20not,Schedule%20III%2C%20or%20Schedule%20IV.](http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0800-0899/0893/Sections/0893.04.html#:~:text=(e)%20A%20pharmacist%20may%20not,Schedule%20III%2C%20or%20Schedule%20IV.)

893.04 2(e) A pharmacist may not dispense more than a 30-day supply of a controlled substance listed in Schedule III upon an oral prescription issued in this state.

893.04 2(f) A pharmacist may not knowingly dispense a prescription that has been forged for a controlled substance listed in Schedule II, Schedule III, or Schedule IV.

Counterfeit-Proof Prescription Pad Sample

SPECIFICATIONS FOR FRONT OF RX PAD

NAME OF PRACTITIONER OR HOSPITAL OR FACILITY
ADDRESS | CITY, STATE ZIP | TELEPHONE
DEA #
NONACUTE PAIN ☐
ACUTE PAIN EXCEPTION ☐

NAME _____
ADDRESS _____ DATE _____

R_x

SIGNATURE CATEGORY OF LICENSURE

XXXXXX-BATCH

1 PRESCRIBER INFORMATION
2 PRESCRIBER LOCATION
3 DEA NUMBER / NONACUTE PAIN / ACUTE PAIN EXCEPTION
4 PATIENT INFORMATION
5 BACKGROUND INK
6 CATEGORY OF LICENSURE

SECURITY FEATURES MAY BE PRINTED ON FRONT OR BACK OF RX PAD

SECURITY
FEATURES 8

SECURITY FEATURES HERE:

- Resist erasures and reproductions
- The blank must be printed on artificial watermarked paper
- Contain blue or green background ink that resists reproduction
- Ink changes color when rubbed with a coin
- Display the word "VOID" or "ILLEGAL" if the prescription pad is copied

Who determines the Scheduled Drug Levels?

- Primarily Federal Drug Enforcement Administration (DEA) or Food and Drug Administration (FDA), sometimes by legislation Congress may schedule or re-schedule a drug.
- *Congress: Ex. Date-Rape Prevention Act of 2000, which placed gamma hydroxybutyrate (GHB) in Schedule I and sodium oxybate (the isolated sodium salt in GHB) in Schedule III when used under an FDA New Drug Application (NDA) or Investigational New Drug (IND)*

PHARMACIST REFUSAL TO FILL RX

(Florida)

- **Validity Concerns** such as potential fraud or forgery, they can refuse to fill it after attempting to resolve those concerns.
- **Lack of Standard Care:** If the prescription is not considered standard care or therapy for the patient's condition.
- **Potential Harm:** The prescription is likely to cause harm to the patient due to drug interactions or other factors.
- **Professional Judgment:** Concerns with the prescription cannot be resolved.
- **Conscientious Objection:** Personal, ethical, or moral objections. {case examples}
- **Other Reasons:** A pharmacist may also refuse to fill a prescription if they believe it is being used for illegal activities, or if there are other issues such as the pharmacy not having the medication in stock.

THE CONUNDRUM

A decorative graphic consisting of two parallel orange lines that meet at a central point, forming a small 'V' or 'X' shape.

Federal versus State Laws

a confusing and difficult problem
or question

FEDERAL V. STATE LAWS

Any powers not specifically listed in the U.S. Constitution as federal powers are left to the states. Conflicts between the laws are resolved by the Supremacy Clause of the U.S. Constitution, Article VI, which says that laws enacted in furtherance of the U.S. Constitution are the “supreme law of the land,” and that federal laws have superiority over the state constitutions and laws.

PHARMACY COMPARATIVE CHART: FEDERAL VS. STATE LAWS

Aspect	Federal Laws	State Laws
Primary Governing Laws	CSA, FDCA	State Pharmacy Acts, PDMPs
Focus Area	Controlled substances, drug safety	Pharmacy practice, licensing
Regulatory Authority	DEA	State Boards of Pharmacy
Prescription Monitoring	DEA oversight	PDMPs for tracking and abuse prevention
Labeling & Packaging	FDA regulated	May impose additional requirements
Pharmacist Requirements	Credentialing for controlled substances	Licensing, CE, counseling mandates
Prescription Refills	CSA & FDCA standards	May be more restrictive
Electronic Prescribing	Federal encouragement	State mandates possible
Conflict Resolution	Federal is the baseline	Stricter law prevails
Overall Relationship	Sets federal framework	Tailors to local needs

Pharmacy Practice

Federal and state laws both play a crucial role in regulating pharmacy prescriptions, creating a layered system of oversight to ensure drug safety and prevent misuse.



FEDERAL LAWS FOR PHARMACY PRACTICE

Controlled Substances Act (CSA): This act is the primary federal law governing the manufacture, distribution, and dispensing of controlled substances, which are categorized into five schedules based on their potential for abuse.

Food, Drug, and Cosmetic Act (FDCA): This act ensures the safety and effectiveness of drugs, including prescription drugs, and regulates their labeling and packaging.

Federal regulations establish requirements for prescription drug labeling, storage, and record-keeping, as well as guidelines for pharmacists dispensing medications.

The Drug Enforcement Administration (DEA) enforces federal drug laws and regulations, including registering pharmacies and practitioners authorized to handle controlled substances.

STATE LAWS FOR PHARMACY PRACTICE

State pharmacy practice acts: These laws define the scope of practice for pharmacists, including licensing and credentialing requirements, and specify regulations regarding medication storage, labeling, and safety.

State prescription drug monitoring programs (PDMPs): These programs collect and monitor prescription drug dispensing data to help identify and prevent drug abuse and diversion.

State laws may impose stricter regulations than federal laws in areas like prescription refills, pharmacist counseling requirements, or electronic prescribing mandates, as long as they don't conflict with federal law.

KEY DIFFERENCES AND INTERACTIONS

Federal Laws

focus on controlled substances, narcotics, and patient confidentiality, while state laws regulate the broader scope of pharmacy practice and may impose additional requirements.

State Laws

can be more restrictive than federal laws, but cannot contradict them.

Federal v. FL: Dispensing controlled substances

Similarities: Both require prescription from licensed prescriber for controlled substances.

Differences:

- Florida has stricter regulations re: telemedicine prescribing for Schedule II drugs
- Florida mandates a consultation of the Florida Prescription Monitoring Program (FPMP) for patients 16 years or older before dispensing controlled substances. 893.055 F.S>

⚠ Penalties for Noncompliance		
Category	Federal Penalties	Florida Penalties
Administrative Sanctions	DEA registration revocation, civil penalties, criminal charges.	Fines, suspension/revocation of pharmacist license, criminal penalties under FL Stat. § 893.13.
Criminal Penalties	Felonies for illegal prescribing/dispensing (e.g., up to 20 years for Schedule II violations).	Similar; Florida also enhances penalties for fraud, trafficking, and inappropriate dispensing patterns.

Prescription Monitoring & Verification Prescription Drug Monitoring Program (PDMP)

- **Federal – Not required** encouraged by CDC/DEA.
- **Florida – Required** before dispensing most controlled substances and Patient photo ID Verification

What's The Difference:
**Cannabis and CBD,
THC, Hemp,
Cannabinoid**



Understanding Cannabis Terms

Term	What it is	Key Points
Cannabis	Genus of plants including marijuana and hemp	Umbrella term; contains 100+ cannabinoids
THC	Psychoactive compound in cannabis	Causes the 'high'; high in marijuana, low in hemp
CBD	Non-psychoactive compound	Therapeutic use; does not cause a high
Hemp	Cannabis plant with $\leq 0.3\%$ THC	Used in textiles, oils; legal under 2018 Farm Bill
Cannabinoid	Natural compounds in cannabis	Includes THC, CBD; affects mood, pain, sleep, appetite

Cannabis Products and Common Sales Locations

Product Type	Description	Common Uses	Where Sold
CBD Products	Oils, creams, gummies, pet treats	Anxiety, pain relief, sleep support	Pharmacies, health stores, gas stations, online
Hemp Products	Clothing, milk, protein powder, skincare	Nutrition, topical skin benefits	Grocery stores, retail stores, online
THC Products	Edibles, tinctures, joints, vapes	Pain relief, nausea control, psychoactive effects	Licensed cannabis dispensaries (state-regulated)

Medical v. Recreational Marijuana

Is Weed Just Weed?



Recreational v. Medical Cannabis

The cannabidiol (CBD) and Tetrahydrocannabinol (THC) content and purpose of use and formulation of use are the main differences.

Recreational marijuana has more THC content than the medicinal CBD, THC is responsible for making users feel high. While THC is medicinally beneficial, its psychoactive nature is not ideal for users who want to use marijuana exclusively for health benefits. CBD which is found in a marijuana plant has been proved to be an excellent medical remedy for a number of conditions.



Legal v. Illegal
*huge penalty
difference*



Georgia Landmark Decision

Independent Pharmacies in Georgia dispensing medical cannabis

- 2019 Georgia Gov. Brian Kemp signed HB 324 allowing pharmacies to sell low-TCH medical cannabis oil if granted a license by Georgia's Board of Pharmacy.
- 2023 Independent Pharmacies were prepared with BOP approval.
- Dec. 2023 DEA reminder of federal offense for DEA-registered pharmacy to dispense

Restrictions: U.S. Drug Enforcement Administration has issued a warning to Georgia pharmacies that it is a **federal offense to dispense marijuana products with over .3% of THC** in them because marijuana is still a Schedule I drug,

The Georgia Board of Pharmacy started processing applications in October from pharmacies around the state that want to sell low-dose THC products, according to the [American Pharmacists Association](#).

NB: Unsure if Georgia Board of Pharmacy continues to process applications

GEORGIA: PHARMACISTS AND MEDICAL CANNABIS DISPENSING

State Initiative:

- In 2019, Georgia enacted legislation permitting independent pharmacies to dispense low-THC cannabis oil (**containing no more than 5% THC**) to registered patients. This move aimed to enhance access to medical cannabis across the state.

Federal Response:

- Despite state approval, the U.S. Drug Enforcement Administration (DEA) issued warnings to Georgia pharmacies, emphasizing that dispensing cannabis remains illegal under federal law. This federal stance has created a legal dilemma for pharmacists, who must navigate conflicting state and federal regulations.

Professional Association Involvement:

- The Georgia Pharmacy Association (GPhA) has been actively involved in supporting pharmacists through this transition, providing guidance on compliance and advocating for clearer regulatory frameworks.

FLORIDA: LEGALIZATION EFFORTS AND PHARMACIST IMPLICATIONS

Medical Cannabis Legalization: In 2016, Florida voters approved Amendment 2, legalizing medical marijuana for individuals with specific debilitating conditions. This amendment allowed for the establishment of Medical Marijuana Treatment Centers (MMTCs) to dispense cannabis products.

Recreational Cannabis Legalization Attempts: In 2024, Amendment 3 sought to legalize recreational marijuana use for adults aged 21 and over. Although it received 56% support, it fell short of the 60% supermajority required for constitutional amendments in Florida.

Political Landscape: Governor Ron DeSantis has been a vocal opponent of recreational cannabis legalization, expressing concerns about public health and safety. His administration has taken steps to limit the expansion of cannabis-related initiatives.

Pharmacy Practice Considerations: The Florida Board of Pharmacy has not authorized pharmacists to dispense medical cannabis directly. Dispensing remains confined to licensed MMTCs. Pharmacists are, however, expected to stay informed about cannabis-related therapies to counsel patients effectively.

CLINICAL CONSIDERATIONS FOR PHARMACIST

- **Potential Drug Interactions:** Cannabis compounds, particularly THC and CBD, can interact with various medications metabolized by the cytochrome P450 enzyme system, potentially altering drug efficacy and safety.
- **Patient Counseling:** Pharmacists should be prepared to discuss the benefits and risks of cannabis use, considering factors such as dosage, method of administration, and individual patient health profiles.
- **Education and Training:** Ongoing education is crucial for pharmacists to stay abreast of evolving cannabis research, legal changes, and best practices in patient care.

Summary Table

Georgia vs. Florida Cannabis Policies

Aspect	Georgia	Florida
Medical Cannabis Legal	Yes (Low-THC oil)	Yes
Pharmacist Dispensing	Permitted under state law; federally contested	Not Permitted
Recreational Cannabis Legal	No	No
Recent Legalization Efforts	N/A	Amendment 3 (2024) – Failed
Governor's Stance	Supportive of medical cannabis expansion	Opposed to recreational legalization

PHARMACY COUNSELING REQUIREMENTS

- 1. For patients with opioid prescriptions**
- 2. For patients using cannabis?**



Confidentiality
**HIPPA
COMPLAINTCE**



PHARMACY STAFF ROLE IN HIPPA COMPLIANCE

Health Insurance Portability and Accountability Act

Safe guardian patient privacy and protected health information (PHI) are essential.

Protecting physical and electronic information from unauthorized access, use or disclosure.

Adhere to the policies and procedures of HIPPA compliance including data security, incident reporting and patient rights.

Maintain Confidentiality of patient information and avoiding discussions about patients with unauthorized people.

Knowledge of HIPPA Security Rule to protect electronic (ePHI)) and implementation of administrative, technical and physical information / documentation
Continued training on HIPPA and compliance practices annually.

Legal Consequences of Violations: *Exposes both pharmacy and pharmacist to regulatory consequences, fines and civil law suits.

FS. 456 and 465 and Board of Pharmacy disciplinary actions

Patient Confidentiality is NOT Absolute

The Exceptions

There are specific exceptions to the general rule of confidentiality, such as mandated reporting to law enforcement or state agencies in certain circumstances, but these are strictly defined and require compliance with applicable laws.



Potential

Reclassification of Cannabis



HISTORY OF CANNABIS ON PHARMACOPOEIA

“

Like opioids, cannabis has been around for thousands of years, and we've been using it as a medicine for a long time. Cannabis was introduced to the world of Western medicine in the 19th century by an Irish physician working in India, and it was actually included in the [US Pharmacopeia [USP] starting in 1851," Sera said in the session. "At some point in our past, we thought cannabis was medicine. However, in the early decades of the 20th century, concern about recreational cannabis obscured the medical and industrial uses of cannabis and it was essentially prohibited in 1937 and removed from the USP in 1942.

In 1996, California became the first state to legalize medical cannabis. Following California's legalization, there was a snowball effect across the country that led to other states decriminalizing or legalizing cannabis use in some way.¹ As of November 2023, 38 states, 3 territories, and the District of Columbia (DC) allow the medical use of cannabis, and 24 states, 2 territories, and DC have either decriminalized or legalized cannabis for recreational use

”

ASSOCIATION PUSH

Current Schedule 1 with recent attempts to reclassify

Additional Roles, Responsibilities or Concerns for Pharmacists?

- Current authorized medical use in FL? Any US state? (FL v Fed)
 - **Circumstances?** Chronic Disease States, End of life
 - **Pharmacy Practice Impact** & Dispensing Settings Type?



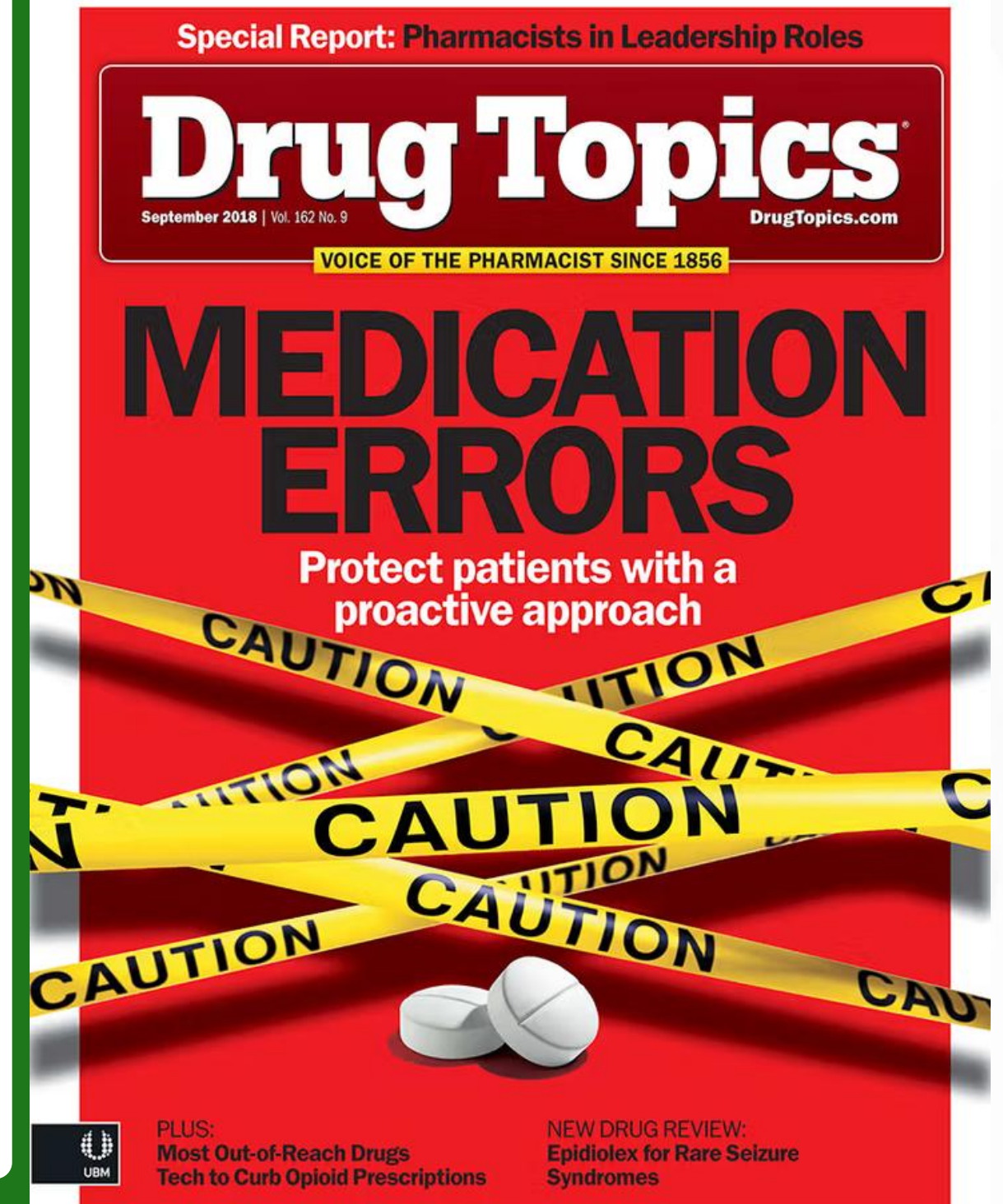
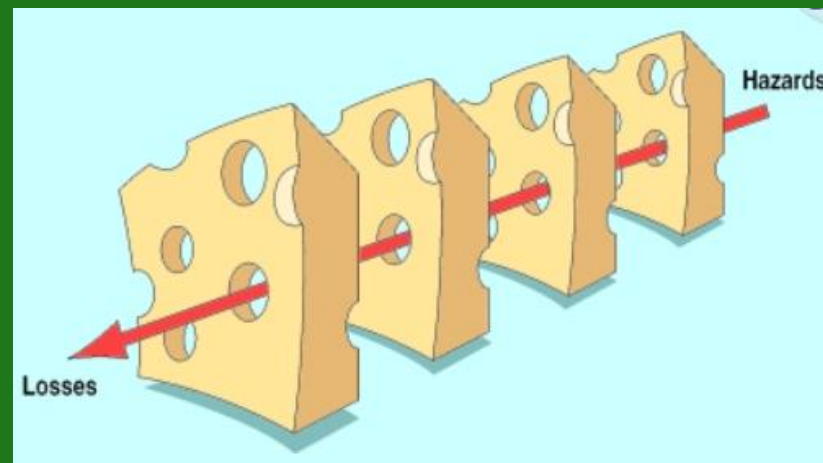
MEDICATION ERRORS: TYPES & PREVENTIVE TIPS

Types: Individual v. System

Wrong: medication, dosage, dosage form, instructions, patient, labeling

Administrative errors : drug interactions or contraindications, transcription and transferring errors, monitoring failures, poor communications, poor training

System: Swiss Cheese



Rx ERROR REASONS

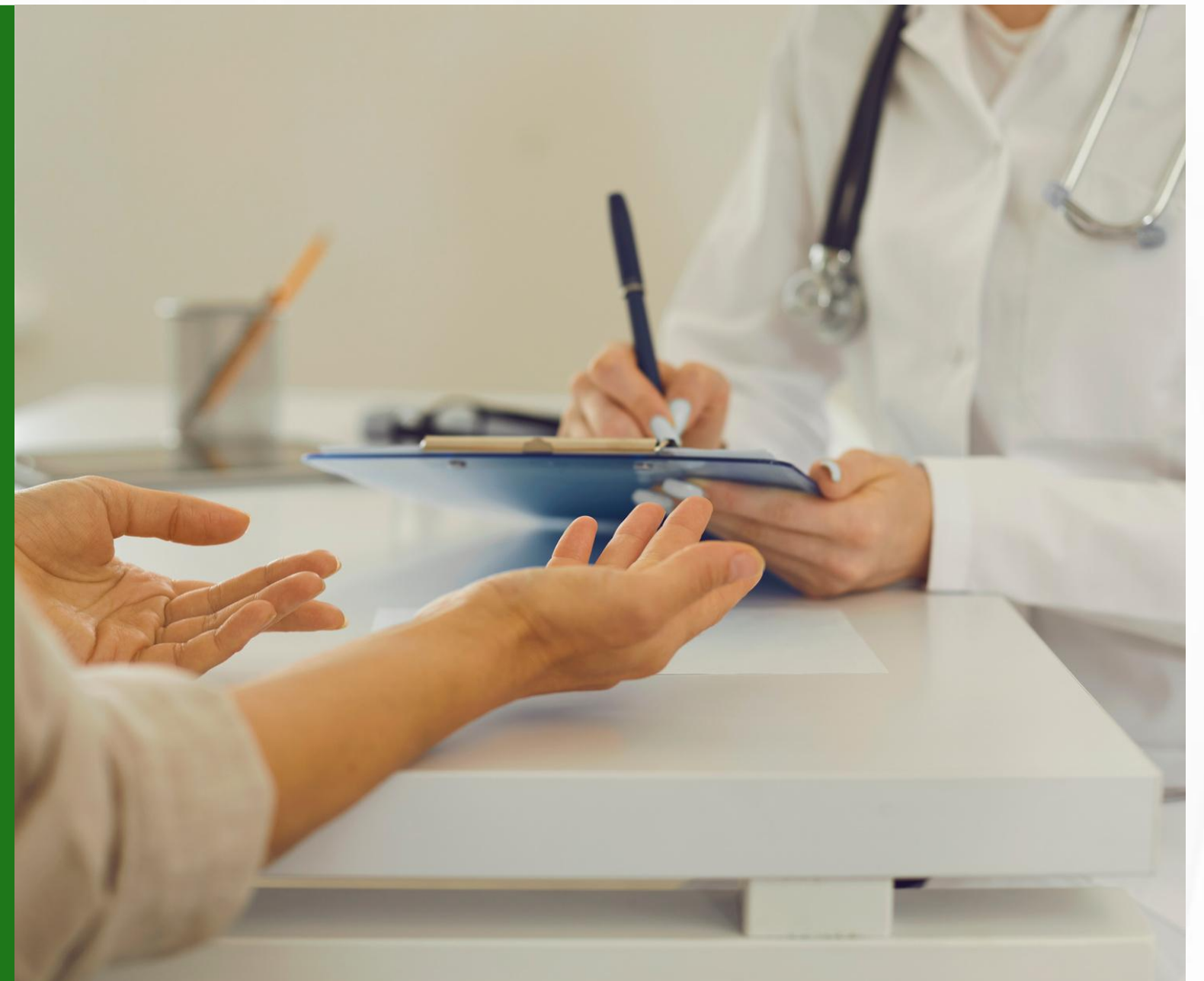
- Drug names that look alike or sound-alike misread
- Sloppy handwriting
- Serious allergy or drug-interaction missed
- Patient picks up the wrong patient's medication
- Wrong medication in bottle
- Distractions – technician or pharmacist = mistake
- Inadequate staffing or technology training
- Directions wrong or incorrectly transcribed.



potential **Rx ERROR Repercussion**

LAW SUIT - LICENSE SUSP / REVOCATION - PRISON

Harm to Patient & Family
Harm to co-workers
Disciplinary Actions
Law Suit
Financial Loss
Crime : Prison



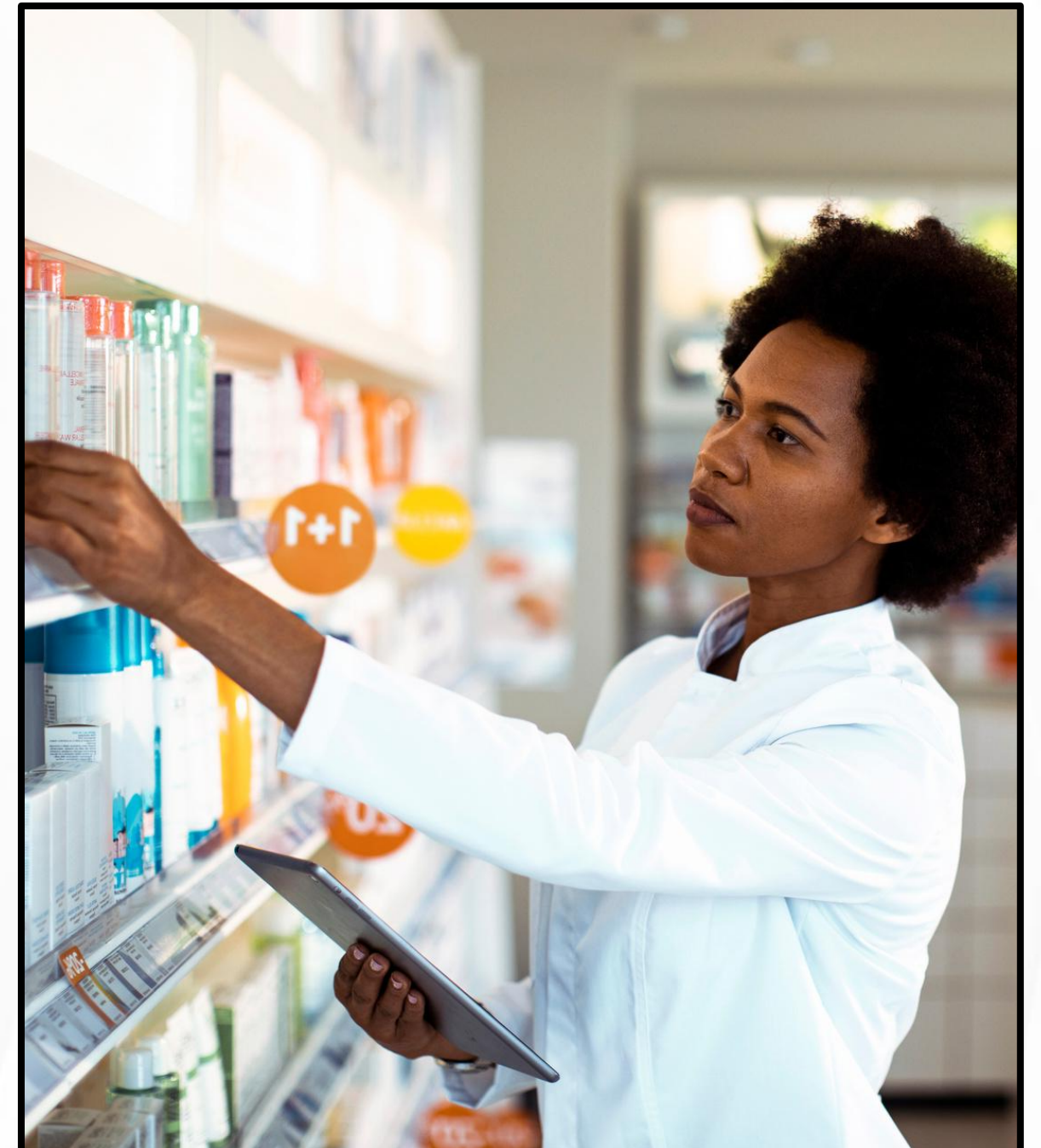
Cannabis & Pharmacist Employment

- **General**

Drug-free workplace in the era of medical marijuana

- **Of Pharmacist**

Usage, Dispensing, Dispensary Ownership, Advisor to Dispensary



Discuss & Debate

Cannabis & Pharmacy Practice



MANY RESPONSIBILITIES, LAWS & RULES

Let's Review

Review Questions

1. **Which is not the role of a pharmacist?**
 - a. Names and strengths of various medical cannabis THC
 - b. Knowledge of medication dosing and purposes.
 - c. Knowledge of medication interactions and side effects.
 - d. Laws pertaining to the practice of pharmacy.

2. **Which is NOT a requirement for renewing pharmacy license:**
 - a. 30 hours continuing education every two years
 - b. 26 general hours, 10 hours as live continuing education
 - c. 2 hours on medication errors and 2 hours on controlled substances CE
 - d. Background screening and fingerprinting submitted to DOH
 - e. Pay renewal fee!, unless practicing 50 years or more
 - f. All the above are required

Review Questions

3. **Pharmacy technicians are permitted to do the following:**
 - a. Engage in conversations with patients.
 - b. Ensure the correct medication for the correct patient.
 - c. Observe the patient regarding confusion of medication.
 - d. Help monitor the patient's prescription records to ensure accuracy.
 - e. Can provide basic instructions on medication usage referencing the label and or manufacturer's instructions .
 - f. All of the above.

4. **Which are pharmacy technicians not permitted to do:**
 - a. Ensure accuracy in dosage
 - b. Flag discrepancies
 - c. Discuss patient information with anyone outside of the pharmacy practice.
 - d. Medication reconciliation – hospital or long term care during admissions or discharges
 - e. Pharmacy technician may do all of the above

Review Questions

5. Which is not a Pharmacy Technician certification type(s):

- a. Consultant Pharmacy Technician (ConPhT)
- b. Certified Pharmacy Technician (CPhT)
- c. Certified Compounded Sterile Preparation Technician® (CSPT®)
- d. Advanced Certified Pharmacy Technician™ (CPhT-Adv™)
- e. Certified Pharmacy Technician Educator™ (CPTEd™)
- f. All above are certification types for pharmacy technicians

6. Technician CE requirements:

- a. 20 hour of continuing education during each 2-year biennial cycle for license renewal.
- b. 4 hours must be live
- c. 2 hours must cover medication errors
- d. Have a NABP e-Profile ID on file with PTCB

7. Can Pharmacy Technicians suffer from work burnout? Y/ N

8. Can work burnout be attributed to pharmacy errors? Y/N

Review Questions

9. **What laws do NOT apply to Florida pharmacist?**
 - a. Florida Statute ss 465 - pharmacy practice act includes dispensing
 - b. Chapter 64B16, Florida Administrative Code – Rules established by Bd of Pharmacy
 - c. Florida Statute ss 456.42 – Health professions and occupations in general
 - d. Florida Statutes ss 893.04 -R.Ph dispensing controlled substances
 - e. Florida Statutes 120 – Administrative Practice Act applies to state government including pharmacy
 - f. All of the above
10. **What are the pharmacist requirements regarding the Controlled Substance Bill?:**
 - a. Know prescribing limits on controlled substances
 - b. Know rules adopted by prescribing practitioners re: guidelines for controlled substance for pain treatment
 - c. Pharmacist requirement to report to the Prescription Drug Monitoring Program (PDMP) system when dispensing controlled substances to a patient.
11. **Which is not considered a Controlled Substance prescribing practitioner?**
 - a. Dentist
 - b. Certified Optometrist
 - c. Podiatrist
 - d. Advanced Practice Registered Nurse (ARNP or APRN)
 - e. Physician Assistant
 - f. All of the above are prescribing practitioners

Review Questions

- 12. A pharmacist may dispense Schedule II opioid pain medication if the prescription:**
- a. Is for a three (3) days supply only
 - b. Is for seven (7) days supply and if the prescription indicates “Acute Pain Exception” on the prescription
 - c. Indicates “Nonacute Pain”
 - d. All the above
- 13. The limitations on days for supply applies to which type of controlled substance?**
- a. All opioid drugs.
 - b. Schedule II controlled substances
 - c. Schedule II-V controlled substances
 - d. Only Schedule II medications for acute pain.
- 14. Which is not required of a pharmacist regarding Controlled Substance dispensing:**
- a. Maintaining records for 2 years from date of dispensing
 - b. Prescription monitoring
 - c. Reporting to Prescription Drug Monitoring Program (PCMP)
 - d. Rules re: ordering, receiving and dispensing
 - e. All of the above are required for a pharmacist

Review Questions

15. A pharmacist is required to consult the PDMP:

- Prior to filling a controlled substance.
- Prior to filling any medication.
- Prior to filling a controlled substance for a patient age 15 or younger.
- Prior to filling a non-opioid Schedule V medication.

16. Which, if any, is inaccurate: If the PCMP is unable to be consulted, the pharmacist must:

- Fill and dispense the prescription as written
- Fill and dispense only a 3-day supply
- Document the reason the PDMP was not consulted
- Each above is correct.

17. Which has more power federal or state laws?

- Federal
- State
- Depends

18. Federal law mandates prescription monitoring prior to dispensing schedule II drugs? Yes / No

Review Questions

19. Difference between Recreational Marijuana and Medical Marijuana are/is:

- a. No difference
- b. Content of cannabidiol (CBD) and Tetrahydrocannabinol (THC)
- c. Purpose of use
- d. Forms of product for use
- e. Penalty
- f. B,C, D and E

20. According to the US Drug Enforcement Administration (federal), what is the maximum amount of THC by percentage (%) that can be dispensed in marijuana products?

- a. 0.3%
- b. 0.5%
- c. 3%
- d. 0.8%

21. What is the difference between Marinol and Syndros (Dronabinol) and oral Medical Marijuana?

- a. Legality
- b. Composition
- c. Percentage of THC
- d. Form of THC
- e. Purpose
- f. All of the above

Review Questions

22. Florida pharmacists have a duty to counsel patients using cannabis...

- a. Only if the patient initiates the conversation.
- b. If the pharmacist observes the patient using cannabis which may interact with a medication.
- c. If the patient is open to private consultation with the pharmacist about cannabis and medication use.
- d. No duty at all.

23. Which is not a type of medication error

- a. Medication dispensed to wrong patient
- b. Wrong dosage
- c. Wrong dosage form
- d. Drug-drug Interactions monitoring failure
- e. PDMP reporting

24. Which state was the 1st to legalize Medical Marijuana?

- a. Georgia
- b. California
- c. Oregon
- d. Florida
- e. New York

25. May a Florida pharmacist work in a medical marijuana dispensary? Y /N

Q & A





THANK YOU!

FOR YOUR ATTENTION

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