



Prescribing Controlled Substances in the **State of Connecticut**

The Department of Consumer Protection
Drug Control Division



CONNECTICUT DEPARTMENT OF
CONSUMER PROTECTION

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Rules concerning prescribing controlled substances in the State of Connecticut, and around the country, often change very quickly. In almost every legislative session, there are new ideas from medical professionals, patients, lawmakers, and regulators. Law changes are typically aimed at ensuring the safest process for prescribing controlled substances, while keeping the prescribing practitioner's ability to use their best medical judgment intact.

The Connecticut controlled substance scheduling regulations ([adopted pursuant to CGS Section 21a-243](#)) classify controlled substances as having a stimulant, depressant, or hallucinogenic effect on the higher functions of the central nervous system and having a risk for abuse or psychological or physiological dependence, or both.

Controlled substances are classified as schedules I to V. Schedule I controlled substances have no recognized medical benefit, and are considered illegal drugs. Schedules II through V controlled substances, which include opioids and benzodiazepines, have a recognized medical benefit in the United States and some risk of addiction.

Not all medication that legally requires a prescription is classified as a controlled substance.

It should be noted that marijuana in the Connecticut Medical Marijuana Program has been rescheduled into Schedule II in Connecticut.

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Prescribing, Dispensing, and Administering Medication

Prescribing: Prescribe means to order or designate a remedy or any preparation for a patient under the care of a practitioner. Practitioners who prescribe controlled substances in the State of Connecticut must hold an active Controlled Substance Practitioner (CSP) registration with the State of Connecticut and an active DEA registration.

Dispensing: Dispense means to process a drug or device for delivery or for administration to a patient pursuant to a prescription.

For example, pharmacists dispense medications to patients at a pharmacy after the patient is issued a prescription by their prescribing practitioner. Only a pharmacy can accept a prescription for dispensing in the State of Connecticut. Practitioners are also permitted to dispense medication from their office (See below for more information).

Dispense does not include delivering a drug or device to a patient or administering the drug or device to a patient.

Prescribing Practitioners Dispensing

Prescribing practitioners may dispense drugs but shall do so personally and **cannot delegate** any part of the dispensing process.

For example: Comparing the directions on the label with the directions on the prescription to determine accuracy; the selection of the drug or device from stock to fill the prescription; the counting, measuring, compounding, or preparation of the drug or device; the placing of the drug or device in the proper container; the affixing of the label to the container; and the addition to a written prescription of any required notations.

Any controlled substance dispensed by a practitioner must be uploaded to the CT Prescription Monitoring and Reporting System (CPMRS) within one business day of dispensing.*

*More information about CPMRS requirements are found later in this booklet

Prescribing practitioners who dispense drugs shall package them in containers approved by the Consumer Product Safety Commission (CPSC), unless requested otherwise by the patient*, and shall label the container with the following information:

- The full name of the patient;
- The prescribing practitioner's full name and address;
- The date of dispensing;
- Instructions for use; and
- Any cautionary statements required by law.

**Patients who have difficulty opening containers may request alternative packaging.*

Dispensing in the Emergency Department

The tasks related to dispensing drugs in an emergency department may be delegated and carried out by a licensed nurse under the supervision of the prescribing practitioner.

The patient's medical record shall include a complete record of any drug dispensed by prescribing practitioners.

Administering: Administer means the direct application of a drug, whether by injection, inhalation, ingestion, or any other means, to the body of a patient or research subject by:

- A practitioner or by the practitioner's authorized agent in the practitioner's presence;
- The patient or research subject at the direction and in the presence of the practitioner; or,
- A nurse or intern* under the direction and supervision of the practitioner.

**An intern is a doctor of medicine or dentistry participating in training by a hospital or institution in Connecticut. They are commonly also designated as "residents" or "fellows."*

Electronic Prescribing of Controlled Substances (EPCS)

Each prescribing practitioner authorized by the Department of Consumer Protection (DCP) to prescribe controlled substances in the State of Connecticut within the scope of practice of their license shall electronically transmit controlled substance prescriptions to a pharmacy.

Electronically-transmitted controlled substance prescriptions must be stored electronically but may be printed out in hardcopy and filed by the prescribing practitioner.

Electronically-transmitted controlled substance prescriptions shall be consistent with the federal Controlled Substances Act (CSA). All records shall be kept on file for a minimum of three (3) years in the State of Connecticut at the premises of the prescribing practitioner and maintained in such form as to be readily available for inspection.

A prescribing practitioner shall not be required to electronically transmit a controlled substance prescription when:

- There is a temporary technological or electrical failure;
- It is impractical for the patient to obtain the electronically-transmitted prescription in a timely manner and such delay will adversely impact the patient's medical condition;
- The prescription will be dispensed by a pharmacy located outside of CT;
- The prescription is for a compounded product (*2 or more ingredients*); or,
- There is a lack of technological capacity.

A prescribing practitioner must document the reason they did not electronically transmit a controlled substance prescription as soon as possible, and within 72 hours of the end of any temporary technological failure.

Prescribing practitioners who lack the technological capacity to electronically transmit controlled substance prescriptions will need to obtain an EPCS waiver.

Information Required on a Controlled Substance Prescription

A controlled substance prescription must be issued to either a person or animal and must bear:

- ✓ The written signature of the prescribing practitioner and the address of the prescribing practitioner unless it is electronically prescribed;
- ✓ The date the prescription is authored;
- ✓ The name, dosage form, strength, where applicable, and amount of the drug prescribed;
- ✓ The name and address of the patient or for veterinary prescriptions, the name and address of the owner and the species of the animal;
- ✓ The directions for use;
- ✓ Any required cautionary statements; and
- ✓ The number of times the prescription may be refilled*, including the use of refill terms “PRN” and “ad lib” in lieu of a specific number of authorized refills.

The following are not permitted:

- Controlled substance prescriptions authored for an inanimate object or thing;
- Duplicate prescriptions, carbon or photographic copies and no printed or rubber-stamped orders; or,
- Prescriptions for sympathomimetic amines to be used as anorectics.

Note: *No prescription for a schedule II controlled substance may contain more than one prescription.*

Refills

- **Schedule II** controlled substance prescriptions cannot be refilled.
- **Schedule III and IV** controlled substance prescriptions may be refilled up to five times in six months as authorized by the prescribing practitioner.
- **Schedule V** controlled substance prescriptions may be refilled as authorized by the prescribing practitioner.

Prescribing Opioid Medications

When issuing a prescription for an opioid drug to an adult or minor patient, the prescribing practitioner shall discuss with the patient the risks associated with the use of such opioid drug, including, but not limited to:

-  The risks of addiction and overdose associated with opioid drugs and the dangers of taking opioid drugs with alcohol, benzodiazepines and other central nervous system depressants, and;
-  The reasons the prescription is necessary.

If applicable, the discussion should occur with the custodial parent, guardian or other person having legal custody of the minor if such parent, guardian or other person is present at the time of issuance of the prescription.

Adults:

- Initial opioid prescriptions issued to an adult for outpatient use are limited to a seven (7) day supply.
- The seven (7) day supply limit does not apply to subsequent opioid prescriptions issued to an adult for outpatient use.

Minors:

- Opioid prescriptions issued to minors shall not exceed a five (5) day supply at any time.

The law allows practitioners to prescribe a larger supply of an opioid drug for first-time outpatient use if, in their professional judgment, the drug is required to treat their patient. The practitioner must document the patient's condition in their medical record and indicate that an alternative to the opioid drug was not appropriate to treat the patient's condition. The law does not apply to medications to treat opioid drug dependence or abuse, including opioid antagonists and agonists.

Controlled Substance Prescribing for Self and Family

A prescribing practitioner **shall not** prescribe, dispense, or administer schedule II - IV controlled substances to a member of their immediate family or to themselves except in an emergency pursuant to [CGS Section 21a-252j](#).

In the case of an emergency, a practitioner may not prescribe more than a 72 hour supply of medication, and may only prescribe if there is no other qualified practitioner available.

Any emergency prescribing, dispensing, or administering must be documented, along with information about the emergency itself.

CT Prescription Monitoring and Reporting System (CPMRS) Usage Requirements

The prescribing practitioner or the prescribing practitioner's authorized agent must:

- ✓ Review a patient's records in the CPMRS when prescribing greater than a 72 hour supply of any schedule II-V controlled substance to any patient;
- ✓ Review a patient's records in the CPMRS at least once every 90 days when prescribing controlled substances other than schedule V non-narcotic controlled substances for prolonged treatment; and,
- ✓ Review a patient's records in the CPMRS at least once per year when prescribing a schedule V non-narcotic controlled substance for continuous or prolonged treatment of any patient.

A prescribing practitioner may prescribe greater than a 72 hour supply of a controlled substance to a patient during the time that the CPMRS is down, as long as a review of the patient's records in the CPMRS occurs not more than 24 hours after regaining access to the CPMRS.

Long Term Treatment with Opioids

When a prescribing practitioner prescribes an opioid drug to a patient for the treatment of pain that is continuous for greater than 12 weeks, the prescriber shall establish a treatment agreement or a care plan for the chronic use of opioids with the patient. The treatment agreement or care plan shall, at a minimum, include:

- Treatment goals;
- Risks of using opioids;
- Use of urine drug screens (*if any*);
- Expectations for the patient regarding the continuing treatment of pain with opioids;
- Situations requiring discontinuation of opioid treatment; and,
- To the extent possible, nonopioid treatment options such as:
 - Massage therapy;
 - Acupuncture;
 - Physical therapy; or,
 - Other options.

The treatment agreement or care plan shall be recorded in the patient's medical record.

Contact Information

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