



**JOINT ADVISORY OPINION ISSUED BY THE SOUTH CAROLINA
STATE BOARDS OF MEDICAL EXAMINERS, NURSING AND PHARMACY
REGARDING THE PRESENCE OF A PHARMACIST IN A METHADONE CLINIC
DURING DOSING HOURS¹**

The Healthcare Collaborative Committee originally met on October 23, 2015, at which time a quorum of designated representatives from the South Carolina State Boards of Medical Examiners, Nursing and Pharmacy was present. The Healthcare Collaborative Committee reconvened on December 6, 2019, and January 9, 2020, to discuss potential revisions to the Joint Advisory Opinion issued on this topic in 2015. A quorum of representatives from the member boards was present.

Representatives from the South Carolina Board of Pharmacy staff and the South Carolina Department of Health and Environmental Control's Bureau of Drug Control advised the Healthcare Collaborative Committee of multiple regulatory compliance concerns arising from inspections of methadone clinics around the state in 2015. A transcript of the meeting in 2015 was provided to all members. Additionally, representatives from the South Carolina Department of Alcohol and Other Drug Abuse Services and the United States Drug Enforcement Administration attended the January 9, 2020 meeting.

The compliance challenges identified include, but are not limited to, scope of practice issues for pharmacists and nurses working in the methadone clinic, potential disparities between applicable state and federal laws, verification of a patient's identity, verification and compliance with a valid prescription by a prescriber, concerns about labeling of non-patient specific doses for on-site administration, and the distinction between "administration" and "dispensing" of medication as defined by the South Carolina Pharmacy Practice Act.

The South Carolina Nurse Practice Act defines "administration of medication" as follows in S.C. Code § 40-33-20 (4) "the acts of preparing and giving drugs in accordance with the orders of a licensed, authorized nurse practitioner, certified nurse-midwife, clinical nurse specialist, or a physician, dentist, or other authorized licensed provider as to drug, dosage, route, and frequency; observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy; intervening when emergency care is required as a result of drug therapy; appropriately instructing the patient regarding the medication; recognizing accepted prescribing limits and reporting deviations to the prescribing nurse practitioner, certified nurse-midwife, or clinical nurse specialist, physician, dentist, or other authorized licensed provider."

The South Carolina Pharmacy Practice Act defines "administer" in S.C. Code § 40-43-30(1) as "the direct application of a drug or device pursuant to a lawful order of a practitioner to the body of a patient by injection, inhalation, ingestion, topical application, or any other means."

¹ The State Board of Medical Examiners approved the original recommendation at its meeting on November 2, 2015 and the revision at its meeting on February 3, 2020. The State Board of Pharmacy approved the original recommendation at its meeting on November 18, 2015 and the revision at its meeting on January 22, 2020. The State Board of Nursing approved the original recommendation at its meeting on November 19, 2015 and the revision at its meeting on January 23, 2020.

Section 40-43-30(25) of the South Carolina Pharmacy Practice Act defines "dispense" as:

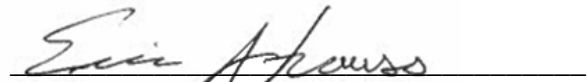
the transfer of possession of one or more doses of a drug or device by a licensed pharmacist or person permitted by law, to the ultimate consumer or his agent pursuant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to, or use by, a patient. As an element of dispensing, the dispenser shall, before the actual physical transfer, interpret and assess the prescription order for potential adverse reactions or side effects, interactions, allergies, dosage, and regimen the dispenser considers appropriate in the exercise of his professional judgment, and the dispenser shall determine that the drug or device called for by the prescription is ready for dispensing. The dispenser shall also provide counseling on proper drug usage, either orally or in writing, as provided in this chapter. The actual sales transaction and delivery of a drug or device is not considered dispensing and the administration is not considered dispensing.

The Healthcare Collaborative Committee affirmed the State Boards of Medical Examiners, Nursing, and Pharmacy adoption of a joint advisory opinion clarifying that methadone clinics should have a pharmacist on site during all hours when methadone is dispensed for either administration on site or at home and that dispensing occurs any time product selection, which includes dosage selection, occurs.

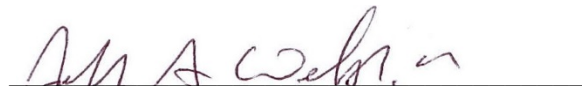
Accordingly, it is the joint opinion of the State Boards of Medical Examiners, Nursing and Pharmacy that a methadone clinic should have a pharmacist on site during all hours when methadone is dispensed for either administration on site or at home and that dispensing occurs any time product selection, which includes dosage selection, occurs. The dispensing of methadone without a pharmacist present in the methadone clinic may result in disciplinary action against licensed professionals employed by the methadone clinic.



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