



ARKANSAS CANNABIS
INDUSTRY ASSOCIATION

ARcannabis.org

Pharmacist Consultant for Dispensaries

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Solutions

Partner With Your Pharmacist

- ▶ Inspections/Audits
- ▶ Inventory
- ▶ Standard Operating Procedures
- ▶ Recall Procedure
- ▶ Personnel Training and Records
- ▶ Sanitation Requirements and Spills
- ▶ Destruction

Inspections/Audits (RR.4.2.4.3)

- ▶ ABC initial inspection
- ▶ ABC every 6 month inspection
- ▶ Mock audits
- ▶ Present at audits

Inventory

(RR.10.1.10.2)

- ▶ Initial Inventory
- ▶ Every 6 month inventory
- ▶ Inventory for beginning product (API), in process, finished goods, destruction, retention, sold

Standard Operating Procedures/ Processes Steps (RR11.1)

- ▶ Ingredient content, instruction (batch record), documentation of safety checks (scale calibration, cleaning equipment, spill cleanup)
- ▶ Sanitation process and agents
- ▶ Destruction Process
- ▶ Inventory Process
- ▶ Audit Plan
- ▶ Training Plan and Documentation
- ▶ Education Program

Recall Protocol (RR15.3)

- ▶ Identification and notification of patients and caregivers
- ▶ Notify DOH/ABC
- ▶ Return and quarantine product
- ▶ Retention/Destruction

Personnel Training (RR19.4) Record Retention (RR12.3)

- ▶ Job descriptions
- ▶ Training Plan
- ▶ Personnel file
- ▶ On site training and documentation
- ▶ Monthly continuous education and improvement
- ▶ Signature log

Sanitation (RR9.6)

- ▶ Chemical spill kit and procedure
- ▶ Equipment preventative maintenance and calibration
- ▶ Cleaning protocol

Destruction (RR18.1)

- ▶ 3 day notification
- ▶ Pharmacist sign off

Pharmacist With Patient Assistance

- ▶ Be accessible by the dispensary or dispensary agent through:
 - ▶ Telephonic means at all times during operating hours; and
 - ▶ Telephone or video conference for a patient consultant during operating hours.
- ▶ Assist with systems for documentation for qualifying patient or designated caregiver; Document symptoms of a qualifying patient that includes:
 - ▶ a logbook
 - ▶ rating scale for pain and symptoms
 - ▶ guidelines for a patient's self-assessment

Medical Routes of Administration

Table 1: Pros and cons of different routes of drug administration

Route	Advantages	Disadvantages
Oral	<ul style="list-style-type: none"> • Easy • Preferred by patients • "Slow-release" preparations may be available to extend duration of action • Drugs can be formulated in such a way as to protect them from digestive enzymes, acid, etc. 	<ul style="list-style-type: none"> • Unsuitable in patients who are uncooperative, strictly "nil by mouth", are vomiting profusely or have ileus • Most orally administered drugs are absorbed slowly • Unpredictable absorption due to degradation by stomach acid and enzymes
Rectal	<ul style="list-style-type: none"> • Good absorption – the haemorrhoidal veins drain directly into the inferior vena cava, avoiding hepatic first pass metabolism 	<ul style="list-style-type: none"> • May not be suitable after rectal or anal surgery • Some patients dislike suppositories
Subcutaneous or intramuscular	<ul style="list-style-type: none"> • Good absorption, especially for drugs with a low oral bioavailability • Onset is more rapid than the above routes • Depending on formulation can have very long duration of action, e.g. depot antipsychotics and contraceptives 	<ul style="list-style-type: none"> • Absorption may still be unpredictable if peripheries are poorly perfused • Injections hurt, cause bruises and frighten children and needle phobics
Intravenous	<ul style="list-style-type: none"> • Dependable and reproducible effects • Entire administered dose reaches the systemic circulation immediately - the dose can be accurately titrated against response 	<ul style="list-style-type: none"> • Requires a functioning cannula • More expensive and labour intensive than other routes. • Cannulation is distressing to some patients, especially children • Cannulae are prone to infection • IV injection of drugs may cause local reactions
Topical	<ul style="list-style-type: none"> • Easy • Non-invasive • High levels of patient satisfaction 	<ul style="list-style-type: none"> • Most drugs have a high molecular weight and are poorly lipid soluble, so are not absorbed via skin or mucous membranes • Very slow absorption
Inhaled	<ul style="list-style-type: none"> • Very rapid absorption due to the huge surface area of the respiratory endothelium • Bronchodilators and inhaled steroids can be targeted to lungs with low levels of systemic absorption 	<ul style="list-style-type: none"> • Bioavailability depends on patient's inhaler technique and the size of drug particles generated by the delivery technique

Qualifying Patients

- ▶ Person diagnosed by a physician as having a qualifying medical condition and who has registered with the department
- ▶ Lawfully engaged in the Medical Use of marijuana while in possession of a registry identification card and possesses an amount that does not exceed 2.5 ounces

Patient Population: Qualifying Conditions

- ▶ Cancer
- ▶ Glaucoma
- ▶ HIV/AIDS
- ▶ Hepatitis C
- ▶ ALS or Lou Gehrig's disease
- ▶ Tourette's syndrome
- ▶ Crohn's disease
- ▶ Ulcerative colitis
- ▶ PTSD
- ▶ Severe arthritis
- ▶ Fibromyalgia
- ▶ Alzheimer's disease

Patient Population: Qualifying Conditions

A chronic or debilitating disease or treatment that produces one or more of the following:

- ▶ Cachexia or wasting syndrome
- ▶ Peripheral neuropathy
- ▶ Intractable pain
- ▶ Severe nausea
- ▶ Seizures
- ▶ Severe or persistent muscle spasms

Patient Population: Emerging Facts

- Overwhelmingly used for severe/chronic pain (70-90%)
- Men vs women
- 18-70 yo
- 60% of patients suffer from two or more qualifying conditions
- Polypharmacy

Patient Education: Dispensary Agent

- ▶ ***Dispensary agent*** (information developed by pharmacist)
 - Share good/bad effects of cannabis(heart palp, mood-altering effects)
 - Possible interactions (alcohol, opioids)
 - Encourage patient assessment log (i.e. dose taken, symptom relief, side effects)
 - Information about methods, forms, routes of administration
 - Recognize signs and symptoms of abuse (distorted perceptions, impaired coordination, diff. with thinking/problem solving)

Patient Education: Pharmacist Consultant

- Patient specific information
- Detailed drug-drug interactions (polypharmacy)
- Detailed drug-disease information (i.e. liver disease)
- Patient counseling (telephone/video confer.)
- Ongoing materials updates (dispensary feedback)
- Available during operating hours

Thank you



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