

# FACTSHEET: Utah's Oversight of Opioid Prescribing and Monitoring of Opioid Use

## POLICIES AND PROCEDURES

*State laws, regulations, guidance, and policies related to oversight of opioid prescribing and monitoring of opioid use (e.g., policies for prescribing opioids).*

### State-wide Laws, Regulations, and Guidance Related to Opioids

- Utah's Controlled Substances Act, 1971 General Session, puts drugs and substances into five schedules that contain various compounds or preparation of opiates.
- Utah Passed Senate Bill (SB) 258, "Addiction Recovery Amendments," 2017 General Session, to establish guidelines for the issuance of a prescription for an opiate antagonist along with a prescription for an opiate.
- Utah Passed House Bill (HB) 146, "Partial Filling of a Schedule II Controlled Substance Prescription," 2017 General Session, to address the partial filling of a Schedule II controlled substance prescription. As passed, the bill allows a prescription for a Schedule II controlled substance to be partially filled in accordance with Federal law for a patient in a long-term-care facility or a patient with a terminal illness. However, in the case of all other patients, a prescription for a Schedule II controlled substance may only be partially filled if in accordance with Federal law and in accordance with State rules that specify how to record the date, quantity supplied, and quantity remaining of a partially filled prescription.
- Utah Code sections 31A-22-615.5(2) and (3), "Insurance Coverage for Opioids," 2017 General Session, urges health insurers to develop policies to minimize the risk of opioid addiction and overdose:
  - A health insurer that provides prescription drug coverage may enact a policy to minimize the risk of opioid addiction and overdose from:
    - chronic co-prescription of opioids with benzodiazepines and other sedating substances,
    - prescription of very high-dosage opioids in a primary care setting, and
    - the inadvertent transition of short-term opioids from treatment for an acute injury into long-term opioid dependence.

This factsheet shows Utah's responses to our questionnaire covering five categories related to opioids:

- Policies and Procedures
- Data Analytics
- Outreach
- Programs
- Other

This information is current as of October 2018. See page 13 for a list of State entities involved with oversight of opioid prescribing and monitoring of opioid use. See page 14 for a glossary of terms used in this factsheet.



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- A health insurer that provides prescription drug coverage may enact policies to facilitate:
  - non-narcotic treatment alternatives for patients who have chronic pain and
  - medication-assisted treatment (MAT) for patients who have opioid dependence disorder.
- Utah HB 11, "Overdose Reporting Amendment," 2014 General Session, provides that a person who reports an individual's overdose from a controlled substance or other substance may claim an affirmative defense to specified charges of violating the Utah Controlled Substances Act if the person remains with the individual who has overdosed and cooperates with responding medical providers and law enforcement officers. This information may also be used as a mitigating factor when determining the penalty for a related violation of the Utah Controlled Substances Act.
- Utah Code section 58-37-6(7), "License to Manufacture, Produce, Distribute, Dispense, Administer, or Conduct Research: Issuance by Division; Denial, Suspension, or Revocation; Records Required; Prescriptions," 2018 General Session, states:
  - A person may not write or authorize a prescription for a controlled substance unless the person is a practitioner authorized to prescribe drugs and medicine under the laws of this State or under the laws of another State having similar standards.
  - A person other than a pharmacist licensed under the laws of this State, or the pharmacist's licensed intern, may not dispense a controlled substance.
  - A controlled substance may not be dispensed without the written prescription of a practitioner, if the written prescription is required by the Federal Controlled Substances Act.
    - In emergency situations, controlled substances may be dispensed upon oral prescription of a practitioner, if reduced promptly to writing on forms designated by the Utah Department of Commerce, Division of Occupational and Professional Licensing, and filed by the pharmacy.
- Utah Code section 58-37-6.5, "Continuing Education for Controlled Substance Prescribers," 2018 General Session, requires that beginning with the licensing period that begins after January 1, 2014, as a condition for license renewal, each controlled substance prescriber shall complete at least 3.5 continuing education hours per licensing period, except dentists who shall complete at least 2 hours.



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## Medicaid Policies Related to Opioids

- The Utah Department of Health (UDOH), Division of Medicaid and Health Financing (Utah Medicaid), implemented a policy change that effective October 1, 2016, it would restrict the initial fill of short-acting opiates to no more than a 7-day supply.
- Effective July 1, 2018, for short-acting opiates prescribed by a dentist, Utah Medicaid restricts the initial fill to no more than a 3-day supply.
- *Utah Medicaid Drug Quantity Limits*, effective August 1, 2018, requires that in addition to the drug-specific limits, cumulative limits for any combination of short-acting opioids and/or opioid/paracetamol or acetaminophen (APAP) combination products is 180 tablets per 30 days (independent of long-acting opioid accumulation); fentanyl is mutually exclusive with methadone and all other long acting opioids; and the cumulative limit may be overridden if the prescriber writes a valid International Classification of Diseases code for cancer on the face of the prescription.

## Laws, Regulations, and Guidance on Prescription Drug Monitoring Program Data

- Utah HB 50, "Opioid Prescribing Regulations," 2017 General Session, prescribes that opioid prescriptions for acute, noncomplex, non-chronic conditions are limited to 7 days. Prescribers are required to check the controlled substance database before issuing the first prescription of an opioid to a patient unless the prescription is for 3 days or less or for a 30-day post-surgery supply. For ongoing opioid prescriptions, prescribers are required to periodically check this database.
- Utah Code section 58-37f-201, "Controlled Substance Database Act," 2016 General Session, states that the purpose of the database is to contain data regarding:
  - every prescription for a controlled substance dispensed in the State to any individual other than an inpatient in a licensed health care facility,
  - poisoning or overdose,
  - convictions for driving under the influence of a prescribed controlled substance or impaired driving, and
  - certain violations of the Utah Controlled Substances Act.
- Utah Code section 58-37f-301, "Controlled Substance Database Act," 2018 General Session, states that the Division of Occupational and Professional Licensing shall make information in the database and information obtained from other State or Federal prescription monitoring programs available only to the following individuals:
  - personnel of the division specifically assigned to conduct investigations,
  - law enforcement officers and prosecutors,



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- division personnel engaged in analysis of controlled substance prescriptions,
- assigned board member and diversion committee,
- UDOH and its personnel in accordance with a written agreement between UDOH and the division,
- a licensed practitioner and the practitioner's employer and employee,
- a licensed pharmacist and the pharmacist's technician and intern,
- employees of the Office of Internal Audit and Program Integrity,
- a mental health therapist,
- individuals in the database,
- the inspector general,
- licensed physicians for the purpose of reviewing and offering an opinion, and
- Utah's Opioid Fatality Review Committee.

## Laws, Regulations, and Guidance Related to Treatment

- Utah Code section 26-1-36(2), "Duty to Establish Program to Reduce Deaths and Other Harm from Prescription Opiates Used for Chronic Noncancer Pain," amended in the 2013 General Session, states that UDOH shall develop and implement a 2-year program in coordination with the Division of Occupational and Professional Licensing, the Utah Labor Commission, and the Utah attorney general, to:
  - investigate the causes of and risk factors for death and nonfatal complications of prescription opiate use and misuse in Utah for chronic pain by using the Utah Controlled Substance Database (CSD; discussed further below);
  - study the risks, warning signs, and solutions to the risks associated with prescription opiate medications for chronic pain, including risks and prevention of misuse and diversion of those medications;
  - provide education to health care providers, patients, insurers, and the general public on the appropriate management of chronic pain, including the effective use of medical treatment and quality care guidelines that are scientifically based and peer reviewed; and
  - educate the public regarding:
    - the purpose of the CSD established in Utah Code section 58-37f-201 and
    - the requirement that a person's name and prescription information be recorded on the database when the person fills a prescription for a Schedule II, III, IV, or V controlled substance.
- Utah HB 399, "Opioid Abuse Prevention and Treatment Amendments," 2018 General Session, requires that a warning label and informational pamphlet be distributed with an opiate prescription.
  - The warning label contains the following text:
    - "Caution: Opioid. Risk of overdose and addiction" or
    - any other language that is approved by the Department of Health.



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- The pamphlet includes information regarding:
  - the risk of dependency and addiction,
  - methods for proper storage and disposal,
  - alternative options for pain management,
  - the benefits of and ways to obtain naloxone, and
  - resources for patients who believe they have a substance abuse disorder.
- Utah Administrative Code, R501-21-6, "Substance Use Disorder Treatment Programs," enacted in 2017, states:
  - All substance use disorder treatment programs shall develop and implement a plan on how to support opioid overdose reversal.
  - MAT Programs prescribing, administering, or dispensing methadone (opioid treatment programs) shall:
    - maintain U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), certification and accreditation as an opioid treatment program;
    - comply with Utah Division of Substance Abuse and Mental Health Rule R523-10 governing methadone and other opioid treatment service providers;
    - employ a licensed physician who is an American Society of Addiction Medicine certified physician, or a prescribing licensed practitioner who can document specific training or experience in methadone treatment for opioid addictions; and
    - provide 1 nurse to dispense or administer medications for every 150 methadone consumers dosing on an average daily basis.

## Laws, Regulations, and Guidance on Naloxone

- Utah HB 119, "Opiate Overdose Emergency Treatment," 2014 General Session, created the Emergency Administration of Opiate Antagonist Act. This bill permits the dispensing and administration of an opiate antagonist to a person who is experiencing an opiate-related drug overdose event, establishes immunity for the good faith administration of an opiate antagonist, and clarifies that the administration of an opiate antagonist is voluntary and that the act does not establish a duty to administer an opiate antagonist.
- The Executive Director of the UDOH signed a State-wide standing order on December 8, 2016, allowing pharmacists to dispense naloxone, without a prior prescription, to anyone at increased risk of experiencing or witnessing an overdose. Pharmacists may dispense naloxone to concerned family members, caregivers, friends, and patients without a written prescription. However, pharmacies are not required to participate in the standing order.



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## DATA ANALYTICS

*Data analysis that the State performs related to opioid prescribing and monitoring of opioid use (e.g., analyzing data to determine the number of opioid prescriptions written by providers to detect high-prescribing providers).*

- Utah uses a Dashboard to monitor opioid usage:
  - Utah's prescription drug monitoring program (PDMP; called the CSD in Utah) Patient Dashboard is used to track the prescribing and dispensing of controlled substances, including opioids. Health care providers can use this tool to obtain information on individuals' prescription drug use before making prescription decisions. Requiring providers to use this tool is not fully enforced yet. Specifically, the PDMP tracks:
    - a metric called "morphine milligram equivalents" (MMEs) that represents a patient's current level of opioid use,
    - the number of prescribers the patient has visited for opioids within the last 6 months, and
    - the number of pharmacies the patient has visited during that timeframe.
  - The PDMP also indicates whether there is any overlapping of opioid and benzodiazepine prescriptions.
  - A Utah Prescriber Dashboard is being developed to help prescribers compare themselves to peers and self-regulate their prescribing behaviors.
- Utah Medicaid analyzed data to determine:
  - Medicaid drug coverage limits through the Medicaid point of sale system,
  - the restriction and limitation purposes of new drugs,
  - whether Medicaid beneficiaries with both Medicaid and Medicare coverage receive a limited drug benefit through Medicaid, and
  - the impact of the 7-day limit in anticipation of MME policies that may occur in the future.
- Utah Medicaid Accountable Care Organizations are required to:
  - perform drug utilization reviews (DURs);
  - establish a Preferred Drug List (PDL) factoring in safety and efficacy in implementation and ongoing monitoring, which is shared in the annual DUR reports;
  - conduct surveillance of drug utilization; and
  - administer the lock-in program (called the Restriction Program in Utah; discussed below in "Detection Programs") for certain of their beneficiaries.
- The UDOH Violence and Injury Prevention Program (VIPP) informaticist and epidemiologist analyze opioid morbidity and mortality data by using data sources



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including vital records, medical examiner records, law enforcement records, population-based surveys, and CSD data. They analyze data by provider specialty, number of prescriptions, percentage of total prescriptions, MMEs, doctor shopping indicators, and overlapping opioid and benzodiazepine prescriptions.

## OUTREACH

*Outreach that the State provides related to preventing potential opioid abuse and misuse (e.g., opioid-related training for providers).*

### Outreach to Providers

- Utah Medicaid issues Medicaid Information Bulletins quarterly (in January, April, July, and October).
  - These bulletins contain clarifications to existing policy, changes in policy and procedure, and information of interest to Medicaid providers.
  - The Utah Medicaid *Pharmacy Provider Manual* is updated periodically; changes are announced through the Medicaid Information Bulletins published on the Utah Medicaid website.
- UDOH has launched the “Naloxone” website targeted to the general public, prescribers, pharmacists, first responders, and outreach providers. Information directed at prescribers includes information on naloxone distribution and dispensing for high-risk patients. The website also advises all patients who have been prescribed opioids to be educated on the safe storage of opioid prescriptions, the risk of opioid overdose, the dangers of drug dependence associated with opioids and how to identify an opioid overdose, and how to administer naloxone.
- The UDOH VIPP conducts outreach to controlled substance prescribers through promotion of the guidelines, academic detailing, and mandated prescriber education.

### Outreach to Patients

- The Talk to Your Pharmacist outreach program encourages pharmacists to start a conversation with patients who have been prescribed an opioid.
- The Use Only as Directed campaign is a media and education campaign funded by public and private partners that is designed to prevent and reduce the misuse and abuse of prescription pain medications in Utah by providing information and strategies regarding safe use, safe storage, and safe disposal. Efforts include a paid media campaign, online presence (website and social media), local community outreach, and nontraditional public relations events.



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- UDOH developed a public education campaign, the “Stop the Opidemic” website, to provide information and resources for Utah residents, including the signs and symptoms of an opioid overdose, a list of common opioids, and a directory of support groups and rehabilitation centers.

## PROGRAMS

*State programs related to opioids (e.g., opioid-use-disorder treatment programs).*

### Prevention Programs

- UDOH, in partnership with The College of Pharmacy at the University of Utah, began operating its Drug Regimen Review Center in May 2002 to improve the safety and efficacy of drug use in Medicaid patients.
  - Each month, a group of patients is selected for review by a team of clinically trained pharmacists. Included in the review are patients taking short-acting opioids and those taking long-acting opioids.
  - These reviews result in recommendations to all prescribers of medications that are associated with recognized drug therapy problems, and include a list of drugs dispensed during the month of review.
    - Patterns of prescription fills that suggest inappropriate utilization for health care service, including utilization of multiple physicians, pharmacies, emergency rooms, or controlled substances may be referred to the Restriction Program (discussed below in “Detection Programs”).
- Through partnerships with the Utah Attorney General’s Office, the Utah National Guard, Prevention Resource Centers, the UDOH, and the U.S. Drug Enforcement Administration, Drug-Take-Back events are held twice a year at various locations.
  - The events are held not only to encourage the public to dispose of unused or expired medications, but to educate as many people as possible about the dangers that prescription medications can pose.
  - The “Utah Take Back” website provides general information about substance abuse as well as event locations.
  - 24-hour secure drop boxes are also available at law enforcement agencies and other facilities.
  - As of August 2018, 133 permanent collection sites were available in Utah. The “Utah Take Back” website shows their locations.



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## Detection Programs

### *Prescription Drug Monitoring Program*

- The PDMP (called the CSD in Utah) is administered by the Utah Department of Commerce, Division of Occupational and Professional Licensing.
  - Data submitted by pharmacies is usually available in the CSD within 24 business hours of receipt.
- Currently 10 States have PDMP data sharing agreements with Utah.
- VIPP uses the PDMP to conduct analysis to inform prevention and intervention efforts.
- Law enforcement and courts can access the CSD through a search warrant, and the State of Utah, Office of the Inspector General (OIG), can access it to use in Medicaid oversight activities to help identify fraud, waste, and abuse.
  - Certain public health staff are also able to access the CSD to inform prevention and intervention efforts.
  - Letters are sent to prescribers for individuals who are flagged for doctor shopping.

### *Lock-in Program*

- Utah Medicaid uses a lock-in program, called the Restriction Program, to restrict beneficiaries who overuse Medicaid services.
  - Medicaid- and Primary Care Network (PCN)-eligible beneficiaries may be enrolled in the Restriction Program when review and analysis of their use of clinical services show overuse, misuse, abuse, or possible fraud.
  - Utah Medicaid compares CSD reports to Medicaid claims to identify any aberrant occurrences. Comparisons are run approximately once a month or as needed for the purpose of monitoring.
  - Providers, law enforcement, pharmacies, and the OIG may make referrals to the Restriction Program.
  - The criteria to identify Utah Medicaid beneficiaries for lock-in are as follows:
    - four or more Primary Care Practitioners (PCPs) and/or specialty providers seen outside a normal range of utilization in a 12-month period,
    - four or more pharmacies accessed for controlled medications in a 12-month period,
    - three or more different providers prescribing controlled substances within 2 months during a 12-month period,



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- six or more prescriptions filled for controlled medications in 2 months during a 12-month period, or
- five or more non-emergent emergency room visits within the most recent 12 months of Medicaid eligibility.
- Restriction Program processes are differentiated into three phases:
  - Pre-Analytical:
    - Electronic surveillance identifies Medicaid- and PCN-eligible beneficiaries who meet or exceed Restriction Program criteria.
    - Identified beneficiaries are triaged for acuity of need for utilization review:
      - highest to lowest in any one individual criteria and
      - highest to lowest in number of criteria met.
  - Analytical:
    - Claims data, as well as other pertinent clinical and demographical information, are collected and collated on a standardized template.
    - Adjustments are made using professional and clinical judgment and applied using a documented, prescribed algorithm.
    - Final decision is made using numerical results of the algorithm.
  - Post-Analytical:
    - If the beneficiary is not enrolled in the Restriction Program:
      - the beneficiary may be eligible for continued electronic surveillance and
      - the beneficiary may be tagged for followup review in 3 months if utilization findings warrant.
    - If the beneficiary is enrolled in the Restriction Program, it is for a 12-month period:
      - A PCP is assigned to the beneficiary's case.
      - The PCP approves all secondary specialty providers and prescribers and/or mid-level prescribers who are assigned to the case.
      - A primary pharmacy is assigned to the beneficiary's case.
      - Lock-in staff educate the beneficiary regarding appropriate utilization of resources, including use of the emergency room.
      - Lock-in staff, in conjunction with the PCP, make adjustments to approved providers, prescribers, and pharmacies as needed during the beneficiary's enrollment in the program.



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- When a beneficiary obtains medical services from unapproved providers, prescribers, or pharmacies, Utah Medicaid may deny claims for those services.
- A utilization review is performed at the end of 12 months of enrollment in the program:
  - beneficiaries who are found to no longer meet Restriction Program criteria are disenrolled from the Restriction Program, but
  - if the review reveals that the beneficiary's utilization remains at or above the restriction criteria, the beneficiary's enrollment in the Restriction Program is extended for the next 12 months of Medicaid eligibility.
- Depending on benefit eligibility type, between 40 and 50 percent of the Medicaid beneficiaries who have been enrolled in the Restriction Program have subsequently been successfully discharged from it. Beneficiaries discharged from the program are no longer seen to be overusing their Medicaid benefits or accessing excessive controlled medications without clinical need.
  - The Restriction Program has made the following adjustments in response to evaluation metrics:
    - expansion of lock-in criteria,
    - optimized monitoring queries to more appropriately capture overuse of benefits and to improve the ratio of reviews to locked-in beneficiaries, and
    - standardized collection, documentation, and analysis of utilization review data to administer the program objectively across all enrolled beneficiaries.

## Opioid-Use-Disorder Treatment Programs

- There are 16 Opioid Treatment Programs (OTPs) throughout Utah:
  - Some of the OTPs are contracted and work with the local authorities to provide services to Medicaid beneficiaries.
  - Within the Department of Human Services, the Division of Licensing performs an annual site visit and monitoring of OTPs.
- In 2017, behavioral health and substance abuse treatment programs serviced about 15,000 clients, about 4,300 of whom were treated for abuse of heroin or other opioids.



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- The Department of Substance Abuse and Mental Health works with the OTPs and conducts quarterly meetings, reviews changes in State and Federal law, and reviews the State-requested data from each program.
- Utah Medicaid provides coverage for OTP services, including the daily administration of methadone. Utah Medicaid also provides daily or several-times-weekly opioid antagonist medication and counseling to maintain multidimensional stability for those with severe opioid use. MAT includes methadone, suboxone, and naltrexone.

## OTHER

*Other State activities related to opioids that are not covered by the other categories in this factsheet.*

- Utah has received Federal grants related to opioids programs. These include grants for:
  - Harold Rogers Prescription Drug Monitoring Program,
  - Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality,
  - Prescription Drug Overdose Prevention for States, and
  - State Targeted Response for Opioids.
- The Utah Coalition for Opioid Overdose Prevention was formed to prevent and reduce opioid abuse, misuse, and overdose deaths in Utah through a coordinated response. The group is a multi-disciplinary collaboration involving more than 60 experts in the fields of substance abuse prevention and treatment, law enforcement, environmental quality, health care, and public health.
- UDOH's PDL includes non-opioid options such as APAP, nonsteroidal anti-inflammatory drugs (oral and topical), Cox-2 inhibitors, anticonvulsants, and selected antidepressants. In addition, most of these medications are available to beneficiaries as a 90-day supply.
- UDOH plans to address the following issues in future months:
  - followup actions after a round table meeting with some insurance carriers to explore coverage of other pain treatments such as acupuncture,
  - MME policies,
  - restrictions on the concurrent use of benzodiazepines and opioids, and
  - the needs of special populations:
    - restrictions on the use of opioids during pregnancy and
    - pediatric patients' limitations.



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## UTAH ENTITIES

**Bureau of Medicaid Operations:** Within Utah Medicaid, the bureau's principal objectives are to oversee the accurate and expeditious processing of claims submitted for covered services on behalf of eligible beneficiaries and the training of providers regarding allowable Medicaid expenditures and billing practices.

**Medicaid Bureau of Coverage and Reimbursement Policy:** The general responsibilities of this bureau include benefit policy formulation, interpretation, and implementation planning. This responsibility encompasses scope of service and reimbursement policy for Utah's Medicaid program. The bureau also maintains the State plan and oversees the pharmacy program, which includes the DUR Board and the PDL.

**Utah Department of Health:** UDOH administers Medicaid and the Children's Health Insurance Program to provide medical, dental, and behavioral health services to needy individuals and families throughout the State. UDOH is designated as Utah's Single State Agency for Medicaid.

**Utah Department of Human Services:** This department works to strengthen lives by providing children, youth, families, and adults individualized services to thrive in their homes, schools, workplaces, and communities.

**Utah Department of Human Services, Office of Licensing:** This department issues licenses using rules established with community support to protect the dependent and vulnerable citizens of Utah.

**Utah Division of Occupational and Professional Licensing:** Within the Utah Department of Commerce, this division's mission is to protect the public and to enhance commerce through licensing and regulation. The division oversees the CSD program, which aids in the prevention, enforcement, and treatment of controlled substance abuse and diversion.

**Utah Division of Substance Abuse and Mental Health:** Within the Utah Department of Human Services, this division oversees the publicly funded prevention and treatment system.

**Violence and Injury Prevention Program:** VIPP's mission is to be a "trusted and comprehensive resource for data and technical assistance related to violence and injury. With this information, we help promote partnerships and programs to prevent injuries and improve public health."



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## GLOSSARY OF TERMS

**biopsychosocial treatment model:** This approach uses a holistic perspective that focuses on the full range of psychological, biological, and sociocultural influences on development and functioning along with their interactions. Emphasis is placed on achieving positive health and functioning across the important areas of patients' lives in addition to relieving psychological distress and reducing symptoms.

**medication-assisted treatment:** Treatment for opioid use disorder combining the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

**morphine milligram equivalents:** The amount of milligrams of morphine an opioid dosage is equal to when prescribed.

**naloxone:** A prescription drug that can reverse the effects of an opioid overdose and can be life-saving if administered in time. The drug is sold under the brand names Narcan and Evzio.

**opiate antagonist:** Opiate antagonist drugs such as naloxone are used in the treatment of opioid dependence and in the reversal of an opioid overdose.

**opioids:** Natural or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin; synthetic opioids, such as fentanyl; and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, and morphine. Opioid pain medications are generally safe when taken for a short time and as prescribed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused.

**opioid use disorder:** A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria, such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria.

**Prescription Drug Monitoring Program:** A State-run electronic database that tracks controlled substance prescriptions. A PDMP helps providers identify patients at risk of opioid misuse, abuse, or overdose due to overlapping prescriptions, high dosages, or co-prescribing of opioids with benzodiazepines. In Utah, the PDMP is referred to as the CSD.

