
Optimizing Professional Monitoring

Transitioning SUD Probation Monitoring to the UPHP Model



Utah Professionals Health Program

Presentation Objectives



Understand the Rationale

Review the drivers for transition, including consistency, addressing audit findings, adherence to FSPHP best practices, and alignment with the GRIT initiative.

Explore the Model

Detail key components like rigorous early evaluation, diagnosis establishment, and nimble case management.



Define Collaboration

Establish the new reporting structure and quarterly meeting cadence to foster ongoing partnership.

Background: What is UPHP?

- ✓ **Established in 2020:** Created following an extensive overhaul of the former 'diversion' program.
- ✓ **Dual Role Mission:** Provide support and advocacy for Health Care Professionals (HCPs) with SUDs while prioritizing public safety.
- ✓ **Non-Disciplinary:** Offers confidential monitoring for voluntary participants.
- ✓ **Resource Hub:** Provides referrals for expert evaluations and treatment.



A Proven, Evidence-Based Model

80%

Success Rate

Research (BMJ Cohort Study, McLellan et al.) shows an 80% success rate at 5 years for physicians in PHP monitoring programs.

National Alignment: UPHP is a member of the Federation of State Physician Health Programs (FSPHP).



The UPHP Monitoring Process

1

Evaluation

Independent evaluation determines diagnosis, treatment level, and fitness for duty.

2

Treatment

Referral to approved treatment providers followed by therapy and mutual support.

3

Monitoring

Random toxicology testing, quarterly meetings, and worksite liaison reports.

4

Return to Work

Progressive return to practice once safety is firmly established.

Project Mandate: The GRIT Initiative



What is GRIT?

Government Reform, Innovation & Transparency (GRIT) is a state initiative focused on Government Process Improvement, Efficiency, and Transparency.

The Probation/UPHP transition is a key GRIT project selected to modernize and standardize monitoring of SUD in HCPs.

Alignment with Our Goals

- ✓ **Standardization:** Eliminates inconsistent enforcement by centralizing the monitoring model.
- ✓ **Efficiency:** Reduces time spent by DOPL boards and managers on routine SUD case management.
- ✓ **Accountability:** Establishes clear, measurable standards (FSPHP) for SUD monitoring.

The Vision: A Unified 'Gold Standard'



One Model for All

Integrating probation monitoring into the UPHP framework establishes a single, gold-standard monitoring model.

- ✓ **Evidence-Based:** Adheres to FSPHP 2019 Guidelines.
- ✓ **Validated:** UPHP's alignment confirmed via FSPHP's PEER process.
- ✓ **National Norm:** Most PHPs nationwide monitor both probationary and non-public cases successfully.

Core Components of the Unified Model



Clinical Case Management

A Clinical Coordinator (mental health professional) meets with the licensee quarterly and intervenes rapidly when needed.



Medical Director Oversight

Physician, addiction trained oversight for all probation cases and oversight of complex medical situations.



Adherence Support

Compliance Specialist provides administrative support and adherence verification for all participants.

Two Paths, One Standard

Licensees with public discipline are monitored by the same team and model but are **NOT** classified as UPHP 'participants.'

"Distinctions preserve the 'Safe Haven' firewall, ensuring the confidential, non-disciplinary path remains distinct from the public probationary path."



Key Benefits of the Unified Model

Enhanced Service Delivery

- Ensures even handed application of interventions for both probationary and private cases.
- Reduces the perception of disparity between public and private monitoring.
- Leads to better outcomes for professionals and their communities.

Time & Cost Savings

- Reduces routine case reviews in Board meetings, freeing members to focus on policy.
- Transfers complex SUD management to specialized UPHP team.
- Leaves DOPL managers to focus on regulatory oversight.

Enhanced Public Safety



Rapid Response Capability

- Moving from 'Periodic Review' to 'Immediate Intervention.'
- We intervene in **One Business Day** at the first sign of non-adherence or toxicology findings.
- The ability to instantly escalate treatment or enact practice restrictions without waiting for a board meeting.

Professions Currently Transferred & Monitored (July 2025)

Transition completed for individuals with SUD diagnosis or related facts/findings in:

- ✓ Utah Medical & Osteopathic Practice Acts (1)
- ✓ Nurse Practice Act (37)
- ✓ Pharmacy Practice Act (0)
- ✓ Dentist and Dental Hygienist Practice Act (4)

- ✓ Physician Assistant Act (0)
- ✓ Veterinary Practice Act (0)
- ✓ Podiatric Physician Licensing Act (0)
- ✓ Psychologist & Mental Health Professional Practice Acts (4)

Governing Policies and Oversight

Policy 1: Return to Use Behavior

- Outlines a graduated, four-level protocol for intervening in non-adherence or return to unapproved substance use.
- Defines criteria for 'Immediate Division Notification Event' (e.g., Level III incidents requiring immediate action).

Policy 2: Communication & Reporting

- Licensees will no longer make routine appearances before the Board.
- Licensees only required to appear before Board after a formal Notice of Agency Action (NOAA).
- UPHP provides a programmatic update (adherence status) and detailed program metrics to the board.

Goal: Recovery & Public Safety-Intervention Protocol for Level I & Level II Incidents

Level I: Behavioral Warning Signs

Incident Examples: Missed check-in, missed therapy, worksite liaison concerns (no substance use confirmed).

UPHP Action: Intervention within ****1 business day****. Increased testing, meetings, and case management focus.

Board Notification: ***None*** (Unless persistent nonadherence, licensee refuses intervention/safety cannot be guaranteed).

Level II: Return to Use (Non-Workplace)

Incident Examples: Confirmed positive test or self-report of use outside of the practice setting.

UPHP Action: Intervention within ****1 business day****. Immediate cessation of practice until a safety plan is established. Clinical evaluation.

Board Notification: ****None**** (Unless licensee refuses intervention/safety cannot be guaranteed).

**Clinical management focuses on immediate stabilization without triggering public discipline or action against the license, as long as patient safety is not compromised.*

Division Notification Event: Level III Incidents



Level III: High-Risk Incident

Incident Examples:

**-Impairment or use in
the workplace.**

-Drug Diversion

**-Any incident placing a
patient at direct risk of
harm.**


Mandatory and Immediate Reporting

Any Level III incident is classified as a **Division Notification Event** and requires immediate reporting to the DOPL Manager.

- ✔ **Action:** Licensee must immediately cease practice.
- ✔ **Outcome:** Division takes over necessary action, which could lead to filing of a Notice of Agency Action (NOAA) for Licensee's on public Probation or an order to show cause for UPHP participants or Emergency Hearing for UPHP/Probation participants.
- ✔ **Threshold:** This is the firm line where although clinical management continues the disciplinary process begins.

Questions?

Thank you for your partnership

STATE OF UTAH DEPARTMENT OF COMMERCE	Division: DOPL	Page: No. 1 of 2
	Original Issue Date: November 13, 2025	Revision Date: Not Applicable
POLICIES & PROCEDURES	Authorized By:  <small>Deborah BLACKBURN (Nov 13, 2025 10:55:30 MST)</small> Deborah Blackburn, J.D., Assistant Division Director	
Subject: Communication and Oversight Between UPHP and Professional Licensing Boards		

This policy outlines the procedures for communication and oversight between the Utah Professionals Health Program (UPHP) and professional licensing boards. This policy applies only to a licensee with a public disciplinary order who is being monitored by UPHP. This policy does not apply to a UPHP participant whose enrollment is confidential and not known to their professional licensing board.

POLICY

1. Licensee Interaction with the Board: A licensee with a public disciplinary order will only be required to appear before a professional licensing board as follows:


1.1. after the Division has commenced informal or formal adjudicative proceedings by filing a Notice of Agency Action (NOAA); or

1.2. on a case-by-case basis as may be requested by UPHP in collaboration with the manager over the licensee’s profession.

2. UPHP Reporting to Division Boards: To ensure that the Division’s licensing boards remain informed of UPHP program activities and the progress of monitored licensees, UPHP shall provide the following reports to the applicable board:

2.1 **Quarterly Updates:** Once per quarter, or at a frequency determined by the board, UPHP will provide a programmatic update to each participating board. This update may be delivered as a formal compliance letter or through an in-person discussion. The report will indicate each licensee’s adherence status. At the request of the board, UPHP may provide additional information on a licensee.

2.2 **Program Metrics:** UPHP may supplement a board’s quarterly update report on monitored licensees, or provide one or more additional reports, to inform the board about relevant program metrics, monitoring trends, and any proposed or recent policy changes.

STATE OF UTAH DEPARTMENT OF COMMERCE	Division: DOPL	Page: No. 1 of 4
	Original Issue Date: November 13, 2025	Revision Date: Not Applicable
POLICIES & PROCEDURES	Authorized By:  <small>Deborah BLACKBURN (Nov 13, 2025 10:06:14 MST)</small> Deborah Blackburn, J.D., Assistant Division Director	
Subject: Incidents of Return to Use Behavior: Intervention and Division Notification		

This policy establishes a framework for UPHP to manage the health and safety of both the licensee and the public. It outlines a graduated protocol for notification to the Division and intervention based on the severity of a licensee’s return-to-use behavior and non-adherence. This protocol applies both to confidential UPHP participants and to public probation licensees with public disciplinary orders. “Licensee” as used in this policy means a UPHP participant licensee or a public probation licensee.

To ensure a consistent and supportive process, UPHP uses a specific framework for managing an incident of a licensee’s non-adherence with their UPHP program contract or Division public disciplinary order. This framework is built on four key definitions.

DEFINITIONS

As used in this policy:

1. **Return to Use Behavior (R156-4a-102(20)):** “A spectrum of thoughts and behaviors suggestive of increased risk for the use of or actual use of an unapproved substance, and is also known as a relapse.” Any such behavior by a licensee is a signal that requires immediate, tailored intervention with the dual goals of supporting the licensee and protecting the public.
2. **Adherence:** A licensee is considered "in adherence" if they are actively fulfilling all requirements of their program contract/disciplinary order or are engaged in UPHP's efforts to improve adherence.
3. **In Adherence but Not Endorsed:** This status applies to a licensee who is adhering to their program contract/disciplinary order or is engaged in UPHP’s efforts to improve adherence but is not currently approved (endorsed) by UPHP to practice. This is typically used following a licensee’s return to unapproved substance use to accurately report the licensee's positive engagement in recovery while their clinical stability is being re-established.

4. **Division Notification Event:** Any event or pattern of behavior by the licensee that requires an immediate, mandatory notification to the Division. This includes all Level III incidents, as well as any Level I or Level II incidents where (a) the licensee is persistently non-adhering or refuses to engage in interventions to improve adherence; or (b) the licensee's health condition is not responding to treatment, and UPHP can no longer credibly advocate for the licensee's ability to practice with reasonable skill or safety.

POLICY:

1. Introduction:

1.1 UPHP will manage all licensee incidents internally. UPHP will only send a formal notification to the DOPL manager overseeing the licensee's profession when the licensee's incident meets the criterion of a Division Notification Event. When a Division Notification Event occurs, UPHP will treat the licensee's incident as a substantial violation of the program contract/disciplinary order and will trigger an immediate, mandatory notification to the Division.

2. Procedure: Intervention Levels and Notification

2.1. Level I: Return to use behavior without use of unapproved substance

2.1.1. **Examples of Level I Incidents:** Licensee has unexcused missed toxicology testing, missed check-ins, diluted or invalid toxicology test results, unexcused absences from therapy, violating practice restrictions, or failure to respond to contact from UPHP.

2.1.2. **UPHP Intervention and Support:** UPHP staff will communicate with the licensee within one (1) business day to review the licensee's behaviors, express concern, and implement clinical interventions to increase support to the licensee and to reduce risk. Licensee may be allowed an opportunity to correct such non-adherence, as this behavior can be predictive of a licensee's pending or potential lapse. The extent of UPHP's intervention is determined by the licensee's particular circumstances and with consideration for all data available to UPHP. Examples of UPHP interventions may include, but are not limited to: increased and/or additional toxicology testing, increased frequency of meetings with UPHP staff, practice restrictions, referral for an evaluation, increased treatment requirements or support group meetings, referral to vocational rehabilitation, or a request to refrain from practice.

2.1.3. **Notification Protocol:** UPHP will notify the Division when the licensee's incident meets the criterion of a Division Notification Event:

(a) persistent non-adherence or refusal to engage in interventions to improve adherence;

or

(b) the licensee's health condition is not responding to treatment, and UPHP can no longer credibly advocate for their ability to practice with reasonable skill or safety.

2.2. Level II: Use of unapproved substance, without workplace involvement.

2.2.1. Examples of Level II Incidents: Licensee's use of an unapproved substance outside the workplace, confirmed by self-reporting or a positive test.

2.2.2. UPHP Intervention and Support: UPHP staff shall contact the licensee within one (1) business day to arrange a meeting with the licensee to review behaviors, express concern about use, seek the licensee's perspective, and discuss possible interventions to increase support to the licensee and to reduce risk. If there are concerns for impairment, UPHP may recommend that the licensee cease practice in accordance with the program contract/disciplinary order until the licensee completes an additional evaluation and completes any subsequent recommendations. Level II incidents may also result in review of the case with the Clinical Advisory Committee. The licensee may resume practice once UPHP determines the licensee is capable of practicing with reasonable skill and safety, and UPHP has approved their return to practice.

2.2.3. Notification Protocol: UPHP will notify the Division when the licensee's incident meets the criterion of a Division Notification Event:

(a) persistent non-adherence or refusal to engage in interventions to improve adherence;

or

(b) the licensee's health condition is not responding to treatment and UPHP can no longer credibly advocate for the licensee's ability to practice with reasonable skill or safety.

2.3. Level III: Use of unapproved substances with workplace involvement.

2.3.1. Examples: Licensee's use of unapproved substances while on duty; evidence of workplace impairment; diversion of medications; or any behavior that suggests a potential for imminent patient harm or actual patient harm, including the licensee practicing despite a prior agreement to refrain from practice.

2.3.2. UPHP Intervention and Support: UPHP staff shall contact the licensee within one (1) business day to arrange a meeting to review the licensee's behaviors, express concern about use, seek the licensee's perspective, and discuss possible UPHP interventions to increase support to the licensee and reduce risk. During this meeting, UPHP will inform the licensee of the mandatory notification to the Division. Additionally, the licensee shall be required to refrain from practicing if they are still doing so. The licensee shall also be required to undergo a clinical evaluation in accordance with the program contract/disciplinary order. UPHP may continue to require the licensee to refrain from practice until the Division has made a determination in the case.

2.3.3. **Notification Protocol:** UPHP will make an immediate and mandatory notification to the DOPL manager overseeing the licensee's profession.

2.4. **Level IV: Division Action Following Formal Notification**

2.4.1. **Division Action:** Upon notification by UPHP (Division Notification Event), the Division may proceed with any agency action determined necessary or advisable by the DOPL manager overseeing the licensee's profession.

2.4.2. Under Section 58-1-401, the Division may issue a notice of agency action commencing informal or formal adjudicative proceedings to take disciplinary action against the licensee's license, up to and including suspension or revocation of licensure.

2.4.3. Under Sections 63G-4-502 and 58-1-108, if the facts presented to the Division show that an immediate and significant danger to the public health, safety, or welfare exists and the threat requires immediate action by the Division, then the Division may commence emergency adjudicative proceedings against the licensee for issuance of an emergency order as necessary to prevent or avoid the danger to the public health, safety, or welfare.

Monthly Pharmacy Cases Received

As of 2026-03-09 08:14:13 Mountain Standard Time/MST • Generated by Travis Drebing • Sorted by Opened Date (Ascending)

Filtered By

Date Field: Opened Date equals Last Month (2/1/2026 to 2/28/2026)

Show: All cases

Units: Hours

Status equals Case Received,Under Investigation,Legal Action,Information Only

Conduct Unit equals Healthcare,Professional

Professions equals Pharmacy

Case Number	Opened Date	Professions	Profession Subtype	Complaint Types
168610	2/3/2026	Pharmacy		Pharmacy Violation
168828	2/10/2026	Pharmacy	Dispensing Controlled Substance License	
168898	2/12/2026	Pharmacy	Class A-Retail	Pharmacy Violation
168941	2/15/2026	Pharmacy		
169060	2/19/2026	Pharmacy		
169087	2/20/2026	Pharmacy	Pharmacist	
169103	2/22/2026	Pharmacy	Pharmacist	
169183	2/24/2026	Pharmacy	Pharmacist	
169230	2/26/2026	Pharmacy	Class A-Retail	Inspection
169292	2/28/2026	Pharmacy	Pharmacist	
169298	2/28/2026	Pharmacy	Class A-Retail	
169300	2/28/2026	Pharmacy	Pharmacist	
Total	Count	12		

Monthly Pharmacy Closed Cases

As of 2026-03-09 08:23:09 Mountain Standard Time/MST • Generated by Travis Drebing • Sorted by Closed Date (Ascending)

Filtered By

Date Field: Closed Date equals Last Month (2/1/2026 to 2/28/2026)

Show: All cases

Units: Days

Conduct Unit equals Professional,Healthcare

Professions equals Pharmacy

Case Number	Closed Date	Professions	Profession Subtype	Complaint Types	Closure Code	Status
168494	2/2/2026	Pharmacy	Licensed Dispensing Practice	Inspection	Letter of Concern; New Inspection	Closed
168496	2/2/2026	Pharmacy	Class A-Retail	Inspection	Random Inspection; Voluntary Compliance	Closed
168476	2/2/2026	Pharmacy	Pharmacy Technician			Information Only
168562	2/3/2026	Pharmacy	Dispensing Medical Practitioner	Inspection	Administrative Discretion	Closed
168504	2/3/2026	Pharmacy	Class A-Retail	Inspection	Letter of Concern; Random Inspection; Voluntary Compliance	Closed
168016	2/3/2026	Pharmacy	Class A-Retail	Pharmacy Violation	Voluntary Compliance	Closed
168639	2/5/2026	Pharmacy	Class E-Third Party Logistics Provider	Pharmacy Violation	Letter of Concern	Closed
168636	2/5/2026	Pharmacy		Pharmacy Violation	Letter of Concern	Closed
168638	2/5/2026	Pharmacy	Class C-Wholesaler	Pharmacy Violation	Letter of Concern	Closed
168355	2/5/2026	Pharmacy	Class A-Retail	Inspection	Letter of Concern; Random Inspection	Closed
168689	2/6/2026	Pharmacy	Class A-Retail	Inspection	Random Inspection; Voluntary Compliance	Closed
168685	2/9/2026	Pharmacy	Class A-Retail	Inspection	Random Inspection	Closed
166516	2/10/2026	Pharmacy	Class A-Retail	Medication Error	Letter of Concern	Closed
168831	2/11/2026	Pharmacy	Class A-Retail	Inspection	Random Inspection	Closed
168842	2/11/2026	Pharmacy	Licensed Dispensing Practice	Inspection	Administrative Discretion	Closed
168756	2/11/2026	Pharmacy	Class B-Dispensing Medical Practitioner Clinic	Inspection	New Inspection	Closed
168828	2/11/2026	Pharmacy	Dispensing Controlled Substance License			Information Only
168833	2/11/2026	Pharmacy	Class A-Retail	Inspection	Letter of Concern; Random Inspection; Voluntary Compliance	Closed
168759	2/13/2026	Pharmacy	Class B-Dispensing Medical Practitioner Clinic	Inspection	New Inspection	Closed
168764	2/13/2026	Pharmacy	Class E-Durable Medical Equipment	Inspection	New Inspection	Closed
168761	2/13/2026	Pharmacy	Class E-Durable Medical Equipment	Inspection	New Inspection	Closed
168762	2/13/2026	Pharmacy	Class E-Durable Medical Equipment	Inspection	New Inspection	Closed
168768	2/13/2026	Pharmacy	Class B-Closed Door	Inspection	New Inspection	Closed
168852	2/13/2026	Pharmacy	Class E-Human Clinical Investigational Drug Research Facility	Inspection	New Inspection	Closed
166984	2/13/2026	Pharmacy	Class B-Closed Door	Pharmacy Violation	Unfounded	Closed
168818	2/17/2026	Pharmacy	Class A-Retail	Inspection	Random Inspection; Voluntary Compliance	Closed
168881	2/18/2026	Pharmacy	Class B-Pharmaceutical Administration Facility	Inspection	New Inspection	Closed
168941	2/19/2026	Pharmacy				Information Only
168976	2/19/2026	Pharmacy	Licensed Dispensing Practice	Inspection	New Inspection; Voluntary Compliance	Closed
168961	2/19/2026	Pharmacy	Class A-Retail	Inspection	Letter of Concern; Random Inspection	Closed
168846	2/19/2026	Pharmacy	Class A-Retail	Inspection	Letter of Concern; Random Inspection	Closed
169053	2/20/2026	Pharmacy	Licensed Dispensing Practice	Inspection	New Inspection; Voluntary Compliance	Closed
168890	2/23/2026	Pharmacy	Class A-Retail	Pharmacy Violation	Administrative Action	Closed
169005	2/23/2026	Pharmacy	Class B-Closed Door	Inspection	Random Inspection	Closed
168877	2/23/2026	Pharmacy		Inspection	New Inspection; Voluntary Compliance	Closed
169117	2/25/2026	Pharmacy	Licensed Dispensing Practice	Inspection	Letter of Concern; New Inspection; Voluntary Compliance	Closed
169186	2/26/2026	Pharmacy	Class A-Retail	Inspection	Letter of Concern; Random Inspection	Closed
169187	2/26/2026	Pharmacy	Class A-Retail	Inspection	Random Inspection; Voluntary Compliance	Closed
168856	2/26/2026	Pharmacy	Class A-Retail	Inspection	New Inspection; Voluntary Compliance	Closed
169225	2/26/2026	Pharmacy	Class A-Retail	Inspection	Random Inspection	Closed
169176	2/26/2026	Pharmacy	Class B-Closed Door	Inspection	New Inspection; Voluntary Compliance	Closed
169224	2/26/2026	Pharmacy	Class A-Retail	Inspection	Random Inspection; Voluntary Compliance	Closed
169087	2/26/2026	Pharmacy	Pharmacist			Information Only
169226	2/26/2026	Pharmacy	Class B-Narcotic Treatment Program	Inspection	Letter of Concern; New Inspection	Closed
169231	2/26/2026	Pharmacy	Licensed Dispensing Practice	Inspection	New Inspection	Closed
169233	2/26/2026	Pharmacy	Class E-Durable Medical Equipment	Inspection	New Inspection	Closed
169245	2/26/2026	Pharmacy	Licensed Dispensing Practice	Inspection	New Inspection	Closed
169228	2/27/2026	Pharmacy	Pharmacist	Unprofessional Conduct	Letter of Concern	Closed
Total	Count	48				

Monthly Pharmacy Inspections

As of 2026-03-09 08:21:17 Mountain Standard Time/MST • Generated by Travis Drebing • Sorted by Inspection Date (Ascending)

Filtered By

Show: All inspections

Date Field: Inspection Date equals Last Month (2/1/2026 to 2/28/2026)

Inspection Type equals New, Probation, Random

Case	Inspection Date	Inspection Classification	Inspection Type
168759	2/4/2026, 12:00 PM	Class B-Dispensing Medical Practitioner Clinic	New
168761	2/4/2026, 12:00 PM	Class E-Durable Medical Equipment	New
168761	2/4/2026, 12:00 PM	Class E- Medical Gas Provider	New
168762	2/4/2026, 12:00 PM	Class E-Durable Medical Equipment	New
168762	2/4/2026, 12:00 PM	Class E- Medical Gas Provider	New
168764	2/4/2026, 12:00 PM	Class E-Durable Medical Equipment	New
168756	2/4/2026, 12:00 PM	Class B-Dispensing Medical Practitioner Clinic	New
168846	2/4/2026, 12:00 PM	Class A-Retail	Random
168685	2/5/2026, 12:00 PM	Class A-Retail	Random
168689	2/5/2026, 12:00 PM	Class A-Retail	Random
168768	2/5/2026, 12:00 PM	Class B-Closed Door	New
168961	2/5/2026, 12:00 PM	Class A-Retail	Random
168818	2/10/2026, 12:00 PM	Class A-Retail	Random
168831	2/10/2026, 12:00 PM	Class A-Retail	Random
168833	2/10/2026, 12:00 PM	Class A-Retail	Random
168852	2/11/2026, 12:00 PM	Class E-Human Clinical Investigational Drug Research Facility	New
168856	2/11/2026, 12:00 PM	Class A-Retail	New
168881	2/12/2026, 12:00 PM	Class B-Pharmaceutical Administration Facility	New
169230	2/12/2026, 12:00 PM	Automated Pharmacy System	Random
169230	2/12/2026, 12:00 PM	Class A-Retail	Random
169230	2/12/2026, 12:00 PM	Non-Sterile Compounding	Random
169005	2/18/2026, 12:00 PM	Class B-Closed Door	Random
169176	2/19/2026, 12:00 PM	Class B-Closed Door	New
169227	2/23/2026, 12:00 PM	Class A-Retail	Random
169186	2/24/2026, 12:00 PM	Class A-Retail	Random
169187	2/24/2026, 12:00 PM	Class A-Retail	Random
169187	2/24/2026, 12:00 PM	Automated Pharmacy System	Random
169224	2/24/2026, 12:00 PM	Class A-Retail	Random
169225	2/25/2026, 12:00 PM	Class A-Retail	Random
169226	2/25/2026, 12:00 PM	Class B-Narcotic Treatment Program	New
169233	2/25/2026, 12:00 PM	Class E-Durable Medical Equipment	New
169250	2/25/2026, 12:00 PM	Class B-Pharmaceutical Administration Facility	Random
169254	2/26/2026, 12:00 PM	Class C-Wholesaler	New
Total	Count	33	

Monthly Pharmacy Citations

As of 2026-03-09 08:24:44 Mountain Standard Time/MST • Generated by Travis Drebing • Sorted by Date Issued (Ascending)

Filtered By

Show: All citations

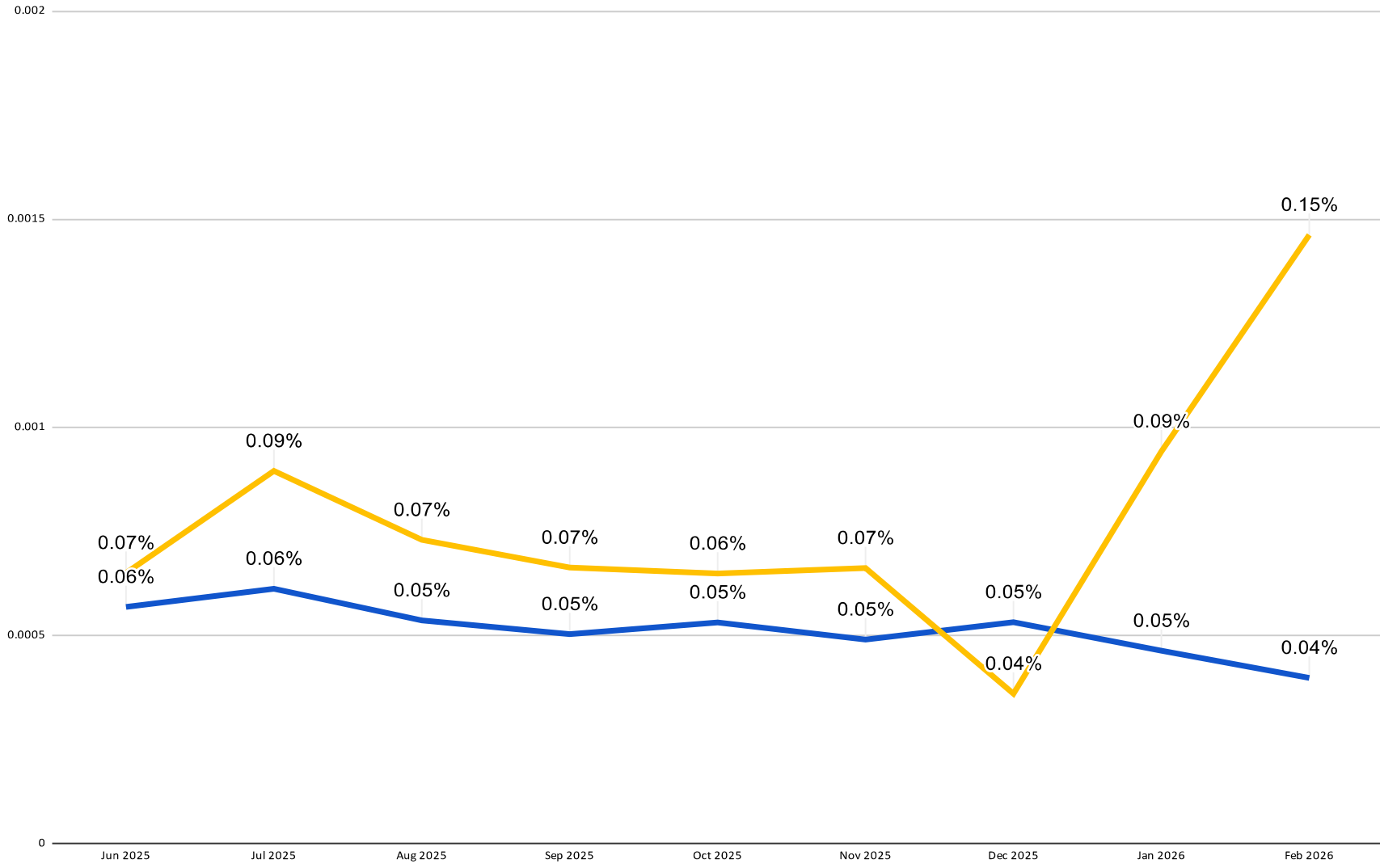
Date Field: Date Issued equals Last Month (2/1/2026 to 2/28/2026)

Profession equals pharmacy

Date Issued	Case	DOPL Citation: Citation Number	Profession	Violation Type
2/19/2026	<u>168890</u>	049754	Pharmacy	Pharmacy Violation
Total	Count	1		

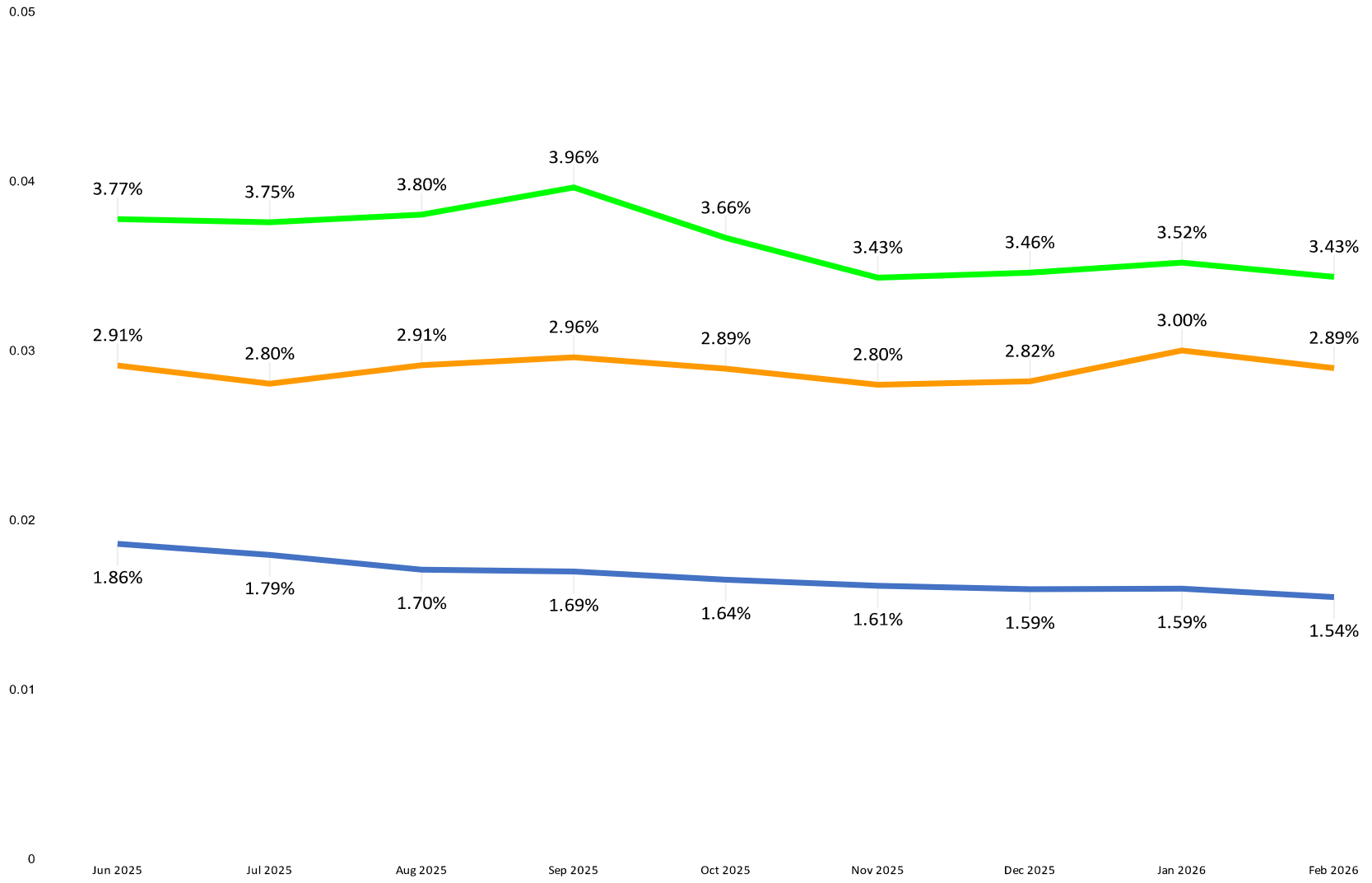
Utah CSD ASAP 4.2 DSP12 C

Telephone Emergency 03 Transfer 06



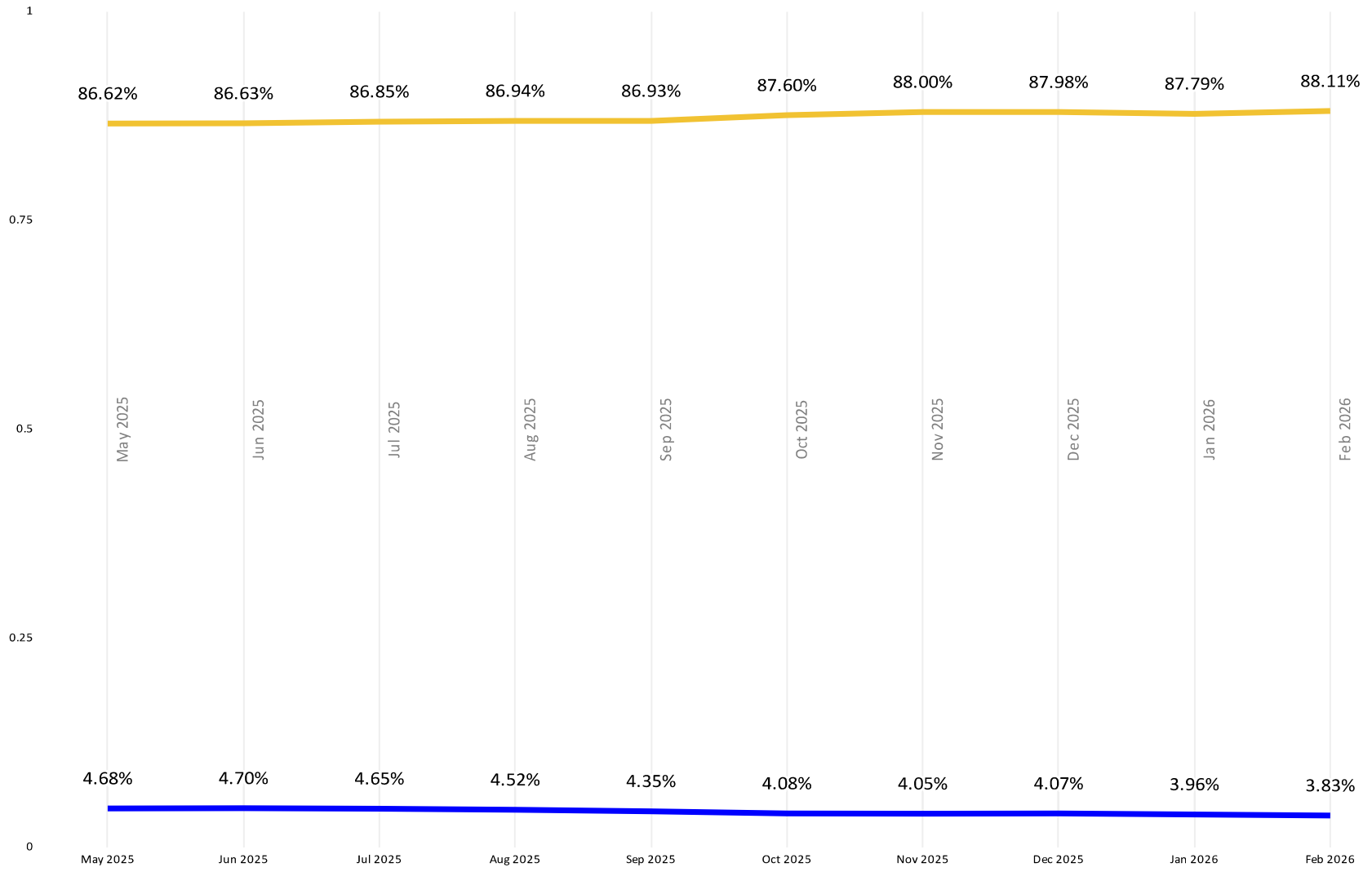
Utah CSD ASAP 4.2 DSP12 B

Telephone 02 Fax 04 Other 99



Utah CSD ASAP 4.2 DSP12 A

Written 01 Electronic 05



1 **R156. Commerce, Professional Licensing.**

2 **R156-37f. Controlled Substance Database Act Rule.**

3 **R156-37f-101. Title.**

4 (1) This rule shall be known as the "Controlled Substance Database Act Rule."

5 (2) This rule is adopted by the Division under the authority of Subsections 58-1-106(1)(a) and 58-
6 37-105(1)(a) to enable the Division to administer Title 58, Chapter 37f, Controlled Substance
7 Database Act.

8 (3) The organization of this rule and its relationship to Rule R156-1, General Rule of the Division
9 of Professional Licensing, is as described in Section R156-1-101.

11
12 **R156-37f-102. Definitions.**

13 Terms used in this rule are defined in Title 58, Chapter 1, Division of Professional Licensing Act; Title
14 58, Chapter 17b, Pharmacy Practice Act; Title 58, Chapter 37, Controlled Substances; and Title 58,
15 Chapter 37f, Controlled Substance Database Act. In addition:

16 (1) "Approved EDS entity" as used in Sections R156-37f-303a and R156-37f-303b means an
17 entity that has signed the electronic health record (EHR) memorandum of understanding with the
18 Division that meets the requirements of Section R156-37f-303b.

19 (2) "ASAP" as used in Section R156-37f-203 means the American Society for Automation in
20 Pharmacy system, Version 4.2.

21 (3) "ASCII" as used in Subsections R156-37f-203(3)(a)(i)(A) and (3)(a)(vii) means the American
22 Standard Code for Information Interchange, which is a character encoding standard for electronic
23 communication.

24 (4) "CMS" as used in Subsections (24) and R156-37f-203(3)(c)(i) means the United States
25 Centers for Medicare and Medicaid Services.

26 (5) "Conviction" as used in Subsection R156-37f-301a(4)(a)(v)(C) and Section R156-37f-703 is
27 as defined in Subsection 41-6a-501(2).

28 (6) "Database" or "CSD" means the Utah's prescription drug monitoring program (PDMP)
29 electronic database for controlled substances that collects, maintains, and disseminates controlled
30 substance prescription information under Subsections 58-37f-201(5) and (6).

31 (7) "DEA" means Drug Enforcement Administration.

32 (8) "DHHS" means the Utah Department of Health and Human Services.

33 (9) (a) "Direct access user" as used in Subsection (13) and Sections R156-37f-301a and
34 R156-37f-301b means an individual who is authorized:

35 (i) under Subsection 58-37f-301(2) to submit or access patient prescription records

36 in the electronic Database as part of the individual's employment duties; and

37 (ii) by the Division to directly sign into the electronic Database through an
38 authorized system such as an integrated hub to access patient prescription records.

39 (b) "Direct access user" includes an EDS user as defined in Subsection (13).

40 (10) "Drug of concern" means a drug that demonstrates a potential for abuse or diversion other
41 than a controlled substance as defined by rule.

42 (11) "DSRG" as used in Subsection R156-37f-203(10) means the Data Submitter Reference
43 Guide published by the Utah Division of Professional Licensing, September 2, 2025, which is
44 incorporated by reference.

45 (12) "EDS" means an electronic data system as defined in Subsection 58-37f-303(1)(d).

46 (13) "EDS user" as used in Sections R156-37f-303a and R156-37f-303b means a direct access
47 user who accesses Database records through an authorized system using an integrated hub.

48 (14) "EHR" means electronic health record.

49 (15) (a) "Emergency situation" as used in Subsection 58-37f-304(2)(e)(i) means a situation in
50 which the prescribing practitioner who intends to prescribe a controlled substance to a

51 patient being discharged has determined that:

52 (i) the prescribing practitioner cannot check the database for information about a
53 patient before the first time the practitioner prescribes a patient a Schedule II opioid
54 or a Schedule III opioid in compliance with the statutory requirement under
55 Subsection 58-37f-304(2)(a) without causing a delay;

56 (ii) the delay would adversely impact the patient's medical condition; and

57 (iii) the prompt prescribing of the controlled substance is necessary for the proper
58 treatment of the patient.

59 (b) "Emergency situation" includes:

60 (ii) a state of emergency under Subsection 26B-4-801(2)(a); or

61 (iii) a public health emergency under Subsection 26B-4-801(2)(b).

62 (c) A prescribing practitioner in an emergency department who intends to prescribe a
63 controlled substance to a patient being discharged does not automatically qualify under the
64 emergency situation exemption under Subsection 58-37f-304(2)(e)(i).

65 (16) "General acute hospital" as used in Subsections R156-37f-301a(4)(v) and R156-37f-702(1)
66 is defined in Subsection 26B-2-201(11).

67 (17) "HIPAA" means the Health Insurance Portability and Accountability Act, 48 C.F.R., Part
68 324, Subpart 324.70.

69 (18) "Indirect access user" means an individual who:

70 (a) is authorized under Subsection 58-37f-301(2) to receive requested patient prescription
71 records in the Database;

72 (b) is not authorized by the Division to directly access patient prescription records in the
73 electronic Database; and

74 (c) must submit a written request to Division staff who then provide Database information
75 to the individual.

76 (19) "MFCU" means the Utah Medicaid Fraud Control Unit of the Utah Attorney General's
77 Office.

78 (20) "MOU" as used in Subsection R156-37f-301b(3)(b)(ii) and Sections R156-37f-303a and
79 R156-37f-303b means a memorandum of understanding.

80 (21) "NABP" as used in R156-37f-203(3)(c)(ii)(A) means the National Association of Boards of
81 Pharmacy.

82 (22) "NCPDP" means National Council for Prescription Drug Programs.

83 (23) "NDC" means National Drug Code.

84 (24) "NPPEs" means the CMS National Plan and Provider Enumeration System.

85 (25) "NPI" as used in Subsections R156-37f-203(3)(c)(ii)(A) and R156-37f-301(6)(b)(5)(A)
86 means National Provider Identifier provided through the NPPEs as defined in Subsection (24).

87 (26) "Online state account" includes the State of Utah's UtahID secure online portal at
88 <https://id.utah.gov/>.

89 (27) "ORI" as used in Subsection R156-37f-301a(3)(b)(ii) means Originating Agency Identifier
90 Number.

91 (28) (a) "Point-of-sale date" or "date sold" as used in Subsection R156-37f-203(1)(a) and
92 (3)(e)(xii) means the date the prescription drug was:

93 (i) mailed;

94 (ii) picked up;

95 (iii) sold; or

96 (iv) otherwise left the pharmacy.

97 (b) "Point-of-sale" does not include the date the pharmacy filled the prescription.

98 (29) "PDMP" means the prescription drug monitoring program.

99 (30) "PIC" as used in Subsection (33)(b) and Section R156-37f-203 means the pharmacist-in-
100 charge.

- 101 (31) (a) "Positive identification" means a current and valid form of picture identification issued
102 by a foreign or domestic government and includes the following forms:
103 (i) driver's license including an electronic license certificate under Subsection 53-
104 3-102(17) and Section 53-3-235 and is also known as a Mobile Driver License
105 (mDL);
106 (ii) non-driver identification card;
107 (iii) passport;
108 (iv) military identification; or
109 (v) concealed weapons permit.
110 (b) "Positive identification" regarding a prescription may include alternative evidence of
111 the individual's identity as determined appropriate by the PIC or pharmacist of the drug
112 outlet who documents in the prescription record a description of how the individual was
113 positively identified, if the individual does not have government-issued identification.
114 (32) "Real-time submission" as used in Subsection 58-37f-203(1)(a)(i) means data is submitted to
115 the Database immediately after a prescription is dispensed to the patient or the patient's designee.
116 (33) "Registration" means the Database user creates an account in the online controlled substance
117 Database.
118 (34) "Research facility" as used in Subsection 58-37f-301(2)(f)(ii)(D) is as defined in Subsection
119 R156-17b-102(62)
120 (35) "Rx" as used in Subsection R156-37f-301a(4)(a)(iii)(B) means a drug prescription.
121 (36) "Security agreement" as used in Sections R156-37f-301a, R156-37f-301b, and R156-37f-
122 301c means the Division's controlled substance security agreement form that a potential user signs
123 attesting the individual or entity will comply with all laws and rules applied to the Database and
124 meets the requirements of Subsection R156-37f-301a(3).
125 (37) "SFTP" as used in Subsection R156-37f-203(2)(a)(i) means secure file transfer protocol.
126 (38) "Ultimate user" as used in Subsection R156-37f-203(3)(d)(i) is defined in Subsection 58-37-
127 101(1)(II).
128 (39) "UPHP" as used in Section R156-37f-301b means the Division's Utah Professionals Health
129 Program.
130 (40) "Written agreement" as used in Subsections 58-37f-301(2)(e) through (g), 58-37f-
131 302(3)(b)(ii) and R156-37f-301c(3)(e) and (4)(a) means a formal document that records:
132 (a) the rights and responsibilities between:
133 (i) the Division; and
134 (ii)
135 (A) a DHHS employee user under Subsection 58-37f-301(2)(e);
136 (B) a DHHS designee user under Subsection 58-37f-301(2)(f); or
137 (C) a DHHS authorized employee of a managed care organization user
138 under Subsection 58-37f-301(2)(g); and
139 (b) the access of the user under Subsection (40)(a)(ii)(A), (B), or (C) to the Database.
140 (41) "YYYYMMDD" as used in Subsections R156-37f-203(3)(d)(i)(F) and (4) means the
141 calendar date in the order of year, month, and day.
142 (42) "Zero report" as used in Subsection R156-37f-203(4) and (5) means:
143 (a) a report that contains the data fields required by Subsection R156-37f-203(5),
144 indicating that no controlled substance required to be reported has been dispensed since the
145 previous submission of data; and
146 (b) is also known as a null report.
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148

149 **R156-37f-203. Submission and Collection of Data – Format – Required Information.**

- 150 (1) Under Subsection 58-37f-203(1):

- 151 (a) a single pharmacy shall submit the data in chronological order based on the point-of-
152 sale date and time each prescription was sold; or
153 (b) a pharmacy group shall submit the data:
154 (i) organized by each individual pharmacy within the pharmacy group; and
155 (ii) in chronological order based on the date and time each prescription was sold by
156 the individual pharmacy.

157 (2) Under Subsections 58-37f-203(2), (3), and (6), the PIC or the pharmacist of the drug outlet
158 where a controlled substance is dispensed shall submit the required data:

- 159 (a) using:
160 (i) a secured internet transfer method, including SFTP site transfer; or
161 (ii) a secure web base service; and
162 (b) that is formatted in:
163 (i) ASAP version 4.2; or
164 (ii) another format that is:
165 (A) substantially similar to ASAP version 4.2; and
166 (B) approved by the Division Database administrator in writing before the
167 initial submission.

168 (3) Under Subsection 58-37f-203(6), the PIC and the pharmacist identified in Subsection 58-37f-
169 203(2) shall submit data into the following Database header data fields:

- 170 (a) transaction header segment fields:
171 (i) “data element field identifier” is:
172 (A) an ASCII character used to separate each data field in the file except
173 that it may not be the caret symbol; and
174 (B) is chosen by the PIC, pharmacist of the group, or vendor;
175 (ii) “version/release number” (TH01) is the version of the ASAP format used for
176 submission of the data;
177 (iii) “transaction control number” (TH02) is a nonrepeating alphanumeric identifier
178 that is:
179 (A) unique to each data submission; and
180 (B) is chosen by the PIC, pharmacist of the group, or vendor;
181 (iv) “creation date” (TH05) is the date the file was made;
182 (v) “creation time” (TH06) is the time of day the file was made;
183 (vi) “file type” (TH07) is the specific file that contains test or production data; and
184 (vii) “segment terminator character” (TH09) is the ASCII character used to
185 separate each data segment in the file, except that it may not be the caret symbol or
186 the same symbol chosen by the PIC, pharmacist, or vendor in Subsection
187 (3)(a)(i)(B);
188 (b) information source header segment fields:
189 (i) “unique information source ID” (IS01) is the reference number or phone
190 number of the pharmacy; and
191 (ii) “information source entity name” (IS02) is the entity name submitting the data;
192 (c) pharmacy data header segment fields:
193 (i) “NPI” (PHA01) is the CMS number assigned to the reporting pharmacy; and
194 (ii) (A) “provider ID” (PHA02) is the number assigned to the pharmacy by the
195 NCPDP or NABP; or
196 (B) “DEA number” (PHA03) is the federal DEA registration number
197 assigned to the pharmacy;
198 (d) patient information header segment fields:
199 (i) subject to (d)(ii), data submitted in the patient information data fields shall be
200 for the ultimate user of the prescription as follows:

- 201 (A) “last name” (PAT07) means the patient’s last name;
202 (B) “first name” (PAT08) means the patient’s first name;
203 (C) “address information” (PAT12) is the physical address;
204 (D) “city address” (PAT14) is the city of the physical ~~or mailing~~ home
205 address;
206 (E) “zip code address” (PAT16) is:
207 (I) the five-digit zip code if the physical ~~or mailing~~ home address is
208 in the United States; or
209 (II) “00000” if the physical ~~or mailing~~ home address is outside of
210 the United States;
211 (F) “date of birth” (PAT18) in the format of YYYYMMDD; and
212 (G) “species code” (PAT20) to differentiate between a human or animal;
213 and
214 (ii) if the prescription is for an animal:
215 (A) the patient information in Subsections (d)(i)(A) through (F) shall be the
216 animal owner’s or client’s information;
217 (B) “species code” (PAT20) entered shall be for an animal; and
218 (C) “name of animal” (PAT23) is the name of the animal;
219 (e) dispensing record header segment fields:
220 (i) “reporting status” (DSP01) is the code to designate if the prescription is new, a
221 revision, or a void;
222 (ii) “prescription number” (DSP02) is the serial number assigned to the
223 prescription by the pharmacy that identifies the prescription;
224 (iii) “date written” (DSP03) is the date the prescription was written by the
225 prescriber;
226 (iv) “refills authorized” (DSP04) is the number of refills authorized by the
227 prescriber;
228 (v) “date filled” (DSP05) is the date the dispensing pharmacy prepared or filled the
229 prescription;
230 (vi) if the prescription is a refill, “fill number” (DSP06) is the number of the refill
231 being dispensed with a zero as the initial fill;
232 (vii) “product ID qualifier” (DSP07) is the code that identifies the type of product
233 identification number in field DSP08;
234 (viii) “product ID” (DSP08) is the full product number of the medication from the
235 prescription and is one of the following:
236 (A) the NDC 11-digit drug identification number without hyphens; or
237 (B) if there is no NDC number, another number as approved by the
238 Division;
239 (ix) “quantity dispensed” (DSP09) is the number of metric units dispensed;
240 (x) “days supply” (DSP10) is the calculated or estimated number of days the
241 prescription will cover;
242 (xi) “transmission form of prescription origin code” (DSP12) is the code indicating
243 how the prescription was received by the pharmacy; and
244 (xii) “date sold” (DSP17) means the point-of-sale date as defined in Subsection
245 R156-37f-102(28);
246 (f) prescriber information header segment field for “DEA number” (PRE02) is:
247 (i) the federal DEA registration number of the prescribing practitioner; or
248 (ii) if the prescriber does not have a federal DEA registration number when
249 reporting a drug of concern, then the prescriber should submit the following:

250 (A) enter text string “REFER-NPI” in the data field PRE02 and provide the
251 practitioner’s NPI number in the data field PRE01; or
252 (B) enter text string “REFER-SL#” in the data field PRE02 and provide the
253 practitioner’s Utah professional license number issued by the Division in
254 the data field PRE04;

255 (g) additional required information reporting fields:

256 (i) “issuing jurisdiction” (AIR03) is the government jurisdiction that issued the
257 positive identification used to verify the identity of the patient or the patient’s
258 designee picking up the dispensed drug, using a code listed in ASAP Appendix A;
259 (ii) “ID qualifier of individual picking up prescription” (AIR04) is the type of
260 positive identification used to verify the identity of the patient or the patient’s
261 designee picking up the dispensed drug, using a code listed in ASAP;
262 (iii) “ID of individual picking up prescription” (AIR05) is the identification
263 number on the positive identification of the patient or the patient’s designee picking
264 up the dispensed drug;
265 (iv) “last name of individual picking up prescription” (AIR07) means the last name
266 of the patient or the patient’s designee picking up the dispensed drug;
267 (v) “first name of individual picking up prescription” (AIR08) means the first
268 name of the patient or the patient’s designee picking up the dispensed drug;
269 (vi) “last name of pharmacist dispensing the medication” (AIR09) is the last name
270 or initials of the pharmacist dispensing the medication; and
271 (vii) “first name of pharmacist dispensing the medication” (AIR10) even if the
272 pharmacist’s initials are provided in AIR09;

273 (h) compounding drug ingredient detail data fields, if the dispensed drug is a compounded
274 prescription:

275 (i) “compound drug ingredient sequence number” (CDI01) is the first reportable
276 controlled substance ingredient number;
277 (ii) “product ID qualifier” (CDI02) is the code to identify the type of number in
278 CDI03;
279 (iii) “product ID” (CDI03) is the full product number of the medication from the
280 prescription as follows:
281 (A) for an NDC number, the 11-digit drug identification number without
282 hyphens; or
283 (B) another number approved by the Division; and
284 (iv) “component ingredient quantity” (CDI04) is the as the number of metric units
285 used in the prescription;

286 (i) pharmacy trailer segment data field’s “detail segment count” (TP01) is the number of
287 detail segments included for the pharmacy;

288 (j) transaction trailer segment data fields:

289 (i) “transaction control number” (TT01) is a nonrepeating alphanumeric unique
290 identifier the same value as TH02; and
291 (ii) “segment count” (TT02) is the total number of segments included in the
292 transaction; and

293 (k) a pharmacy or pharmacy group may submit data to any other ASAP version 4.2 field
294 if:

295 (i) it meets the requirements of the ASAP 4.2 standards for that specific data field's
296 attributes; and
297 (ii) data is submitted for each data field in the associated segment.

298 (4) Under Subsection 58-37f-203(6), if the pharmacy has not dispensed any controlled substance
299 or drug of concern that is required to be reported since the pharmacy’s last data submission, then

- 300 the PIC or the pharmacist shall submit a zero report to the Division that shall include the following
301 ASAP data fields:
- 302 (a) transaction header segment fields required under Subsection (3)(a);
 - 303 (b) information source header segment fields required under Subsection 3(b); and
 - 304 (c) “message” (IS03) is the date range of the zero reporting period and shall be in the
305 following format: “#YYYYMMDD#-#YYYYMMDD#”;
 - 306 (d) pharmacy data header segment fields required under Subsection 3(c);
 - 307 (e) patient information header segment fields under Subsection (3)(d)(i)(A) and (B) as
308 follows:
 - 309 (i) “last name” (PAT07) set as “Report”; and
 - 310 (ii) “first name” (PAT08) set as “Zero”;
 - 311 (f) dispensing record header segment field “date filled” (DSP05) is the calendar date when
312 no controlled substance or drug of concern was mailed, picked up, dispensed, or left the
313 pharmacy;
 - 314 (g) pharmacy trailer header segment field under Subsection (3)(i); and
 - 315 (h) transaction trailer header segment fields under Subsection (3)(j).
- 316 (5) (a) Under Subsection 58-37f-203(2), a Class A, B, D, or E pharmacy or pharmacy group
317 under Subsection 58-17b-102(10), (11), (13), or (14) that has a controlled substance license
318 may request a waiver from submitting daily zero reports if the pharmacy:
 - 319 (i) is not dispensing controlled substances or any drug of concern; and
 - 320 (ii) does not anticipate dispensing a controlled substance or drug of concern in the
321 immediate future.
- 322 (b) The pharmacy or pharmacy group requesting a waiver under Subsection (5)(a) shall
323 use the Division’s pre-approved form to submit the request.
- 324 (c) The pharmacy or pharmacy group granted a waiver under this section shall renew its
325 waiver with the Division at the end of each calendar year or the waiver automatically
326 terminates.
- 327 (d) If a pharmacy or pharmacy group with a current waiver dispenses a controlled
328 substance or drug of concern:
 - 329 (i) the waiver shall immediately and automatically terminate; and
 - 330 (ii) the pharmacy or pharmacy group:
 - 331 (A) is immediately subject to the Database reporting requirements under
332 Subsections 58-37f-203(1) and R156-37f-203(1); and
 - 333 (B) shall notify the Division in writing that the waiver terminated within 24
334 hours or the next business day after dispensing the controlled substance or
335 drug of concern, whichever is later.
- 336 (6) (a) Under Subsection 58-37f-203(1) and Section 63A-19-403, a patient may submit a
337 request to the Division for a correction to the patient’s record:
 - 338 (i) in person;
 - 339 (ii) by facsimile;
 - 340 (iii) by email to csd@utah.gov;
 - 341 (iv) by U.S. mail; or
 - 342 (v) by a third-party carrier.
- 343 (b) The Division shall verify the patient’s request against the source pharmacy’s records
344 before approving or denying a correction request.
- 345 (7) (a) Under subsection 58-37f-203(7), Database records shall be stored electronically in the
346 Database for five years.
- 347 (b) The Division may archive Database records that are more than five years old daily for
348 removal or de-identification.
- 349 (8) Under Subsection 58-37f-203(8)(a), the Database shall collect information for:

- 350 (a) any substance which contains any quantity of a derivative of barbituric acid or any salt
351 of any of them, including butalbital which is designated as a Schedule III controlled
352 substance under Subsection 58-37-108(2)(c)(ii); and
353 (b) gabapentin prescriptions under Subsection 58-37-108(2)(e)(iii) except those prescribed
354 by a veterinarian under Subsection 58-37-308.

355 (9) When directed by the Utah Controlled Substance Advisory committee the division will follow
356 the procedure for updating rules and list any non-controlled substance in rule for collection and
357 tracking as advised by the committee.

358 (10) Under Section 58-37f-203, an individual or pharmacy required to submit information to the
359 Database shall follow the DSRG as defined in Subsection R156-37f-102(11).

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362 **R156-37f-301a. Access to Database Information – User Types – Security Agreement –**
363 **Disseminated Information.**

364 (1) Under Subsection 58-37f-301(1), the Division shall limit Database access to the following
365 users:

- 366 (a) direct access user under Subsection R156-37f-301b; or
367 (b) indirect access user under Subsection R156-37f-301c.

368 (2) Under Subsection 58-37f-301(1), the Division shall require an individual applying for access
369 to the Database to specify the subsection in Section 58-37f-301 under which the individual
370 qualifies for access.

371 (3) If a direct access user or indirect access user is required to sign a security agreement before
372 the Division grants access to the Database, the security agreement shall include:

- 373 (a) the requesting individual's:
374 (i) full name that matches the positive identification;
375 (ii) contact phone number; and
376 (iii) employment email address used to register for an online state account;
377 (b) the business's, employer's, facility's, or agency's:
378 (i) full name;
379 (ii) identification number such as the ORI number, if applicable;
380 (iii) complete physical address; and
381 (iv) phone number;
382 (c) if the individual is supervised, the supervisor's:
383 (A) full name;
384 (B) supervisor's phone number; and
385 (C) supervisor's email address; and
386 (d) signature of the direct access user or indirect access user.

387 (4) (a) Subject to Subsection (4)(c), the Division may disseminate the following Database
388 information to a verified requester who is permitted to obtain the Database information
389 report under Section 58-37f-301:

- 390 (i) the subject's:
391 (A) full name;
392 (B) date of birth; and
393 (C) deceased status, if applicable;
394 (ii) the dispensing and reporting pharmacy's:
395 (A) name; and
396 (B) phone number;
397 (iii) prescription information:
398 (A) drug name;
399 (B) Rx number;

- 400 (C) metric quantity;
401 (D) days' supply of medication;
402 (E) morphine milligram equivalents (MME) of the prescription;
403 (F) prescription status;
404 (G) date the prescription was sold by the pharmacy; and
405 (H) prescriber name;
406 (iv) a summary of the subject's:
407 (A) total active daily morphine milligram equivalents (MME);
408 (B) count of the number of prescribers in the previous six months;
409 (C) count of the number of dispensing pharmacies in the previous six
410 months; and
411 (D) an active benzos and opioid combination, if found;
412 (v) indication of a record that is required to be reported to the Database including:
413 (A) a non-fatal overdose or poisoning at a general acute hospital under
414 Subsection 26B-2-225;
415 (B) death caused by prescribed controlled substance poisoning or overdose
416 under Subsection 26B-8-210;
417 (C) certain convictions regarding controlled substances under Subsection
418 41-6a-502(5) or 41-6a-502.5; and
419 (D) information from an electronic verification system (EVS) regarding
420 medical cannabis registration under Section 26B-4-213 and dispensing
421 information from a record that a medical cannabis pharmacy under
422 Subsection 26B-4-202(2)(h);
423 (vi) a count of total records provided on the Database report;
424 (vii) the date and time the Database report was generated; or
425 (viii) the search criteria used to generate the Database report.
426 (b) Subject to Subsection (4)(c), in addition to information available under Subsection
427 (4)(a), the Division may provide the following Database information upon request by an
428 eligible party through a search warrant, subpoena, or another investigative data request:
429 (i) the subject's complete physical address;
430 (ii) the date the prescription was written;
431 (iii) the date the prescription was filled;
432 (iv) the NDC number; and
433 (v)
434 (A) the prescriber's:
435 (I) NPI;
436 (II) DEA number; or
437 (III) Utah professional license number issued by the Division; or
438 (B) the pharmacy's:
439 (I) NCPDP number;
440 (II) DEA number; or
441 (III) Utah professional license number issued by the Division.
442 (c) The Division may limit the Database information provided under Subsection (6)(a) or
443 (b):
444 (i) to information obtained within the last five years;
445 (ii) based on a federal limitation or a limitation in statute or in rule; or
446 (iii) based on the specific information request.
447 (5) Division staff may disseminate Database information authorized under Section 58-37f-301 to
448 the user:
449 (a) verbally;

- 450 (b) by facsimile;
- 451 (c) by secure email;
- 452 (d) by U.S. mail;
- 453 (e) by a third-party mail carrier; or
- 454 (f) by electronic access, if adequate technology is in place to ensure that a record will not
- 455 be compromised, intercepted, or misdirected.

456 (6) Under Section 58-37f-301, if an authorized user's license status or state-controlled substance
457 license number changes, then the user shall notify the Database administrator to request updated
458 access.

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461 **R156-37f-301b. Access to Database Information – Direct Access Users – Disassociation.**

462 (1) Under 58-37f-301(1), the following individuals are direct access users as defined in
463 Subsection R156-37f-102(9):

- 464 (a) Division analytical personnel members as part of their employment duties under
- 465 Subsection 58-37f-301(2)(b) if authorized by the Division director;
- 466 (b) authorized UPHP employee under Subsection 58-37f-301(2)(d);
- 467 (c) Utah DHHS employee in the medical examiner's office under Subsection 58-37f-
- 468 301(2)(e)(iii);
- 469 (d) a licensed practitioner under Subsection 58-37f-301(2)(h);
- 470 (e) an employee designated by the licensed practitioner under Subsection 58-37f-301(2)(h)
- 471 and (2)(i);
- 472 (f) an employee of the same business that employees a licensed practitioner where the
- 473 licensed practitioner designates the employee under Subsection 58-37f-301(2)(j);
- 474 (g) a licensed pharmacist, licensed pharmacy intern, or pharmacy technician under
- 475 Subsection 58-37f-301(2)(k);
- 476 (h) a probation officer or parole officer under Subsection 58-37f-301(2)(m);
- 477 (i) Utah DHHS authorized employee in the Office of Internal Audit under Subsection 58-
- 478 37f-301(2)(n);
- 479 (j) mental health therapist for a patient in a licensed substance abuse treatment program
- 480 under Subsection 58-37f-301(2)(o);
- 481 (k) a licensed physician for a workers' compensation case under Subsection 58-37f-
- 482 301(2)(s);
- 483 (l) a licensed pharmacist who is authorized by a managed care organization under
- 484 Subsection 58-37f-301(2)(u);
- 485 (m) the Utah Medicaid Fraud Control Unit (MFCU) of the Utah Attorney General's Office
- 486 under Subsection 58-37f-301(2)(v);
- 487 (n) an individual employed by an emergency department under Subsection 58-37f-301(4);
- 488 (o) a practitioner or pharmacist at a federal facility with responsibilities that require access
- 489 to the database; or
- 490 (p) a pharmacist for a Class D pharmacy under Subsection 58-17b-102(13) or a pharmacy
- 491 group that uses the database in the same manner as a pharmacist in Subsection 58-37f-
- 492 301(2)(h).

493 (2) (a) A direct access user who has registered for an online state account and been granted
494 access to the Database by the Division may request information:

- 495 (i) directly from the Database by electronic submission; or
- 496 (i) as an indirect access user under Subsection (1)(c); and

497 (b) A direct access user granted Database access under Subsection (2)(a) shall complete
498 the following to maintain access to the Database:

- 499 (a) maintains an active license in good standing; and

- 500 (b) maintains required credentials for password or multi-factor-authentication for
501 periodic access to the account.
- 502 (3) (a) An individual qualified to directly access Database information under Section 58-37f-
503 301 shall register with the state by creating an online UtahID account at <https://id.utah.gov/>
504 or the equivalent state account that includes:
505 (i) the individual's full name; and
506 (ii) employment email address the individual will use for Database access.
- 507 (b) An individual qualified to access Database information shall meet the requirements of
508 Subsection (3)(a) unless:
509 (i) the individual already has an online UtahID account at <https://id.utah.gov/>; or
510 (ii) otherwise specified in an MOU.
- 511 (4) Under Subsection 58-37f-301(2)(b) or (d), a Division analytical personnel employee
512 authorized by the Division director or an authorized UPHP employee requesting direct access to
513 the Database shall:
514 (a) meet the requirements of Subsection (3);
515 (b) register with the Division by creating a CSD account at csd.utah.gov which includes
516 providing the employee's:
517 (i) full name that matches the positive identification under Subsection;
518 (ii) identification number and state of the positive identification under Subsection
519 (4)(c)(i);
520 (iii) phone number; and
521 (iv) employment email address that is not a shared email address; and
522 (c) submit:
523 (i) a legible copy of the employee's positive identification; and
524 (ii) a security agreement signed by the employee.
- 525 (5) under Subsection 58-37f-301(2)(e)(iii), a Utah DHHS employee in the medical examiner's
526 office requesting direct access to the Database shall:
527 (a) meet the requirements of Subsection (3);
528 (b) register with the Division by creating a CSD account at csd.utah.gov which includes:
529 (i) specifying the subsection in Subsection 58-37f-301(2) under which the licensee
530 qualifies for Database access; and
531 (ii) providing the DHHS employee's:
532 (A) full name that matches the positive identification under Subsection
533 (5)(c)(i); and
534 (B) DHHS email address that is not a shared email address;
535 (c) submit:
536 (i) a legible copy of the individual's positive identification; and
537 (ii) a security agreement signed by the DHHS employee; and
538 (d) ensure that the medical examiner submits a request for the DHHS employee to be
539 given access to the Database.
- 540 (6) Under Subsection 58-37f-301(2)(g), a DHHS employee requesting direct access to the
541 Database regarding a managed care organization shall:
542 (a) meet the requirements of Subsection (3);
543 (b) register with the Division by creating a CSD account at csd.utah.gov which includes:
544 (i) specifying the subsection in Subsection 58-37f-301(2) under which the licensee
545 qualifies for Database access; and
546 (ii) providing the DHHS employee's:
547 (A) full name that matches the positive identification under Subsection
548 (5)(c)(i);

- 549 (B) identification number and state of the positive identification under
550 Subsection (5)(c)(i);
551 (C) phone number; and
552 (D) employment email address that is not a shared email address; and
553 (c) submit:
554 (i) a legible copy of the employee’s positive identification; and
555 (ii) a security agreement signed by the DHHS employee.
556 (7) (a) Under Subsection 58-37f-301(2)(h) or (s), a Utah licensed practitioner requesting
557 direct access to the Database shall:
558 (i) meet the requirements of Subsection (3); and
559 (ii) register with the Division by creating a CSD account at csd.utah.gov including:
560 (A) specifying the subsection in Subsection 58-37f-301(2) under which the
561 licensee qualifies for Database access; and
562 (B) providing the licensed practitioner’s:
563 (I) full name;
564 (II) last four numbers of the social security number; and
565 (III) DEA number.
566 (b) Under Subsection 58-37f-301(2)(h), a practitioner licensed in another state who
567 requests direct access to the Database shall:
568 (i) meet the requirements of Subsection (3); and
569 (ii) register with the Division by creating a CSD account at csd.utah.gov which
570 includes:
571 (A) specifying the subsection in Subsection 58-37f-301(2) under which the
572 licensee qualifies for Database access; and
573 (B) providing the licensed practitioner’s:
574 (I) full name that matches the positive identification under
575 Subsection (7)(b)(ii)(B)(I);
576 (II) DEA number;
577 (III) identification number and state of the positive identification
578 under Subsection (7)(b)(ii)(B)(I);
579 (IV) phone number; and
580 (V) employment email address that is not a shared email address;
581 (iii) submit:
582 (A) a legible copy of the licensed practitioner’s:
583 (I) positive identification; and
584 (II) professional license issued by the home state; and
585 (B) a security agreement signed by the licensed practitioner; and
586 (iv) ensure that the licensed practitioner’s employer submits a written request to
587 the Division for access to the Database.
588 (c) A licensed practitioner at a federal facility with responsibilities that require access to
589 the database and requests direct access to the Database shall meet the requirements of
590 Subsection (7)(a) or (b).
591 (8) (a) Under Subsection 58-37f-301(2)(i) or (j), a designated employee requesting direct
592 access to the Database shall:
593 (i) meet the requirements of Subsection (3);
594 (ii) register with the Division by creating a CSD account at csd.utah.gov which
595 includes specifying the subsection in Subsection 58-37f-301(2) under which the
596 licensee qualifies for Database access;
597 (iii) submit a Controlled Substance Database Designee and Affidavit of Practice
598 form provided by the Division that includes:

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- (A) the designated employee's:
 - (I) full name that matches the positive identification under Subsection (8)(d)(i);
 - (II) each previous name, if any;
 - (III) identification number and state of the positive identification under Subsection (8)(d)(i);
 - (IV) date of birth;
 - (V) complete physical home address;
 - (VI) phone number;
 - (VII) email address that is not a shared email address; and
 - (VIII) signature; and

- (B) the licensed practitioner's:
 - (I) full name;
 - (II) Utah professional license identification number issued by the Division;
 - (III) DEA number; and
 - (IV) signature; and

(iv) submit:

(A) a legible copy of the designated employee's positive identification that verifies the designated employee is at least 16 years of age; and

(B) a security agreement signed by:

- (I) the designated employee; and
- (II) the licensed practitioner.

(b) A designated employee who meets the requirements of Subsection (8)(a) may only obtain Database information if the employee:

(i) passes a Division background check of available criminal court records and Database records under Subsection 58-37f-301(3); and

(ii) receives notice that the Division has granted access to the employee under Subsection 58-37f-301(2)(i)(iii) or (2)(j)(iii).

(9) (a) Under Subsection 58-37f-301(2)(k), a Utah licensed pharmacist, licensed pharmacy intern, or pharmacy technician requesting direct access to the Database shall:

(i) meet the requirements of Subsection (3); and

(ii) register with the Division by creating a CSD account at csd.utah.gov which includes:

(A) specify the subsection in Subsection 58-37f-301(2) under which the licensee qualifies for Database access; and

(B) provide the licensee's:

- (I) full name;
- (II) date of birth; and
- (III) last four numbers of the social security number.

(b) A pharmacist licensed in another state requesting direct access to the Database shall:

(i) meet the requirements of Subsection (3);

(ii) provide the licensed pharmacist's:

(A) full name that matches the positive identification under Subsection (9)(b)(iv)(A)(I);

(B) date of birth;

(C) identification number and state of the positive identification under Subsection (9)(b)(iv)(A)(I);

(D) phone number; and

(E) employment email address that is not a shared email address;

649 (iii) submit:

650 (A) a legible copy of the licensed pharmacist's:

651 (I) positive identification; and

652 (II) professional license issued by the home state; and

653 (B) a security agreement signed by the licensed pharmacist; and

654 (iv) ensure that the licensed pharmacist's employer submits a written request to the
655 Division that the licensed pharmacist be given access to the Database;

656 (c) Under Subsection 58-37f-301(2)(u), a Utah licensed pharmacist authorized by a
657 managed care organization requesting direct access to the Database shall meet the
658 requirements of Subsection (9)(a).

659 (d) A licensed pharmacist at a federal facility with responsibilities that require access to
660 the Database and requests direct access to the Database shall meet the requirements of
661 Subsection (9)(a) or (b).

662 (10) (a) Under Subsection 58-37f-301(4), a designated employee in an emergency department
663 requesting direct access to the Database shall:

664 (i) meet the requirements of Subsection (3);

665 (ii) register with the Division by creating a CSD account at csd.utah.gov which
666 includes specifying that the license qualifies for Database access under Subsection
667 58-37f-301(4);

668 (iii) submit a Controlled Substance Database Emergency Department Designee
669 and Affidavit of Practice form provided by the Division that includes:

670 (A) the designated employee's:

671 (I) full name that matches the positive identification under
672 Subsection (10)(d)(i);

673 (II) each previous name, if any;

674 (III) identification number and state of the positive identification
675 under Subsection (10)(d)(i);

676 (IV) date of birth;

677 (V) complete physical home address;

678 (VI) phone number;

679 (VII) email address that is not a shared email address; and

680 (VIII) signature;

681 (B) the emergency department manager's or agent's:

682 (I) full name;

683 (II) Utah professional license number issued by the Division, if any;

684 (III) phone number;

685 (IV) email address that is not a shared email address; and

686 (V) signature; and

687 (C) the hospital's:

688 (I) full name;

689 (II) complete physical address; and

690 (III)

691 (Aa) DEA number; or

692 (Bb) assigned DHHS number, if the hospital does not have a
693 DEA number; and

694 (iv) submit:

695 (A) a legible copy of the designated employee's positive identification that
696 verifies the designated employee is at least 16 years of age; and

697 (B) a security agreement signed by:

698 (I) the designated employee; and

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- (II) the emergency department manager or agent; and
- (b) A designated employee who meets the requirements of Subsection (10)(a) may only obtain Database information if the employee:

 - (i) passes a Division background check of available criminal court records and Database records under Subsection 58-37f-301(10); and
 - (ii) receives notice that the Division has granted access to the employee under Subsection 58-37f-301(2)(i)(iii) or (2)(j)(iii).
- (11) Under Subsection 58-37f-301(2)(m) or (v), a probation officer or parole officer or an authorized MFCU employee requesting direct access to the Database shall:

 - (a) meet the requirements of Subsection (3);
 - (b) register with the Division by creating a CSD account at csd.utah.gov which includes:

 - (i) specifying the subsection in Subsection 58-37f-301(2) under which the officer or MFCU employee qualifies for Database access; and
 - (ii) providing the officer's or MFCU employee's:

 - (A) full name that matches their positive identification under Subsection (11)(c)(i);
 - (B) identification number and state of the positive identification under Subsection (11)(c)(i);
 - (C) phone number; and
 - (D) employment email address that is not a shared email address; and
 - (c) submit:

 - (i) a legible copy of the officer's or MFCU employee's positive identification; and
 - (ii) a security agreement signed by the officer or MFCU employee.
- (12) Under Subsection 58-37f-301(2)(n), a Utah DHHS authorized employee in the Office of Internal Audit (OIA) requesting direct access to the Database shall:

 - (a) meet the requirements of Subsection (3);
 - (b) register with the Division by creating a CSD account at csd.utah.gov which includes:

 - (i) specifying the subsection in Subsection 58-37f-301(2) under which the employee qualifies for Database access; and
 - (ii) providing the DHHS employee's:

 - (A) full name that matches their positive identification under Subsection (12)(c)(i);
 - (B) identification number and state of the positive identification under Subsection (12)(c)(i);
 - (C) phone number; and
 - (D) employment email address that is not a shared email address; and
 - (c) submit:

 - (i) a legible copy of the DHHS employee's positive identification; and
 - (ii) a security agreement signed by the DHHS employee.
- (13) (a) If a designated employee ceases employment or is no longer designated, the licensed practitioner may remove the employee's designation:

 - (i) in the Database; or
 - (ii) by submitting a written or electronic notice of disassociation to the Division that includes:

 - (A) the designee's full name;
 - (B) the designee's email address;
 - (C) the designating practitioner's:

 - (I) name; and
 - (II) DEA number; or
 - (III) Utah professional license number issued by the Division; and

749 (D) the reason for disassociation.

750 (b) A designated employee may send a written request to the Division to be removed as a
751 proxy for the licensed practitioner.

752 (c) The Division may disassociate a designated employee if the designee has not used the
753 database for at least 90 days to maintain security and integrity.

754 (14) A direct access user may not permit their Database username or password to be used by
755 another individual.

756 (15) If a direct access user fails to login to the Database for five years, the Division may
757 deactivate the account and any proxy or designee access.

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760 **R156-37f-301c. Access to Database Information – Indirect Access Users.**

761 (1) Under 58-37f-301(1), the following are indirect access users as defined in Subsection R156-
762 37f-102(18):

763 (a) personnel of the division specifically assigned to conduct investigations related to
764 controlled substance laws Subsection 58-37f-301(2)(a)(i), if authorized by the Division
765 director;

766 (b) under Subsection 58-37f-301(2)(a)(ii), a law enforcement officer:

767 (i) engaged in a joint investigation with the Division; or

768 (ii) to whom the Division has referred a suspected criminal violation of a
769 controlled substance law;

770 (c) Division board member monitoring a specific licensee who is on probation under
771 Subsection 58-37f-301(2)(c);

772 (d) Utah DHHS employee:

773 (i) assigned by the DHHS director to conduct a scientific study on controlled
774 substances under Subsection 58-37f-301(2)(e)(i); or

775 (ii) when information is in relation to a person or provider whom the DHHS
776 suspects may be improperly obtaining or providing a controlled substance under
777 Subsection 58-37f-301(2)(e)(ii);

778 (e) designee of the director of the Utah DHHS for a scientific study under Subsection 58-
779 37f-301(2)(f);

780 (f) authorized employee of a managed care organization regarding Medicaid enrollees
781 under Subsection 58-37f-301(2)(g);

782 (g) a law enforcement officer pursuant to a valid search warrant under Subsection 58-37f-
783 301(2)(l);

784 (h) an individual requesting:

785 (i) the individual's own records under Subsection 58-37f-301(2)(p); or

786 (ii) a list of each person or entity that has requested or received information from
787 the database regarding the individual under Subsection 58-37f-301(2)(q);

788 (i) the inspector general of the Office of Inspector General of Medicaid Services or a
789 designee under Subsection 58-37f-301(2)(r);

790 (j) a member of Utah's Opioid Fatality Review Committee under Subsection 58-37f-
791 301(2)(t); or

792 (k) a third party given access to an individual's information under Subsection 58-37f-
793 301(5)(a).

794 (2) An indirect access user may request information from the Database by written request to the
795 Division:

796 (a) in person;

797 (b) by facsimile;

798 (c) secure email;

849 (b) If no date range is provided under Subsection (5)(a)(i)(A)(IV) or (B)(VI), then the
850 Database staff shall limit the search to one full year prior to the date the administrator
851 received the valid search warrant or DEA administrative subpoena.

852 (6) (a) Under Subsections 58-37f-203(4) and 58-37f-301(2)(p), an individual who is the
853 recipient of a controlled substance prescription entered the database and requests the
854 individual's information shall submit:

855 (i) a request form provided by the Division that includes the individual's:

856 (A) full name that matches their positive identification under Subsection

857 (6)(a)(ii)(A) or (B);

858 (B) each alias, if any;

859 (C) complete physical home address;

860 (D) phone number;

861 (E) date of birth;

862 (F) the date ranged to be searched, up to five years; and

863 (G) (I) signature; or

864 (II) notarized signature, if not applying in person;

865 (ii) (A) the individual's positive identification confirming the individual's
866 identity; or

867 (B) a legible copy of the individual's positive identification, if the
868 individual does not apply in person.

869 (b) Under Subsections 58-37f-203(4) and 58-37f-301(2)(q), an individual under
870 Subsection (6)(a) who requests a list of the persons and entities that have requested or
871 received Database information regarding the individual:

872 (i) shall meet the requirements of Subsection (6)(a); and

873 (ii) may receive the following information:

874 (A) the role of the individual who accessed the information;

875 (B) the date range of the information that was accessed, if available;

876 (C) the name of the individual or entity that requested the information; and

877 (D) the name of the practitioner for whom the request was made, if
878 applicable.

879 (c) Subject to Subsection (6)(d), a third-party representative eligible to request information
880 from the Database on behalf of an individual under Subsection (6)(a) shall submit:

881 (i) a request form provided by the Division that includes:

882 (A) the eligible third-party representative's:

883 (I) full name that matches the positive identification under
884 Subsection (6)(c)(ii)(B);

885 (II) relationship to the individual;

886 (III) complete physical address;

887 (IV) phone number;

888 (V) employment email address;

889 (VI) identification number and state of the positive identification
890 under Subsection (6)(c)(ii);

891 (VII) (Aa) notarized signature; or

892 (Bb) signature, if the third party is an attorney; and

893 (VIII) the attorney letterhead, if the third party is an attorney;

894 (B) the individual's:

895 (I) full name that matches the positive identification under
896 Subsection (6)(c)(ii)(B);

897 (II) date of birth; and

898 (III) complete physical home address;

- 899 (C) the specific information requested; and
900 (D) date range for the individual's records, up to five years from the
901 present;
902 (ii) a legible copy of:
903 (A) the third-party representative's positive identification confirming the
904 third-party representative's identity; and
905 (B) the individual's positive identification confirming the individual's
906 identity; and
907 (iii) the original copy or a certified copy of properly executed legal documentation
908 acceptable to the Database staff verifying that the third-party representative:
909 (A) is the individual's current agent under a power of attorney that:
910 (I) authorizes the agent to make health care decisions for the
911 individual;
912 (II) allows the agent to have access to the individual's patient
913 records or protected health information (PHI) under HIPAA; or
914 (III) otherwise grants the agent specific authority to obtain Database
915 information on behalf of the individual;
916 (B) is the custodial parent or court-appointed legal guardian of the
917 individual who is a minor;
918 (C) is the court-appointed legal guardian of the individual who is an
919 incapacitated adult individual; or
920 (D) subject to Subsection (6)(d), has an original form for release of records
921 from the individual that:
922 (I) includes the individual's notarized signature;
923 (II) specifies the name of the third-party representative;
924 (III) identifies the purpose of the release of Database information;
925 and
926 (IV) is in a format acceptable to the Database staff.
927 (d) The Division may not provide Database information to a third-party representative
928 under Subsection (6)(c)(iii)(D) for an individual who is deceased.
929 (7) Under Subsection 58-37f-301(2)(r), the inspector general of the Utah Office of Inspector
930 General of Medicaid Services or a designee of the inspector general who requests Database
931 information shall submit:
932 (a) a security agreement that includes the inspector general's or designee's:
933 (i) full name that matches the positive identification under Subsection (7)(b);
934 (ii) identification number and state of the positive identification under Subsection
935 (12)(c)(i);
936 (iii) phone number; and
937 (iv) employment email address that is not a shared email address; and
938 (v) signature; and
939 (b) a legible copy of the individual's positive identification, if the individual does not
940 apply in person.
941 (8) (a) Under Subsection 58-37f-301(5), when an individual requests that the Division provide
942 notice to a designated third party when a controlled substance or noncontrolled substance
943 prescription is dispensed to that individual, or that the Division discontinue providing
944 notice to a designated third party, the individual shall submit:
945 (i) a request form provided by the Division that includes:
946 (A) the individual's:
947 (I) full name that matches the individual's positive identification
948 under Subsection (8)(a)(ii);

- 949 (II) each alias, if any;
950 (III) birth date;
951 (IV) complete physical home address;
952 (V) email address; and
953 (VI) contact phone number; and
954 (VII) (Aa) signature; or
955 (Bb) notarized signature, if the individual is not submitting
956 the request in person; and
957 (B) a request that the Division:
958 (I) begin providing third party notice to the designated third party;
959 or
960 (II) discontinue providing third party notice to the designated third
961 party;
962 (ii)
963 (A) the individual's positive identification confirming the individual's
964 identity; or
965 (B) a legible copy of the individual's positive identification confirming the
966 individual's identity, if the individual is not submitting in person; and
967 (iii) the designated third party's:
968 (A) full name;
969 (B) complete physical address;
970 (C) email address; and
971 (D) contact phone number.
972 (b) After the Division receives the individual's request to discontinue third party notice,
973 the Division shall:
974 (i) provide notice to the requesting individual that the discontinuation notice was
975 received; and
976 (ii) provide notice to the designated third party that the notification has been
977 rescinded.
978 (c) An individual may have up to three active designated third parties under Subsection
979 (8)(a).

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982 **R156-37f-302. Other Restrictions on Access to Database.**

983 Subsection 58-37f-302(2), which prohibits any individual or organization with lawful access to the data from
984 being compelled to testify with regard to the data, includes deposition testimony.

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987 **R156-37f-303a. Access to Controlled Substance Prescription Through an Electronic Data System**
988 **(EDS).**

- 989 (1) Under Subsection 58-37f-303(4)(a)(i), to access controlled substance prescription information
990 in the Database, an entity requesting to become an approved EDS entity as defined under
991 Subsection R156-37f-102(1) shall:
992 (a) ensure that the entity's EDS interfaces with the Database through the Division-
993 approved prescription monitoring program (PMP) hub system;
994 (b) comply with the restrictions on Database access and use of Database information in
995 Title 58, Chapter 37f, Controlled Substance Database Act, and this rule;
996 (c) complete an intake form provided by the Division that includes contact information for
997 the eligible entity's:
998 (i) chief information officer (CIO), or the CIO's designee or equivalent; and

- 999 (ii) compliance officer (CO), or the CO's designee or equivalent, who oversees the
1000 EDS; and
- 1001 (d) sign a MOU with the Division using a form approved by the Division that includes the
1002 requirements in Section R156-37f-303b.
- 1003 (2) Under Subsection 58-37f-303(4)(a)(ii), to access controlled substance prescription information
1004 in the Database using an EDS, an EDS user shall:
- 1005 (a) register to use the Database by creating an approved account established by the
1006 Division pursuant to a MOU with the Division that meets the requirements of Section
1007 R156-37f-303b;
- 1008 (b) use the unique user name and password associated with the account created for the
1009 EDS user to access Database information through the original internet access system; and
1010 (c) comply with the restrictions on Database access and uses of Database information in
1011 Title 58, Chapter 37f, Controlled Substance Database Act, and this rule.
- 1012 (3) (a) The Division shall review the EDS's intake form and MOU and notify the applicant
1013 whether the EDS has been approved.
- 1014 (b) The Division shall work with the eligible entity to resolve any eligibility issues before
1015 issuing a denial.
- 1016 (c) (i) The Division may deny access to an otherwise eligible entity that does not meet
1017 the following requirements:
- 1018 (A) has an active registration with Division of Corporations and
1019 Commercial Code or similar government agency if applicant is not required
1020 to be registered in the state of Utah; and
- 1021 (B) internet search for relevant clinic information including:
- 1022 (I) the entity's website; and
1023 (II) entity's complete physical address; and
- 1024 (ii) If the Division deems it necessary based on Subsections (3)(c)(i), the Division
1025 may require an in-person site check by Division personnel.
- 1026 (4) (a) The Division shall require that each approved EDS entity with an EDS connected to
1027 the Database submit to the Division an annual attestation verifying that the EDS meets
1028 Database privacy and security requirements.
- 1029 (b) The entity's annual attestation shall include verification that:
- 1030 (i) the entity's EDS and users meet the Health Insurance Portability and
1031 Accountability Act of 1996 and other state and federal privacy and security laws;
1032 and
- 1033 (ii) the entity provides periodic privacy and security training to each EDS user who
1034 connects with the Database.
- 1035 (5) Only individuals authorized by rule and who hold active Database accounts are authorized to
1036 receive results from the Database using an EDS.
- 1037 (6) (a) Under Subsection 58-37f-303(6)(c), the Division may immediately suspend an entity's
1038 EDS or an EDS user's access to the Database if the Division determines by audit or other
1039 means that the access:
- 1040 (i) may lead to a violation of Section 58-37f-601; or
1041 (ii) may otherwise compromise the integrity, privacy, or security of the Database's
1042 controlled substance prescription information.
- 1043 (b) The Division may suspend or revoke access under Subsection (6)(a) without notice or
1044 opportunity to be heard.
- 1045 (c) This remedy shall be in addition to:
- 1046 (i) the criminal and civil penalties imposed by Section 58-37f-601 for unlawful
1047 release or use of Database information; and

1048 (ii) the Division's obligation under Subsections 58-37f-303(5) and (6) to
1049 immediately suspend or revoke Database access and pursue appropriate corrective
1050 or disciplinary action against a non-compliant EDS or EDS user.
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1053 **R156-37f-303b. Memorandum of Understanding (MOU) – Duties and Responsibilities of an**
1054 **Approved EDS Entity or an Approved EDS User – Access Limited – Data Breach – Withdrawal of**
1055 **Access.**

1056 (1) An entity requesting to become an approved EDS entity as defined under Subsection R156-
1057 37f-102(1) shall enter a MOU with the Division that meets the requirements of this Section.

1058 (2) Under Subsections 58-37f-303(3) and (4), in the MOU, an approved EDS entity shall agree to
1059 the following:

1060 (a) protect the Database and its information including:

1061 (i) maintaining reasonable operational, administrative, technical, and physical
1062 safeguards in the entity's EDS;

1063 (ii) ensuring the software necessary to facilitate data exchange with the Database is
1064 updated consistently;

1065 (iii) using a credentialing system that limits access to the Database and information
1066 obtained from the Database to an approved EDS user;

1067 (iv) providing at least annual privacy and security training for each of the entity's
1068 employees, contractors, and others with authorized access to the Database through
1069 the entity's EDS; and

1070 (v) implementing and maintaining reasonable procedures to prevent unlawful use
1071 or disclosure of protected information obtained from the Database;

1072 (b) ensure that:

1073 (i) only an employee or contractor with a signed agreement with the Division as an
1074 approved EDS user has access to the Database;

1075 (ii) each approved entity's EDS user:

1076 (A) is trained on how to:

1077 (I) properly use the EDS; and

1078 (II) prevent unauthorized or inappropriate access, use, or disclosure
1079 of protected information including the limits of access and allowable
1080 use of Database information;

1081 (B) receives annual privacy and security training;

1082 (C) maintains confidentiality of protected health information; and

1083 (D) complies with:

1084 (I) all state and federal laws governing the use and disclosure of
1085 protected health information, confidential information, and other
1086 Database information; and

1087 (II) the entity's signed MOU; and

1088 (iii) information submitted to the Database is accurate, complete, and up to date;

1089 (c) only access the Database and use its information within the authorized limits as
1090 prescribed by law and the MOU;

1091 (d) be responsible for Database information accessed through the approved entity's EDS
1092 including by a contractor or an affiliate with a third-party license;

1093 (e) bear all costs of connecting with the Database under Section 58-37f-501;

1094 (f) (i) participate in Division audits for compliance review that occur:

1095 (A) during normal business hours; and

1096 (B) at a time agreed to by the entity and the Division; and

1097 (ii) make available all information obtained from the Database to the Division for

- 1098 inspection and copying that is:
- 1099 (A) maintained in a static form; and
- 1100 (B) not maintained in another format accessible for purposes unrelated to
- 1101 Division audit;
- 1102 (g) respond to a Division request within 30 days of receiving the request;
- 1103 (h) except as required or permitted by law, ensure that information obtained from the
- 1104 Database:
- 1105 (i) is only viewed by the entity's approved EDS users;
- 1106 (ii) is entered into a patient's chart only if non-approved individuals are unable to
- 1107 access the information; and
- 1108 (iii) is not:
- 1109 (A) sold;
- 1110 (B) data mined;
- 1111 (C) duplicated, reproduced, disassembled, or decompiled;
- 1112 (D) used for an unauthorized activity outside of the scope allowed under
- 1113 federal and state law and the MOU;
- 1114 (E) retained except for auditing purposes and the maintenance of patient
- 1115 records;
- 1116 (F) used to build or enhance the entity's database or the database of an
- 1117 entity's approved EDS user;
- 1118 (G) released under HIPAA; or
- 1119 (H) otherwise made available to an unauthorized user;
- 1120 (i) where there is a data breach as defined in Subsection 63A-19-101(11) of Database
- 1121 information:
- 1122 (i) report the security incident to the Division within 24 hours including the type of
- 1123 data breach;
- 1124 (ii) begin investigating the misuse of information within 72 hours; and
- 1125 (iii) report the following information to the Division:
- 1126 (A) the date and time of the data breach;
- 1127 (B) what data elements were involved;
- 1128 (C) extent of the data accessed during the breach;
- 1129 (D) the identification of each individual whose information was affected;
- 1130 (E) the identity and description of the individual who accessed the data;
- 1131 (F) how the individual in Subsection (B) accessed the information;
- 1132 (G) a description of who the information was given to;
- 1133 (H) whether the misuse has triggered any federal or state laws requiring
- 1134 notification to individuals affected under Subsection (B)(III); and
- 1135 (I) the approved entity's plan to prevent similar misuse.

1137 **R156-37f-401. Database Registration Required -- Penalties for Failure to Register.**

1138 Reserved.

1140 **R156-37f-402. Online Tutorial and Test.**

1141 Under Section 58-37f-402, the online tutorial and online test for registration to use the Database is

1142 available at <https://dopl.utah.gov/controlled-substance-database/>.

1145 **R156-37f-502. Use of dedicated credits -- Controlled Substance Database -- Collection of penalties.**

1146 Reserved.

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R156-37f-601. Unlawful Release or Use of Database Information -- Criminal and Civil Penalties.
Under Section 58-37f-601, a practitioner, practitioner employee, pharmacist, or emergency department employee who enters Database information into a patient’s medical records shall redact that information before allowing a non-user to access the patient’s medical records.

R156-37f-602. Failure by Pharmacist to Submit Information – Penalties.
Reserved.

R156-37f-701. Immunity from Liability.
Reserved.

R156-37f-702. Reporting Prescribed Controlled Substance Poisoning or Overdose to a Practitioner.

- (1) (a) Under Subsection 58-37f-203(6)(c) and in addition to the information provided under Sections 26B-2-225 and 58-37f-702, the general acute hospital shall submit the following information to the Database:
 - (i) the complete physical home address of the individual patient; and
 - (ii) the full name of the general acute hospital employee entering the data.
- (b) (i) Under Subsection 58-37f-702(1)(b)(i), the Division shall create a Database report that includes each controlled substance prescribed for an individual admitted to a general acute hospital for poisoning or overdose that involved a prescribed controlled substance to identify each practitioner who may have prescribed a controlled substance to the individual during the 12 months before the individual’s admission date.
- (ii) Under Subsection 58-37f-702(1)(b), the Division shall notify each practitioner identified in Subsection (2)(b)(i) by secure email.
- (2) (a) When the Division receives a medical examiner’s report under Section 26B-8-210 for a decedent whose death resulted from poisoning or overdose involving a controlled substance, the Division shall upload data from the report into the Database.
- (b) Under Subsection 58-37f-702(2)(a), if the medical examiner’s report under Subsection (2)(a) identifies a practitioner who the medical examiner has reason to believe may have prescribed a controlled substance to the decedent, then the Division shall notify the practitioner by secure email.

R156-37f-703. Report of Conviction to Practitioners.

- (1) Under Subsection 58-37f-703(1), the Division shall create a Database report that includes each controlled substance prescribed for an individual with a conviction of driving under the influence of, or while impaired by, a prescribed controlled substance to identify each practitioner who may have prescribed a controlled substance to an individual during the six months before the individual’s arrest date.
- (2) Under Subsection 58-37f-703(1)(c), the Division shall notify each practitioner identified under Subsection (1) by secure email.



DOPL Board update

OPLR Minor Surgical, Med Spa & Wellness Review
March 2026

Issues that OPLR seeks to address

Lack of clarity in statute for cosmetic, wellness & related settings

- Definition of minor surgical procedures (SB 31, 2026 Gen. Session)
- Inconsistencies in language within Title 58
- Requirements contained across multiple statutes within Title 58

Minor surgical, med spa & wellness review

Growth in wellness & ketamine clinics

- DOPL concerns about complaints in these areas
- Need guidance for practitioners and appropriate enforcement

Anticipated timeline – to be confirmed

PRELIMINARY

Work phases

Explore feasibility of different regulatory approaches

Develop draft for preferred option via working group

Vet and refine working draft for consideration

Timing

March – April

May – July

August – October

Utah Legislative Update

The 2026 Session & Pharmacy Related Laws

Joseph Simpson

University of Utah College of Pharmacy



Pertinent Bills

House Bills

- HB 97
- HB 264
- HB 356
- HB 527

Senate Bills

- SB 83
- SB 87
- SB 174
- SB 261

Bills not passed:

- HB 96,
- HB 257,
- HB 359

HB 97 Medical Waste Amendments

- Applies to medications used in an ER, OR, or Ambulatory Surgical Facility
- Medications effected include antibiotics, anti-inflammatories, and dilation or glaucoma drops
- Unused portion may be offered to the patient
- Must be properly labelled according to Pharmacy Practice Act
- If offered, counselling about use and administration is required

HB 264 Prescription Medication Amendments

- Clarifies when a standing order may be issued
 - Clear clinical indication
 - FDA approved indication
 - Clinically appropriate
- Substitutions of medications
- Prescriptions are valid for two years unless otherwise indicated

HB 356 Drug Distribution Amendments

- A 340B adjustment/ clean up bill
- Adds definition of contracted pharmacy
- Prohibits manufacturers from requiring pharmacies to submit data as a condition of drug acquisition or delivery
 - Applies to pharmacies and 340B entities
 - Unless required by federal law

HB 527 Pharmacy Pricing Amendments

- Clarifies information available to pharmacies about MAC pricing
- Upon request, pharmacies will be given access to a list that is:
 - Electronic
 - Computer accessible
 - Searchable
 - Identifies drugs subject to a MAC
 - Lists the MAC for each drug
 - Lists the NDC of each drug

HB 527 Pharmacy Pricing Amendments

- Pharmacies may appeal reimbursement claims
- PBM involvement in the appeal process includes:
 - Phone number, email, and website for appeals
 - Direct submission of appeal to PBM
 - Submission of supporting documentation
 - Denials: the specific basis of the drug being available below MAC
 - Upheld: Allow claim reversal and retransmission without extra charge
- PBMs in violation subject to a fine of \$2,500 per day per violation

The background features several sets of curved lines in the corners, some solid and some dashed, creating a modern, abstract design.

SB 83 Controlled Substance Amendments

- Aligns Utah and federal controlled substance policy


SB 87 Naloxone Amendments

- Opioid antagonists defined as expired until 24 months post manufacturers expiration date
- Expired antagonists may be prescribed or dispensed
- If dispensed, include education of safety, efficacy, and risks

SB174

Exercise of Religious Beliefs and Conscience Amendments

- Pharmacists may refuse to participate in healthcare services that violate religious beliefs or conscience
- Refusing pharmacist may not be held civilly, criminally, or administratively liable
- This does not override EMTALA
- Notice of what services are not provided must be posted in reception area
- Include link to DHHS website and phone number for providers that do offer said services

The background of the slide features several sets of curved, concentric lines in shades of gray, some solid and some dashed, creating a sense of motion and depth. A prominent red rectangular box is positioned on the left side, containing the title text in white.

SB174 Exercise of Religious Beliefs and Conscience Amendments

- Provider who is refusing to offer services must provide advance notice to institution
- The institution should make reasonable effort when staffing to avoid provider needing to refuse services
- Protects refusing provider or health care institution from discrimination and adverse actions

SB 261 Pharmacy Practice Act Amendments

- Clarifies CPA practice to include initiation of therapy
- Expands prescriptive authority to include vaccines and epinephrine
- Explores online sale of pseudoephedrine
 - A real time electronic tracking system has to be implemented
 - System must be free of charge to the state, pharmacies, and law enforcement
 - If a retailer does not have access, then online sales of PSE are prohibited

Bureau Manager
Utah State Board of Pharmacy
Utah Division of Professional Licensing
P.O. Box 146741,
Salt Lake City, UT 84114-6741

RE: Placement of Costco's Consolidated Kiosks

Dear Mr. Garfield:

On behalf of Costco Wholesale Corporation ("Costco"), we respectfully request that the deviation request detailed below be placed on the Utah Board of Pharmacy's (the "Board") regular meeting agenda for review, discussion, and approval on the next available Board Meeting. The purpose of this appearance is to request a waiver to Utah Code Ann. § 58-17b-621. This request pertains to the placement of Costco's advanced automated pharmacy systems ("Fastlane Delivery Kiosks") at certain Utah Costco stores with existing pharmacies ("Costco Warehouses").

Costco Overview and Background

Costco is a membership-based warehouse club with retail locations in 47 states and the District of Columbia. Costco offers, among other services, prescription drugs through its warehouse-based retail pharmacies, including 14 located in Utah. Despite the membership-based nature of Costco's general retail experience, all pharmacies are open and accessible to the general public and serve patients regardless of whether they hold a Costco membership.

Background on Costco's Fastlane Delivery Kiosks

To streamline the delivery of medications without compromising pharmacy service, Costco is proposing to add its Fastlane Delivery Kiosks to the Costco locations in Utah. Fastlane Delivery Kiosks are manufactured by iLocalBox, a California-based automated pharmacy systems manufacturer focused on patient safety and experience.

We believe that the Fastlane Delivery Kiosks meet the definition of automated pharmacy systems as defined by Utah Code Ann. § 58-17b-102(5) and regulated by Utah Admin. Code r. R156-17b-620. Specifically, each Fastlane Delivery Kiosk is controlled by the pharmacy which directs the entire system down to each locker, facilitates secure and validated stocking of filled prescription by pharmacy staff, manages secure delivery to patients, facilitates counseling when requested by patients, and tracks the entire prescription delivery process. In addition to the already

existing pharmacy counter and home delivery options, the Fastlane Delivery Kiosk provides patients with another option to pick up their prescription via the system's secure lockers.

This optional pickup process begins with the fill/refill request. All prescription drug orders received by the pharmacy are processed by pharmacy staff and reviewed by a pharmacist. The prescription is then filled, labeled, and subject to final verification by the duty pharmacist. When requested by the patient, prescriptions suitable for locker pickup will be stocked in the Fastlane Delivery Kiosk by pharmacy staff. Prescriptions that are controlled substance prescriptions or, in the pharmacist's professional judgment, require oral counseling cannot be picked up using the Fastlane Delivery Kiosk. For other original prescriptions the pharmacy staff will follow the procedures for delivered medications and inform the patient that counselling is available.

The operation of the Fastlane Delivery Kiosk is designed to comply with Utah Admin. Code r. R156-17b-620. To load the filled and verified prescription into the system, a pharmacist or pharmacy technician must scan the prescription's bar code into the system to ensure it is being loaded into the appropriate locker assigned by the system. The automated pharmacy system has a complete audit trail that shows each transaction from assignment to loading to the pickup, complete with date and time stamps, and the name of pharmacy staffer performing the action. A pharmacist, using electronic means, can supervise authorized users that stock the prescriptions into the lockers of the kiosk. Once the prescription has been verified and loaded, the door on the locker will be secured (an alert is provided if a locker door is not properly secured). All system operations and responsibilities are set out in Costco's policies and procedures and pharmacy staff members will be initially and periodically trained in them.

Once the patient's prescription is loaded into the Fastlane Delivery Kiosk locker, the customer will be notified to pick up their order. At the time of pickup, the system requires the patient or their caregiver to validate their identification. Customers can pay any required co-pay through the Costco mobile app or through the Costco web pharmacy. Additionally, customers may request counseling and will be connected to a licensed pharmacist via the integrated real-time telehealth video platform (or directed to see the pharmacy staff, if the pharmacy is open). Once this validation is complete, the prescription is paid and electronically signed for, and (if requested) the counseling is completed, the system opens the appropriate locker and the prescription can be retrieved. Note that the Fastlane Delivery Kiosk is not designed to accept returns, expired, or waste medications from patients.

With respect to physical security, the Fastlane Delivery Kiosks themselves are constructed with a 2mm cold rolled steel frame and are securely mounted to the floor and/or wall to prevent theft and/or tampering. Each locker door has tamper proof security locks as well as sensors which will alert pharmacy staff if they are not properly secured, are inoperative, or if an attempt to open has been made without authorization. Each kiosk will be subject to 24/7 surveillance camera coverage (in addition to being secured within the interior of the Costco store itself) and its software

and electronic communications are secured with encryption. The system is also temperature controlled and monitored to ensure proper drug storage.

Notably, the Fastlane Delivery Kiosks will also be used to facilitate optical and, in the future, online order pickup uses like jewelry and small electronic items. Pharmacists at each location can assign lockers not being used for prescription pickup to optical or online order pickup functions. Optical and online order pickup will be assigned to different lockers within the unit. Optical department staff and online staff loading pickup lockers will have their access rights controlled by the pharmacy and will not have access to the lockers containing prescription drugs. Their access is also subject to an audit trail and monitoring. While each locker is capable of hosting prescription drug, optical, or online order pickups, a locker may only be used for one of those uses at a time (i.e. a locker assigned to prescription drug pickup may only be stocked with a prescription drug order for that patient, a locker assigned for optical pickup will only be stocked with an optical item, and a locker assigned an online order pickup will only have that retail item). Assignments for each locker are controlled by the pharmacy and each respective locker can only be assigned to host one of the three product categories at a time. As with the prescription drug pickup process, optical and online merchandise customer identification is validated, and they can only access the locker containing the item they are retrieving. While optical and online pickup staff have access to individual lockers, they cannot open the entire unit—only the pharmacy will have the ability to open the unit, such as for maintenance.

Enclosed is a slide deck providing an overview of the system, its key features, images, and proposed installation location within a Costco Warehouse.

Request under Utah Code Ann. § 58-17b-620 to Authorize the Installation and Operation of an Automated Pharmacy System Outside of the Costco Pharmacy Space.

Costco can comply with all other requirements outlined in Utah Admin. Code r. R156-17b-620, including the requirement that automated pharmacy systems should only be used in settings with an established program of pharmaceutical care that ensures a pharmacist reviews all prescriptions. As previously stated, the Fastlane Delivery Kiosks will only be installed in Costco Warehouses with existing pharmacies. However, Costco is seeking waiver from the location requirements in Utah Admin. Code r. R156-17b-620 to place the automated pharmacy systems outside the permitted pharmacy space but within the interior of the associated Costco Warehouse (proximate to the warehouse exit/checkout lanes).

Because Costco's physical footprint is significantly larger than traditional retail pharmacies, the distance between the entrance and the pharmacy is much longer. Placing the Fastlane Delivery Kiosks closer to the warehouse exit/checkout lanes will significantly reduce the walk for patients. The locker will also remain within view of warehouse management and under electronic and camera monitoring of the pharmacy. This will streamline the customer experience

while continuing to facilitate the safe and convenient pickup of medications. There may be some variation within the different Costco Warehouses.

Board regulations outline the use and placement of automated pharmacy systems. *See* Utah Admin. Code r. R156-17b-620. Board regulations allow for automated pharmacy systems to be located “in licensed pharmacies, remote locations under the jurisdiction of the Division and licensed health care facilities where legally permissible.” Utah Admin. Code r. R156-17b-620. Further, automated pharmacy systems should only be used in settings where there is an established program of pharmaceutical care that ensures that before dispensing, or removal from an automated pharmacy system, a pharmacist reviews all prescription or medication orders unless a licensed independent practitioner controls the ordering, preparation and administration of the medication; or in urgent situations when the resulting delay would harm the patient including situations in which the patient experiences a sudden change in clinical status. Utah Admin. Code r. R156-17b-620(2). Costco believes the process and procedure by which it intends to use the Fastlane Delivery Kiosks to securely dispense pharmacist verified prescriptions to patients meets the requirements under Utah Admin. Code r. R156-17b-620(2).

We recognize that the location limitations were drafted to ensure the security of the system and physical proximity to the pharmacy staff for added visibility. However, due to the advanced and comprehensive security and monitoring features built into the Fastlane Delivery Kiosk’s design, as well as the proximity to warehouse management, we believe the Board can appropriately waive the location requirement without compromising security. As mentioned above the Fastlane Delivery Kiosks are also protected from physical attack by their steel construction, tamper proof locks, and wall and/or floor mountings. Further, the Fastlane Delivery Kiosks have sensors that alarm if the unit/lockers are tampered with and are under 24/7 camera surveillance coverage. The kiosks are also tested and protected against hacking attacks via its secure and encrypted cloud and communication systems. Lastly, the Fastlane Delivery Kiosks will also be installed within the overall Costco facility, which itself is secure and alarmed against after-hours access. Therefore, the units will remain secure despite being outside the registered pharmacy space.

Costco currently has 15 Fastlane Delivery Kiosks deployed at pharmacies in California, Oregon, Texas and Washington. The Fastlane Delivery Kiosks have delivered over 127,000 prescriptions with no misdeliveries or security breach issues.

Conclusion

The Fastlane Delivery Kiosks include appropriate technological safeguards and advancements to ensure that the systems and their contents are secure from unauthorized access such that placement inside a registered space is not required. Additionally, allowing flexibility in the placement of the Fastlane Delivery Kiosks will also modernize the usage of such systems to improve their accessibility to patients – allowing the choice of convenient and secure delivery

without compromising service or care. We believe that granted this approval, based on the operational and security considerations presented herein, is consistent with the Board's mission to promote, preserve, and protect public health, safety and welfare. Finally, Costco is not aware of any other agency or political subdivision that might be affected by the granting of this approval.

If this request is granted, Costco will be able to follow all remaining requirements under Utah Admin. Code r. R156-17b-620 and has developed all necessary policies and procedures and quality assurance programs that are required to operate an automated pharmacy system.

We are hopeful that this letter demonstrates the need for and benefits of deploying automated pharmacy system at the proposed locations. We look forward to appearing before the Board to describe this program in greater detail. In the meantime, if you have any questions before our requested appearance, please do not hesitate to contact me.

Very truly yours,



Andrew Liu, Pharm.D.
Costco Regional Pharmacy Supervisor

Enclosure



Fastlane Delivery Kiosk Program

Costco Pharmacy



Kiosk features, operation

Optional for patients allowing for increased accessibility and availability of medications when the pharmacy is closed.

All hour video counseling available.

Compartmentalized usage controlled by the pharmacy – each locker may be assigned to be a pharmacy, optical, or e-commerce locker (no mixing of products within a single locker).

Multiply layers of physical and electronic security including video capture of all interactions with kiosk.

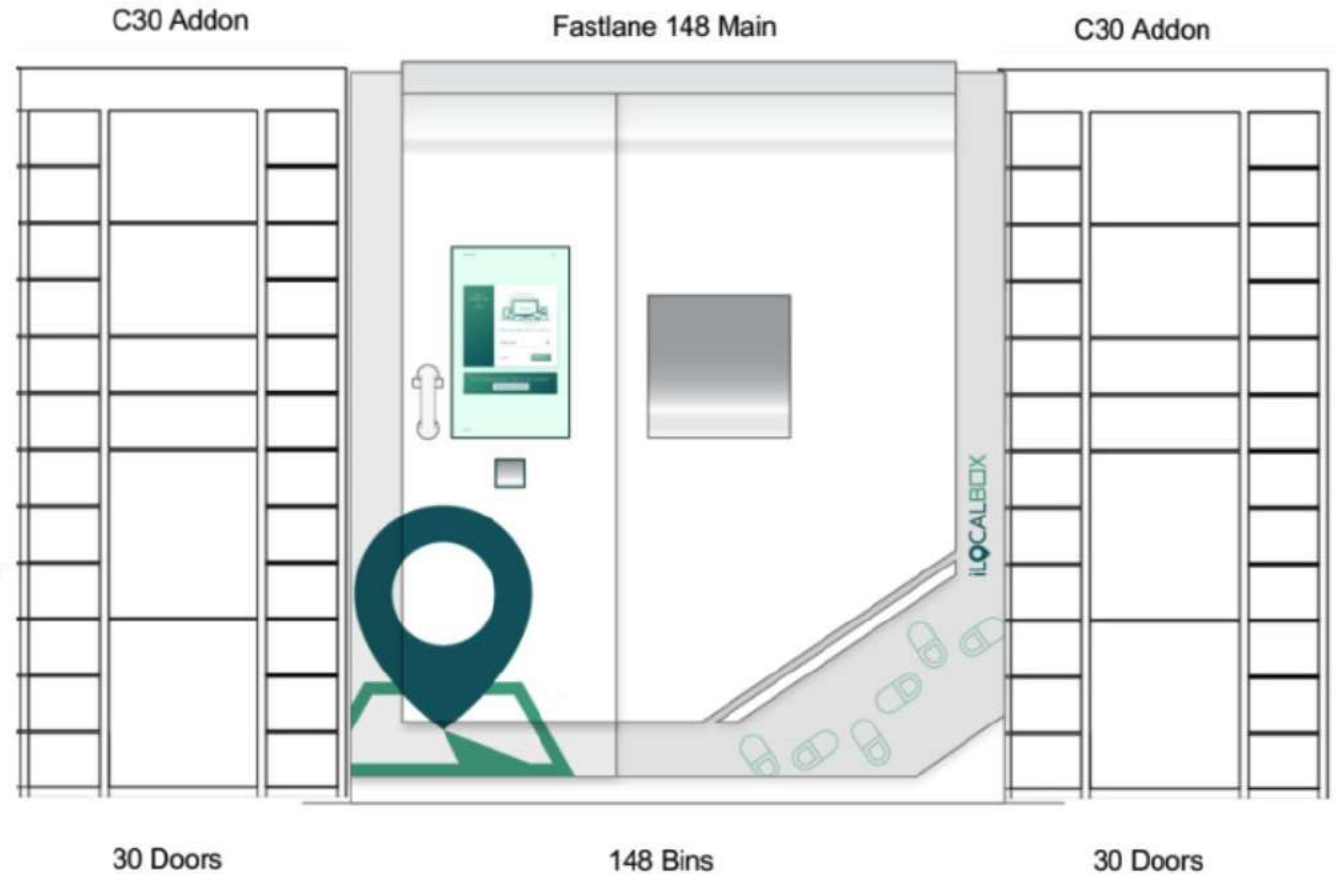
No refrigerated prescriptions (although temperature controlled and monitored).

No controlled substances.



High Volume Kiosk Configuration

Dimension: 12.9' (149") x 4.6' (56")





Kiosk Images





Combination kiosk controls

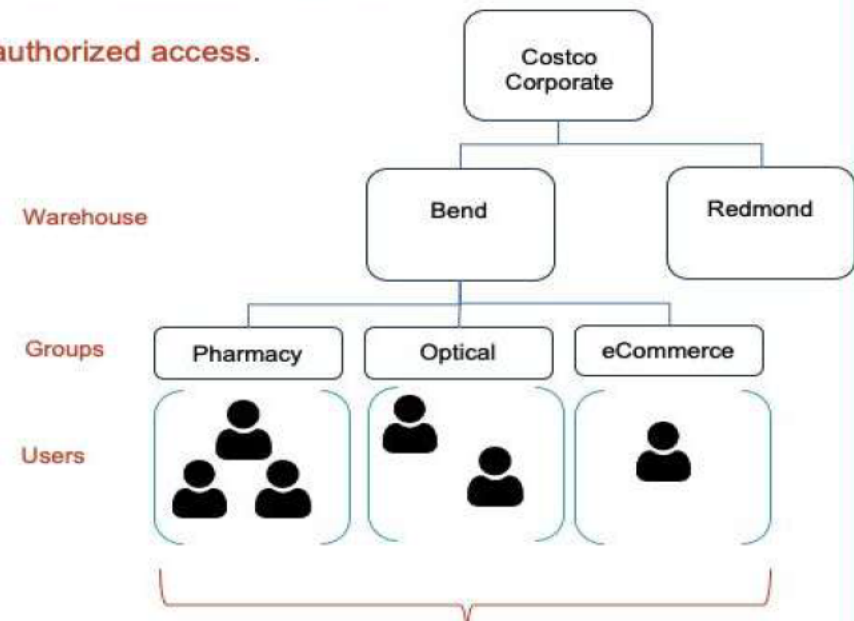
iLocal Box kiosks enable secure pick up for all customers

Purpose: Separating customers products and data by groups, preventing unauthorized access.

iLocal Box created Groups as a way to separate users within a kiosk.

Users in a group are restricted from accessing bins and data in other groups.

Groups have roles like "Pharmacist" or "technician" with different permissions.



Only the pharmacy can access pharmacy lockers and data.

Only the optical team can access the optical lockers and data.

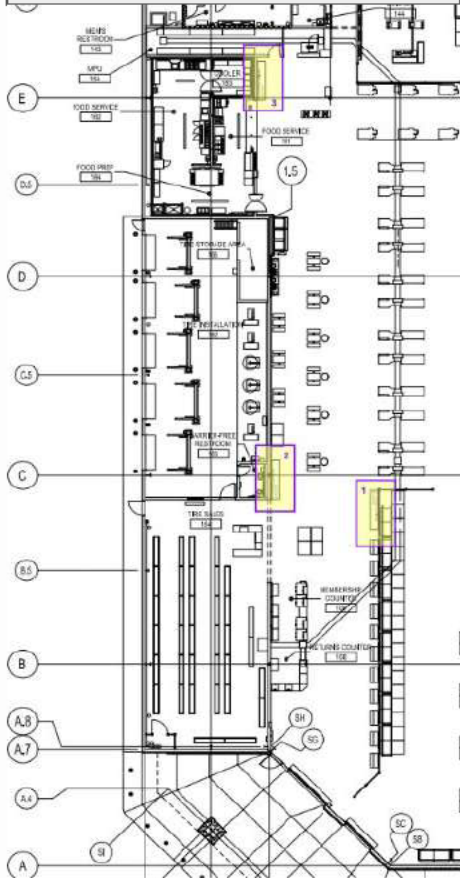
Only the eCommerce team has access to online order lockers and data.



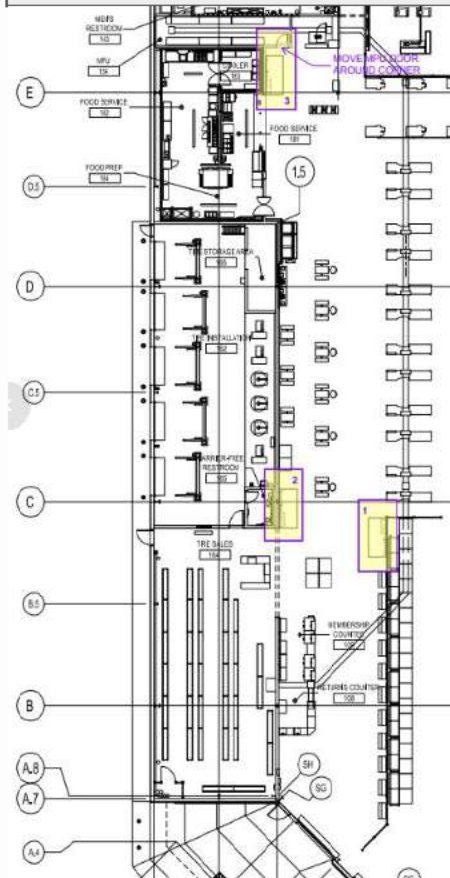


Warehouse Kiosk Location

Standard



High Volume



Existing Warehouse

Priority based on availability

1. Exit fence based on new warehouse spec
2. Across from Front end Registers
3. By or next to Food Court if inside
4. Near Tire shop



Key Features

- **Inventory** – Status of lockers and contents continuously available and updated.
- **Access** - PIC can revoke access for other pharmacy, optical, or e-commerce staff as needed (optical and e-commerce staff never have access to pharmacy lockers).
- **Validation** - A pharmacist or pharmacy technician must scan the prescription's bar code into the system to ensure it is being loaded into the appropriate locker assigned by the system. At the time of pickup, the system requires the patient or their caregiver to validate their identification.
- **Audit Trail** - The system has a complete audit trail that shows each transaction from assignment to loading to the pickup, complete with date and time stamps, and the name of pharmacy staff member performing the action.
- **Counseling** - Patients can be connected to a licensed pharmacist via the integrated real-time telehealth video platform (or directed to see the pharmacy staff, if the pharmacy is open) to complete counseling.



Member Feedback & Warehouse Feedback

- 136 Fastlane Delivery Kiosks deployed at pharmacies in California, Florida, Illinois, North Carolina, Oregon, Texas. and Washington.
- Pending deployment in Arizona, Colorado, and Virginia.
- Member feedback
 - RX 469: Patient moved their script to 403 Santee to shop with Lockers
 - RX 1225: Senior couple gave explicit feedback to their repeated positive experience using the locker
 - RX 1001: Patients and employees love the locker since they can pick up while warehouse is open but after pharmacy hours.
 - RX 401: The positive feedback remains the same: patients are very happy to have the option to pick up on Sundays when the pharmacy is closed and pre-paying to skip the lines.