

Addressing a Public Health Emergency: Taking Action on Arizona's Opioid Crisis

May 17, 2018

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Arizona Department of Health Services**



ARIZONA DEPARTMENT
OF HEALTH SERVICES

On June 5, 2017,
Arizona Governor Doug Ducey declared a
State of Emergency
due to an opioid overdose epidemic

Governor Ducey Declares Statewide Health Emergency In Opioid Epidemic

News Release

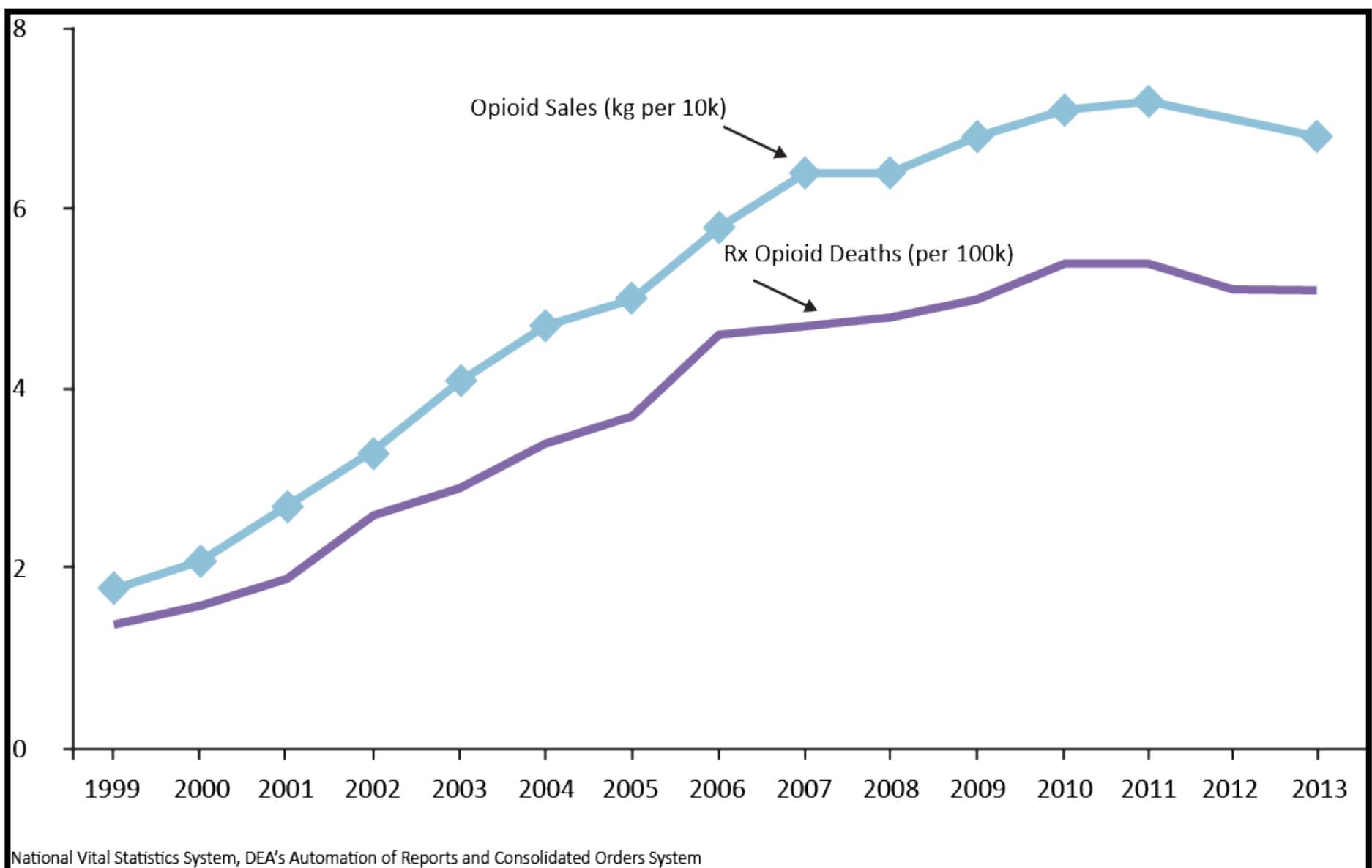
June 5, 2017 [f](#) [t](#) [G+](#) [in](#) [p](#)

As the number of opioid overdoses and deaths increase at an alarming rate, we must take action."

PHOENIX — Governor Doug Ducey today signed an emergency declaration to address the growing number of opioid deaths in our state.

How did we get here?





National Vital Statistics System, DEA's Automation of Reports and Consolidated Orders System



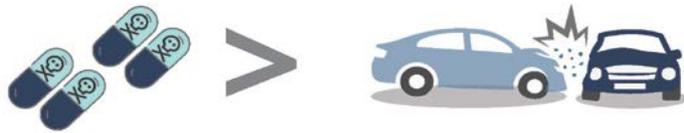
consumes **80 %** of the global opioid supply

431 MILLION

opioid pills were prescribed in 2016

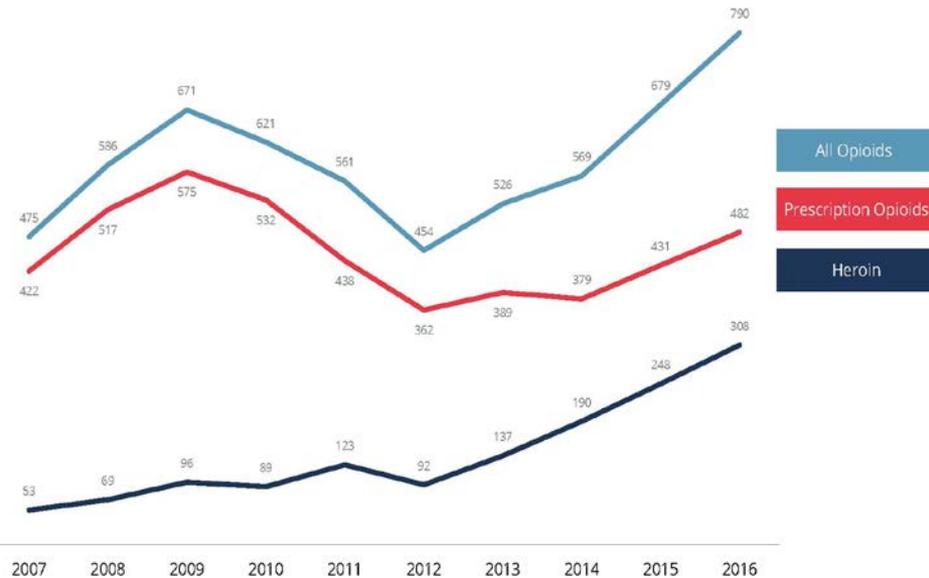
enough for **every** Arizonan to have a **2.5 week supply**

74% increase in opioid deaths in Arizona since 2012



Drug overdoses* take **more lives** than car crashes in Arizona

*Includes overdoses from opioids, cocaine, meth, marijuana, and other illicit drugs.



ADHS Responsibilities

- Enhanced Surveillance
- Emergency rule-making for licensed health care institutions for opioid prescribing and treatment practices
- Opioid Prescribing Guidelines
- Training local law enforcement agencies on administering naloxone
- Report findings and recommendations to Governor by September 5, 2017



What have we learned from the enhanced surveillance?



Opioid Surveillance

June 15 – May 10

1,213

suspect opioid
deaths

7,730

suspect opioid
overdoses

743

neonatal
abstinence
syndrome

16,007

naloxone doses
dispensed

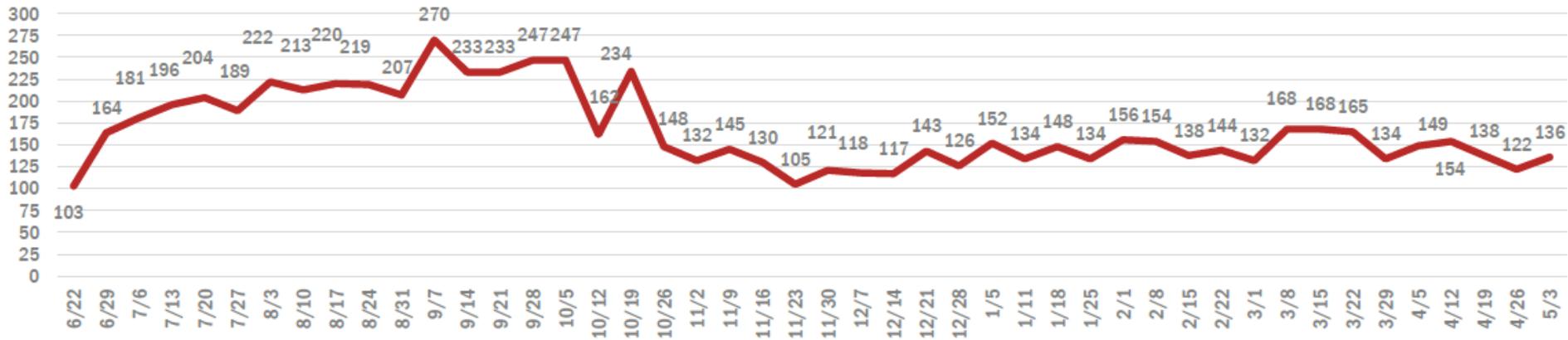
5,125

naloxone doses
administered

Updates posted at www.azhealth.gov/opioid

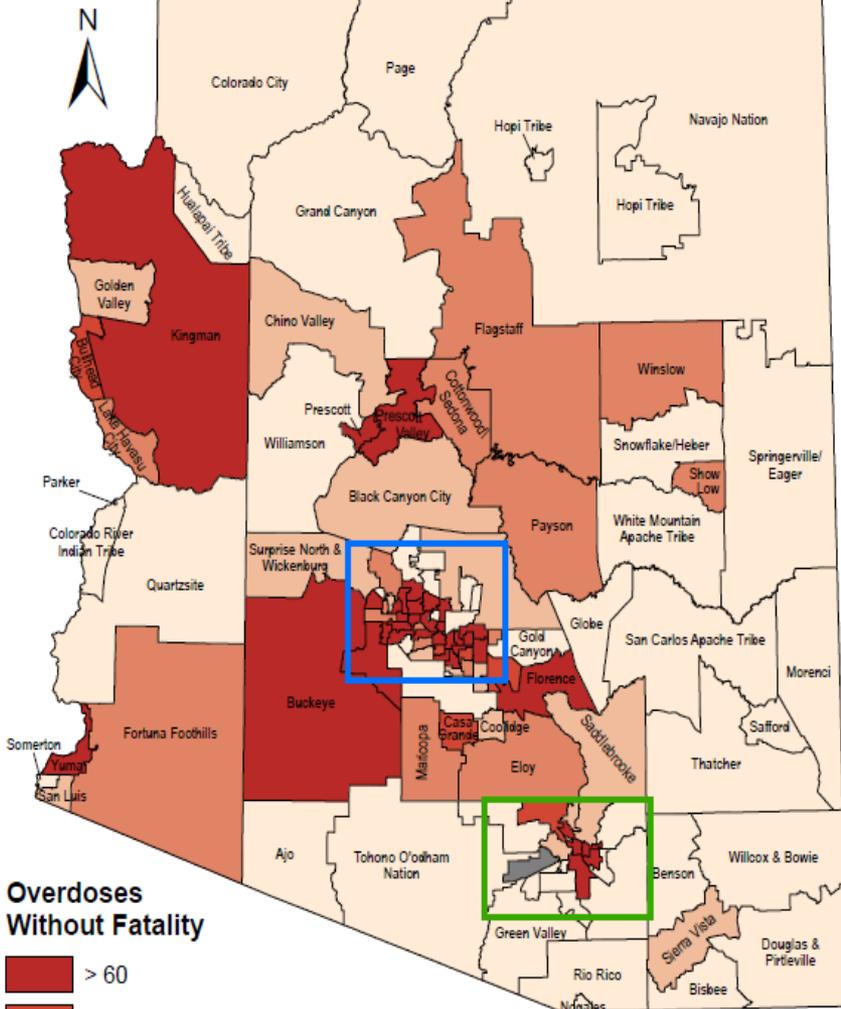
Opioid Surveillance

The number of possible opioid overdoses reported weekly* has ranged from **103** to **270**.



* Reported through 5/3 due to 5 business day reporting lag

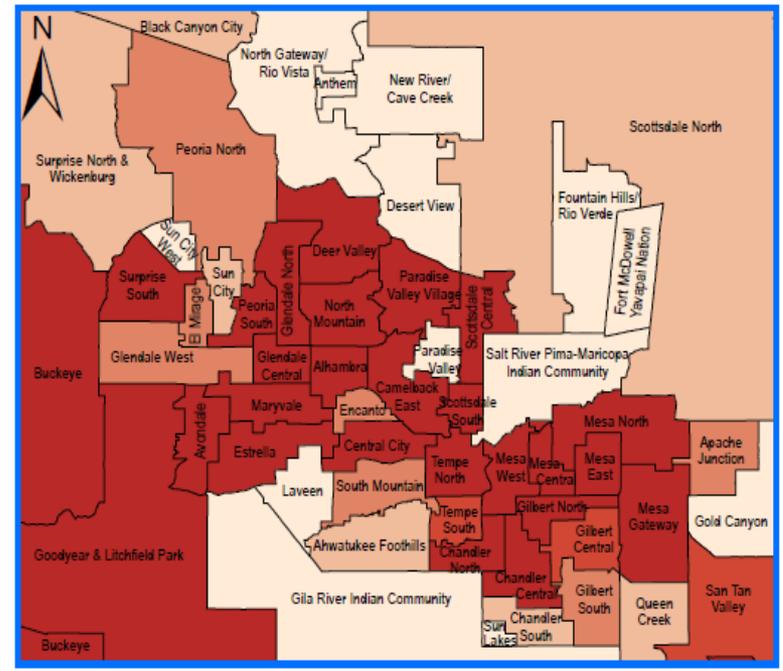
Number of Suspected Opioid Overdose Related Events Without Fatality by Primary Care Area (PCA), June 15, 2017 - May 10, 2018*



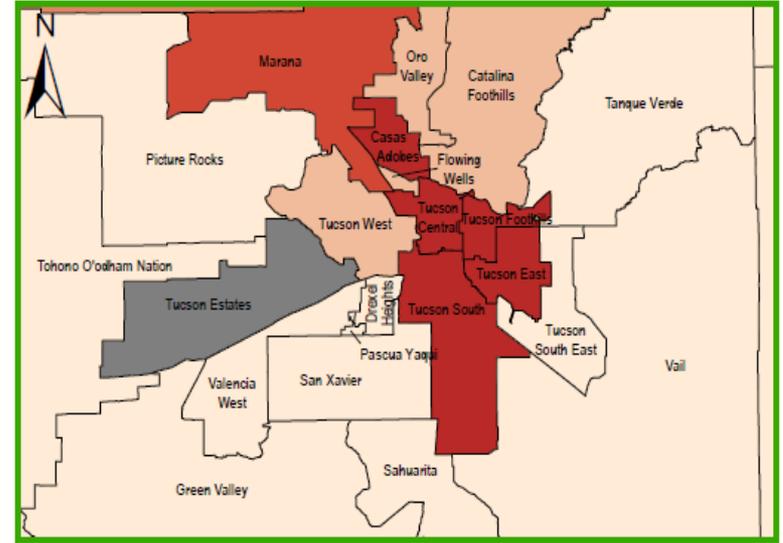
*564 overdoses (8.7%) were not assigned a PCA

ARIZONA DEPARTMENT OF HEALTH SERVICES
Data Source: AZ-PIERS and MEDSIS

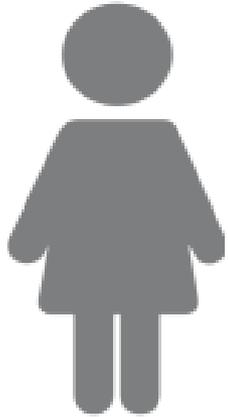
Metro Phoenix



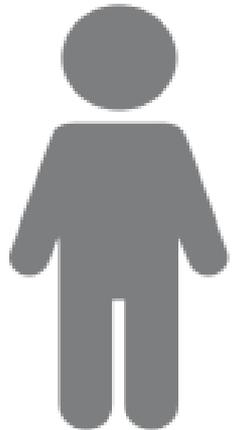
Metro Tucson



The majority of possible opioid overdoses reported during the enhanced surveillance period were **male**.

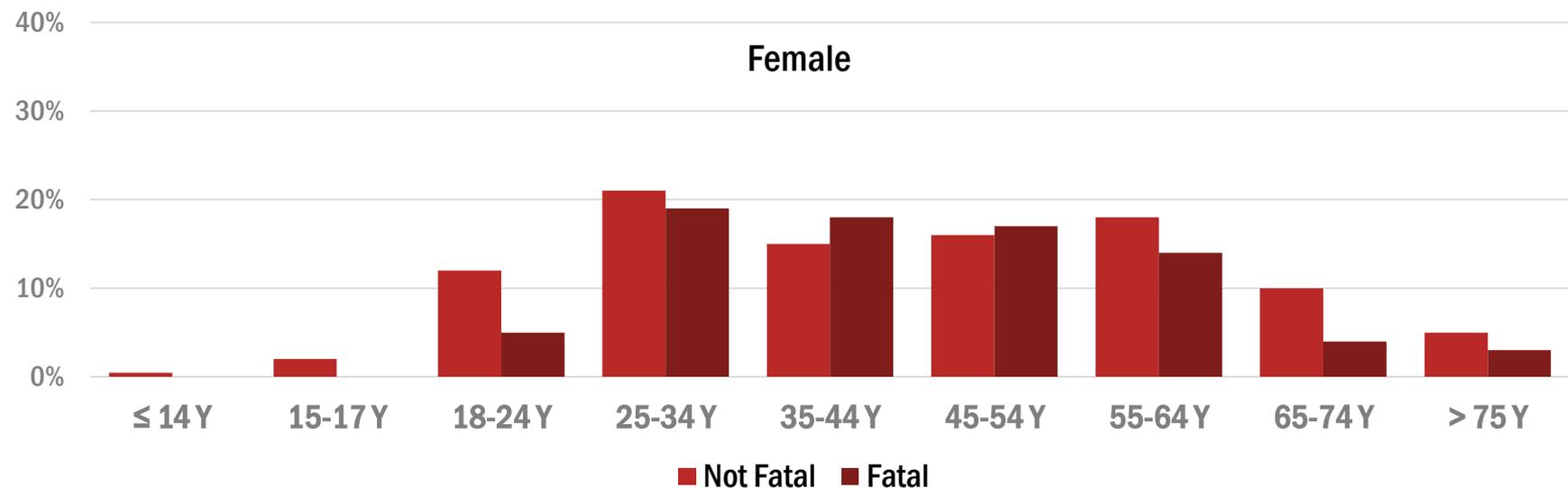
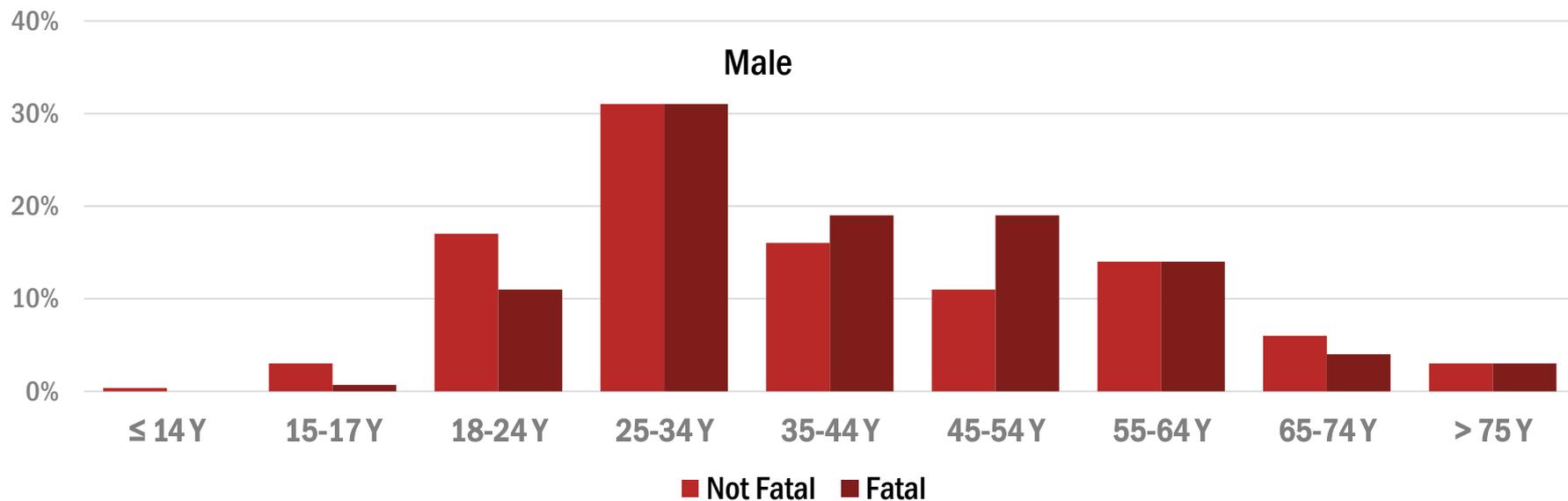


41%



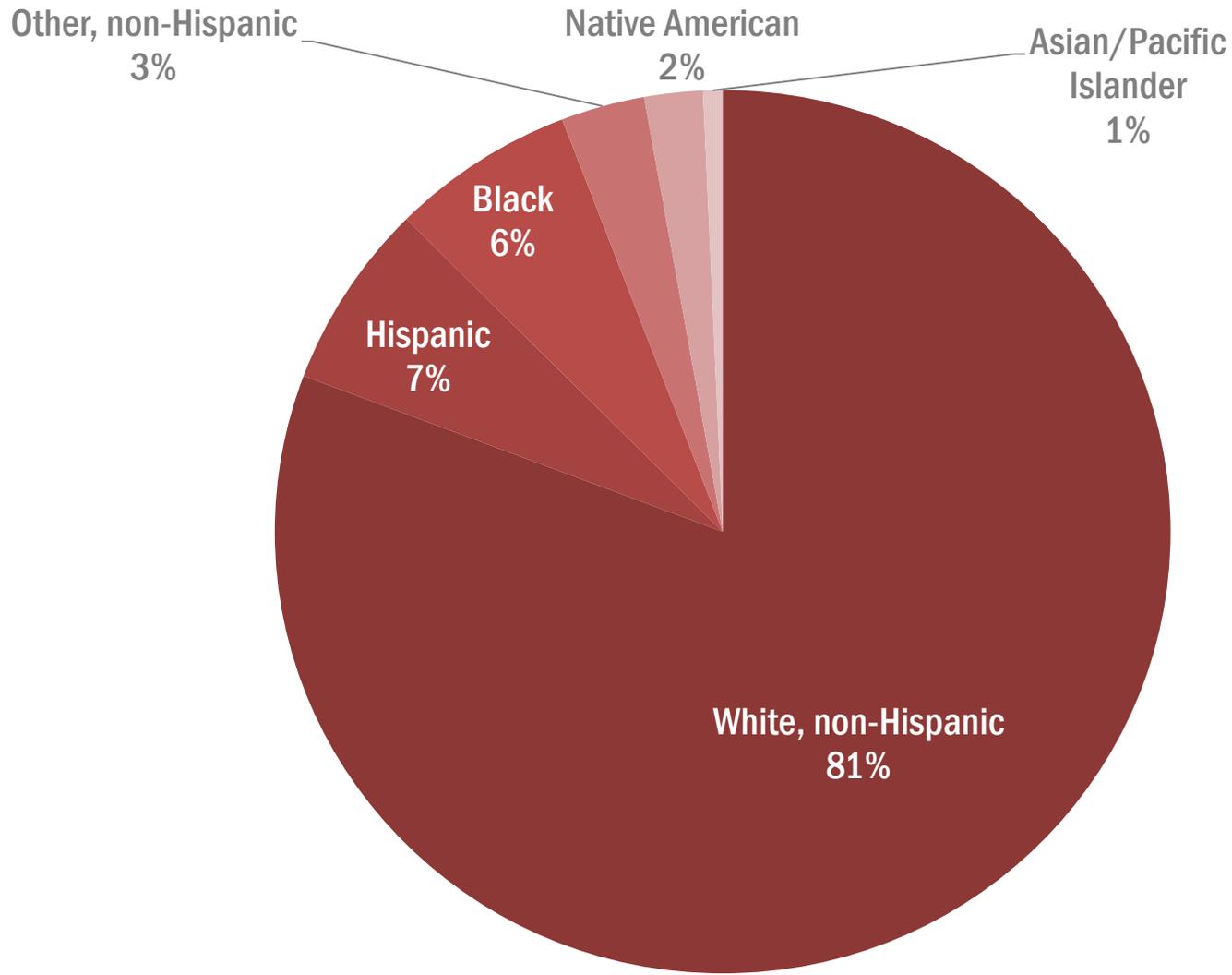
59%

6,894 possible opioid overdoses were reported to public health between June 15, 2017- March 29, 2018.



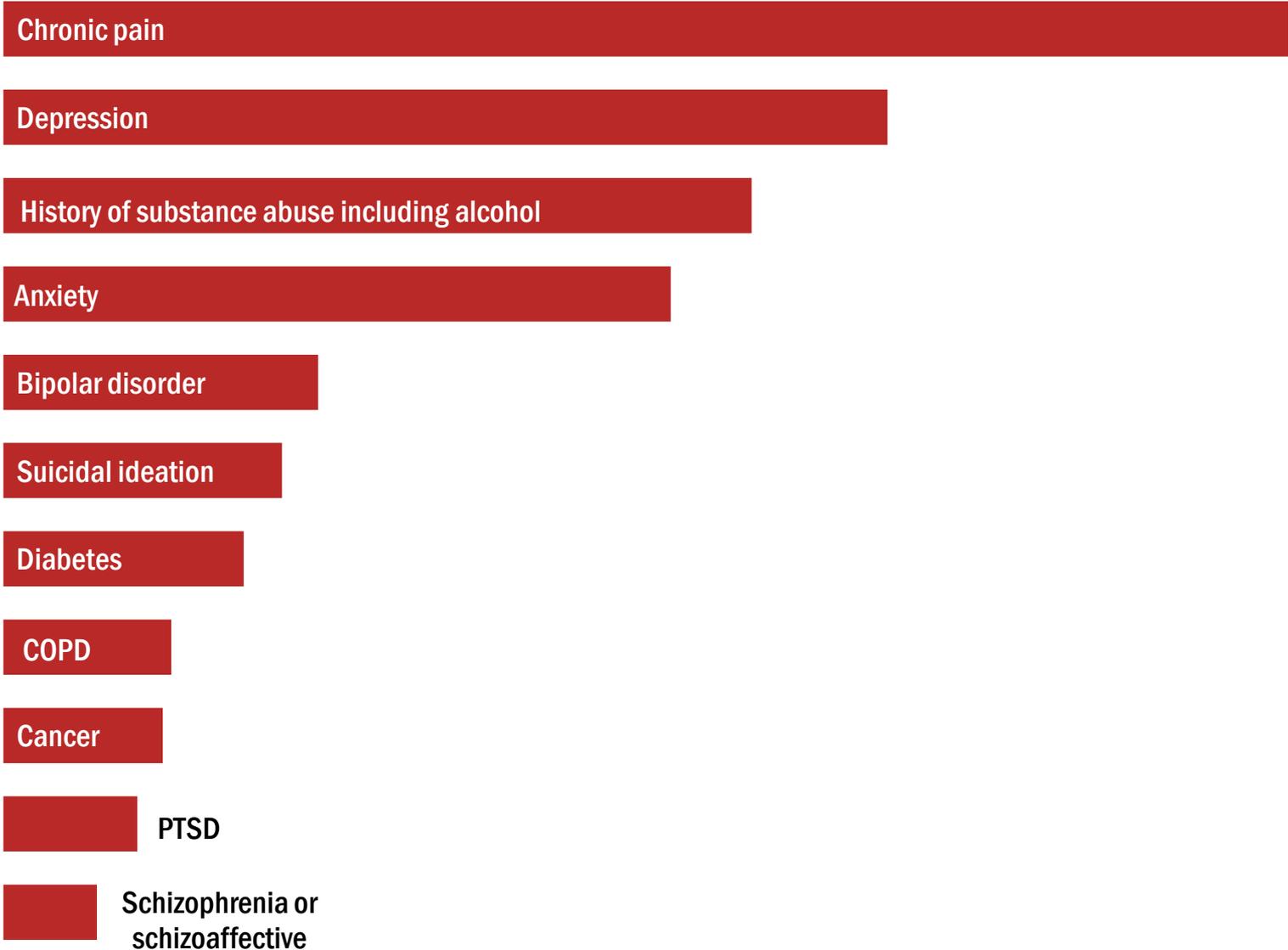


The of the cases that had race/ethnicity reported **81%** were white, non-Hispanic. But **4049 (58%)** cases had missing information





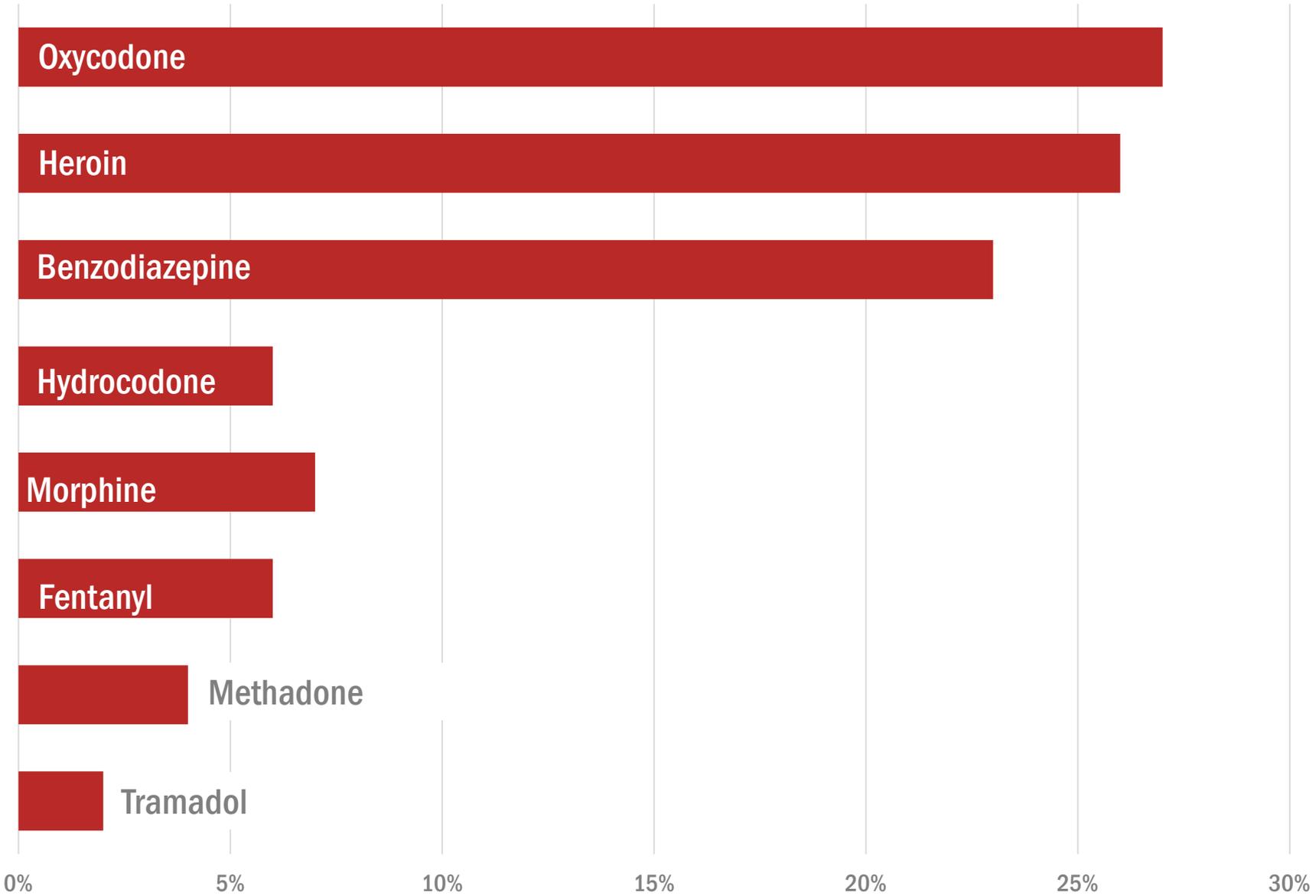
Chronic pain was the most common pre-existing condition for overdoses determined to be due to opioids during review.



0 100 200 300 400 500 600 700

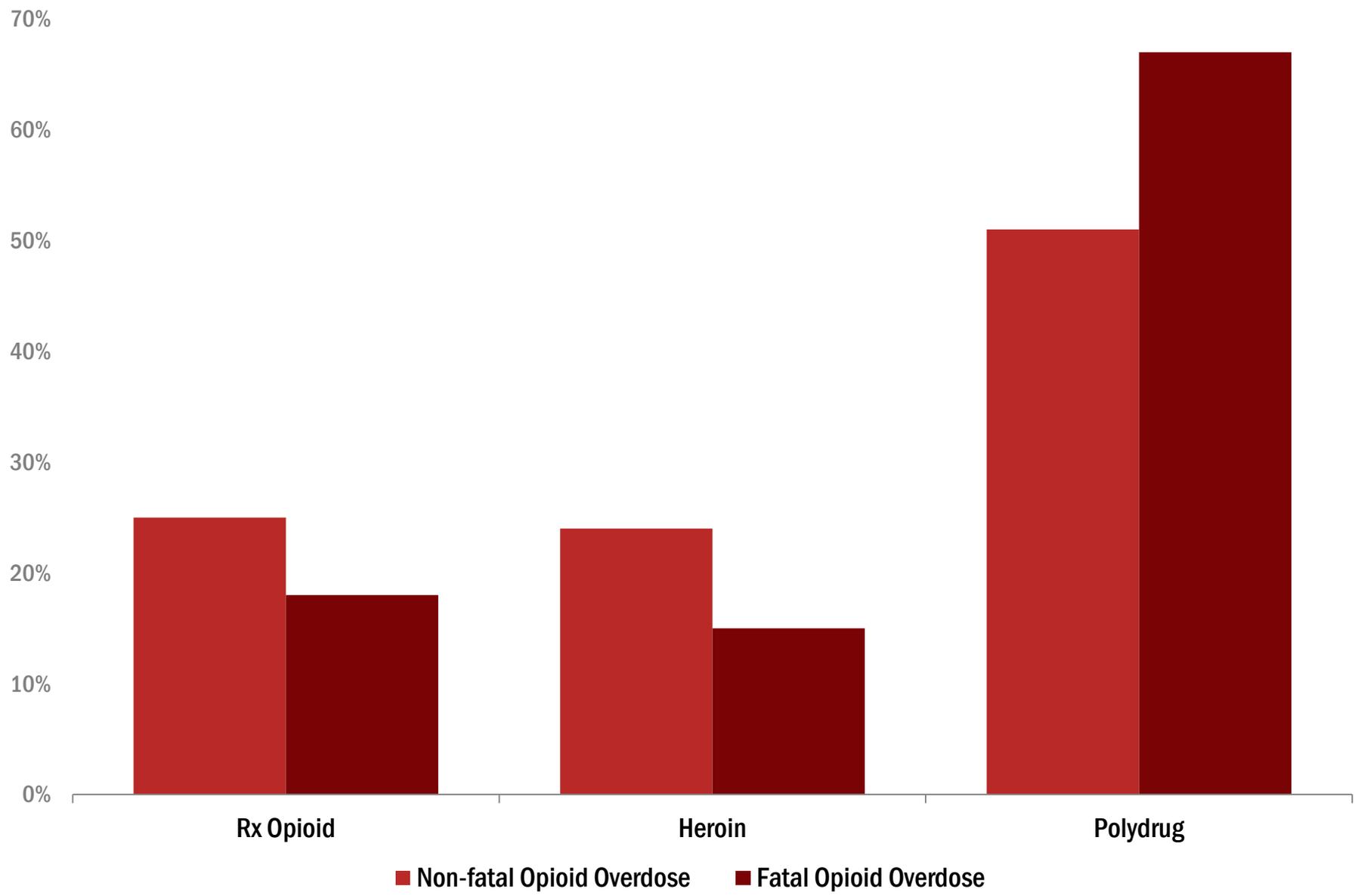


Heroin and oxycodone were the drugs most commonly noted in overdoses determined to be due to opioids during review.

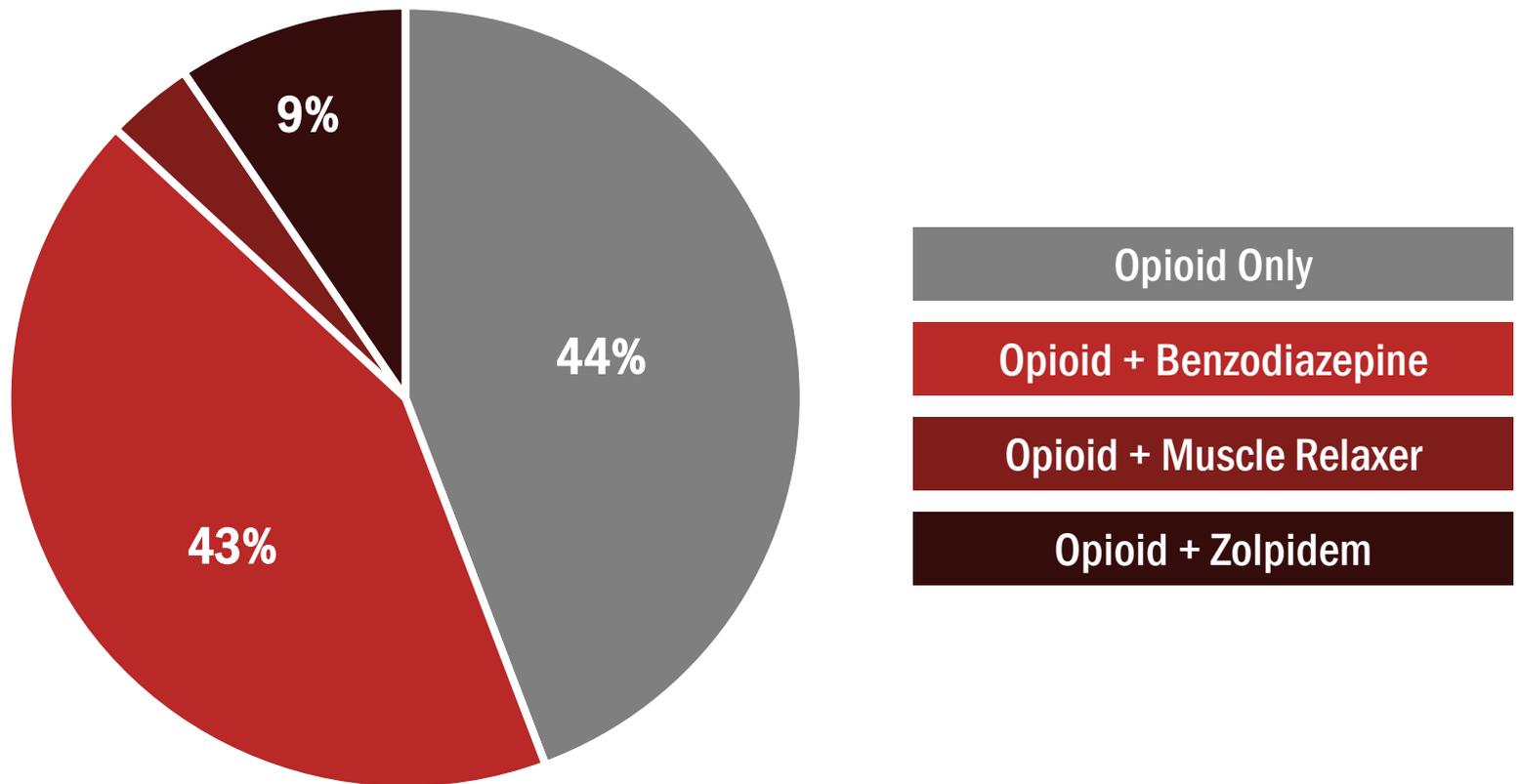




25% of non-fatal opioid overdoses were due to prescription opioids alone. 67% of fatal overdoses involved opioids and at least one other drug



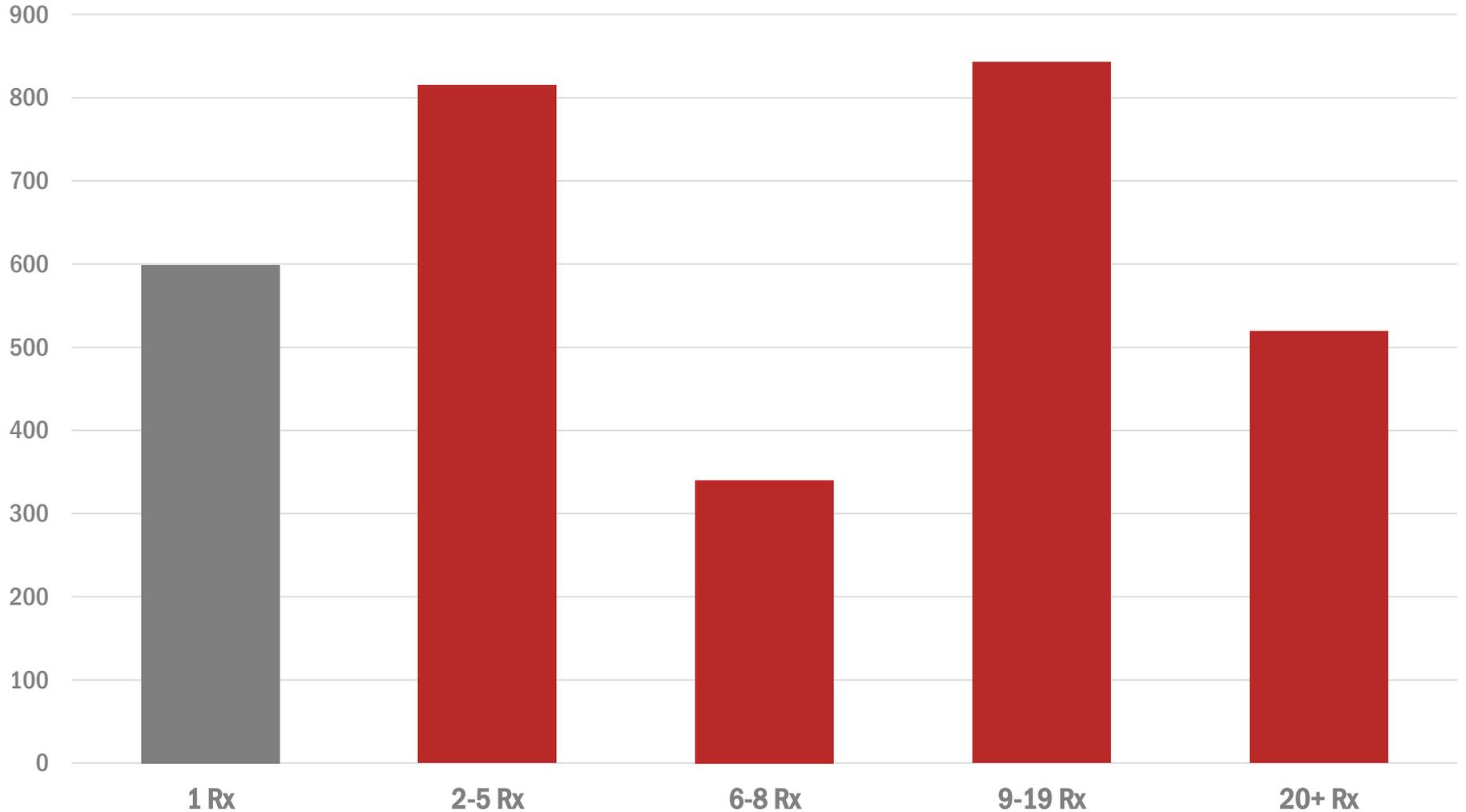
The most common drug combination that was prescribed [†] to individuals who had a possible opioid overdose in the enhanced surveillance period was **opioids and benzodiazepines**.



[†] Prescription Drug Monitoring Program (PDMP) data from January 1, 2017 – February 6, 2018



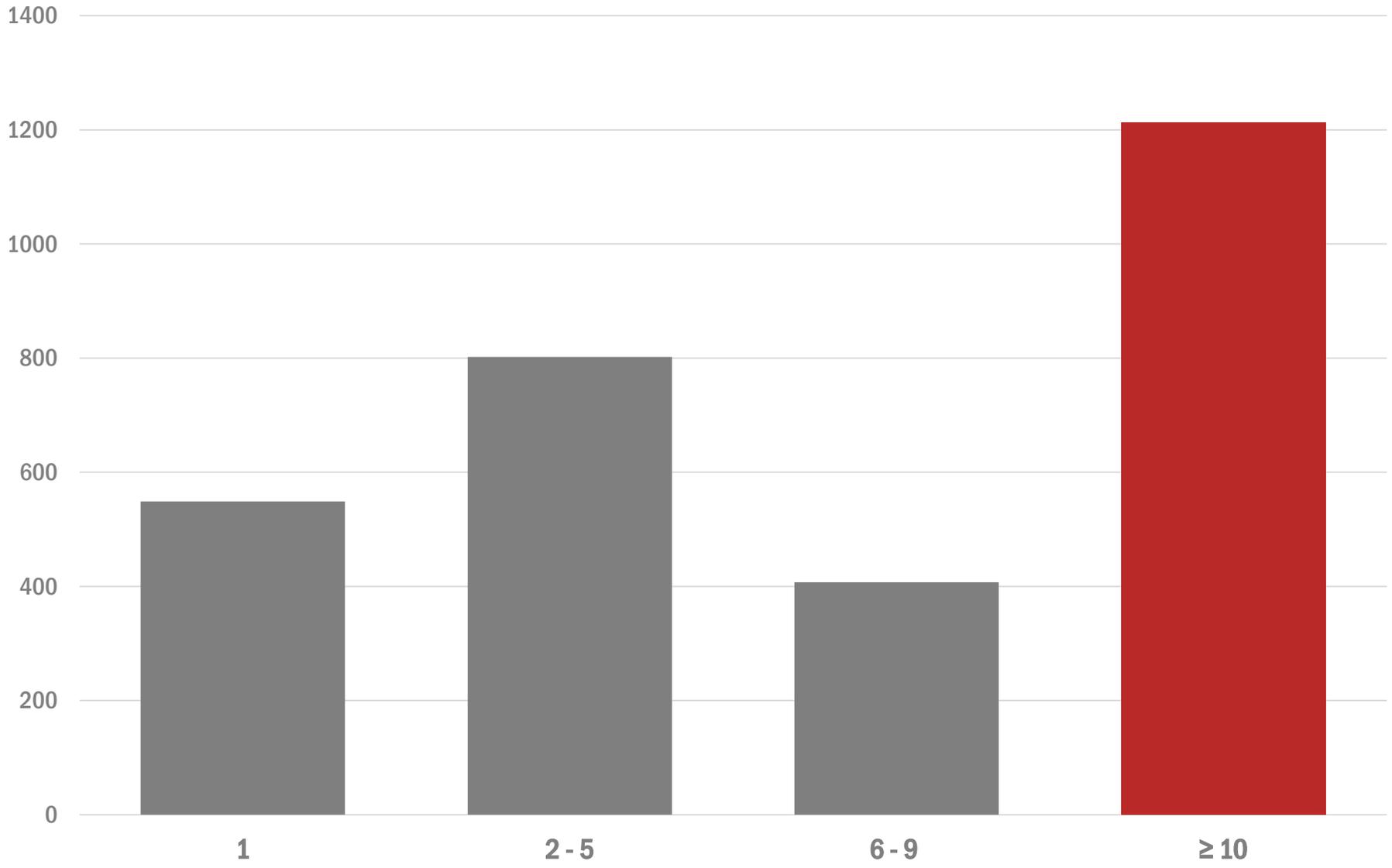
In between January 1, 2017, and March 26, 2018, **3,116 (80%)** of individuals who had an opioid overdose during the enhanced surveillance period had **more than one** opioid prescription.



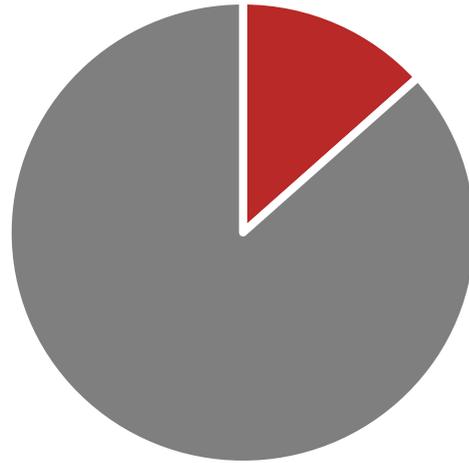
†Prescription Drug Monitoring Program (PDMP) data



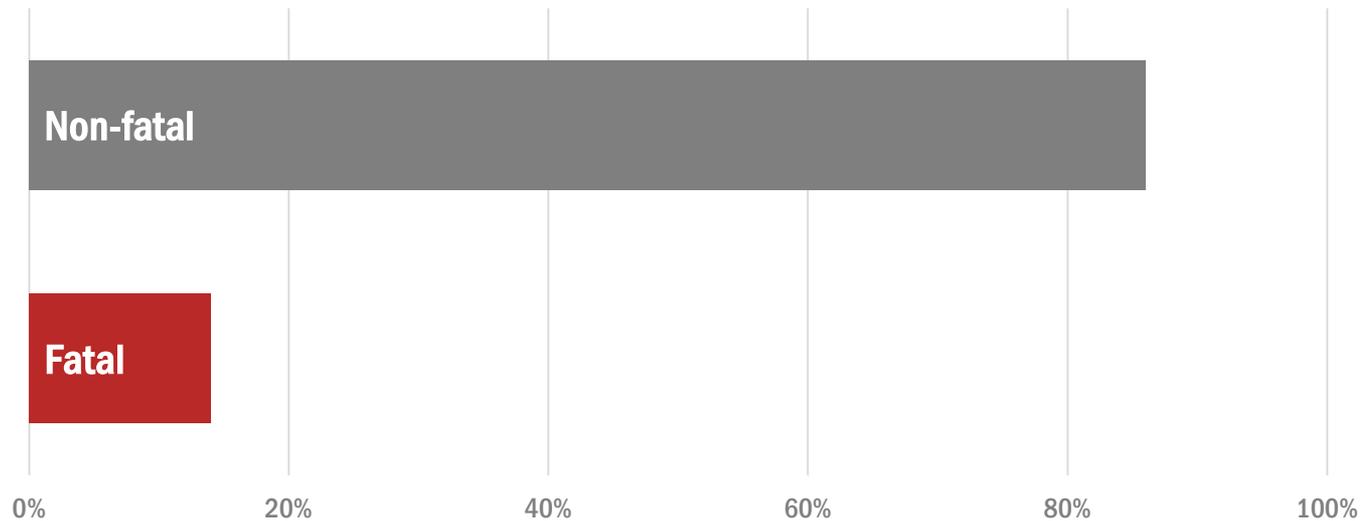
41% of individuals who experienced an overdose during the enhanced surveillance period had **10 or more** providers prescribe opioids between January 1, 2017-March 26, 2018.



13% of individuals with a possible opioid overdose during the enhanced surveillance period were hospitalized in 2016 with an opioid-related cause.

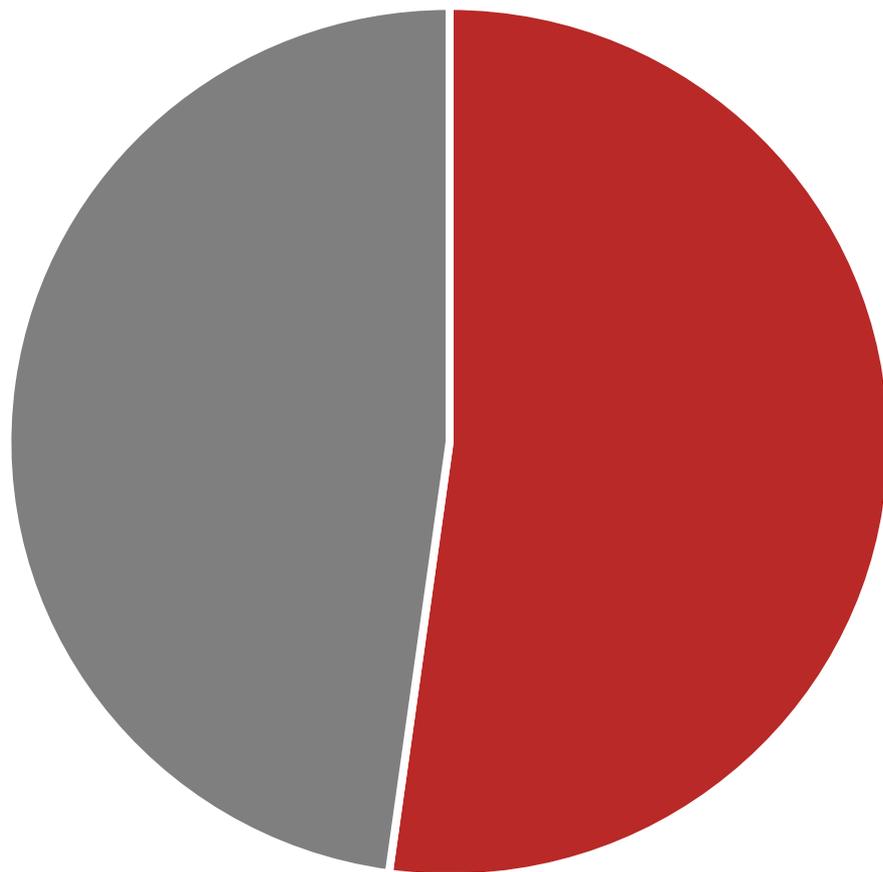


And of those hospitalized with an opioid-related cause in 2016, **14%** resulted in a fatal overdose during the enhanced surveillance period.



Neonatal Abstinence Syndrome

668 Neonatal abstinence syndrome (NAS) have been reported from June 15, 2017 – March 29, 2018



52% of mothers of NAS cases were being medically supervised while taking opioids while pregnant.

Tribal Affiliation

- **47** fatal and non-fatal overdose cases had Tribal affiliation reported
- **5** neonatal abstinence syndrome cases had Tribal affiliation reported

Residence on Tribal land

- **11** fatal and non-fatal overdose cases had their residence on Tribal land
- **6** neonatal abstinence syndrome cases

Cases on Tribal lands are undercounted.

Office of Injury Prevention addressed this by:

Creating a stand alone data base that can be used by Tribes to do their own overdose and neonatal abstinence syndrome surveillance

- Database is not connected to ADHS
- Reporting data to ADHS is not required
- Database can be customized for your community

For more information, e-mail: azopioid@azdhs.gov

ADHS Responsibilities

- Initiate emergency rule-making for opioid prescribing and treatment practices

NOTICES OF EMERGENCY RULEMAKING
TITLE 9. HEALTH SERVICES
CHAPTER 10. DEPARTMENT OF HEALTH SERVICES
HEALTH CARE INSTITUTIONS: LICENSING

[R17-142]

PREAMBLE

- | <u>1. Article, Part, or Section Affected (as applicable)</u> | <u>Rulemaking Action</u> |
|--|---------------------------------|
| R9-10-120 | New Section |
| <u>2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):</u>
Authorizing statutes: A.R.S. §§ 36-132(A)(1), 36-136(F)
Implementing statutes: A.R.S. §§ 36-132(A)(17), 36-405(A) and (B) | |
| <u>3. The effective date of the rule:</u>
July 28, 2017 (upon the filing of the Approval of Emergency Rulemaking and the Notice of Emergency Rulemaking with the Office of the Secretary of State by the Office of the Attorney General. An exception from the effective date provisions in A.R.S. § 41-1032(A) is necessary to preserve public health by immediately addressing the epidemic of opioid overdose deaths occurring in Arizona). | |

Opioid Prescribing & Treatment Rules

- Establish, document, and implement policies and procedures for prescribing, ordering, or administering opioids as part of treatment
- Include specific processes related to opioids in a health care institution's quality management program; and
- Notify the Department of a death of a patient from an opioid overdose.

Opioid Prescribing & Treatment Rules

Includes:

- Conducting a physical exam
- Checking the Controlled Substances Prescription Monitoring Program (CSPMP)
- Conducting a substance use risk assessment
- Obtaining informed consent

New rules went into effect March 6 for [Opioid Prescribing and Treatment](#) for licensed health care institutions.

Opioid Reporting Rules

- ADHS issued emergency rules for continued, ongoing reporting effective Oct. 9; requires reporting within 5 business days
- New rules went into effect on April 5 for continued [reporting](#) of suspected opioid overdoses, naloxone dispensed and administered and suspected cases of neonatal abstinence syndrome.

Naloxone Distribution

To date, ADHS has distributed **6,316 kits** of naloxone to 63 **law enforcement agencies.**

NALOXONE REQUEST FORM		
 <small>ARIZONA DEPARTMENT OF HEALTH SERVICES</small>	Law enforcement agencies whose staff have completed opioid overdose recognition and treatment training consistent with ADHS or AZ-POST standards are eligible for free naloxone.	
AGENCY INFORMATION	Agency Name: _____	
	Agency SHIPPING address: _____	
	Agency Director Name: _____	
	Contact Email: _____	
	Agency Size: _____	
TRAINING INFORMATION	Training Date(s): _____	
	Trainer Name(s): _____	
	Number of staff Trained: _____	
NALOXONE REQUESTED	Description: Narcan Nasal Spray 2/pack	Quantity Requested: _____
AGENCY DIRECTOR SIGNATURE	_____	DATE: _____

You may submit completed application multiple ways:

- Email: azopioid@azdhs.gov
- Fax: 602-364-1494 Attn: Naloxone Distribution, Office of Injury Prevention
- Mail: ADHS Office of Injury Prevention
Naloxone Distribution Program
150 N. 18th Ave., Suite 320
Phoenix, AZ 85007

Questions? Email azopioid@azdhs.gov or call Tomi St. Mars, 602-542-7340



Naloxone – Public Information

What is an opioid overdose?

An overdose occurs when a person takes too many opioids, passes out and has no or very slow breathing (i.e., respiratory depression).

How to identify an opioid overdose:

- Heavy nodding, deep sleep, hard to wake up, or vomiting
- Slow or shallow breathing (less than 1 breath every 5 seconds), snoring, gurgling, or choking sounds
- Pale, blue or gray lips, fingernails, or skin
- Clammy, sweaty skin

Common opioids include:

GENERIC	BRAND NAME
Heroin	N/A
Hydrocodone	Vicodin [®] , Lorcet [®] , Lortab [®] , Norco [®] , Zohydro [®]
Oxycodone	Percocet [®] , OxyContin [®] , Roxicodone [®] , Percodan [®]
Morphine	MSContin [®] , Kadian [®] , Embeda [®] , Avinza [®]
Codeine	Tylenol [®] with Codeine, TyCo, Tylenol #3
Fentanyl	Duragesic [®]
Hydromorphone	Dilaudid [®]
Oxymorphone	Opana [®]
Meperidine	Demerol [®]
Methadone	Dolophine [®] , Methadose [™]
Buprenorphine	Suboxone [®] , Subutex [®] , Zubsolv [®] , Bunavail [®] , Butrans [®]

Opioid Safety and Naloxone Use

For Patients and Caregivers



To avoid an accidental opioid overdose:

Do not mix opioids with alcohol, benzodiazepines (Xanax, Ativan, Klonopin, Valium), or medicines that make you sleepy.

Now that you have naloxone —

Let someone know where it is and how to use it.

For more information, visit www.azhealth.gov/opioid



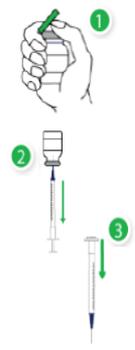
In case of overdose:

- 1 CALL 911 - Give naloxone**
If no reaction in 3 minutes, give second naloxone dose if available
- 2 Rescue breathing or chest compressions**
Follow 911 dispatcher instructions
- 3 After naloxone**
Stay with person for at least 3 hours or until help arrives

Injection

VIAL

- 1—Flip off the cap to reveal latex seal.
- 2—Turn vial upside down. Pull plunger to draw up liquid.
- 3—Inject into muscle. Press plunger all the way down to trigger safety. (retraction)



AMPULE

- 1—Tap ampule to send all liquid to the bottom.
- 2—Pull plunger to draw up liquid.
- 3—Inject into muscle. Press plunger all the way down to trigger safety. (retraction)



Nasal spray

1—Remove naloxone nasal spray from the box.

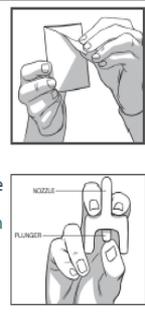
2—Peel back the tab with the circle to open the naloxone nasal spray.

3—Hold the naloxone nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

4—DO NOT PRIME OR TEST THE SPRAY DEVICE. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose.

5—Press the plunger firmly to give the dose. Remove the spray device from the nostril.

6—If no reaction in 2-3 minutes or if person stops breathing again, give the second dose of naloxone in the OTHER nostril using a NEW spray device.



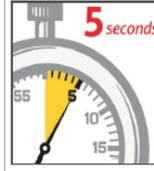
Auto-injector

1—Pull the auto-injector from the outer case.

2—Pull firmly to remove the red safety guard (do not touch the black base).

3—Place the black end against the middle of the outer thigh, through clothing if necessary, then press firmly and hold in place for 5 seconds.

4—If no reaction in 2-3 minutes or if the person stops breathing again, give the second dose of naloxone using NEW auto-injector.



Opioid Action Plan: Opioid Overdose Epidemic Response Report



Governor Ducey's Goal Council 3: Healthy People, Places and Resources



Happy & Healthy Citizens

Goal Council Structure

Governor's Leadership Team



Core Team: chair, subgroup team leads, Governor's office



Subgroup

Subgroup

Subgroup

Subgroup

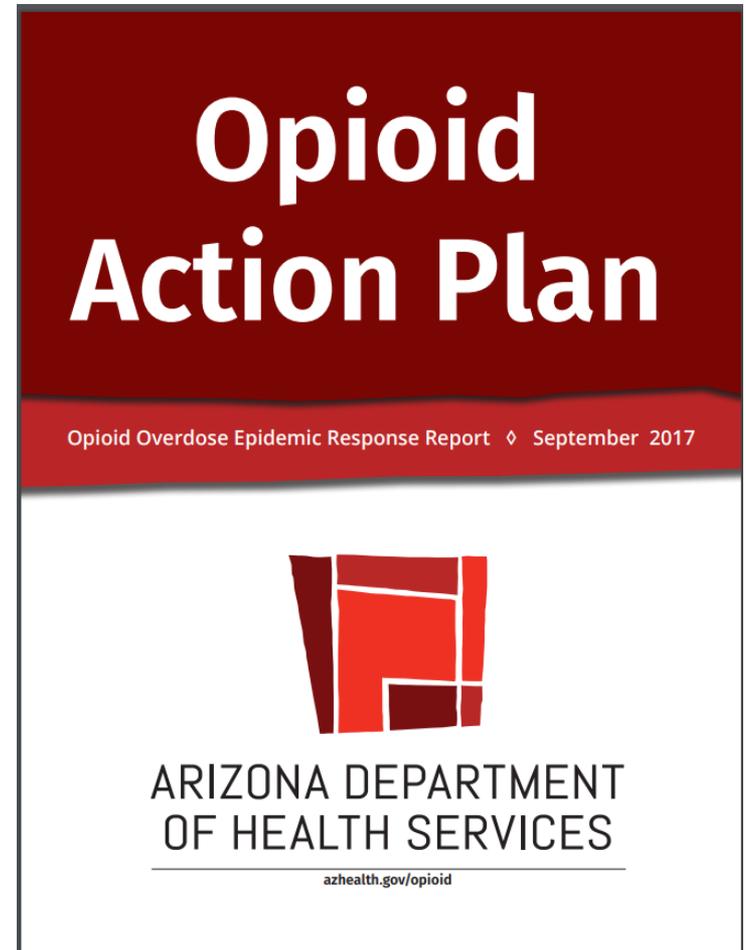
Subgroup



Formulate Ideas & Implement Actions

Opioid Action Plan

- Strategic Plan
- Summary of Response Activities
- Recommendation Briefs
- Opioid Action Plan Scorecard
- Opioid Data Summary
- Goal Council Subgroup Recommendations



Opioid Action Plan

Goal	Recommendations	Progress to Date (May 2018)
Improve Prescribing & Dispensing Practices	Establish a Regulatory Board work group to identify prescribing trends and discuss enforcement issues.	ADHS convened the first meeting of the Regulatory Board work group on Dec. 19. Action plan due June 30.
	Establish a taskforce to identify specific improvements that should be made to enhance the Arizona Controlled Substances Prescription Monitoring Program (CSPMP) .	The Arizona Board of Pharmacy convened the taskforce and identified a set of initial improvements regarding registration of prescribers and improved outreach, technical assistance, and education.

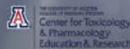
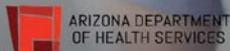
Opioid Action Plan

This clinical service can assist providers with the management of:

Opioid Assistance & Referral

A free 24/7 hotline that assists providers with complex patients with pain and opioid use disorders, answered by medical experts at the Poison and Drug Information Centers in Arizona.

Arizona **OAR** Line
1-888-688-4222



The OAR Line is joint project between the Arizona Department of Health Services, the Arizona Health Care Cost Containment System and Poison and Drug Information Centers in Arizona.

- Patients taking high numbers of morphine milligram equivalents (MME)
- Patients that require an exit strategy from their current opioid regimen
- New patients on multiple controlled substances
- Patients with challenging pain and mental health/substance use comorbidities
- Patients with acute opioid overdose or toxicity
- Patients with acute opioid or benzodiazepine withdrawal
- Patients that require MAT
- Patients that require local referrals to behavioral health or substance use disorder treatment

Opioid Action Plan

Goal	Recommendations	Progress to Date (May 2018)
Improve Access to Treatment	Establish a work group to identify, utilize, and build upon Arizona’s existing peer recovery support services .	AHCCCS has convened the peer support work group.
	Convene an Insurance Parity Task Force to research and provide recommendations regarding parity and standardization across the state.	Insurance Parity Task Force was convened December 12. The Task Force conducted a survey of current insurance coverage related to pain management and opioid use disorder treatment. Recommendations due June 30.

Opioid Action Plan

Goal	Recommendations	Progress to Date (May 2018)
Improve Access to Treatment	Increase access to naloxone and Vivitrol for individuals leaving state and county correctional institutions and increase access to MAT therapy for individuals with opioid use disorder while incarcerated.	ADHS surveyed correctional facilities to determine interest in having naloxone program and completed analysis of formerly incarcerated individuals who overdosed after release. Working on overdose prevention video.
	Require all undergraduate and graduate medical education programs to incorporate evidence-based pain management and substance-use disorder treatment into their curriculum.	ADHS convened health professional schools to develop core components of curriculum.

Opioid Action Plan: Curriculum

- Vision is **To redefine pain + addiction as multidimensional, public health issues that require the transformation of care toward a whole-person approach with a community and systems perspective**
- **WE ARE ATTEMPTING SOMETHING HUGE.**
- **WE HAVE GOOD PARTICIPATION AND INTEREST**
 - 18 schools participating
- We are creating the **FIRST IN THE NATION**
 - Statewide curriculum across all prescriber training programs
 - Curriculum focused around pain + addiction

Opioid Action Plan: Curriculum

- ADHS completed curriculum by May 31, 2018
- ADHS to start work with Medical Boards in June 2018
- ADHS to distribute metrics starting Summer 2018
- ADHS to host Education Summit in Fall 2018
- **Programs to start integration of core components for 2018-2019.**
- Faculty representation to meet together again in **SUMMER 2019** for first follow-up.

Opioid Action Plan

Goal	Recommendations	Progress to Date (May 2018)
<p>Prevent Opioid Use Disorder/ Increase Patient Awareness</p>	<p>Utilize Public Service Announcements (PSAs) to educate patients, providers, and the public regarding opioid use and naloxone.</p>	<p>The Governor’s Office of Youth, Faith, and Family developed new PSAs that began airing in December and are scheduled to continue through 2018. See www.RethinkRxabuse.org</p>
	<p>Create a youth prevention taskforce to identify and implement evidence-based, emerging and best practice substance abuse prevention/early identification curriculum, expand after-school opportunities, and identify resource needs.</p>	<p>The Governor’s Office of Youth, Faith, and Family held the first meeting of the youth prevention taskforce on December 15. Recommendations due June 30.</p>



**ARIZONA OPIOID EPIDEMIC ACT
SENATE BILL 1001
SIGNED JANUARY 26, 2018**



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Access to Treatment



- **Caring For Those Who Have Sought Treatment**

Requires sober living recovery homes to develop policies and procedures that allow individuals on Medication Assisted Treatment (MAT) to continue to receive care in their homes.

- **Enhancing Referrals to Treatment**

Requires healthcare institutions to refer a patient to behavioral health services after receiving emergency services for an overdose.

- **Develop an Inventory of Treatment Facilities**

By Sept. 1, 2018, requires treatment facilities to submit a quarterly report to ADHS including information about the number of days in the quarter that the facility was at capacity and unable to accept referrals for treatment. Requires ADHS to publish a public report (by Dec. 31) with recommendations for improving access to treatment.

- **Closing the Access to Treatment Gap**

Provides an appropriation of \$10 million for providing treatment for uninsured or underinsured Arizonans in need of treatment.



ARIZONA ANGEL INITIATIVE

- By Dec. 31, 2018, require all counties to designate one location where:
 - A person may drop off any legal or illegal drug and drug paraphernalia
 - A person may receive a referral to a substance abuse treatment facility.
- By Dec. 31, 2018, the Governor’s Office of Youth, Faith and Family must report on feasibility of statewide expansion of Angel Initiative

<http://substanceabuse.az.gov/angelinitiative>

Access to Naloxone

- AHCCCS & ADHS shall continue to distribute naloxone kits as necessary
- Allows county health department to provide a naloxone kit to a person who is at risk of experiencing an overdose
- Authorizes ancillary law enforcement (parole/ probation officer, detention officer, crime lab employee, etc) to administer naloxone.



Good Samaritan Law



- Enact a “Good Samaritan” law to encourage people to call 911 for a potential opioid overdose.
 - In other states, similar laws decreased opioid overdose deaths by nine to 11 percent.
- Person seeking medical help for someone experiencing an overdose may not be charged or prosecuted for possession or use of a controlled substance or drug paraphernalia
- Ensures law enforcement can collect contraband and charge for any non-drug related crimes occurring on the scene.
- The law also sunsets in five years, recognizing the immediate emergency Arizona faces.
- ADHS will collect number of 911 telephone calls related to Good Sam law

Opioid Abuse Prevention Campaign

- Provides \$400,600 for ADHS and Governor's Office of Youth, Faith & Family to develop campaign strategies that target youth and at-risk populations.



Prescription opioids can be
addictive and dangerous.

It only takes a little to lose a lot.



[cdc.gov/RxAwareness](https://www.cdc.gov/RxAwareness)

- Appropriates \$400,600 to the Attorney General to award grants for community opioid education and prevention efforts



More Accountability

- **Increasing Oversight**

- Beginning January 1, 2019, requires pain management clinics to meet the same licensure requirements as other DHS licensed healthcare facilities; additional requirements for informed consent, medical director responsibilities, annual record keeping & reporting, and physical examination requirements
- Defines “Pain Management Clinic” as a healthcare institution or private office or clinic in which a majority of patients in any month are prescribed opioids, benzodiazepines, barbiturates or carisoprodol for more than 90-days in a 12-month period; does not include MAT
- Does not include hospitals, urgent care centers, ambulatory surgical centers, hospice facilities or nursing care institutions
- Provides health licensing boards access to prescribing data in the Arizona Controlled Substances Prescription Monitoring Program (CSPMP).

More Accountability

Holding Manufacturers Accountable

- Enact criminal penalties for manufacturers who defraud the public about their products.
- Ensure that a person convicted of fraud involving the manufacture, sale, or marketing of opioids is not eligible for suspension of sentence. Under this plan: if a manufacturer engages in fraudulent activity, they will face prison time.

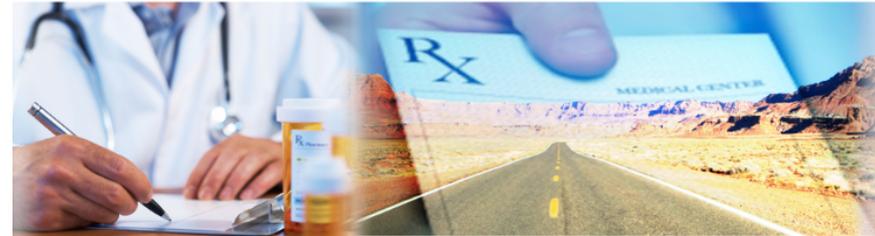


Prescriber Education

- Require at least three hours of opioid-related Continuing Education for clinicians who are licensed to prescribe opioids and have valid DEA number.
- Require medical students to receive three hours of opioid related clinical education to ensure they are equipped with the most current information about prescribing opioids.

Opioid Prescribing CME Courses: Responding to the Public Health Emergency

A series of online courses offering free *AMA PRA Category 1 Credit™* to help Arizona prescribers incorporate into practice the **Arizona Opioid Prescribing Guidelines**.



[CLICK HERE to Get Started and Register Your VLH.com Account](#)

Learning Objectives

- 1 Appropriately utilize a range of therapeutic options when managing patients with acute and chronic non-terminal pain.
- 2 Comply with current opioid risk-management practices, including the use of pain contracts and urine drug testing.
- 3 Educate patients on the proper use, storage, and disposal of opioid medications.
- 4 Use preferred modalities and medications for the treatment of acute and chronic non-terminal pain.
- 5 Assess when it would be appropriate or not for a pregnant patient to undergo medically-supervised withdrawal from heroin.
- 6 Determine the initial post-delivery treatment plan for an infant exposed to maternal methadone during pregnancy.

Developed in Partnership with:

- Arizona Prescription Drug Misuse & Abuse Initiative
- Arizona Department of Health Services
- University of Arizona College of Public Health
- University of Arizona College of Medicine

Supported by CDC Grant Number 1U17CE002717-01 and by a grant from the Arizona Governor's Office for Youth, Faith, and Families (ADHS14-067194:1).

There is increasing evidence that opioid medications are over-prescribed and poorly managed because prescribers are not aware of appropriate opioid risk management strategies and non-opioid approaches to treating chronic pain. These activities seek to familiarize prescribers with current guidelines for opioid use and prescribing, as well as educate prescribers about non-opioid strategies for pain management.

Learners will manage virtual patients in the following courses:

[Introduction to Safe Prescribing of Opioids for Pain Management](#)

[Safe and Effective Opioid Prescribing While Managing Acute and Chronic Pain](#)

[Managing Opioid Misuse Disorder in Pregnancy and Neonatal Care](#)

All courses offer *AMA PRA Category 1 Credit™*.

www.VLH.com/AZPrescribing

E-Prescribing



- E-prescribing allows clinicians to write and transmit prescriptions to a pharmacy electronically.
- Require e-prescribing for Schedule II opioids
 - By Jan. 1, 2019 for counties with over 150,000 people
 - By July 1, 2019 for counties less than 150,000 people
- Does not include MAT
- The Board of Pharmacy may provide a waiver for doctors that face hardships that prevent implementing e-prescribing.
- By Sept. 1, 2018, Board of Pharmacy must report on ability of prescribers to e-prescribe

Responsible Dosage Limits

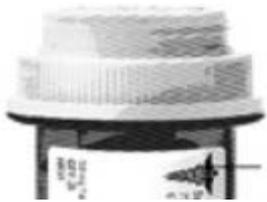
A dose of 50 MME or more per day **doubles** the risk of overdose death, compared to 20 MME or less per day.

At 90 MME or more, the risk increases **10 times**.

Limit opioid dose levels to less than 90 MME/day for most patients, with exemptions :

- This does not apply to a continuation of a prior prescription order issued in last 60 days.
- The limit would not apply to cancer patients, trauma patients, burn patients, hospice, end-of-life care, or medication-assisted treatment for substance use disorder.
- If a clinician believes it is medically necessary for a patient who does not meet one of the above exemptions to receive a daily dose above 90 MME, the clinician may do so if he or she consults with a physician board-certified in pain specialist who approves the recommendation.
 - Consultation may be completed by telephone or through telemedicine.
 - If a consulting physician is unavailable for consultation within 48 hours, the requesting health professional may prescribe in excess of 90 MME and subsequently have the consultation.
- If a physician is board-certified in pain, the physician may issue a prescription above 90 MME without consultation.
- If a patient is issued a new prescription above 90 MME per day, the prescriber must **also prescribe Naloxone** or other opioid antagonists

5-Day Limits on First Fills



**START LOW.
GO SLOW.**

- According to the CDC, for a prescription for acute pain, **three days supply or less of opioid pills is often sufficient**, and more than seven days is rarely needed.
- The **probability of long-term opioid use increases** most sharply in the first days of therapy, particularly **after five days**.

- Place a 5-day limit on initial opioid prescriptions, and 14 day limit following a surgical procedure.
 - Limit would not apply to individuals being treated with opioids in the last 60 days
 - Limit would also exempt cancer patients, patients who experience a traumatic injury, surgery patients, hospice care, end-of-life care, palliative care, nursing care facilities, medication assisted treatment for a substance use disorder, and infants being weaned off opioids at the time of hospital discharge.



Checking the CSPMP

36.3%

of prescribers who prescribed controlled substances have “lookups” in the Controlled Substances Prescription Monitoring Program

(April 2018)

- Changes requirement for prescribers to check the CSPMP and obtain a patient utilization report before prescribing an opioid or benzodiazepine from a prescription of 10 days or more to 5 days or more
- Requires pharmacists to check the CSPMP before dispensing a Scheduled II Controlled Substance for each new course of treatment.

Expediting Pre-Authorization & Access to Care

- Require insurance companies to provide responses to preauthorization requests within five days for urgent cases and 14 days for non-urgent cases, reducing the time in which a patient is reliant on an opioid prescription.
- Require insurance companies to identify medication assisted treatment options that are available without pre-authorization.
- Effective December 31, 2018



Dispensing Practices



Pharmacists

- Requires pharmacists to check the CSPMP before dispensing a Scheduled II Controlled Substance for each new course of treatment.
- Requires different labeling and packaging for opioids (“red caps” and warning labels about potential addiction)

Prescribers

Eliminates the practice of dispensing opioids on site, except for those opioids prescribed as part of medication assisted treatment.

Veterinarians

- Limits initial fills of an opioid (5 days) or benzodiazepine (14 days) if dispensed from the veterinarian’s office, and requires veterinarians to report suspected cases of doctor shopping to law enforcement authorities.



Promoting Safe Disposal

Requires hospice providers to establish policies & procedures to inform and educate families on the proper disposal of controlled substances.



Find Arizona Drop Box Locations
www.dumpphthedrugsaz.org

Other Activities



- Hospital Discharge Planning Guidelines:
www.azhealth.gov/opioidprescribing/
- Public health chronic pain initiative:
www.azhealth.gov/chronicpainmanagement
- New First Responder Grant – naloxone and SBIRT training

- New training modules are available on how to use the Arizona Controlled Substances Prescription Monitoring Program. These are available online at the Arizona Board of Pharmacy site. [View the CSPMP videos.](#)
- ADHS Tribal Opioid Workgroup
 - michael.allison@azdhs.gov
- ADHS Tribal Consultation Meetings

The emergency continues....

“How we respond to this crisis is a moral test for America. Are we a nation willing to take on an epidemic that is causing great human suffering and economic loss? Are we able to live up to that most fundamental obligation we have as human beings: to care for one another?”

Vivek H. Murthy, M.D., M.B.A., former Surgeon General



For more information

azhealth.gov/opioid

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