

CONNECTICUT LAWS IMPACTING PRESCRIBING AND PRACTICE

Rodrick Marriott, PharmD, Director, Department of Consumer Protection, Drug Control Division

Connecticut laws have been updated in recent years to reflect changes in prescribing practices for controlled substances and opioid medications.

The Drug Control Division has worked closely with its partners to address the opioid and prescription medication crisis by supporting practitioners in their work and improving the Connecticut Prescription Monitoring and Reporting System (CPMRS), also known as the Prescription Drug Monitoring Program (PDMP).

Highlights of some of the changes include:

2015

- Physicians must take continuing education courses in risk management, controlled substance prescribing, and pain management.
- Prescribers must review 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 ongoing treatment.

2016

- Opioid prescriptions for first-time outpatient use are limited to a 7-day supply. The mandate maintains the prescriber's professional judgment to prescribe more than a 7-day supply for ongoing use when needed.
- Education is required for patients under 18 and their guardians regarding the risks of addiction and overdose associated with opioids, as well as the dangers of combining opioids with alcohol, benzodiazepines, and other depressants.
- Patient records must be reviewed once per year for ongoing 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.
- Patients may now opt out of being prescribed opioids by filling out a voluntary non-opioid directive form.
- The law requires that prescribers use electronic prescribing for controlled substance prescriptions 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.
- The ability of telehealth professionals to prescribe Schedule II and III controlled substances is expanded in certain circumstances.

2019

- Patients prescribed opioids for pain for 12 weeks or more must have written documentation in their medical record by their provider that includes the risks, need for urine drug screening, why it might be discontinued, and alternative options for treating pain.

2021

- Health care institutions are required to upload opioid agonists (e.g. methadone or morphine) into the CPMRS when dispensed or administered directly to patients to treat a substance use disorder.

2022

- Authorized prescribers may transport Schedule II - V controlled substances from their registered location to treat a patient with Department approval.

2023

- Prescribers should encourage patients to obtain an opioid antagonist (i.e. naloxone) when an opioid is prescribed.
- Prescribing practitioners and pharmacists certified to prescribe an opioid antagonist may work with local authorities to expand access through a publicly accessible secured box following DCP guidelines.
- Expansion of existing immunity for all prescribers when collaborating with host agencies that administer and dispense an opioid antagonist.

The Drug Control Division continues to make quality system improvements to ensure public health and safety in collaboration with our partners. We welcome questions, concerns, or ideas from all practitioners.

The best way to reach us is by emailing dcp.drugcontrol@ct.gov.



dcp.drugcontrol@ct.gov



<http://ct.gov/dcp/drugcontrol>

