

Part 6
Regulation of the Practice of Pharmacy Operating Standards

58-17b-601 General operating standards.

- (1)
 - (a) The division shall make rules relating to the operations and conduct of facilities, individuals, and entities which are regulated under this chapter, to protect the public health, safety, and welfare.
 - (b) The rules shall be consistent with the regulations of the Federal Food and Drug Administration and Drug Enforcement Administration, this chapter, and all other laws relating to activities and persons regulated under this chapter.
- (2)
 - (a) This chapter does not prevent, restrict, or in any other manner interfere with the sale of nonprescription drugs.
 - (b) The division may not make any rules under this chapter that require nonprescription drugs to be sold by a licensed pharmacist or only in a pharmaceutical facility.
 - (c) The sale or distribution of nonprescription drugs does not constitute the practice of pharmacy.

Enacted by Chapter 280, 2004 General Session

58-17b-602 Prescription orders -- Information required -- Alteration -- Labels -- Signatures -- Dispensing in pharmacies.

- (1) Except as provided in Section 58-1-501.3, the minimum information that shall be included in a prescription order, and that may be defined by rule, is:
 - (a) the prescriber's name, address, and telephone number, and, if the order is for a controlled substance, the patient's age and the prescriber's DEA number;
 - (b) the patient's name and address or, in the case of an animal, the name of the owner and species of the animal;
 - (c) the date of issuance;
 - (d) the name of the medication or device prescribed and dispensing instructions, if necessary;
 - (e) the directions, if appropriate, for the use of the prescription by the patient or animal and any refill, special labeling, or other instructions;
 - (f) the prescriber's signature if the prescription order is written;
 - (g) if the order is an electronically transmitted prescription order, the prescribing practitioner's electronic signature; and
 - (h) if the order is a hard copy prescription order generated from electronic media, the prescribing practitioner's electronic or manual signature.
- (2) The requirement of Subsection (1)(a) does not apply to prescription orders dispensed for inpatients by hospital pharmacies if the prescriber is a current member of the hospital staff and the prescription order is on file in the patient's medical record.
- (3) Unless it is for a Schedule II controlled substance, a prescription order may be dispensed by a pharmacist or pharmacy intern upon an oral prescription of a practitioner only if the oral prescription is promptly reduced to writing.
- (4)
 - (a) Except as provided under Subsection (4)(b), a pharmacist or pharmacy intern may not dispense or compound any prescription of a practitioner if the prescription shows evidence of alteration, erasure, or addition by any person other than the person writing the prescription.

- (b) A pharmacist or pharmacy intern dispensing or compounding a prescription may alter or make additions to the prescription after receiving permission of the prescriber and may make entries or additions on the prescription required by law or necessitated in the compounding and dispensing procedures.
- (5)
- (a) Each drug dispensed shall have a label securely affixed to the container indicating the following minimum information:
 - (i) the name, address, and telephone number of the pharmacy;
 - (ii) the serial number of the prescription as assigned by the dispensing pharmacy;
 - (iii) the filling date of the prescription or its last dispensing date;
 - (iv) the name of the patient, or in the case of an animal, the name of the owner and species of the animal;
 - (v) the name of the prescriber;
 - (vi) the directions for use and cautionary statements, if any, which are contained in the prescription order or are needed;
 - (vii) except as provided in Subsection (7), the trade, generic, or chemical name, amount dispensed and the strength of dosage form, but if multiple ingredient products with established proprietary or nonproprietary names are prescribed, those products' names may be used; and
 - (viii) the beyond use date.
 - (b) The requirements described in Subsections (5)(a)(i) through (vi) do not apply to a label on the container of a drug that a health care provider administers to a patient at:
 - (i) a pharmaceutical administration facility; or
 - (ii) a hospital licensed under Title 26B, Chapter 2, Part 2, Health Care Facility Licensing and Inspection.
- (6) A hospital pharmacy that dispenses a prescription drug that is packaged in a multidose container to a hospital patient may provide the drug in the multidose container to the patient when the patient is discharged from the hospital if:
- (a) the pharmacy receives a discharge order for the patient; and
 - (b) the pharmacy labels the drug with the:
 - (i) patient's name;
 - (ii) drug's name and strength;
 - (iii) directions for use of the drug, if applicable; and
 - (iv) pharmacy's name and phone number.
- (7) If the prescriber specifically indicates the name of the prescription product should not appear on the label, then any of the trade, generic, chemical, established proprietary, and established nonproprietary names and the strength of dosage form may not be included.
- (8) Prescribers are encouraged to include on prescription labels the information described in Section 58-17b-602.5 in accordance with the provisions of that section.
- (9) A pharmacy may only deliver a prescription drug to a patient or a patient's agent:
- (a) in person at the pharmacy; or
 - (b) via the United States Postal Service, a licensed common carrier, or supportive personnel, if the pharmacy takes reasonable precautions to ensure the prescription drug is:
 - (i) delivered to the patient or patient's agent; or
 - (ii) returned to the pharmacy.

Amended by Chapter 328, 2023 General Session

58-17b-602.1 Dispensing quantity or dosage form different from prescription.

- (1) Without specific authorization from a prescriber, a pharmacist or pharmacy intern may dispense:
 - (a) a prescription in a quantity different than the quantity prescribed if the prescribed quantity or package size is not commercially available; and
 - (b) a prescription in a dosage form different than the dosage form prescribed, if in the professional judgement of the pharmacist or pharmacy intern, dispensing a different dosage form is in the best interest of the patient.
- (2) This section does not apply if:
 - (a) the substitute would change the bioavailability of the medication;
 - (b) the substitute would change the treatment parameters; or
 - (c) the prescriber has written or clearly designated "dispense as written" on the prescription.

Enacted by Chapter 372, 2020 General Session

58-17b-602.5 Information on prescription labels -- Education outreach.

The division, in order to assist emergency responders in quickly determining the physical condition of a patient at the scene of an emergency, as well as for the benefit of physicians and consumers, shall:

- (1) provide information on the pharmacy licensing website recommending that prescribers, pharmacists, and pharmacy interns include information on the label of a drug dispensed under Section 58-17b-602 describing the condition the prescription is meant to treat; and
- (2) as part of the website information, specify that information described in Subsection (1) should not be included on the label if the prescriber or patient indicates that the information may not be included on the label.

Enacted by Chapter 79, 2013 General Session

58-17b-603 Identification of pharmacy personnel.

All individuals employed in a pharmacy facility having any contact with the public or patients receiving services from that pharmacy facility shall wear on their person a clearly visible and readable identification showing the individual's name and position.

Amended by Chapter 210, 2024 General Session

58-17b-604 Medication profiles.

- (1) Each pharmacy shall establish a medication profile system for pharmacy patients according to the standards established by division rules made in collaboration with the board. The rules shall indicate the method for recording all prescription information.
- (2) The pharmacy shall maintain the medication profile for any pharmacy patient who expresses a desire for that professional service.
- (3) The pharmacy may charge an appropriate professional fee for this service and for copying or providing information in the medication profile to another authorized person.
- (4) A pharmacist, pharmacy intern, or pharmacy technician may not release or discuss the information contained in a prescription or patient's medication profile to anyone except:
 - (a) the pharmacy patient in person or the pharmacy patient's legal guardian or designee;
 - (b) a lawfully authorized federal, state, or local drug enforcement officer;
 - (c) a third party payment program administered under terms authorized by the pharmacy patient;

- (d) a pharmacist, pharmacy intern, or pharmacy technician providing pharmacy services to the patient or a prescribing practitioner providing professional services to the patient;
- (e) another pharmacist, pharmacy intern, pharmacy technician, or prescribing practitioner to whom the patient has requested a prescription transfer; or
- (f) the pharmacy patient's attorney, after the presentation of a written authorization signed by the:
 - (i) patient, before a notary public;
 - (ii) parent or lawful guardian, if the patient is a minor;
 - (iii) lawful guardian, if the patient is incompetent; or
 - (iv) personal representative, if the patient is deceased.

Enacted by Chapter 280, 2004 General Session

58-17b-605 Drug product equivalents and similar drug products.

- (1) For the purposes of this section:
 - (a)
 - (i) "Drug" is as defined in Section 58-17b-102.
 - (ii) "Drug" includes a "biological product" as defined in Section 58-17b-605.5.
 - (b) "Drug product equivalent" means a drug product that is designated as the therapeutic equivalent of another drug product in the Approved Drug Products with Therapeutic Equivalence Evaluations prepared by the Center for Drug Evaluation and Research of the United States Food and Drug Administration.
 - (c) "Osteopathic Physician and Surgeon's Licensing Board" means the board created in Section 58-68-201.
 - (d) "Medical Licensing Board" means the board created in Section 58-67-201.
 - (e) "Therapeutically similar drug product" means a drug product that:
 - (i) provides a similar level of therapeutic benefit and risk to a patient as another drug product; and
 - (ii) is on the list of therapeutically similar drugs created by the division in accordance with Subsection (9).
- (2) A pharmacist or pharmacy intern dispensing a prescription order for a specific drug by brand or proprietary name may substitute:
 - (a) a drug product equivalent for the prescribed drug if:
 - (i) the purchaser specifically requests or consents to the substitution of a drug product equivalent;
 - (ii) the drug product equivalent is of the same generic type and is designated the therapeutic equivalent in the approved drug products with therapeutic equivalence evaluations prepared by the Center for Drug Evaluation and Research of the Federal Food and Drug Administration;
 - (iii) the drug product equivalent is permitted to move in interstate commerce;
 - (iv) the pharmacist or pharmacy intern counsels the patient on the use and the expected response to the prescribed drug, whether a substitute or not;
 - (v) the substitution is not otherwise prohibited by law; and
 - (vi) the prescribing practitioner has not indicated that a drug product equivalent may not be substituted for the drug, as provided in Subsection (6); or
 - (b) a therapeutically similar drug product if:
 - (i) the prescriber has written "similar substitution authorized" on the prescription for the prescribed drug;

- (ii) the therapeutically similar drug product is listed on the therapeutically similar drug list described in Subsection (9) as a drug that can be substituted for the prescribed drug;
 - (iii) the purchaser specifically requests or consents to the substitution of the therapeutically similar drug;
 - (iv) the dispensed therapeutically similar drug product is permitted to move in interstate commerce;
 - (v) the pharmacist or pharmacy intern counsels the patient on the use and the expected response to the therapeutically similar drug product;
 - (vi) the substitution is not otherwise prohibited by law; and
 - (vii) the substitution:
 - (A) results in a decreased cost to the patient;
 - (B) is covered on the patient's health benefit plan formulary as a preferred drug or at the same or lower payment tier;
 - (C) is necessary because the pharmacist does not have the originally prescribed medication available to dispense to the patient; or
 - (D) would be beneficial to the patient for any reason if the patient and pharmacist mutually agree that the substitution would benefit the patient.
- (3)
- (a) Each out-of-state mail service pharmacy dispensing a drug product equivalent or a therapeutically similar drug product as a substitute for another drug into this state shall notify the patient of the substitution either by telephone or in writing.
 - (b) Each out-of-state mail service pharmacy shall comply with the requirements of this chapter with respect to a drug product equivalent or a therapeutically similar drug product substituted for another drug, including labeling and record keeping.
- (4)
- (a) Pharmacists or pharmacy interns may not substitute without the prescriber's authorization on trade name drug product prescriptions unless the product is currently categorized in the approved drug products with therapeutic equivalence evaluations prepared by the Center for Drug Evaluation and Research of the Federal Food and Drug Administration as a drug product considered to be therapeutically equivalent to another drug product.
 - (b) A pharmacist or pharmacy intern that substitutes a drug product for a therapeutically similar drug product under Subsection (2)(b), for any prescription intended to last longer than 30 days, shall notify the prescriber that the pharmacist or pharmacy intern substituted the drug.
- (5) A pharmacist or pharmacy intern who dispenses a prescription with a drug product equivalent or a therapeutically similar drug product under this section assumes no greater liability than would be incurred had the pharmacist or pharmacy intern dispensed the prescription with the drug product prescribed.
- (6)
- (a) If, in the opinion of the prescribing practitioner, it is in the best interest of the patient that a drug product equivalent not be substituted for a prescribed drug, the practitioner may indicate a prohibition on substitution either by writing "dispense as written" or signing in the appropriate space where two lines have been preprinted on a prescription order and captioned "dispense as written" or "substitution permitted".
 - (b) If the prescription is communicated orally by the prescribing practitioner to the pharmacist or pharmacy intern, the practitioner shall indicate the prohibition on substitution and that indication shall be noted in writing by the pharmacist or pharmacy intern with the name of the practitioner and the words "orally by" and the initials of the pharmacist or pharmacy intern written after it.

- (7)
 - (a) A pharmacist or pharmacy intern who substitutes a drug product equivalent or therapeutically similar drug product for a prescribed drug shall communicate the substitution to the purchaser.
 - (b) The drug product equivalent or therapeutically similar drug product container shall be labeled with the name of the drug dispensed.
 - (c) The pharmacist, pharmacy intern, or pharmacy technician shall indicate on the file copy of the prescription both the name of the prescribed drug and the name of the drug product equivalent or the therapeutically similar drug product dispensed in place of the prescribed drug.
- (8)
 - (a) For purposes of this Subsection (8), "substitutes" means to substitute:
 - (i) a generic drug for another generic drug;
 - (ii) a generic drug for a nongeneric drug;
 - (iii) a nongeneric drug for another nongeneric drug; or
 - (iv) a nongeneric drug for a generic drug.
 - (b) A prescribing practitioner who makes a finding under Subsection (6)(a) for a patient with a seizure disorder shall indicate a prohibition on substitution of a drug product equivalent in the manner provided in Subsection (6)(a) or (b).
 - (c) Except as provided in Subsection (8)(d), a pharmacist or pharmacy intern who cannot dispense the prescribed drug as written, and who needs to substitute a drug product equivalent for the drug prescribed to the patient to treat or prevent seizures shall notify the prescribing practitioner prior to the substitution.
 - (d) Notification under Subsection (8)(c) is not required if the drug product equivalent is paid for in whole or in part by Medicaid.
- (9)
 - (a) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, and in consultation with the board and the Medical Licensing Board, the division shall create a therapeutically similar drug product list that contains lists of drug products that are therapeutically similar to each other.
 - (b) The division may not add a drug product to the therapeutically similar drug product list if the addition is opposed by:
 - (i) the board; or
 - (ii) the Medical Licensing Board.
 - (c) When considering a drug to be added to the therapeutically similar drug product list, the division shall consult with each board described in Subsection (9)(b).
 - (d) When consulting with the division under Subsection (9)(c), a board described in Subsection (9)(b) may:
 - (i) review clinical practice guidelines;
 - (ii) review peer-reviewed studies; and
 - (iii) consult with medical specialists who are familiar with the drug under consideration.
 - (e) When creating the therapeutically similar drug product list, before considering any other types of drugs, the division shall consider:
 - (i) albuterol inhalers;
 - (ii) injectable forms of insulin; and
 - (iii) diabetic test strips.

- (f) The division may, in consultation with each board described in Subsection (9)(b), create standards in rule for considering drug products that should be added to the therapeutically similar drug product list.
- (10) Failure of a licensed medical practitioner to specify that no substitution is authorized does not constitute evidence of negligence.

Amended by Chapter 507, 2024 General Session

58-17b-605.5 Interchangeable biological products.

- (1) For the purposes of this section:
 - (a) "Biological product" means the same as that term is defined in 42 U.S.C. Sec. 262.
 - (b) "Interchangeable biological product" means a biological product that the federal Food and Drug Administration:
 - (i) has:
 - (A) licensed; and
 - (B) determined meets the standards for interchangeability pursuant to 42 U.S.C. Sec. 262(k)(4); or
 - (ii) has determined is therapeutically equivalent as set forth in the latest edition of or supplement to the federal Food and Drug Administration's Approved Drug Products with Therapeutic Equivalence Evaluations.
- (2) A pharmacist or pharmacy intern dispensing a prescription order for a specific biological product by brand or proprietary name may substitute an interchangeable biological product for the prescribed biological product only if:
 - (a) the purchaser specifically requests or consents to the substitute of an interchangeable biological product;
 - (b) the interchangeable biological product is permitted to move in interstate commerce;
 - (c) the pharmacist or pharmacy intern counsels the patient on the use and the expected response to the prescribed biological product, whether a substitute or not, and the substitution is not otherwise prohibited by this chapter;
 - (d) the prescribing practitioner has not prohibited the substitution of an interchangeable biological product for the prescribed biological product, as provided in Subsection (6); and
 - (e) the substitution is not otherwise prohibited by law.
- (3) Each out-of-state mail service pharmacy dispensing an interchangeable biological product as a substitute for another biological product into this state shall:
 - (a) notify the patient of the substitution either by telephone or in writing; and
 - (b) comply with the requirements of this chapter with respect to an interchangeable biological product substituted for another biological product, including labeling and record keeping.
- (4) Pharmacists or pharmacy interns may not substitute without the prescriber's authorization biological product prescriptions unless the product has been determined by the United States Food and Drug Administration to be interchangeable with the prescribed biological product.
- (5) A pharmacist or pharmacy intern who dispenses a prescription with an interchangeable biological product under this section assumes no greater liability than would be incurred had the pharmacist or pharmacy intern dispensed the prescription with the biological product prescribed.
- (6)
 - (a) If, in the opinion of the prescribing practitioner, it is in the best interest of the patient that an interchangeable biological product not be substituted for a prescribed biological product, the practitioner may prohibit a substitution either by writing "dispense as written" or by signing

in the appropriate space where two lines have been preprinted on a prescription order and captioned "dispense as written" or "substitution permitted."

(b)

- (i) If the prescription is communicated orally by the prescribing practitioner to the pharmacist or pharmacy intern, the practitioner shall direct the prohibition or substitution.
 - (ii) The pharmacist or pharmacy intern shall make a written note of the practitioner's direction by writing the name of the practitioner and the words "orally by" and the initials of the pharmacist or pharmacy intern written after it.
- (7) A pharmacist or pharmacy intern who substitutes an interchangeable biological product for a prescribed biological product shall communicate the substitution to the purchaser. The interchangeable biological product container shall be labeled with the name of the interchangeable biological product dispensed, and the pharmacist, pharmacy intern, or pharmacy technician shall indicate on the file copy of the prescription both the name of the prescribed biological product and the name of the interchangeable biological product dispensed in its place.
- (8) Within five business days following the dispensing of a biological product, the dispensing pharmacist or the pharmacist's designee shall make an entry of the specific product provided to the patient, including the name of the product and the manufacturer. The communication shall be conveyed by making an entry into an interoperable electronic medical records system, through an electronic prescribing technology, a pharmacy benefit management system, or a pharmacy record that is electronically accessible by the prescriber. Entry into an electronic records system as described in this Subsection (8) is presumed to provide notice to the prescriber. Otherwise, the pharmacist shall communicate the biological product dispensed to the prescriber using facsimile, telephone, electronic transmission, or other prevailing means, provided that communication shall not be required where:
- (a) there is no FDA-approved interchangeable biological product for the product prescribed;
 - (b) a refill prescription is not changed from the product dispensed on the prior filling of the prescription; or
 - (c) the product is paid for using cash or cash equivalent.

Amended by Chapter 266, 2015 General Session

58-17b-606 Restrictive drug formulary prohibited.

- (1) As used in this section:
- (a) "Generic form" means a prescription drug that is available in generic form and has an A rating in the United States Pharmacopeia and Drug Index.
 - (b) "Legend drug" has the same meaning as prescription drug.
 - (c) "Restrictive drug formulary" means a list of legend drugs, other than drugs for cosmetic purposes, that are prohibited by the Department of Health and Human Services from dispensation, but are approved by the Federal Food and Drug Administration.
- (2) A practitioner may prescribe legend drugs in accordance with this chapter that, in his professional judgment and within the lawful scope of his practice, he considers appropriate for the diagnosis and treatment of his patient.
- (3) Except as provided in Subsection (4), the Department of Health and Human Services may not maintain a restrictive drug formulary that restricts a physician's ability to treat a patient with a legend drug that has been approved and designated as safe and effective by the Federal Food and Drug Administration, except for drugs for cosmetic purposes.

- (4) When a multisource legend drug is available in the generic form, the Department of Health and Human Services may only reimburse for the generic form of the drug unless the treating physician demonstrates to the Department of Health and Human Services a medical necessity for dispensing the nongeneric, brand-name legend drug.
- (5) The Department of Health and Human Services pharmacists may override the generic mandate provisions of Subsection (4) if a financial benefit will accrue to the state.
- (6) This section does not affect the state's ability to exercise the exclusion options available under the Federal Omnibus Budget Reconciliation Act of 1990.

Amended by Chapter 328, 2023 General Session

58-17b-607 Drug substitution is not the practice of medicine -- Other causes of action not denied.

- (1) The substitution of any drug by a licensed pharmacist or pharmacy intern under this chapter does not constitute the practice of medicine.
- (2) This chapter may not be construed to deny any individual a cause of action against a pharmacist, pharmacy intern, or his employer for violations of this chapter, including failure to observe accepted standards of care of the pharmaceutical profession.

Enacted by Chapter 280, 2004 General Session

58-17b-608 Emergency refills.

- (1) If a prescription may not be refilled otherwise, a pharmacist or pharmacy intern may refill the prescription in an emergency without the prescribing practitioner's authorization if:
 - (a) the prescription is for a drug that is not a controlled substance;
 - (b) the patient is currently using the drug prescribed;
 - (c) the prescribing practitioner is not available promptly to authorize the refill;
 - (d) the pharmacist or pharmacy intern, or another pharmacist or pharmacy intern at the same pharmacy, has not previously dispensed a refill for the prescription under this section;
 - (e) refilling the prescription is in the interest of the patient's health;
 - (f) in the professional judgment of the pharmacist or pharmacy intern the prescription should be refilled;
 - (g) except as provided in Subsection (1)(h), the pharmacist or pharmacy intern dispenses the medication in accordance with the prescribing practitioner's instructions included with the prescription; and
 - (h) the pharmacist or pharmacy intern dispenses no more than the amount necessary to address the emergency.
- (2) If the prescription for a drug dispensed under Subsection (1) is on file with the pharmacy where the drug is dispensed, the pharmacist or pharmacy intern may dispense more than a three-day supply only if:
 - (a)
 - (i) the prescription has expired within the past 30 days; or
 - (ii) no refills are remaining on the prescription; and
 - (b) the amount dispensed does not exceed the lesser of:
 - (i) a 30-day supply; or
 - (ii) the quantity last dispensed at the pharmacy pursuant to the prescription as either a fill or a refill.

- (3) A pharmacist or pharmacy intern who dispenses a prescription refill under this section shall inform the prescribing practitioner of the emergency refill as soon as practicable.

Repealed and Re-enacted by Chapter 372, 2020 General Session

58-17b-608.1 Refills of legend drug prescriptions.

- (1) If a prescription for a legend drug includes authorization for one or more refills, a pharmacist or pharmacy intern may dispense one or more of the refills at the time the drug is dispensed, if:
 - (a) the drug is not a controlled substance;
 - (b) the prescription does not include "Dispense quantity written," or some other notation having similar meaning;
 - (c) the total dosage units dispensed, including the units for both the prescription and any refills, do not exceed a 100-day supply; and
 - (d) in the professional judgment of the pharmacist or pharmacy intern, the refill or refills should be dispensed at the time the prescription is dispensed.
- (2) A pharmacist or pharmacy intern may dispense a refill of a prescription for a liquid legend drug administered to the eye once an amount of time has passed after which a patient should have used 70% of the dosage units of the drug according to a practitioner's instructions.

Amended by Chapter 386, 2014 General Session

58-17b-608.2 Insulin prescriptions and diabetes supplies.

- (1) As used in this section, "exhausted prescription" means a prescription for an insulin that the patient is currently using that:
 - (a) expired no earlier than six months before the patient requests the pharmacist for a refill; or
 - (b) is not expired and has no refills remaining.
- (2) If a valid prescription for insulin includes an authorization for one or more refills, a pharmacist may combine refills to dispense a supply for 100 days but may not exceed the total supply authorized by the refills.
- (3) Notwithstanding Section 58-17b-608 and Subsection (2), a pharmacist may, on an emergency basis, dispense a refill for an exhausted prescription based on the prescribing practitioner's instructions for the exhausted prescription in an amount up to a supply for 60 days.
- (4) A pharmacist may dispense insulin for an exhausted prescription described in Subsection (3) no more than one time per exhausted prescription.
- (5) Before a pharmacist may dispense insulin under Subsection (3), the pharmacist shall:
 - (a) attempt to contact the prescribing practitioner to inform the prescribing practitioner that the patient's prescription has expired; and
 - (b) notify the patient of the outcome of the attempt described in Subsection (5)(a).
- (6) Within 30 days after the day on which a pharmacist dispenses insulin under Subsection (3), the pharmacist shall inform the prescribing practitioner of:
 - (a) the amount of insulin dispensed; and
 - (b) the type of insulin dispensed.
- (7) A pharmacist may dispense a therapeutic equivalent when filling a prescription for:
 - (a) a glucometer;
 - (b) diabetes test strips;
 - (c) lancets;
 - (d) syringes;
 - (e) needles; or

- (f) other supplies for treating diabetes designated by rule made by the division in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

Amended by Chapter 465, 2022 General Session

58-17b-609 Limitation on prescriptions and refills -- Controlled Substances Act not affected -- Legend drugs.

- (1) Except as provided in Sections 58-16a-102 and 58-17b-608.2, a prescription for any prescription drug or device may not be dispensed after one year from the date it was initiated except as otherwise provided in Chapter 37, Utah Controlled Substances Act.
- (2) Except as provided in Section 58-17b-608.2, a prescription authorized to be refilled may not be refilled after one year from the original issue date.
- (3) A practitioner may not be prohibited from issuing a new prescription for the same drug orally, in writing, or by electronic transmission.
- (4) Nothing in this chapter affects Chapter 37, Utah Controlled Substances Act.
- (5) A prescription for a legend drug written by a licensed prescribing practitioner in another state may be filled or refilled by a pharmacist or pharmacy intern in this state if the pharmacist or pharmacy intern verifies that the prescription is valid.

Amended by Chapter 310, 2020 General Session

58-17b-610 Patients' immediate needs -- Dispensing drug samples.

- (1) This chapter may not be construed to prevent the personal administration of drugs or medicines by practitioners licensed to prescribe in order to supply the immediate needs of the practitioner's patients.
- (2) Immediate need for a patient includes giving out drug samples that:
 - (a) are not Schedule II drugs, opioids, or benzodiazepines;
 - (b) are prepackaged by the original manufacturer;
 - (c) are provided to the prescribing practitioner free of charge and provided to the patient free of any direct or indirect charge;
 - (d) do not exceed a 30-day supply for:
 - (i) controlled substances; or
 - (ii) non-controlled substances, unless a prescribing practitioner documents that providing more than a 30-day supply is medically necessary; and
 - (e)
 - (i) are marked on the immediate container to indicate that the drug is a sample; or
 - (ii) are recorded in the patient's chart with the name and number of samples provided.
- (3) A prescribing practitioner who provides samples for a patient shall comply with Subsection (2).

Amended by Chapter 340, 2021 General Session

58-17b-610.6 Hospital pharmacy dispensing prescription drugs.

- (1) As used in this section, "controlled substance" means a substance classified as a controlled substance under the Controlled Substances Act, Title II, Pub. L. No. 91-513 et seq., or Section 58-37-4.
- (2)
 - (a) Subject to Subsection (2)(b), the division shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, in consultation with hospital pharmacies,

to establish guidelines under which a hospital pharmacy may dispense a limited supply of a prescription drug to an individual who is no longer a patient in the hospital setting if:

- (i) the individual is discharged from the hospital on the same day that the hospital pharmacy dispenses the prescription drug to the individual;
 - (ii) in the professional judgment of the practitioner, dispensing the drug is necessary for the patient's immediate needs;
 - (iii) the class A pharmacy with which the patient has an established pharmacy-patient relationship:
 - (A) is not open at the time of the patient's discharge; or
 - (B) unable to dispense the medication for any reason;
 - (iv) the hospital pharmacy dispenses a quantity of the prescription drug that is not more than a 72-hour supply; and
 - (v) dispensing the prescription drug complies with protocols established by the hospital pharmacy.
- (b)
- (i) A hospital pharmacy may dispense an opioid antagonist to a patient without satisfying Subsection (2)(a)(iii).
 - (ii) A hospital pharmacy that dispenses an opioid antagonist to a patient under Subsection (2)(b)(i) shall accept as payment the wholesale acquisition cost at the time of dispensing.
- (3) A hospital pharmacy, or a practitioner or pharmacist in the hospital, may dispense a prescription drug in accordance with rules made under Subsection (2).

Amended by Chapter 210, 2024 General Session

58-17b-610.7 Partial filling of a Schedule II controlled substance prescription.

- (1) For purposes of this section, "Schedule II controlled substance" means a substance classified as a Schedule II controlled substance by the federal Controlled Substances Act, Title II, Pub. L. No. 91-513 et seq., or Section 58-37-4.
- (2) A prescription for a Schedule II controlled substance for a patient in a long-term care facility or a patient with a terminal illness may be partially filled in accordance with federal law.
- (3) A prescription for a Schedule II controlled substance for a patient other than a patient described in Subsection (2) may be partially filled:
 - (a) in accordance with federal law and rules made under Subsection (5); and
 - (b) at the request of the practitioner who issued the prescription, or the patient.
- (4) For purposes of Subsection (3), "partially filled" means that less than the full amount of the prescription is dispensed.
- (5) For purposes of Subsection (3), the division shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act:
 - (a) specifying how to record the date, quantity supplied, and quantity remaining of a prescription partially filled under Subsection (3); and
 - (b) otherwise necessary for the implementation of Subsections (2) and (3).

Enacted by Chapter 66, 2017 General Session

58-17b-610.8 Prescription devices.

- (1) The following documents from a prescribing practitioner shall be considered a prescription for purposes of dispensing of and payment for a device described in Subsection (3), if the device is prescribed or indicated by the document and the document is on file with a pharmacy:

- (a) a written prescription; or
- (b) a written record of a patient's:
 - (i) current diagnosis; or
 - (ii) treatment protocol.
- (2) A pharmacist or pharmacy intern at a pharmacy at which a document that is considered a prescription under Subsection (1) is on file may dispense under prescription a device described in Subsection (3) to the patient in accordance with:
 - (a) the document that is considered a prescription under Subsection (1); and
 - (b) rules made by the division under Subsection (4).
- (3) This section applies to:
 - (a) nebulizers;
 - (b) spacers for use with nebulizers or inhalers; and
 - (c) diabetic supplies.
- (4) The division shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, and in consultation with the board and the Medical Licensing Board created in Section 58-67-201 to implement this section.

Amended by Chapter 507, 2024 General Session

58-17b-611 Pharmacy records.

- (1) Each pharmacy shall maintain its prescription files and other records in accordance with this chapter, division rules made in collaboration with the board, and federal regulations.
- (2) Each out-of-state mail service pharmacy shall maintain its prescription files in accordance with applicable rules or regulations of the state in which its facilities are located and federal regulations.

Enacted by Chapter 280, 2004 General Session

58-17b-612 Supervision -- Pharmacist-in-charge.

- (1)
 - (a) Any pharmacy, except a wholesaler, distributor, out-of-state mail service pharmacy, or class E pharmacy, shall be under the general supervision of at least one pharmacist licensed to practice in Utah. One pharmacist licensed in Utah shall be designated as the pharmacist-in-charge, whose responsibility it is to oversee the operation of the pharmacy.
 - (b) Notwithstanding Subsection 58-17b-102(70), a supervising pharmacist does not have to be in the pharmacy or care facility but shall be available via a telepharmacy system for immediate contact with the supervised pharmacy technician or pharmacy intern if:
 - (i) the pharmacy is located in an area of need as defined by the division, in consultation with the board, by rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act;
 - (ii) the supervising pharmacist described in Subsection (1)(a) is not available;
 - (iii) the telepharmacy system maintains records and files quarterly reports as required by division rule to assure that patient safety is not compromised; and
 - (iv) the arrangement is approved by the division in collaboration with the board.
 - (c) Subsection (1)(b) applies to a pharmacy that is located in a hospital only if the hospital is controlled by a local board that owns no more than two hospitals; and
 - (d) A supervising pharmacist may not supervise more than two pharmacies simultaneously under Subsection (1)(b).

- (2) Each out-of-state mail service pharmacy shall designate and identify to the division a pharmacist holding a current license in good standing issued by the state in which the pharmacy is located and who serves as the pharmacist-in-charge for all purposes under this chapter.

Amended by Chapter 343, 2019 General Session

58-17b-613 Patient counseling.

- (1) A pharmacy shall verbally offer to counsel a patient or a patient's agent in a personal face-to-face discussion regarding each prescription drug dispensed, if the patient or patient's agent:
 - (a) delivers the prescription in person to the pharmacist or pharmacy intern; or
 - (b) receives the drug in person at the time it is dispensed at the pharmacy facility.
- (2) A pharmacist or pharmacy intern at a pharmacy that receives a prescription from a patient by means other than personal delivery, and that dispenses a prescribed drug to the patient by means other than personal delivery, shall provide the patient with:
 - (a) for a class D pharmacy, a toll-free telephone number at which the patient may contact a pharmacist or pharmacy intern at the pharmacy for patient counseling regarding the prescribed drug; or
 - (b) for a class A pharmacy, a telephone number by which the patient may contact a pharmacist or pharmacy intern at the pharmacy for patient counseling regarding the prescribed drug.
- (3) Notwithstanding the provisions of Subsections (1) and (2), a pharmacist or a pharmacy intern may:
 - (a) provide patient counseling to an individual under the jurisdiction of the Utah Department of Corrections or a county detention facility via a written, telephone, or electronic communication; and
 - (b) provide medication guides or package inserts via written communication.

Amended by Chapter 210, 2024 General Session

58-17b-614 Notification.

- (1) A pharmacy shall report in writing to the division not later than 10 business days:
 - (a) before the date of:
 - (i) a permanent closure of the pharmacy facility;
 - (ii) a change of business name or ownership of the pharmacy facility;
 - (iii) a change of location of the pharmacy facility;
 - (iv) a sale or transfer of any controlled substance as a result of the permanent closing or change of ownership of the pharmacy facility; or
 - (v) any matter or occurrence that the division requires by rule to be reported; or
 - (b) after the day on which:
 - (i) a final administrative disciplinary order is issued against the pharmacy license holder by the regulatory or licensing agency of the state in which the pharmacy is located if the pharmacy is a class D pharmacy;
 - (ii) a final order against a pharmacist is issued who is designated as the pharmacist-in-charge of the pharmacy by the regulatory or licensing agency of the state in which the pharmacy is located if the pharmacy is a class D pharmacy; or
 - (iii) any matter or occurrence that the division requires by rule to be reported.
- (2) The division may grant a licensee's request to change the business name registered to a licensed pharmacy facility, if there has been no change in the underlying ownership or control

of the pharmacy since the last time the business name of the pharmacy was registered or changed.

- (3) A pharmacy shall report in writing to the division a disaster, accident, or emergency that may affect the purity or labeling of a drug, medication, device, or other material used in the diagnosis or treatment of injury, illness, or disease immediately upon the occurrence of the disaster, accident, or emergency as defined by rule.
- (4) A reporting pharmacy shall maintain a copy of any notification required by this section for two years and make a copy available for inspection.

Amended by Chapter 210, 2024 General Session

58-17b-615 Sale of prescription drugs not in normal course of business.

- (1) As used in this section, "seller" means a person selling prescription drugs or devices owned or lawfully controlled by him, or a party arranging for the sale of prescription drugs or devices owned by or lawfully controlled by another person, including salvage companies that acquire prescription drugs and devices from, or act as an agent or representative for freight haulers and forwarders.
- (2) Any sale of prescription drugs in bankruptcy, at public auction, at freight liquidation sales, or any other sale of prescription drugs other than in the normal course of business or practice shall comply with the following:
 - (a) a seller of prescription drugs shall be licensed by the division as a prescription drug distributor or wholesaler with a regular license, or a temporary license for that sale only, before engaging in the sale of any prescription drugs; and
 - (b) a person licensed as a pharmacy under this chapter may not acquire by purchase or other means prescription drugs or devices outside the normal course of business within the meaning of this section unless:
 - (i) the prescription drugs or devices are accompanied by a certificate signed by a licensed pharmacist employed or retained by the seller, as required in Subsection (3), attesting that the prescription drugs or devices have not been adversely affected by circumstances relating to their transportation, storage, or distribution; and
 - (ii) the licensee acquiring the prescription drugs or devices employs a qualified pharmacist who is responsible for determining that all prescription drugs being acquired do not pose any threat to the public welfare if introduced into commerce than would be presented by the acquisition of those prescription drugs and devices in the normal course of business through established channels of prescription drug distribution.
- (3) A seller of prescription drugs outside the normal course of business shall retain the services of a qualified pharmacist licensed to practice in the state to serve as either an employee or independent consultant to determine if the:
 - (a) prescription drugs and devices to be offered for sale have been transported, stored, and distributed in accordance with applicable federal, state, and local laws; and
 - (b) condition of the prescription drugs and devices to be offered for sale has been adversely affected by the circumstances of transportation, storage, or distribution.
- (4) The written notice provided to the division prior to the sale of any prescription drugs or devices under this section shall contain written verification of the pharmacist retained by the seller, stating the drugs or devices offered for sale have not been adversely affected by the circumstances of transportation, storage, or distribution.
- (5) A pharmacist employed by a seller under Subsection (3) or a pharmacy, distributor, or wholesaler for whom that pharmacist may be employed or in which he may have an interest,

may not purchase any prescription drugs or devices from the seller for which that pharmacist has provided verification regarding the drugs or devices.

Enacted by Chapter 280, 2004 General Session

58-17b-616 Drug stock sales -- Labeling.

- (1) A manufacturer, wholesaler, or distributor of prescription drugs may not sell or give any prescription drug to any person, unless the prescription drug stock container bears a label containing information as defined by rule, the name and place of business of the manufacturer of the finished dosage form of the drug, and if different from the manufacturer, the name and place of business of the packer or distributor.
- (2) Each tablet or capsule shall be marked with an identification code or monogram, unless waived by the division.
- (3) Each stock package shall bear an expiration date and lot number.

Enacted by Chapter 280, 2004 General Session

58-17b-617 Limitations on distribution of prescription drugs by pharmaceutical manufacturers or wholesalers.

- (1) A pharmaceutical manufacturer or pharmaceutical wholesaler may not provide a prescription drug to any person, except as defined by rule.
- (2)
 - (a) Prescription drugs that are not controlled substances may be:
 - (i) distributed or provided as drug samples to a person licensed within the state to sell, prescribe, administer, or conduct research with legend drugs; and
 - (ii) supplied in connection with a manufacturer's patient assistance program to be distributed to qualifying patients enrolled in the program.
 - (b) Controlled substance prescription drugs may be sold or provided only:
 - (i) upon the issuance of an order or request by a person appropriately licensed under state and federal law to sell, prescribe, administer, or conduct research with prescription drugs; and
 - (ii) upon the establishment of documents in the possession of the manufacturer or distributor recording the purchaser, type of drug, quantity of drug, date of shipment, and date of delivery.
- (3) Purchasers or those in receipt of drugs under this section shall maintain records in accordance with federal and state laws regarding controlled substances.

Enacted by Chapter 280, 2004 General Session

58-17b-618 Compliance with state and federal laws.

The entities licensed under Sections 58-17b-301 and 58-17b-302 shall comply with all state and federal laws and regulations relating to the practice of pharmacy.

Enacted by Chapter 280, 2004 General Session

58-17b-620 Prescriptions issued within the public health system.

- (1) As used in this section:
 - (a) "Department of Health and Human Services" means the Department of Health and Human Services created in Section 26B-1-201.

- (b) "Health department" means either the Department of Health and Human Services or a local health department.
- (c) "Local health departments" mean the local health departments created in Title 26A, Chapter 1, Local Health Departments.
- (2) When it is necessary to treat a reportable disease or non-emergency condition that has a direct impact on public health, a health department may implement the prescription procedure described in Subsection (3) for a prescription drug that is not a controlled substance for use in:
 - (a) a clinic; or
 - (b) a remote or temporary off-site location, including a triage facility established in the community, that provides:
 - (i) treatment for sexually transmitted infections;
 - (ii) fluoride treatment;
 - (iii) travel immunization;
 - (iv) preventative treatment for an individual with latent tuberculosis infection;
 - (v) preventative treatment for an individual at risk for an infectious disease that has a direct impact on public health when the treatment is indicated to prevent the spread of disease or to mitigate the seriousness of infection in the exposed individual; or
 - (vi) other treatment as defined by the Department of Health and Human Services by rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.
- (3) In a circumstance described in Subsection (2), an individual with prescriptive authority may write a prescription for each contact, as defined in Section 26B-7-201, of a patient of the individual with prescriptive authority without a face-to-face exam, if:
 - (a) the individual with prescriptive authority is treating the patient for a reportable disease or non-emergency condition having a direct impact on public health; and
 - (b) the contact's condition is the same as the patient of the individual with prescriptive authority.
- (4) The following prescription procedure shall be carried out in accordance with the requirements of Subsection (5) and may be used only in the circumstances described under Subsections (2) and (3):
 - (a) a physician writes and signs a prescription for a prescription drug, other than a controlled substance, without the name and address of the patient and without the date the prescription is provided to the patient; and
 - (b) the physician authorizes a registered nurse employed by the health department to complete the prescription written under this Subsection (4) by inserting the patient's name and address, and the date the prescription is provided to the patient, in accordance with:
 - (i) the physician's standing written orders; and
 - (ii) a written health department protocol approved by the medical director of the local health department or the medical director of the Department of Health and Human Services.
- (5) A physician assumes responsibility for all prescriptions issued under this section in the physician's name.
- (6)
 - (a) All prescription forms to be used by a physician and health department in accordance with this section shall be serially numbered according to a numbering system assigned to that health department.
 - (b) All prescriptions issued shall contain all information required under this chapter and rules adopted under this chapter.
- (7) Notwithstanding Sections 58-17b-302 and 58-17b-309, a nurse who is employed by a health department and licensed under Chapter 31b, Nurse Practice Act, may dispense a drug to treat a sexually transmitted infection if the drug is:

- (a) a prepackaged drug as defined in Section 58-17b-802;
 - (b) dispensed under a prescription authorized by this section;
 - (c) provided at a location that is described in Subsection (2)(a) or (b) and operated by the health department;
 - (d) provided in accordance with a dispensing standard that is issued by a physician who is employed by the health department; and
 - (e) if applicable, in accordance with requirements established by the division in collaboration with the board under Subsection (8).
- (8) The division may make rules in collaboration with the board and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish specific requirements regarding the dispensing of a drug under Subsection (7).

Amended by Chapter 240, 2024 General Session

Amended by Chapter 305, 2024 General Session

58-17b-621 Automated pharmacy systems.

Automated pharmacy systems can be utilized in licensed pharmacies, remote locations under the jurisdiction of the Utah State Board of Pharmacy, and licensed health care facilities where legally permissible, as approved by the division in collaboration with the board, and described in rule.

Enacted by Chapter 280, 2004 General Session

58-17b-622 Pharmacy benefit management services -- Auditing of pharmacy records -- Appeals.

(1) For purposes of this section:

- (a) "Audit" means a review of the records of a pharmacy by or on behalf of an entity that finances or reimburses the cost of health care services or pharmaceutical products.
- (b) "Audit completion date" means:
 - (i) for an audit that does not require an on-site visit at the pharmacy, the date on which the pharmacy, in response to the initial audit request, submits records or other documents to the entity conducting the audit, as determined by:
 - (A) postmark or other evidence of the date of mailing; or
 - (B) the date of transmission if the records or other documents are transmitted electronically;and
 - (ii) for an audit that requires an on-site visit at a pharmacy, the date on which the auditing entity completes the on-site visit, including any follow-up visits or analysis which shall be completed within 60 days after the day on which the on-site visit begins.
- (c) "Entity" includes:
 - (i) a pharmacy benefits manager or coordinator;
 - (ii) a health benefit plan;
 - (iii) a third party administrator as defined in Section 31A-1-301;
 - (iv) a state agency; or
 - (v) a company, group, or agent that represents, or is engaged by, one of the entities described in Subsections (1)(c)(i) through (iv).
- (d) "Extrapolation" means a method of using a mathematical formula that uses the audit results from a small sample of insurance claims and projects the results over a larger group of insurance claims.

- (e) "Fraud" means an intentional act of deception, misrepresentation, or concealment in order to gain something of value.
 - (f) "Health benefit plan" means:
 - (i) a health benefit plan as defined in Section 31A-1-301; or
 - (ii) a health, dental, medical, Medicare supplement, or conversion program offered under Title 49, Chapter 20, Public Employees' Benefit and Insurance Program Act.
- (2)
- (a) Except as provided in Subsection (2)(b), this section applies to:
 - (i) a contract for the audit of a pharmacy entered into, amended, or renewed on or after July 1, 2012; and
 - (ii) an entity that conducts an audit of the pharmacy records of a pharmacy licensed under this chapter.
 - (b) This section does not apply to an audit of pharmacy records:
 - (i) for a federally funded prescription drug program, including:
 - (A) the state Medicaid program;
 - (B) the Medicare Part D program;
 - (C) a Department of Defense prescription drug program; and
 - (D) a Veterans Affairs prescription drug program; or
 - (ii) when fraud or other intentional and willful misrepresentation is alleged and the pharmacy audit entity has evidence that the pharmacy's actions reasonably indicate fraud or intentional and willful misrepresentation.
- (3)
- (a) An audit that involves clinical or professional judgment shall be conducted by or in consultation with a pharmacist who is employed by or working with the auditing entity and who is licensed in the state or another state.
 - (b) If an audit is conducted on site at a pharmacy, the entity conducting the audit:
 - (i) shall give the pharmacy 10 days advanced written notice of:
 - (A) the audit; and
 - (B) the range of prescription numbers or a date range included in the audit; and
 - (ii) may not audit a pharmacy during the first five business days of the month, unless the pharmacy agrees to the timing of the audit.
 - (c) An entity may not audit claims:
 - (i) submitted more than 18 months prior to the audit, unless:
 - (A) required by federal law; or
 - (B) the originating prescription is dated in the preceding six months; or
 - (ii) that exceed 200 selected prescription claims annually.
 - (d) Subsection (3)(c)(ii) does not apply to any investigative audit that involves fraud, waste, abuse, or willful misrepresentation.
- (4)
- (a) An entity may not:
 - (i) include dispensing fees in the calculations of overpayments unless the prescription is considered a misfill;
 - (ii) recoup funds for prescription clerical or recordkeeping errors, including typographical errors, scrivener's errors, and computer errors on a required document or record unless the audit entity is alleging fraud or other intentional or willful misrepresentation and the audit entity has evidence that the pharmacy's actions reasonably indicate fraud or intentional and willful misrepresentation;

- (iii) recoup funds for refills dispensed in accordance with Section 58-17b-608.1, unless the health benefit plan does not cover the prescription drug dispensed by the pharmacy;
 - (iv) collect any funds, charge-backs, or penalties until the audit and all appeals are final, unless the audit entity is alleging fraud or other intentional or willful misrepresentation and the audit entity has evidence that the pharmacy's actions reasonably indicate fraud or intentional and willful misrepresentation; or
 - (v) recoup funds or collect any funds, charge-backs, or penalties from a pharmacy in response to a request for audit unless the pharmacy confirms to the entity the date on which the pharmacy received the request for audit.
- (b) Auditors shall only have access to previous audit reports on a particular pharmacy if the previous audit was conducted by the same entity except as required for compliance with state or federal law.
- (5) A pharmacy subject to an audit:
- (a) may use one or more of the following to validate a claim for a prescription, refill, or change in a prescription:
 - (i) electronic or physical copies of records of a health care facility, or a health care provider with prescribing authority;
 - (ii) any prescription that complies with state law;
 - (iii) the pharmacy's own physical or electronic records; or
 - (iv) the physical or electronic records, or valid copies of the physical or electronic records, of a practitioner or health care facility as defined in Section 26B-2-201; and
 - (b) may not be required to provide the following records to validate a claim for a prescription, refill, or change in a prescription:
 - (i) if the prescription was handwritten, the physical handwritten version of the prescription; or
 - (ii) a note from the practitioner regarding the patient or the prescription that is not otherwise required for a prescription under state or federal law.
- (6)
- (a)
 - (i) An entity that audits a pharmacy shall establish:
 - (A) a maximum time for the pharmacy to submit records or other documents to the entity following receipt of an audit request for records or documents; and
 - (B) a maximum time for the entity to provide the pharmacy with a preliminary audit report following submission of records under Subsection (6)(a)(i)(A).
 - (ii) The time limits established under Subsections (6)(a)(i)(A) and (B):
 - (A) shall be identical; and
 - (B) may not be less than seven days or more than 60 days.
 - (iii) An entity that audits a pharmacy may not, after the audit completion date, request additional records or other documents from the pharmacy to complete the preliminary audit report described in Subsection (6)(b).
 - (b) An entity that audits a pharmacy shall provide the pharmacy with a preliminary audit report:
 - (i) delivered to the pharmacy or its corporate office of record, within the time limit established under Subsection (6)(a)(i)(B); and
 - (ii) that includes a notation and detailed explanation for each suspected error.
 - (c)
 - (i) Except as provided in Subsection (6)(c)(ii), a pharmacy has 30 days following receipt of the preliminary audit report to respond to questions, provide additional documentation, and comment on and clarify findings of the audit.

- (ii) An entity may grant a reasonable extension under Subsection (6)(c)(i) upon request by the pharmacy.
 - (iii) Receipt of the report under Subsection (6)(c)(i) shall be determined by:
 - (A) postmark or other evidence of the date of mailing; or
 - (B) the date of transmission if the report is transmitted electronically.
 - (iv) If a dispute exists between the records of the auditing entity and the pharmacy, the records maintained by the pharmacy shall be presumed valid for the purpose of the audit.
- (7) If an audit results in the dispute or denial of a claim, the entity conducting the audit shall allow any of the following:
- (a) the pharmacy to resubmit a claim using any commercially reasonable method, including fax, mail, or electronic claims submission within 30 days from the day on which the audit report is received by the pharmacy; or
 - (b) the health benefit plan or other entity that finances or reimburses the cost of health care services or pharmaceutical products to rerun the claim if the health benefit plan or other entity chooses to rerun the claim at no cost to the pharmacy.
- (8)
- (a) Within 60 days after the completion of the appeals process under Subsection (9), a final audit report shall be delivered to the pharmacy or its corporate office of record.
 - (b) The final audit report shall include:
 - (i) a disclosure of any money recovered by the entity that conducted the audit; and
 - (ii) legal or contractual information supporting any money recovered, recoupments, or penalties included in the report.
- (9)
- (a) An entity that audits a pharmacy shall establish a written appeals process for appealing a preliminary audit report and a final audit report, and shall provide the pharmacy with notice of the written appeals process.
 - (b) If the pharmacy benefit manager's contract or provider manual contains the information required by this Subsection (9), the requirement for notice is met.
- (10) An auditing entity conducting a pharmacy audit may not:
- (a) use extrapolation when conducting an audit, including calculating recoupments or penalties for audits, unless otherwise required by federal law or a self-funded insurance plan; or
 - (b) compensate an employee or contractor participating in the audit in a manner that is based on the amount claimed or the actual amount recouped from the pharmacy being audited.

Amended by Chapter 210, 2024 General Session

58-17b-623 Disposal of unused prescription drugs.

- (1) A pharmacy may accept unused prescription drugs for disposal in accordance with administrative rules adopted by the division.
- (2) The division shall adopt administrative rules regarding a pharmacy accepting unused prescription drugs for disposal as permitted by federal law and regulation relating to the disposal of unused prescription drugs.

Enacted by Chapter 61, 2012 General Session

58-17b-624 Prescription drugs -- Sale to a practitioner for office use.

- (1) A pharmacy licensed under this chapter may, subject to rules established by the division, repackage or compound a prescription drug for sale to a practitioner if:

- (a) the prescription drug:
 - (i) does not include a compounded drug; or
 - (ii)
 - (A) includes a compounded drug; and
 - (B) is not a controlled substance;
 - (b) the pharmacy labels the prescription drug "for office use only";
 - (c) the practitioner administers the drug to a patient in the practitioner's office or facility; and
 - (d) except in accordance with Title 58, Chapter 17b, Part 8, Dispensing Medical Practitioner and Dispensing Medical Practitioner Clinic Pharmacy, the practitioner does not dispense the drug to the patient.
- (2) The division shall establish, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, prescription drug labeling and control standards for a prescription drug that a pharmacy provides to a practitioner under this section.

Enacted by Chapter 385, 2014 General Session

Amended by Chapter 385, 2014 General Session, (Coordination Clause)

58-17b-625 Administration of a long-acting injectable and naloxone.

- (1) A pharmacist may, in accordance with this section, administer a drug described in Subsection (2).
- (2) Notwithstanding the provisions of Subsection 58-17b-102(58)(c)(ii)(B), the division shall make rules in collaboration with the board and, when appropriate, the Medical Licensing Board created in Section 58-67-201, and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish training for a pharmacist to administer naloxone and long-acting injectables intramuscularly.
- (3) A pharmacist may not administer naloxone or a long-acting injectable intramuscularly unless the pharmacist:
 - (a) completes the training described in Subsection (2);
 - (b) administers the drug at a clinic or community pharmacy, as those terms are defined by the division, by administrative rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act; and
 - (c) is directed by the physician, as that term is defined in Section 58-67-102 or Section 58-68-102, who issues the prescription to administer the drug.

Amended by Chapter 507, 2024 General Session

58-17b-627 Prescription of drugs or devices by a pharmacist.

- (1) Beginning January 1, 2022, a pharmacist may prescribe a prescription drug or device if:
 - (a) prescribing the prescription drug or device is within the scope of the pharmacist's training and experience;
 - (b) the prescription drug or device is designated by the division by rule under Subsection (3)(a); and
 - (c) the prescription drug or device is not a controlled substance that is included in Schedules I, II, III, or IV of:
 - (i) Section 58-37-4; or
 - (ii) the federal Controlled Substances Act, Title II, P.L. 91-513.
- (2) Nothing in this section requires a pharmacist to issue a prescription for a prescription drug or device.

- (3) The division shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to:
 - (a) designate the prescription drugs or devices that may be prescribed by a pharmacist under this section, beginning with prescription drugs or devices that address a public health concern that is designated by the Department of Health and Human Services, including:
 - (i) post-exposure HIV prophylaxis;
 - (ii) pre-exposure HIV prophylaxis;
 - (iii) self-administered hormonal contraceptives;
 - (iv) smoking cessation; and
 - (v) naloxone;
 - (b) create guidelines that a pharmacist must follow when prescribing a prescription drug or device, including guidelines:
 - (i) for notifying the patient's primary care or other health care provider about the prescription; and
 - (ii) to prevent the over-prescription of drugs or devices including but not limited to antibiotics;
 - (c) address when a pharmacist should refer the patient to an appropriate health care provider or otherwise encourage the patient to seek further medical care; and
 - (d) implement the provisions of this section.
- (4) The division shall make rules under Subsection (3) in collaboration with:
 - (a) individuals representing pharmacies and pharmacists;
 - (b) individuals representing physicians and advanced practice clinicians; and
 - (c)
 - (i) if the executive director of the Department of Health and Human Services is a physician, the executive director of the Department of Health and Human Services;
 - (ii) if the executive director of the Department of Health and Human Services is not a physician, a deputy director who is a physician in accordance with Subsection 26B-1-203(4); or
 - (iii) a designee of the individual described in Section 26B-1-203.
- (5) Before November 1 of each year, the division, in consultation with the individuals described in Subsection (4), shall:
 - (a) develop recommendations for statutory changes to improve patient access to prescribed drugs in the state; and
 - (b) report the recommendations developed under Subsection (5)(a) to the Health and Human Services Interim Committee.

Amended by Chapter 255, 2022 General Session