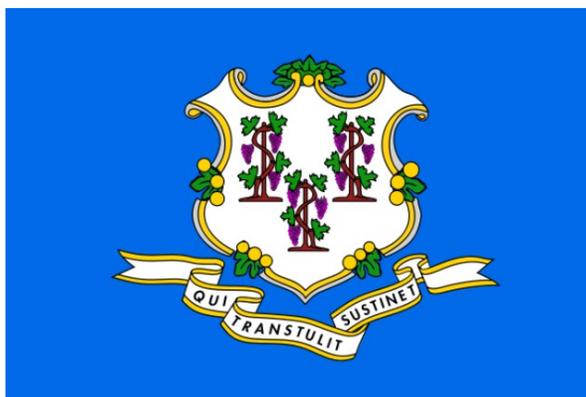




Prescribing and Dispensing Profile

Connecticut

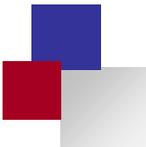


Research current through November 2015.

This project was supported by Grant No. G1599ONDCP03A, awarded by the Office of National Drug Control Policy. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the Office of National Drug Control Policy or the United States Government.



©2015 The National Alliance for Model State Drug Laws (NAMSDL). Headquarters Office: 420 Park Street, Charlottesville, VA 22902. This information was compiled using legal databases and state agency websites.



Schedule II Prescribing Limitations (not related to pain clinics)

Schedule II prescriptions may only be dispensed on the written prescription of a practitioner

- May be dispensed on the faxed prescription of a practitioner in the following circumstances:
 - Schedule II narcotic substances to be compounded for the direct administration to a patient by certain methods
 - For the resident of a long term care facility
- May be dispensed on the oral prescription of a practitioner in an emergency
 - Must be immediately reduced to writing by the pharmacy
 - Written prescription must be delivered to the pharmacy by the prescriber within 72 hours

Schedule II prescriptions must be kept separately from other prescriptions

Schedule III, IV and V Prescribing Limitations (not related to pain clinics)

Schedule III and IV substances may be dispensed on the written, oral, faxed, or electronic prescription of a prescriber

Schedule V prescriptions may not be distributed or dispensed except for a medical purpose

Schedule III—V prescriptions must be maintained in a separate file or in an electronic file

Schedule III and IV prescriptions cannot be filled or refilled more than six months after originally written or be refilled more than five times unless renewed by the prescriber

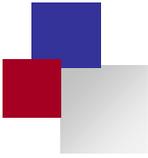
Miscellaneous Prescribing/Dispensing Requirements

May prescribe, administer, or dispense a controlled substance in the course of the physician's professional practice for demonstrable physical or mental disorders but not for drug dependence except in accordance with state and federal laws and regulations

A prescribing practitioner who dispenses any drug other than professional samples shall notify the Commissioner of Consumer Protection that he is engaged in the dispensing of drugs and shall, biennially, upon the date of renewal of the controlled substances registration, inform the Commissioner of his intent to continue dispensing

Prescriptions must contain the following information:

- Name and address of the patient
- Whether the patient is an adult or a child, or his specific age
- The compound or prescription prescribed and the amount thereof
- Directions for use
- Name, address, and DEA registration number of prescriber
- Date of issuance



Prescribing/Dispensing Limitations for Dentists

May prescribe, administer, or dispense controlled substances in the course of the dentist's professional practice

Prescribing/Dispensing Limitations for Optometrists

May not dispense Schedule II – V substances unless:

- No charge is imposed
- Quantity dispensed does not need exceed a 72 hour supply unless the minimum available quantity is greater than a 72 hour supply, in which case the optometrist can dispense the minimum available quantity

Pain Clinic/Pain Management Regulations

Nothing specified in statute or regulation.

Training or Education Requirements or Recommendations for Practitioners who Prescribe or Dispense Controlled Substances

Physicians must obtain at least one contact hour in the area of risk management, which includes prescribing controlled substances and pain management, not less than every six years

Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions

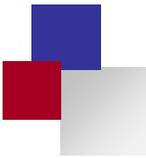
This section deals only with the conditions that qualify a patient for the use of medical marijuana or a therapeutic research program and the attendant physician responsibilities. For complete information on state medical marijuana and therapeutic research programs, please visit the NAMSDL website at www.namsdl.org.

Upon application of any physician licensed in the state of Connecticut, the Commission of Consumer Protection shall, without delay, license such physician to possess and supply marijuana for the treatment of glaucoma or the side effects of chemotherapy

Persons may possess or have under his/her control a quantity of marijuana less than or equal to that supplied to him/her by a prescription made in accordance with law by a physician licensed in the state of Connecticut for the treatment of glaucoma or the side effects of chemotherapy

Debilitating medical condition means:

- Cancer, glaucoma, positive status for human immunodeficiency virus or acquired immune deficiency syndrome, Parkinson's disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, epilepsy, cachexia, wasting syndrome, Crohn's disease, posttraumatic stress disorder
- Any medical condition, medical treatment, or disease approved by the Department



Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions, cont'd.

Qualifying patient's physician must issue a written certification to the patient for the palliative use of marijuana after the physician has prescribed, or determined it is not in the best interest of the patient to prescribe, prescription drugs to address the symptoms or effects for which the certification is being issued

- Written certification must include a statement signed and dated by the patient's physician stating that, in such professional's opinion, the patient has a debilitating medical condition and the potential benefits of palliative use of marijuana would outweigh the health risks
- Written certification is only valid for the period of one year

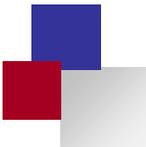
The Department shall only accept written certifications from physicians for the palliative use of marijuana when the physician:

- Holds an active medical license and is in good standing
- Holds an active controlled substance registration from the Department, is in good standing, and is eligible to prescribe Schedule II substances
- Holds an active DEA controlled substance registration, is in good standing, and is eligible to prescribe Schedule II substances
- Is registered with and able to access the PMP
- Is not engaged in prohibited conduct

A physician issuing a written certification shall:

- Have a bona fide physician-patient relationship with the qualifying patient
- Conduct an assessment and evaluation of the patient in order to develop a treatment plan for the patient, which shall include an examination of the patient, the patient's medical history, prescription history, and current medical condition, including an in-person examination
- Diagnose the patient as having a debilitating medical condition
- Be of the opinion that the potential benefits of the palliative use of marijuana likely outweigh the health risks
- Have prescribed, or have had a reasonable basis for determining that it is not in the best interests of the patient to prescribe, prescription drugs to address the symptoms or effects for which the certification is being issued
- Be reasonably available to provide follow up care and treatment
- Comply with generally accepted standards of medical care except to the extent that such standards would counsel against certifying a qualifying patient for marijuana
- Explain the potential risks and benefits of the palliative use of marijuana to the patient
- Maintain medical records for all patients for whom s/he has issued a written certification
 - Shall make copies of all such records available to the commissioner or the commissioner's representative, to other state agencies, and to state and local law enforcement for the purpose of enabling the department or other agencies to ensure compliance with the Act or for the purpose of investigating or prosecuting a violation of law

Physician shall notify the Department of the death of the qualifying patient or a change in status of a debilitating medical condition no more than five days after the physician becomes aware of such fact



Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions, cont'd.

Physician who has issued a written certification shall not:

- Directly or indirectly accept, solicit, or receive anything of value from a dispensary, dispensary facility backer, dispensary facility employee, producer, producer backer, production facility employee, producer of paraphernalia, or any other person associated with a dispensary or production facility except as otherwise permitted by law
- Offer a discount or any other thing of value to a qualifying patient based on the patient's agreement or decision to use a particular primary caregiver, dispensary, dispensary facility, or marijuana product
- Examine a patient for the purposes of diagnosing a debilitating medical condition at a location where marijuana or paraphernalia is acquired, distributed, dispensed, manufactured, sold, or produced
- Directly or indirectly benefit from a patient obtaining a written certification
 - Does not prohibit a physician from charging an appropriate fee for the patient visit

Physician that issues a written certification, and such physician's co-worker, employee, spouse, parent, or child shall not have a direct or indirect financial interest in a dispensary, dispensary facility, producer, production facility, provider of paraphernalia, or any other entity that may benefit from a qualifying patient's or primary caregiver's acquisition, purchase, or use of marijuana

Physician shall not issue a written certification for him or herself or the physician's family members, employees, or co-workers

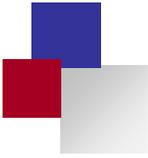
Physician shall not provide product samples containing marijuana other than those approved by the FDA

Physician is not subject to arrest or prosecution or penalized in any manner, including, but not limited to, any civil penalty, or denied any right or privilege, including, but not limited to, being subject to any disciplinary action by a professional licensing board, for providing written certification for the palliative use of marijuana if:

- The physician has diagnosed the patient with a debilitating medical condition
- The physician has explained the potential risks and benefits of the palliative use of marijuana
- Written certification is based upon the physician's professional opinion after having conducted a medically reasonable assessment of the qualifying patient's medical history and current medical condition made in the course of a bona fide patient-physician relationship
- The physician has no financial interest in a dispensary or producer

The commissioner may, after a hearing, revoke or suspend a physician's controlled substance registration so as to prohibit the physician from issuing written certifications if the physician has:

- Failed to comply with the statutes and regulations regarding palliative use of marijuana
- Failed to comply with any provision of state statute or regulation concerning legend drugs or controlled substances
- Intentionally or negligently permitted another person to issue written certifications under the physician's name



Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions, cont'd.

There is a Board of Physicians made up of eight physicians or surgeons who are knowledgeable about the palliative use of marijuana and who are board certified in one of the following areas: neurology, pain medicine, pain management, medical oncology, psychiatry, infectious disease, family medicine, or gynecology. The Board shall:

- Review and recommend to the Department for approval of additional debilitating conditions, treatments, or diseases to be added to the list of qualifying conditions
- Accept and review petitions to add debilitating medical conditions
- Review and recommend to the Department protocols for determining the amounts of marijuana that may be reasonably necessary to ensure uninterrupted availability for a period of one month for qualifying patients, including amounts for topical treatments

PMP Requirements for Mandatory Registration and Access

Every practitioner who distributes, administers, or dispenses any controlled substance or who proposes to engage in the distribution, administration, prescribing, or dispensing any controlled substance shall register with the PMP

Only written certifications for the palliative use of marijuana issued by physicians registered with the PMP will be accepted by the department

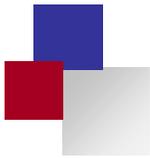
All medical marijuana dispensaries are required to register with the department to access the PMP

Prior to prescribing greater than a 72-hour supply of any controlled substance to a patient, the prescribing practitioner or his/her agent shall review the patient's records in the PMP

- Whenever a prescribing practitioner prescribes controlled substances for the continuous or prolonged treatment of any patient, such prescriber or his/her agent shall review, not less than once every 90 days, the patient's record in the PMP

Patient Referral to Treatment

Nothing specified in statute or regulation.



Board Guidelines

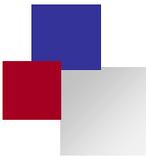
Statement of the Connecticut Medical Examining Board on the Use of Controlled Substances for the Treatment of Pain

The Preamble states that the Medical Board recognizes that principles of quality medical practice dictate that the people of the State of Connecticut have access to appropriate and effective pain relief

- Purpose of this statement is to express support for the development and implementation of practices to assure the appropriate application of up-to-date knowledge and treatment modalities, reduce morbidity, and costs associated with untreated or inappropriately treated pain
 - Inappropriate treatment of pain includes non-treatment, under-treatment, overtreatment, and the continued use of ineffective treatments
- All physicians should become knowledgeable about assessing patients' pain and effective methods of treatment
- Board recognizes that the aim of current practice guidelines is to control the patient's pain while effectively addressing other aspects of the patient's functioning, including physical, psychological, social, and work-related factors
- Current practice guidelines accept that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not pathognomonic of addiction
- The goals of effective pain management include:
 - Pain is to be assessed and treated promptly
 - The amount of medication and frequency of dosing adjusted according to the intensity, duration of the pain, and treatment outcomes
 - Consideration of current clinical knowledge and scientific research
 - The use of pharmacologic and non-pharmacologic modalities

Treatment of pain practices

- Evaluation of patient - a medical history and physical examination must be obtained, evaluated, and documented in the medical record
 - Medical record should document the intensity of the pain, current and past treatments, underlying or co-existing diseases or conditions, the effect of the pain on physical and psychological function, and the history of substance abuse
- Treatment plan – a written treatment plan should state the objectives that will be used to determine treatment success and indicate if any further diagnostic evaluations or other treatments are planned
- Informed consent and agreement for treatment – physician should discuss the risks and benefits of the use of controlled substances with the patient
 - Patients should receive prescriptions from one physician and one pharmacy whenever possible
 - If the patient is at high risk for abuse or has a history of substance abuse, the physician should consider the use of a written agreement outlining the patient responsibilities, including:
 - Drug testing when requested
 - Number and frequency of all prescription refills
 - Reasons for which drug therapy may be discontinued



Board Guidelines, cont'd.

- Periodic review of the course of pain treatment and any new information about the etiology of the pain or the patient's state of health should be conducted
 - Satisfactory response to treatment may be indicated by decreased pain, increased level of function, improved quality of life
 - Objective evidence of improved or diminished function should be monitored and information from family members or other caregivers may be considered
 - If the patient's response is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities
 - Physician should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives
 - Special attention should be given to those patients who are at risk of misuse or diversion
 - Physician should keep accurate and complete medical records that include:
 - Medical history and physical examination
 - Diagnostic, therapeutic, and laboratory results
 - Evaluations and consultations
 - Treatment objectives
 - Discussion of risks and benefits
 - Informed consent
 - Treatments
 - Patient response to treatments
 - Medications, including the type, dosage, and quantity prescribed
 - Instructions and agreements
 - Periodic reviews
- 