

FAQs - Rules for Opioid Prescribing and Treatment

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Do these rules apply to all licensed health care institutions or are any classifications exempt?

This rules package applies to all licensed health care institution classes and subclasses. There are no exemptions.

The rules do not apply to patients who have a terminal condition as defined in [R9-10-120-A.5](#). "Terminal condition" means the final stage of an incurable or irreversible ailment, caused by injury, disease, or illness and from which, to a reasonable degree of medical certainty, there is no recovery.

For inpatient settings, will the requirements apply to prescriptions provided and/or filled at/after discharge?

Yes, the requirements will apply.

Which classes/schedules of opioids are covered under the rules?

All classes/schedules are covered under the rules. There are no exemptions.

The rules exempt opioids for the treatment of a terminal condition. What about trauma patients and critically unstable patients?

Refer to the definition of "Terminal Condition." If the trauma or critically unstable patients meet the definition of "terminal condition," the rules would not apply.

Can providers use a controlled substance agreement with a patient in lieu of informed consent?

If the components of the required informed consent are found in the controlled substance agreement, the intent of the rules would be met.

On the subject of informed consent, does the provider, inpatient and outpatient, need to have a conversation prior to prescribing or ordering an opioid as an outpatient or administering it as an inpatient, or both? Or is the intent of "informed consent" meant to be that the provider, before writing or ordering an outpatient opioid prescription (in the clinic, urgent care, ED, upon hospital discharge) needs to have a conversation with the patient and document that this was done?

Refer to the definition of "Informed Consent" found in A.A.C. R9-10-101.102.

"Informed consent" means:

- Advising a patient of a proposed treatment, surgical procedure, psychotropic drug, or diagnostic procedure; alternatives to the treatment, surgical procedure, psychotropic drug, or diagnostic procedure; and associated risks and possible complications; and
- Obtaining documented authorization for the proposed treatment, surgical procedure, psychotropic drug or diagnostic procedure from the patient or the patient's representative.

Are these rules temporary or permanent?

The [final rules in 24 A.A.R 657](#) are permanent, and became effective March 6, 2018.