

## Subject: Arizona Implements New Opioid Prescribing Limitations

The state of Arizona has implemented a new limitation on Schedule II opioid medications effective January 26, 2018. Senate Bill 1001 was signed into law by the Arizona governor establishing several new requirements for the prescribing and dispensing of opioids. The new law limits Schedule II opioid medications to a five-day supply unless the medication is post-surgery. Additionally, daily Morphine Equivalent Doses (MED) over 90 will now require that the physician prescribe the rescue medication naloxone for reversal of potential opioid-related overdoses.

The changes include, but are not limited to, the following:

- Limits the initial prescription for a Schedule II controlled substance opioid to not more than a five-day supply, except for patients receiving certain types of care
    - “Initial” per the state of AZ is defined as no previous fill 60 days prior
    - An initial prescription for a Schedule II controlled substance that is an opioid following a surgical procedure is limited to not more than a 14-day supply
  - Providers may not issue new prescriptions for Schedule II controlled substances that are opioids that exceed 90 MED per day, unless an exception applies
    - If more than 90 MED per day is prescribed, the health professional must also prescribe naloxone hydrochloride or any other opioid antagonist approved by the U.S. Food and Drug Administration (FDA) to treat opioid-related overdoses
  - Adds definition of medication-assisted treatment and initial prescription
  - Unless licensed to do so, a doctor of medicine, osteopathic physician, or physician assistant may not dispense a Schedule II controlled substance that is an opioid, except for an opioid that is for medication-assisted treatment for substance use disorder
  - Patients discharged after receiving emergency services for a drug-related overdose must be referred to a behavioral health services provider
  - Beginning January 1, 2019, a Schedule II controlled substance that is an opioid may be dispensed in counties with populations of 150,000 or more people only with an electronic prescription
  - Beginning July 7, 2019, a Schedule II controlled substance that is an opioid may be dispensed in counties with populations of less than 150,000 people only with an electronic prescription
  - Except when issued for medication-assisted treatment for a substance use disorder, prescriptions for a Schedule II controlled substance must not be dispensed more than 90 days after the date the prescription was issued
  - Before dispensing a Schedule II controlled substance, a dispenser must obtain a patient utilization report on the patient for the preceding 12 months from the controlled substances prescription monitoring program’s central database at the beginning of each new course of treatment
    - This requirement does not apply if the controlled substance is for no more than a five-day period for invasive medical or dental procedure, medical or dental procedure that results in acute pain, or if the patient suffered an acute injury or a medical or dental disease diagnosed in an emergency setting
  - Adds licensure requirements for pain management clinics effective January 1, 2019, and the Department of Health Services will adopt rules governing pain management clinics
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## Regulatory Bulletin

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First Script is taking the necessary steps to accommodate these changes. All initial Schedule II medications meeting the criteria will be limited to a five-day supply, and all subsequent fills that do not meet the criteria will follow each client's formulary design. Prior Authorizations connected to these medications for the state of Arizona will now include messaging outlining these changes to assist in adherence to the new law.

For more information about the new limitations, please visit: <https://www.azleg.gov/legtext/53leg/1S/laws/0001.htm>

If you have additional questions regarding Arizona's new limitation on Schedule II opioid medications, please contact your Account Manager.



The foregoing information provides a summary overview of certain statutory and/or regulatory provisions. This summary is not comprehensive and does not constitute legal advice. It is for informational purposes only and should be independently verified by client's legal counsel. Review of the full text of referenced statutes and regulations may be necessary.