Arizona State Board of Pharmacy
Controlled Substances Prescription Monitoring Program
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Frequently Asked Questions:

2018 Arizona Opioid Epidemic Act

Prescribers and pharmacists have a corresponding responsibility concerning patient care. For more information on the changes made by the 2018 First Special Session in the Arizona Opioid Epidemic Act, go online to the Final Amended Fact Sheet for SB 1001/HB2001 or the language for the Chapter Bill. The information provided herein should not be construed as a legal interpretation. Check the Controlled Substances Prescription Monitoring Program website regularly for updates at: https://pharmacypmp.az.gov/.

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Who is required to review a patient record in the PMP?

As of October 16, 2017, prescribers are required to check the PMP before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV for a patient, shall obtain a patient utilization report regarding the patient for the preceding 12 months from the controlled substances prescription monitoring program's central database tracking system at the beginning of each new course of treatment and at least quarterly while that prescription remains a part of the treatment. For information on exemptions, review Arizona Revised Statutes (A.R.S.) § 36-2606.

Pharmacists employed by facilities with a valid U.S. DEA registration must register for the PMP online at https://arizona.pmpaware.net. Effective April 26, 2018 a dispensing pharmacist in an out-patient setting will be required to review the preceding 12-month PMP record of a patient* receiving a schedule II controlled substance at the beginning of each new course of treatment. **Review of a PMP report is not required for veterinary dispensing.*

Both pharmacists and prescribers register for the PMP online at https://arizona.pmpaware.net.

May prescribers continue to dispense controlled medication out of the office?

Beginning April 26, 2018, prescribers who dispense for out-patient use (not applicable for veterinarians) may no longer dispense schedule II opioids, except for medical-assisted treatment (MAT) for substance abuse. Other controlled medications may be dispensed as specified by the prescriber's licensing board.

What are the new limits regarding the length of time opioids may be initially prescribed?

Beginning April 26, 2018, a health professional shall limit the initial prescription for a schedule II opioid to not more than a five-day supply, except an initial opioid prescription following a surgical procedure is limited to a 14-day supply. (A.R.S. § 32-3248)

Exemptions: The initial prescription 5-day supply limitation does not apply if:

a) The prescription is following a surgical procedure. Surgical procedure prescriptions are limited to a 14-day supply
b) The patient has an active oncology diagnosis;
c) The patient has a traumatic injury, excluding a surgical procedure;
d) The patient is receiving hospice care, end-of-life care, palliative care, treatment for burns or skilled nursing care;
e) The patient is receiving MAT for a substance use disorder; or
f) The patient is an infant being weaned off opioids at the time of hospital discharge.

When a pharmacy receives an initial prescription for a schedule II opioid that is written for more than five-days, the prescription is deemed to meet the requirements of an exemption. A pharmacist is not required to verify with the prescriber whether the prescription meets an exemption.

What is the maximum morphine milligram equivalents (MME) per day limit for a prescription?

The Act prohibits a health professional who is authorized to prescribe controlled substances from issuing a new prescription for a schedule II opioid that exceeds 90 morphine milligram equivalents (MMEs).

A health professional who believes a patient requires more than 90 MMEs per day must first consult with a licensed physician who is board-certified in pain. A health professional is permitted to prescribe in excess of the 90 MME daily limitation if the consulting physician is not available for consult within 48 hours provided the consultation occurs subsequent to the prescription being written. A health professional who is a physician and board certified in pain may issue a prescription order for more than the 90 MMEs per day without further consultation.

Exemptions: A health professional may write for a prescription that is more than 90 MME per day if it is:

a) A continuation of a prior prescription order issued within the previous 60 days;
b) An opioid with a maximum approved total daily dose in the labeling as approved by the U.S. Food and Drug Administration (FDA);
c) For a patient who has an active oncology diagnosis or a traumatic injury, not including a surgical procedure;
d) For a patient who is hospitalized;
e) For a patient who is receiving hospice care, end-of-life care, palliative care, skilled nursing facility care or treatment for burns; or
f) For a patient who is receiving MAT for a substance use disorder.

If a patient is prescribed more than 90 MMEs per day under the exemptions or the health professional is a medical or osteopathic physician who is board-certified in pain or has consulted with a licensed physician board-certified in pain management, the prescribing health professional also shall prescribe naloxone hydrochloride or any other opioid antagonist that is approved by the FDA for the treatment of opioid-related overdoses.

When a prescription for a schedule II opioid written for more than 90 MME per day is received by the pharmacy, the prescription is deemed to meet the requirements of an exemption. A pharmacist ***is not*** required to verify with the prescriber whether the prescription meets an exemption.

Is it true all controlled substance prescriptions will need to be submitted electronically?

Beginning January 1, 2019, an electronic prescription to a pharmacy for a schedule II drug that is an opioid is required in Maricopa, Pima, Pinal, Yavapai, Mohave and Yuma counties. This same requirement becomes effective in Greenlee, La Paz, Graham, Santa Cruz, Gila, Apache, Navajo, Cochise and Coconino counties on July 1, 2019. This is a statutory mandate to all dispensing pharmacies.

How will pharmacies be impacted by the Act?

Beginning April 26, 2018, pharmacies that dispense out-patient schedule II opioids must use red caps on the containers containing the Schedule II opioids and include a warning label. The Arizona State Board of Pharmacy has issued the following information:

Beginning April 26, 2018, all out-patient dispensers of schedule II opioids will:

1. Have an action plan and policies and procedures written out regarding implementation of the red caps and new labeling requirements on out-patient opioid dispenses.
2. If red caps are not readily available due to production delays, the ASBP will recognize the use of RED stickers to be placed on top of existing caps. The red sticker will cover most, if not all, of the cap.
3. Implement red caps by August 1, 2018.

Regarding the warning label on schedule II opioids, the warning label must be affixed to the external packaging of the medication and at minimum the label must have the following: "Opioid, risk of overdose and addiction." Pharmacies may choose to have additional wording included on the warning label which is acceptable. The vial caps may be imprinted with the warning as long as the warning is readable on the external side of the cap.

Moving forward, pharmacy permit holders need to be ready to accept electronic prescriptions in 2019. The Act requires an electronic prescription to a pharmacy for a schedule II drug that is an opioid in Maricopa, Pima, Pinal, Yavapai, Mohave and Yuma counties beginning January 1, 2019. However, for Greenlee, La Paz, Graham, Santa Cruz, Gila, Apache, Navajo, Cochise and Coconino counties the requirement in the Act does not begin until July 1, 2019.

Are veterinarians now required to check the PMP?

No, veterinarians are not required to check the PMP. However, beginning April 26, 2018:

> "A. A veterinarian who reasonably suspects or believes that a client or person is trying to obtain controlled substances with an intent other than to treat the patient animal shall report that suspicion, or cause a report to be made, to local law enforcement within forty-eight hours after the treatment or examination. The report shall include the name and address of the client or person who sought the examination or treatment. The veterinary records pertaining to the investigation initiated pursuant to the report to law enforcement under this subsection shall be provided to local law enforcement on request for any further criminal investigation.
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> "B. A veterinarian who files a report or causes a report to be filed pursuant to subsection a of this section is immune from civil liability with respect to any report made in good faith." (A.R.S. § 32-2239.01)

GLOSSARY

Act Laws 2018, 1st Spec. Sess., Ch. 1, referred to as "The Arizona Opioid Epidemic Act".
ASBP Arizona State Board of Pharmacy
FDA U.S. Food and Drug Administration
MAT Medical-assisted treatment
MME Morphine milligram equivalents
PMP Arizona State Board of Pharmacy Controlled Substances Prescription Monitoring Program