

Connecticut Laws Impacting Prescribing and Practice

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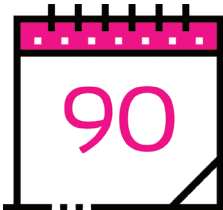
There have been a number of updates to Connecticut law in past years that have an impact on the prescribing community, especially in regards to controlled substances and opioid medications. All of the changes have been small steps to help combat the opioid and prescription medication crisis. The changes for practitioners were made keeping in mind the effect they may have on their day to day work.

We have worked with sister agencies, legislators, and different professional groups to ensure we're taking thoughtful steps forward, and improving the Connecticut Prescription Monitoring and Reporting System (CPMRS), sometimes known as the Prescription Drug Monitoring Program (PDMP). Here are some of the changes:

2015



- Physicians are required to take continuing education courses in risk management, in controlled substance prescribing, and pain management.
- Prescribers are required to review a patient's record on the CPMRS before prescribing any schedule II-V controlled substance meant to last more than 72 hours.
- Physicians must review patient records once every 90 days for a controlled substance prescription meant for on-going treatment.



2016

- In a major change, the law mandates a 7-day supply limit on opioid prescriptions for first time outpatient use. The law maintains professional judgment of the prescribing practitioner to prescribe more than a 7-day supply for on-going use when needed.



- The law requires education for patients under 18 and their guardian regarding the risks of addiction and overdose associated with opioids, and the dangers of combining them with alcohol, benzodiazepines, and other depressants. Patients should also understand the reason for the prescription.
- Also in 2016, practitioners were allowed to delegate an authorized agent to search the CPMRS.
- Under this law, patient records now only need to be reviewed once per year for on-going prescriptions that are Schedule V controlled substances. All other schedules remain at the 90-day level.

2017

- The number of days an opioid can be prescribed on a first visit is limited to five (5) days for patients who are minors.
- The law expands the educational requirement in the 2016 law update to include adults.



- Patients are now allowed to opt-out of being prescribed opioids by filling out a voluntary nonopioid directive form.

- The law requires that prescribers begin to use electronic prescribing for controlled substance prescriptions if they haven't already, unless there is an emergency, or the proper technology is not available.

2018

- Prescribers are no longer allowed to prescribe controlled substances to themselves or their family members, except in cases of emergency.
- This law expands the ability of telehealth professionals (practitioners who may not see you in person) to prescribe Schedule II and III controlled substances in certain circumstances.



We look forward to making more improvements and updates to the systems we use to ensure public health and safety in conjunction with all of our great partners. We know that we always have more work to do, but numbers in recent years are encouraging. Opioid prescriptions are on a steady decline, more pharmacists are able to prescribe naloxone, and residents are using drug drop boxes in record numbers.

At the Drug Control Division, we always welcome questions, concerns, or ideas from the practitioners we work with. You can get in touch with us most easily by emailing dcp.drugcontrol@ct.gov.