



# UTAH BOARD OF PHARMACY

*newsletter to promote pharmacy and drug law compliance*

## **Congress Eliminates DATA-Waiver Program**

On December 29, 2022, Congress eliminated the “DATA-Waiver Program,” which previously required providers to obtain an “X-DEA” number to prescribe buprenorphine for opioid use disorder (OUD). The intent of this action is to increase access to buprenorphine to help patients with OUD and prevent overdoses and sustain recovery.

Per a notice published by Drug Enforcement Administration (DEA):

- A DATA-Waiver registration is no longer required to treat patients with buprenorphine for opioid use disorder.
- Going forward, all prescriptions for buprenorphine only require a standard DEA registration number. The previously used DATA-Waiver registration numbers are no longer needed for any prescription.
- There are no longer any limits or patient caps on the number of patients a prescriber may treat for opioid use disorder with buprenorphine.
- The Act does not impact existing state laws or regulations that may be applicable.

DEA has determined “X-DEA” numbers will no longer be used for **new** prescriptions; however, the Utah Division of Professional Licensing recognizes that valid existing prescriptions issued with X-DEA numbers are still being dispensed by Utah pharmacies. Utah pharmacies can continue to dispense existing prescriptions issued with X-DEA numbers. To

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allow the least amount of disruption for patients, providers, and pharmacies, the Utah Controlled Substance Database (CSD) will continue to accept X-DEA numbers.

## State of Utah CSD Error Correction

There are three general types of errors needing correction in the CSD:

1. Errors received from the email address of [RxGovHelp@egov.com](mailto:RxGovHelp@egov.com); these errors must be corrected through the [Data Submitting Site](#).
2. Errors received from [csdb@utah.gov](mailto:csdb@utah.gov) can be corrected using two different methods. The first is by using the manual entry/universal claim form located at [utpdmp.rxgov.com](http://utpdmp.rxgov.com). The second option is to submit a correction/revision through the pharmacy's normal submission process.
3. Inaccurate or duplicate data found after running a search can be corrected by informing the CSD directly via email to [csdb@utah.gov](mailto:csdb@utah.gov).

If you cannot send a secure email, provide only the pharmacy name, prescription number, and the date sold, along with your contact information. If you can send a secure email, provide the pharmacy name, prescription number, and date sold, as well as the patient's name and date of birth.

Providers can contact the CSD directly with any questions regarding data submission, errors, or corrections. You can also request a copy of the Utah Dispensing Guide.

Direct general database inquiries to [csd@utah.gov](mailto:csd@utah.gov) or call 801/530-6220, Monday through Friday, from 8 AM to 5 PM.

## 2023 Legislative Session

*By Lisa Martin, Pharmacy Bureau Manager*

The following bills from Utah's 2023 legislative session will have an impact on the Utah Pharmacy Practice Act, the Utah Controlled Substances Act, or the Utah Controlled Substance Database Act.

### **Online Prescribing, Dispensing, and Facilitation Licensing Act Repealer**

#### **House Bill (HB) 152**

This bill repeals the Online Prescribing, Dispensing, and Facilitation Licensing Act. This license type was created in 2010 to assist in online prescribing and allowed for online contract pharmacies to be permitted in Utah. However, with the growth and changes to e-prescribing and telehealth services, this license type is obsolete. Additionally, no entity has maintained this license type in several years.

### **Opioid Dispensing Requirements**

#### **HB 288**

This bill requires a pharmacist who dispenses opioids to a patient to: (1) provide patient counseling on the use and availability of opioid antagonists and (2) offer an opioid antagonist to the patient or the patient's representative for certain opiate prescriptions.

**58-37-7 Labeling and packaging controlled substance – Informational pamphlet for opiates – Naloxone education and offer to dispense.**

(3) (b) beginning January 1, 2024:

- (i) offer to counsel the patient or the patient’s representative on the use and availability of an opioid antagonist as defined in [Section 26-55-102](#); and
- (ii) offer to dispense an opioid antagonist as defined in [Section 26-55-102](#) to the patient or the patient’s representative, under a prescription from a practitioner or under [Section 26-55-105](#), if the patient:

- (A) receives a single prescription for 50 morphine milligram equivalents or more per day, calculated in accordance with guidelines developed by the United States Centers for Disease Control and Prevention;
- (B) is being dispensed an opioid and the pharmacy dispensed a benzodiazepine to the patient in the previous 30 day period; or
- (C) is being dispensed a benzodiazepine and the pharmacy dispensed an opioid to the patient in the previous 30 day period.

**Pharmaceutical Amendments**

[Senate Bill \(SB\) 193](#)

This bill authorizes a physician to issue orders regarding methadone under certain circumstances.

**58-37-23. Methadone orders authorized.**

(1) As used in this section:

- (a) “Emergency medical order” means a medical order as defined in [Section 58-17b-102](#) for up to a 72-hour supply of methadone.
- (b) “General acute hospital” means the same as that term is defined in [Section 26-21-2](#).
- (c) “Qualified pharmacy” means a pharmacy that is located on the premises of a general . . .
  - (i) class A pharmacy as defined in [Section 58-17b-102](#); or
  - (ii) class B pharmacy as defined in [Section 58-17b-102](#).
- (d) “Qualified practitioner” means a practitioner who:
  - (i) is registered with the United States Drug Enforcement Administration to issue an emergency medical order; and
  - (ii) is working at a general acute hospital.

(2) A qualified practitioner may issue an emergency medical order to a qualified pharmacy to dispense up to a 72-hour supply of methadone on behalf of the qualified practitioner:

(a) to relieve acute withdrawal symptoms while the qualified practitioner makes arrangements to refer the patient for substance use disorder treatment; and

(b) in accordance with 21 C.F.R. Sec. 1306.07 and applicable regulation or guidance issued by the United States Drug Enforcement Administration regarding an emergency medical order.

### **Boards and Commissions Modification**

#### **SB 123**

This bill repeals the Online Prescribing, Dispensing, and Facilitation Licensing Board. In combination with HB 152 being repealed, there is no longer a need for the Board to exist.

### **SafeUT**

Would you like to chat with someone confidentially to help you with any problems you are facing? Download the free SafeUT Frontline app from your smartphone's app store. The SafeUT Frontline app provides a way to connect to licensed mental health professionals trained to help you deal with the unique challenges faced by first responders on a daily basis. Support for you and your family is always available at no cost through the SafeUT Frontline app.

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