

Dispensing of Methadone by Pharmacists

Including information regarding distribution of methadone in exceptional circumstances

() – Providing methadone doses to an authorized physician or his/her Delegate*

In all cases pharmacists must ensure they are providing safe and effective pharmacy practices and the provision of pharmaceutical care to their patients as outlined in *The NAPRA Model Standards of Practice, 2009*.

Pharmacists dispensing methadone in all cases must:

1. Receive a prescription written by an authorized prescriber prior to dispensing methadone.
2. Establish a relationship with the patient by providing information (written and verbal) about the drug and the pharmacy requirements regarding methadone assisted recovery, and by reviewing the patient's profile for potential drug related problems. The pharmacist is available for consultation on all medication therapy.
3. Prepare the methadone in a manner and form required, in a diluted (100 ml) vehicle which does not lend itself to injection (crystalline drink mixes such as Tang) in accordance with the prescriber's instructions, *The Narcotic Control Regulations*, applicable Saskatchewan College of Pharmacy Bylaws, Standards and the Guidelines for Participation in the Methadone Program.
4. Prepare the daily dose of methadone in the pharmacy as prescribed and then do one of the following:
 - Observe the ingestion by the patient in the pharmacy (daily witnessed dosing)
 - Observe the ingestion by the patient in the pharmacy of the first dose of maintenance therapy and then provide the remaining authorized carriers to the patient
 - Transfer custody of the individually labeled doses of methadone dispensed pursuant to a prescription in a secure manner to a physician or his/her Delegate, who signs that the doses of methadone have been received. Unless directly handed by the pharmacist to the physician or his/her Delegate, the pharmacist must use a method of tracking and safekeeping of the package during transit (chain of signatures)
 - **Maintain a list of all doses provided to the treatment centre which is recorded prior to the doses being transported; one copy is sent with the doses and one copy is kept at the pharmacy. Medication administration records from the treatment center are provided to the pharmacy at the end of the day (or the next business day) along with the returned doses which have not been administered. Any medication errors, adverse drug reactions, or significant side effects are reported to the pharmacist for follow up and proper documentation in the patient's profile*

- *May also:*
 - **Take the doses to the patient and observe the ingestion at the site (treatment center)*
 - **Take the doses to the patient and observe the ingestion of the first dose at the site (treatment center) of the maintenance prescription by the patient and provide the authorized carriers*
- 5. Document in each patient record whether administration of the dose has been observed in the pharmacy, **transferred to a physician or his/her Delegate for observation of the administration, *or has been provided to the patient by the pharmacist at the treatment location* and the pharmacist has observed the administration. Each patient record will be kept in such a way as to indicate clearly what has happened to the methadone so that it can be determined quickly for patient care purposes and later for audit purposes.
- 6. Must maintain records of methadone ingestion including the patient's name, daily dose, date, time and place where the administration was observed. **If administration occurs outside of the pharmacy (i.e. treatment center), the dispensing pharmacist must be provided with copies of such records daily (or next business day of the pharmacy). Failure to provide the required documentation will result in suspension of the distribution of further methadone to the physician and/or his/her Delegate.*
- 7. Obtain a new prescription for any new doses or changes of dose of methadone. The new doses/changes must be dispensed by the pharmacist. Doses intended for one patient must NOT be given to another patient under any circumstances by the pharmacist, physician and/or his/her Delegate.
- 8. Ensure no alteration of the individually labeled doses of methadone dispensed by the pharmacist is performed.
- 9. Verify that all unused, individually labeled doses of methadone remain in the pharmacy and are managed in accordance with applicable laws, standards and guidelines (where the patient did not attend the pharmacy for his dose, or where the patient was clinically or behaviorally disqualified for the drink) or;
 - **Are returned to the pharmacy by the physician or his/her Delegate on a daily basis, signed for upon receipt, entered into the appropriate record, and destroyed in the pharmacy in accordance with applicable laws, standards, guidelines, and local environmental policies.*
- 10. **Conduct a daily reconciliation of the methadone dispensed to, and received from, a treatment location, in such a manner that would allow for immediate detection of any losses or diverted quantities.*