



Summary of Most Recent Utah Controlled Substances Laws and Rules

Disclaimer: This document is a quick reference to some of the newest laws and rules as of June 2019 that may affect your professional license or practice. This is not a comprehensive legal guide to the topics. Each Controlled Substances Licensee is responsible to be aware and abide by all applicable Utah and Federal regulations.

Prescribing Opioids

Schedule II Prescriptions: 30 Days Max; 3 Rx Max [[Utah Code 58-7\(f\)](#)]

Generally, quantities for one prescription should not exceed a one-month supply for Schedule II drugs.

A practitioner may issue more than one prescription at the same time for the same Schedule II controlled substance, but only under the following conditions:

- (a) No more than three prescriptions for the same Schedule II controlled substance may be issued at the same time;
- (b) No one prescription may exceed a 30-day supply; and
- (c) A second or third prescription shall include the date of issuance and the date for dispensing.

Acute opioid prescription generally not to exceed 7-day supply [[Utah Code 58-37-6\(7\)\(f\)\(iii\)](#)]

Utah law states that a prescription for a Schedule II or III opiate for an acute condition shall not be filled to exceed a seven-day supply as directed on the daily dosage rate of prescription. This limitation does not apply when a prescription is 1) issued for a surgery and the prescriber determines more is needed (up to a 30-day supply max); or 2) issued for complex or chronic conditions which are documented in the medical record.

Partial Filling of Schedule II Prescription [[Utah Code 58-17b-610.7](#)]

Prescribers or patients may request that a Schedule II prescription be partially filled and then, if more is needed, the patient may pick up the rest of the prescription within the time period allowed for that prescription. The intent is to help keep unused prescriptions out of medicine cabinets.

This works in conjunction with the recently passed federal law Comprehensive Addiction and Recovery Act (CARA) allowing partial filling of prescriptions for controlled substances.

Discussion for a first opiate prescription [[Utah Code 58-37-19](#)]

Before issuing an initial opiate prescription*, a prescriber must discuss with the patient, or the patient's parent or guardian:

- The risks of addiction and overdose associated with opiate drugs;
- The dangers of taking opiates with alcohol, benzodiazepines, and other central nervous system depressants;
- The reasons why the prescription is necessary;
- Alternative treatments that may be available; and
- The risks associated with the use of the drugs being prescribed.

* "Initial opiate prescription" includes a prescription for a patient who was last prescribed an opiate more than a year ago.

This discussion is not required for:

- A patient who is currently in active treatment for cancer;
- A patient who is receiving hospice care from a licensed hospice; or
- A medication that is being prescribed to a patient for the treatment of the patient's substance abuse or opiate dependence.

Restriction on certain NPs to prescribe Schedule II or III drugs [[Utah Code 58-31b-803](#)]

Nurse Practitioners in independent solo practice and who 1) have been licensed less than a year or 2) have less than 2000 hours of practice experience may prescribe or administer Schedule II or III Controlled Substances only if they have a consultation and referral plan (CRP) with a physician or an APRN who has at least 3 years of practice experience.

Limitations on PAs' prescribing or administering Schedule II or III drugs [[Utah Code 58-70a-501](#)]

Physician Assistants holding a Utah Controlled Substances license may prescribe or administer Schedule II or III controlled substances within the prescriptive practice of the supervising physician and within the delegation of services agreement (DOSAs) between the supervising physician and PA.

Prescribing or dispensing an opiate antagonist [[Utah Code 26-55-104](#)]

A prescriber-patient relationship is not required for a prescriber to prescribe or dispense an opiate antagonist to an at-risk person, a concerned person in a position to help, or an overdose outreach provider.

Lay persons who administer an opiate antagonist are protected from civil liability when acting in good faith.

As provided by this law, on December 8, 2016, the physician-executive director of the Utah Department of Health issued a standing order allowing pharmacists to dispense naloxone to concerned family members, caregivers, friends, and patients without a written prescription. However, pharmacies are not required to participate in the standing order.

Electronically generated prescriptions [21 CFR Subpart C. Electronic Prescriptions]

Prescribers using electronic medical records may generate prescriptions for controlled substances. Signatures for these prescriptions may be computer generated for Schedule III through V substances; Schedule II substances may also be computer generated when the prescriber has obtained a two-factor authentication credential.

Emergency Spoken Prescriptions [[R156-37-605](#)]

A prescriber may give a spoken prescription for a Schedule II drug when:

- Quantity dispensed is only enough to cover the patient for the emergency period, 72 hours max;
- The prescriber has examined the patient within the past 30 days and the patient is under the continuing care of the prescriber for a chronic condition; or the prescriber is covering for another provider and has knowledge of the patient's condition; and
- A written prescription is delivered to the pharmacist within 7 working days of the spoken order.

Document prescriptions in patient records [[R156-37-603\(9\)](#)]

Each prescription for a controlled substance and the number of refills authorized shall be documented in the patient records by the prescribing practitioner.

Maintain records separately from other records [[R156-37-602\(5\)](#)]

All records relating to Schedule II controlled substances received, purchased, administered, or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice.

Duty to report significant opiate drug diversion [[Utah Code 76-10-2204\(2\)](#)]

Any individual who knows of a practitioner or employee involved in diversion of a Schedule II or III opiate >500 MME is required to report the diversion to a peace officer or law enforcement agency. Failing to report is a class B misdemeanor.

Controlled Substance Database

Laws and Rules [<https://dopl.utah.gov/csd/index.html>]

The Utah Division of Occupational and Professional Licensing (DOPL) maintains the CSD Program. Access to the data is provided to authorized individuals by going online at <https://dopl.utah.gov/> >Programs>Controlled Substance Database.

Employees designated to access CSD [[Utah Code 58-37f-301\(2\)\(i\)](#)]

A prescriber can designate one or more employees who can access the CSD on the prescriber's behalf. Individuals who are licensed to prescribe controlled substances in Utah or staff assigned by the prescriber must register with DOPL to access the CSD.

Third party notified when controlled substance is dispensed [[Utah Code 58-37f-301\(5\)](#)]

A patient with a controlled substance prescription may designate a third party who will be notified by DOPL when a controlled substance is dispensed to the patient. The controlled substance is not identified in the notification. When the patient tells the division to stop providing information to the designated party, the designee will be notified of the change. Prescribers should discuss this designation with patients.

Check CSD before prescribing for the 1st time or if repeatedly prescribing [[Utah Code 58-37f-304\(2\)](#)]

A prescriber must check the database before the first time the prescriber issues a patient a Schedule II or III opioid prescription. A prescriber is also required to periodically check the database or similar records if the prescriber is repeatedly prescribing Schedule II or III opioids to a patient. The CSD check is not required 1) in an emergency situation; 2) when the CSD is not working; or 3) when the internet is not working.

Education is offered if prescribing guidelines are not followed [[Utah Code 58-37f-304\(5\)](#)]

DOPL shall review the database to identify any prescriber who has a pattern of prescribing opioids not in accordance with the recommendations of CDC Guidelines for Prescribing Opioids, Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain, or other best practices publications. DOPL will offer the prescriber education on best opioid prescribing practices. The prescriber may accept or decline the offered education. Note: This is not a standard of care. DOPL may also review cases for other regulations they have adopted by rule.

CONTINUING MEDICAL EDUCATION

Controlled substances education required for professional license renewal [[Utah Code 58-37-6.5](#)]

Health care providers licensed to prescribe controlled substances are required to complete 3.5 hours of DOPL-approved continuing education on Schedule II and III controlled substances that are applicable to opioid narcotics, hypnotic depressants, or psychostimulants. The education may be used toward the continuing education hours required every two years for licensure renewal specific to their discipline. However, dentists are required to complete only 2 hours of controlled substances education.

The UMA Foundation offers a 3.5 credit hour course, Controlled Substances: Education for the Prescriber and can be found at <https://cme.utahmed.org/>. Additional DOPL approved courses may be found at <https://dopl.utah.gov/>.

Healthcare providers must complete 3.5 hours of SBIRT training prior to their respective professional license renewal in 2026. This training can be used to fulfill the above controlled substances education requirement. A licensee need only take the SBIRT training class once during the controlled substances prescriber's licensure.

Register with DOPL to access CSD [[Utah Code 58-37f-401](#)]

Within 30 days of obtaining a Utah Controlled Substance License, a licensee is required to complete an online tutorial about the Controlled Substances Database (CSD), pass an exam about the CSD, and register with DOPL for access to the CSD. As of May 8, 2018, licensees are no longer required to re-take the tutorial and exam before renewing their licenses.

Substance Use Disorder Treatment

Remuneration for referrals – Third degree felony [[Utah Code 62A-2-116\(5\)](#)]

Offering, soliciting, paying, or promising to pay, or receiving remuneration for the referral of an individual for substance use disorder treatment is a third-degree felony. Remuneration includes any commission, bonus, kickback, bribe or rebate, directly or indirectly, overtly or covertly, in cash or in-kind, or engaging in any split-fee arrangement. Some exceptions apply.

Resources

Utah Division of Occupational and Professional Licensing Controlled Substance Database

<https://dopl.utah.gov/csd/index.html>

Utah Bill Search

<https://le.utah.gov/solrsearch.jsp>

Utah Controlled Substances Act

<https://le.utah.gov/xcode/Title58/Chapter37/58-37.html>

Utah Controlled Substances Act Rule

<https://rules.utah.gov/publicat/code/r156/r156-37.htm>

Utah Controlled Substances Database Act

<https://le.utah.gov/xcode/Title58/Chapter37F/58-37f.html>

Utah Controlled Substances Database Act Rule

<https://rules.utah.gov/publicat/code/r156/r156-37f.htm>