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Pharmacists & Cannabis Access Models

State-by-State and Canadian Approaches

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Pennsylvania: INTEGRATED CLINICAL MODEL

- Pharmacist or physician present at dispensary,
- Real-time or virtual patient counselling,
- Pharmacist involved in clinical decisions on cannabis use and contraindications

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Louisiana: Pharmacy-Based Distribution

+ Cannabis dispensed through licensed pharmacies

+ Pharmacists handle, counsel, and monitor use

+ Fully integrated with pharmacy care; direct patient oversight

Arkansas: Hybrid Consultation Model

- Pharmacists act as remote consultants only.

- No direct handling or dispensing of cannabis.

- Advise staff and patients on drug interactions, safety.

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CONNECTICUT:

CLINICAL OVERSIGHT STRUCTURE

+ Strong medical oversight, pharmacists often involved

+ Pharmacists oversee intake, assessment, or compliance

+ Controlled, medically guided access to cannabis

Colorado:
Retail-Educational Model

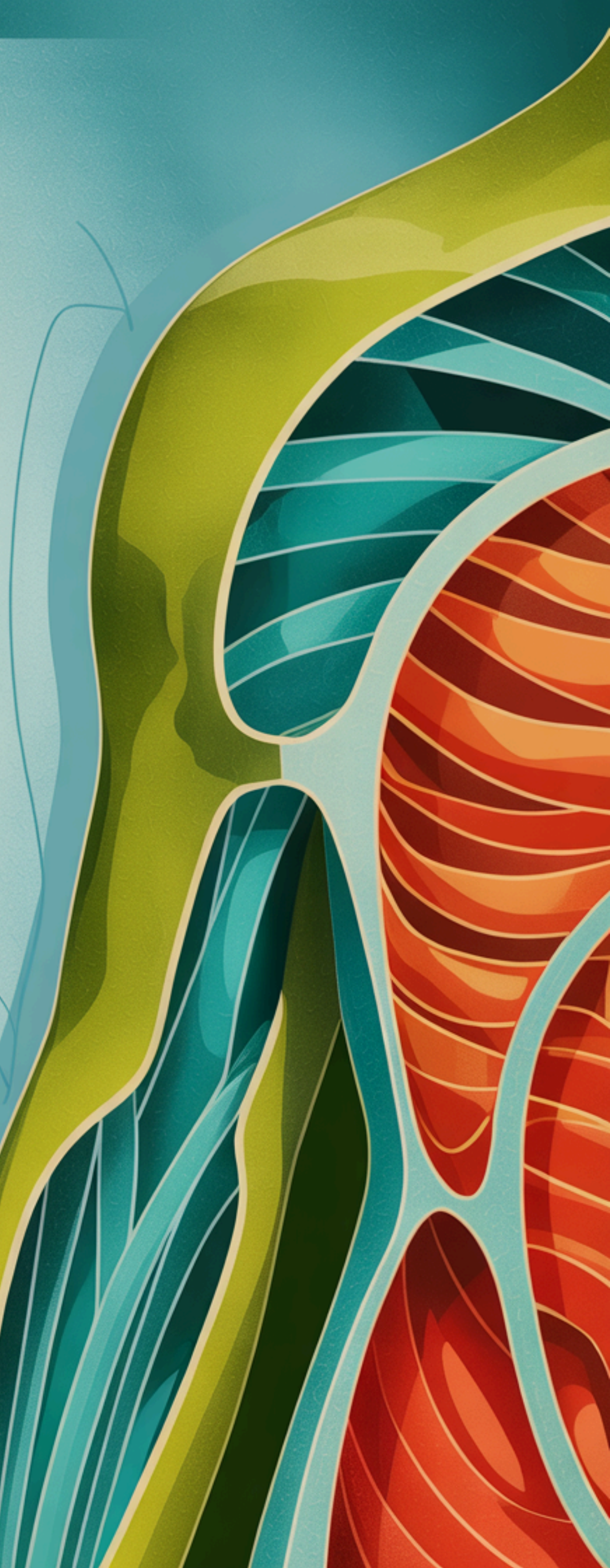
+ No pharmacist presence required at retail

+ State-provided educational materials only

+ Consumer-driven model, minimal clinical input

New York: Controlled Medical Model

- Healthcare professionals required at centers
- Pharmacists may oversee distribution
- Ensures state-regulated, supervised patient access



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California: retail-only access

- Pharmacists barred from handling/ administering cannabis
- No clinical oversight in dispensaries
- Patient education is not clinician-led

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Canada: What's Next?

Will Canada adopt Hybrid Pharmacist Roles?

Citation & Source

Sheth, S., Maroney, M., & Bridgeman, M. B. (2025).

Cannabis at a crossroads: Pharmacist care considerations in the context of a changing cannabis regulatory landscape.

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