



Frequently Asked Questions (FAQs)

Pharmacist Reporting

What am I required to report?

Pharmacists are required to report naloxone doses dispensed to the Prescription Drug Monitoring Program (PDMP). See [Reporting](#) for information on required reporters, health conditions to be reported, and reporting systems.

When are we required to report? As in, how long is the acceptable timeline between an incident and when we must submit the report?

Our request of you, and our goal as a Department, is for all reporters to submit a report within 24 hours pursuant to [A.R.S. § 36-783\(D\)](#). We understand that this may not always be possible, but request your assistance in obtaining timely and potentially life-saving data.

Does the 24 hour reporting mandate include weekends?

For the purposes of reporting under Executive Order 2017-04 (Enhanced Surveillance Advisory), if a reportable circumstance occurs on a non-business day, it does not need to be “identified” until the next business day. For example, a reportable circumstance that occurs on a Saturday, would be deemed identified at 8:00 am on the following Monday (if no holiday), thus beginning the twenty-four hour reporting period.

Why is this now reportable?

On June 5, 2017, Arizona Governor Doug Ducey declared a [Public Health State of Emergency](#) due to the opioid epidemic. More than two Arizonans die every day due to opioid-related overdoses. The resultant [Enhanced Surveillance Advisory](#) went into effect June 15, 2017 as a first step toward understanding the current burden in Arizona and to collect data to best target interventions.

Am I required to report every dose of naloxone I dispense?

No. Naloxone doses dispensed are required to be reported if they are in response to a suspected opioid overdose or provided for patients who may be at risk of an opioid overdose. If naloxone is dispensed for another purpose, like to reverse IV sedation or anesthesia, it does not need to be reported.

Do I need to report naloxone doses administered and/or dispensed in the situation where a physician retrieves naloxone from an automatic dispenser for a suspected opioid overdose (e.g. in the Emergency Department)?

Pharmacists are only required to report doses of naloxone they *personally* dispense and NOT the administration of naloxone (see [Reporting](#)). Therefore, in the situation where a physician retrieves naloxone from an automatic dispenser, there is no reporting required from the pharmacist.

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