



CONNECTICUT DEPARTMENT OF  
**CONSUMER PROTECTION**

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*Securing a Safe & Fair Marketplace.*

# **Connecticut Diversion Issues and New Laws**

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Drug Control Division  
State of Connecticut

# Topics

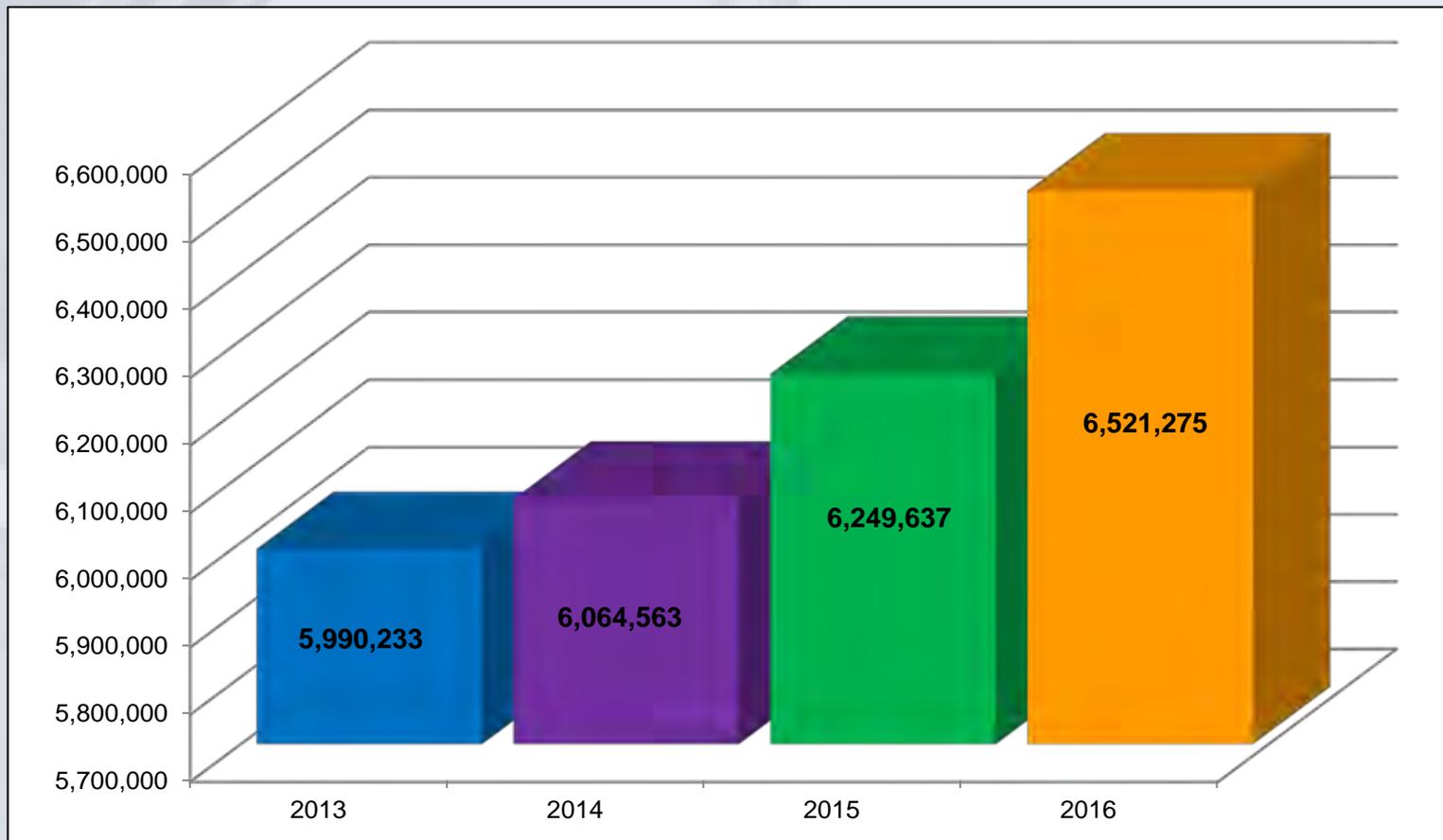
- PMP Data Regarding Controlled Substance Usage in Connecticut
- Loss Reports
- Diversion Within Pharmacies
- New Laws



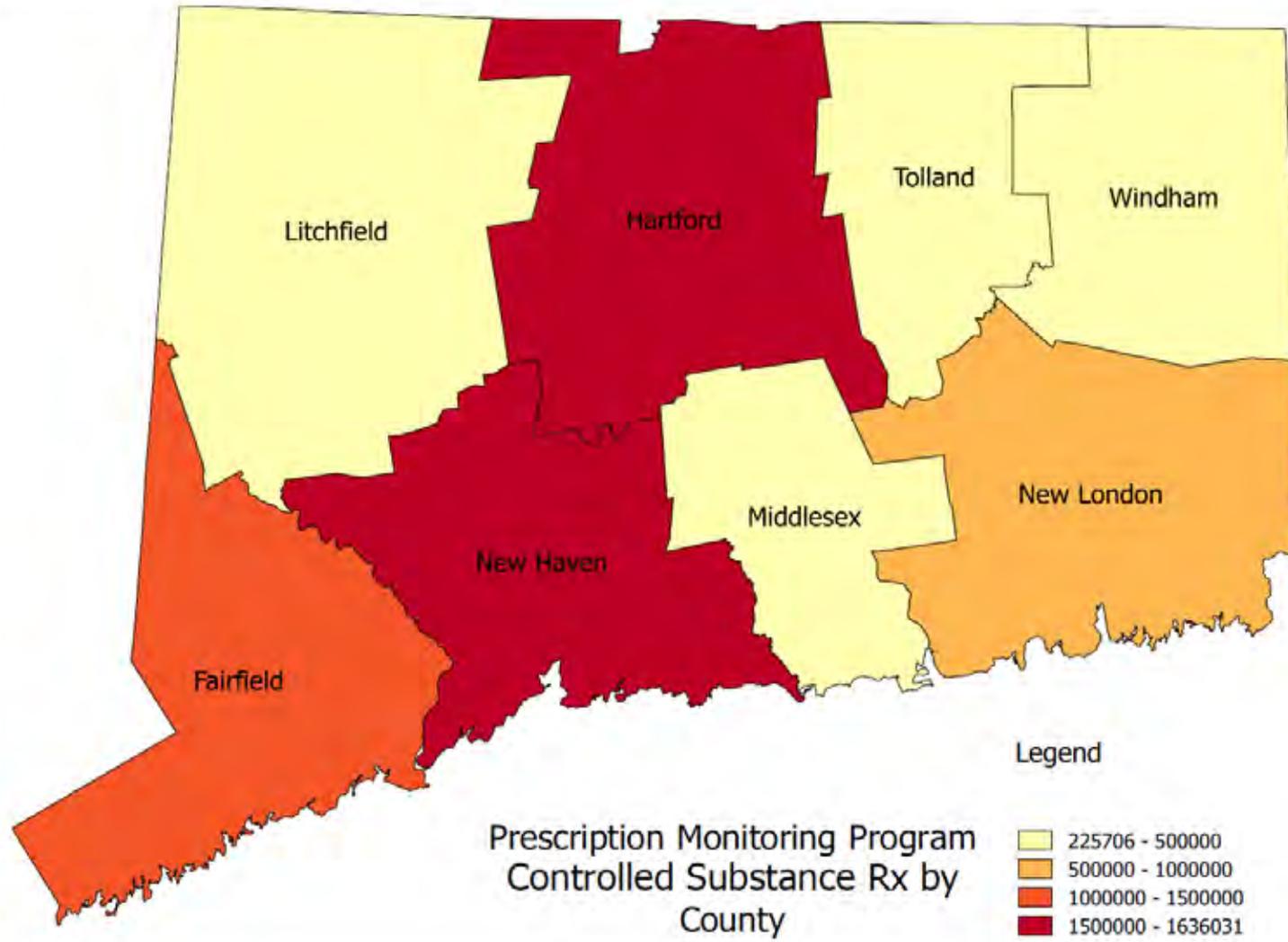


PMP DATA

# # of Controlled Substance Rx/Year



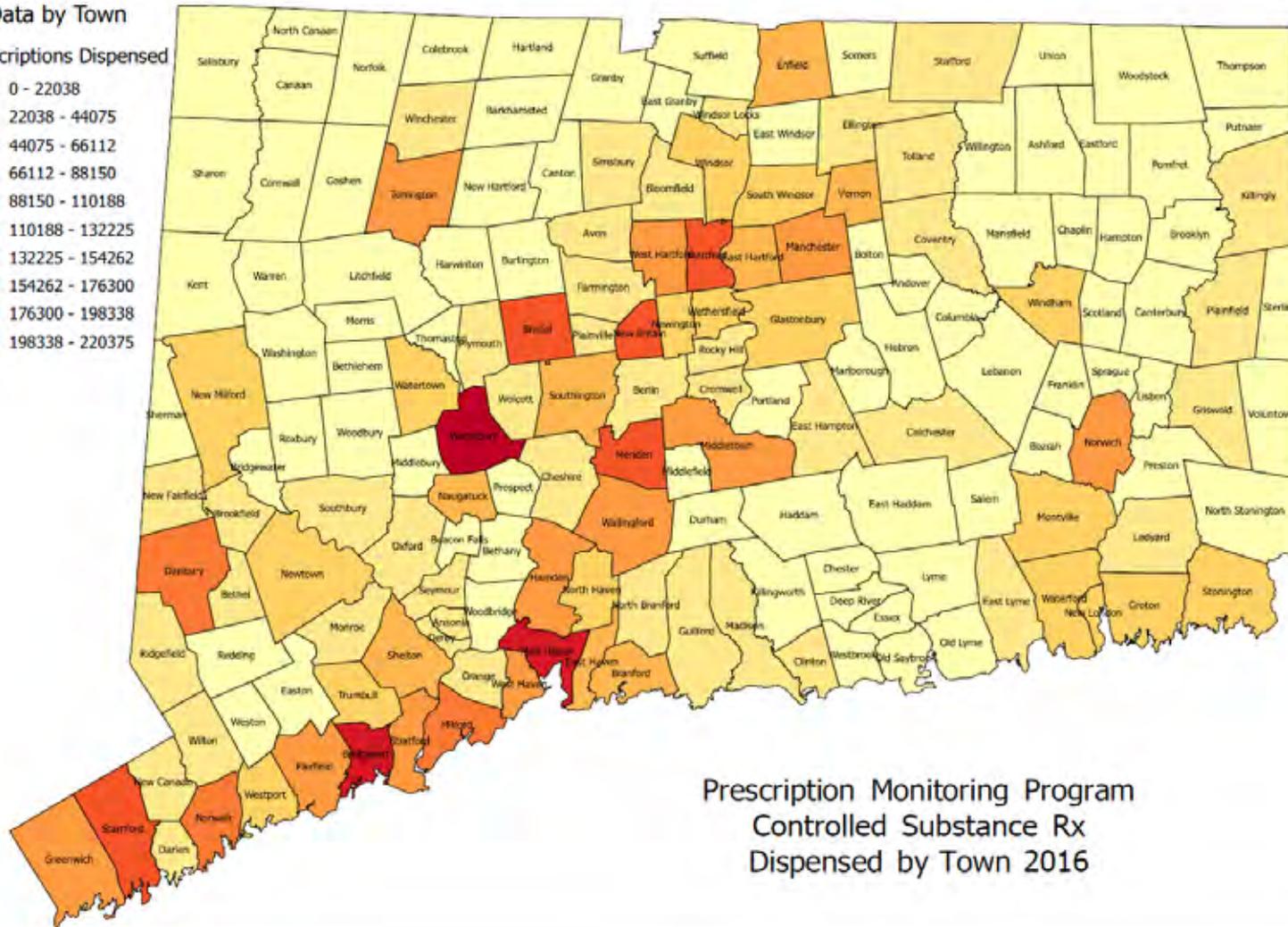
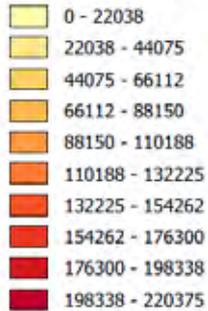
# # of Controlled Substance Rx/County 2016



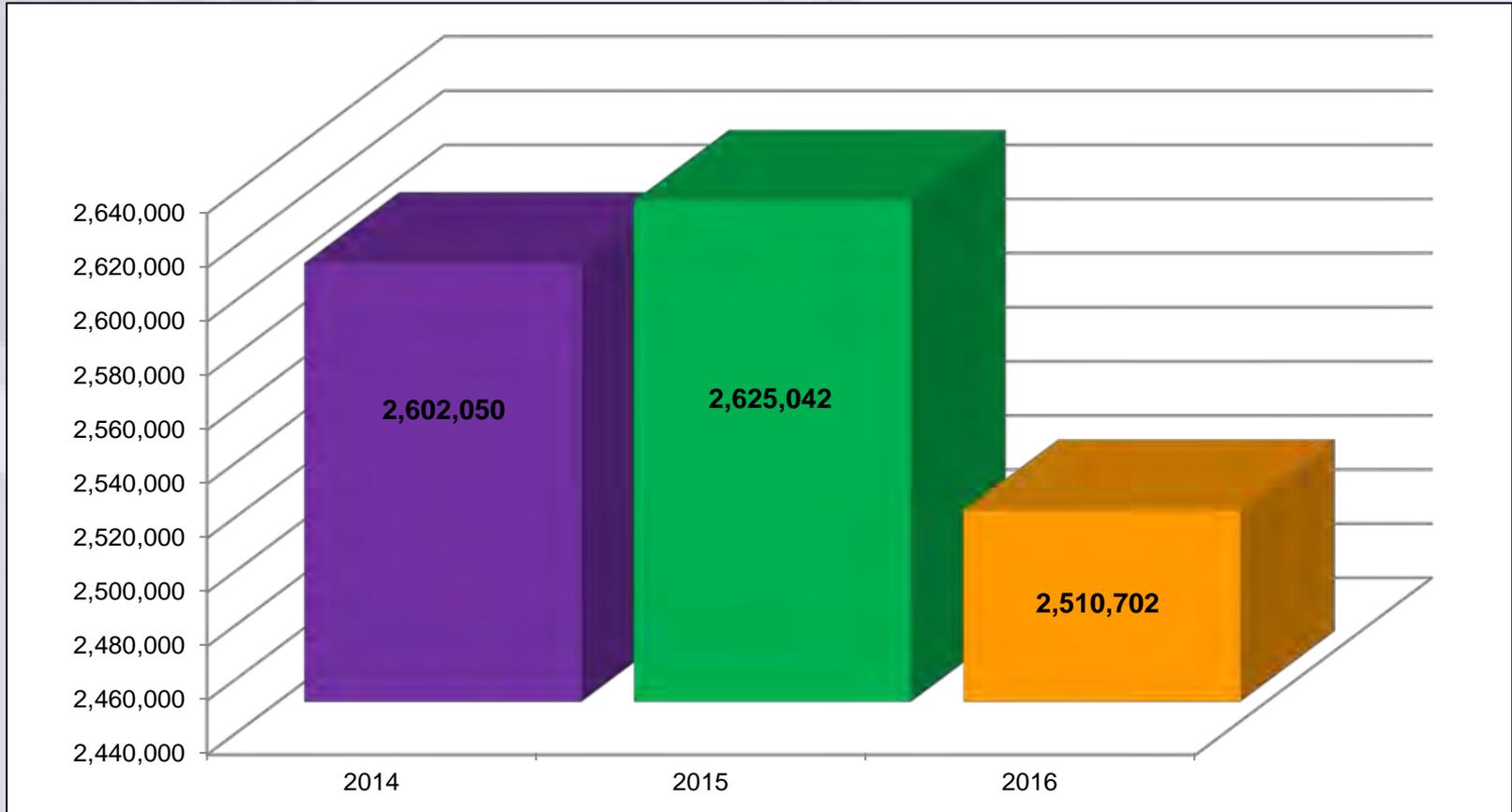
# # of Controlled Substances Rx/Town - 2016

## RxData by Town

### Prescriptions Dispensed



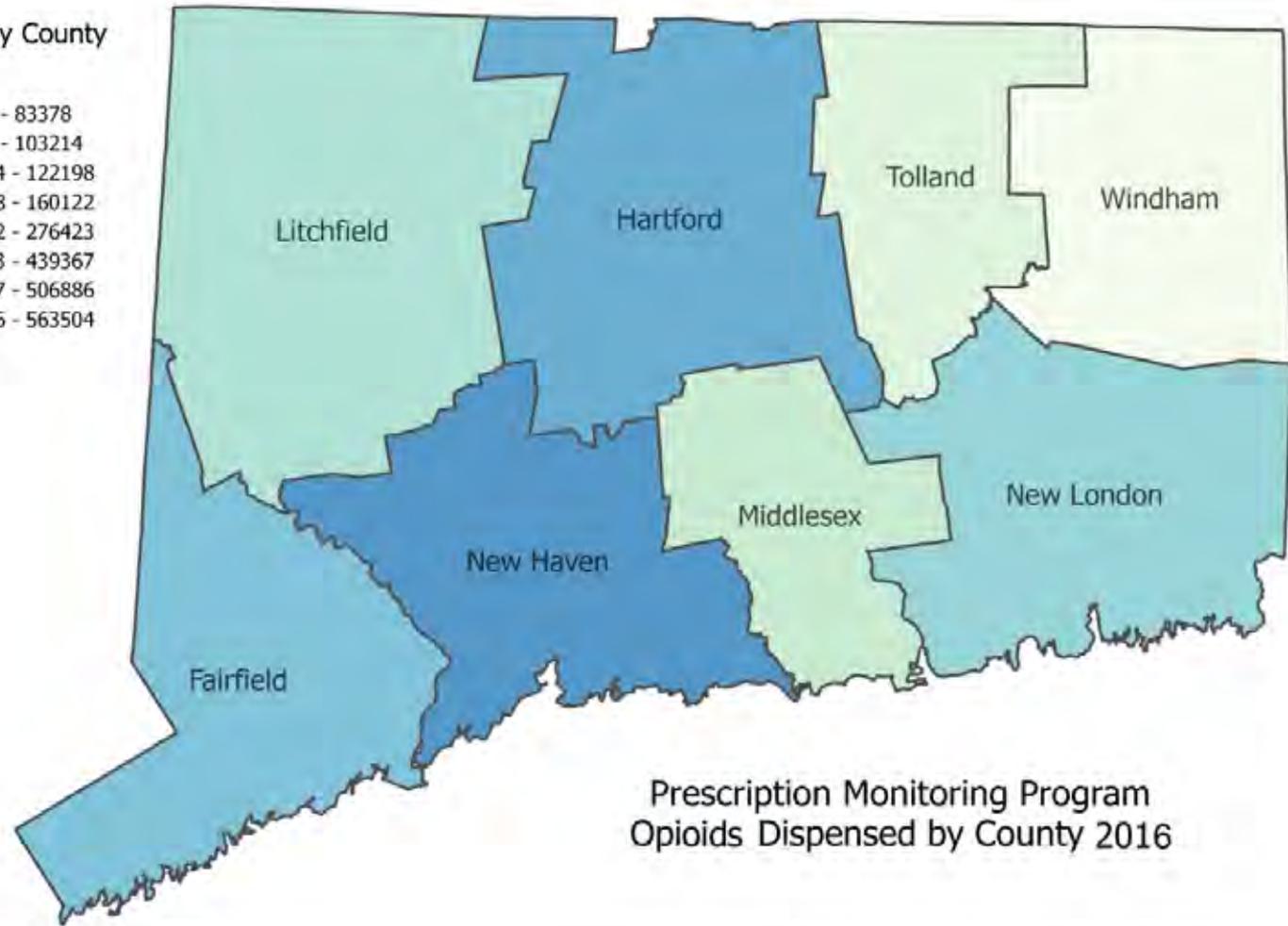
# # of Opioid Rx/Year



# # of Opioid Rx by County

## RxData by County

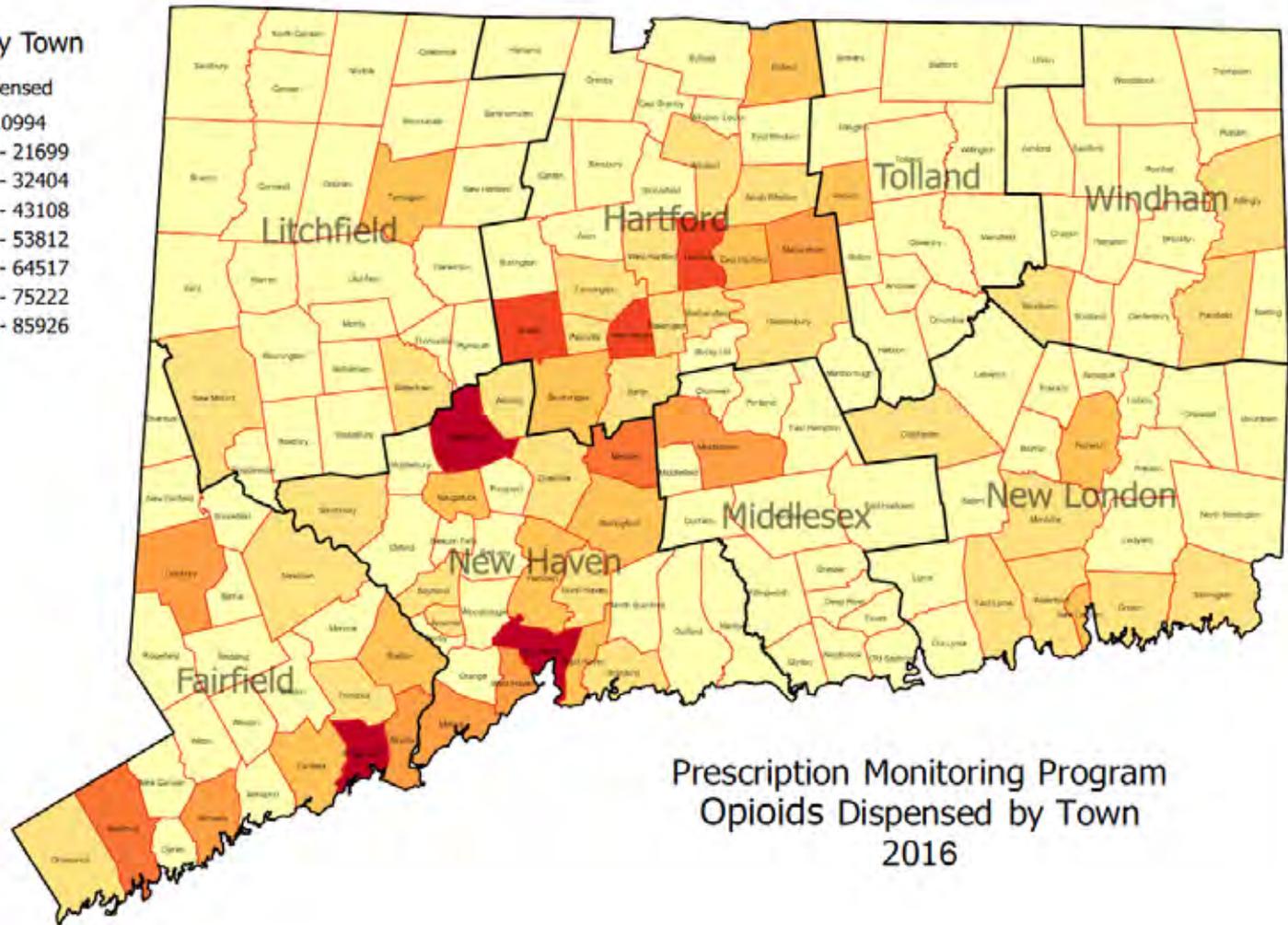
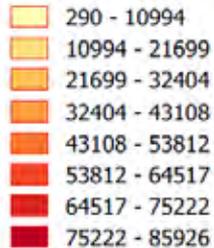
	80529 - 83378
	83378 - 103214
	103214 - 122198
	122198 - 160122
	160122 - 276423
	276423 - 439367
	439367 - 506886
	506886 - 563504



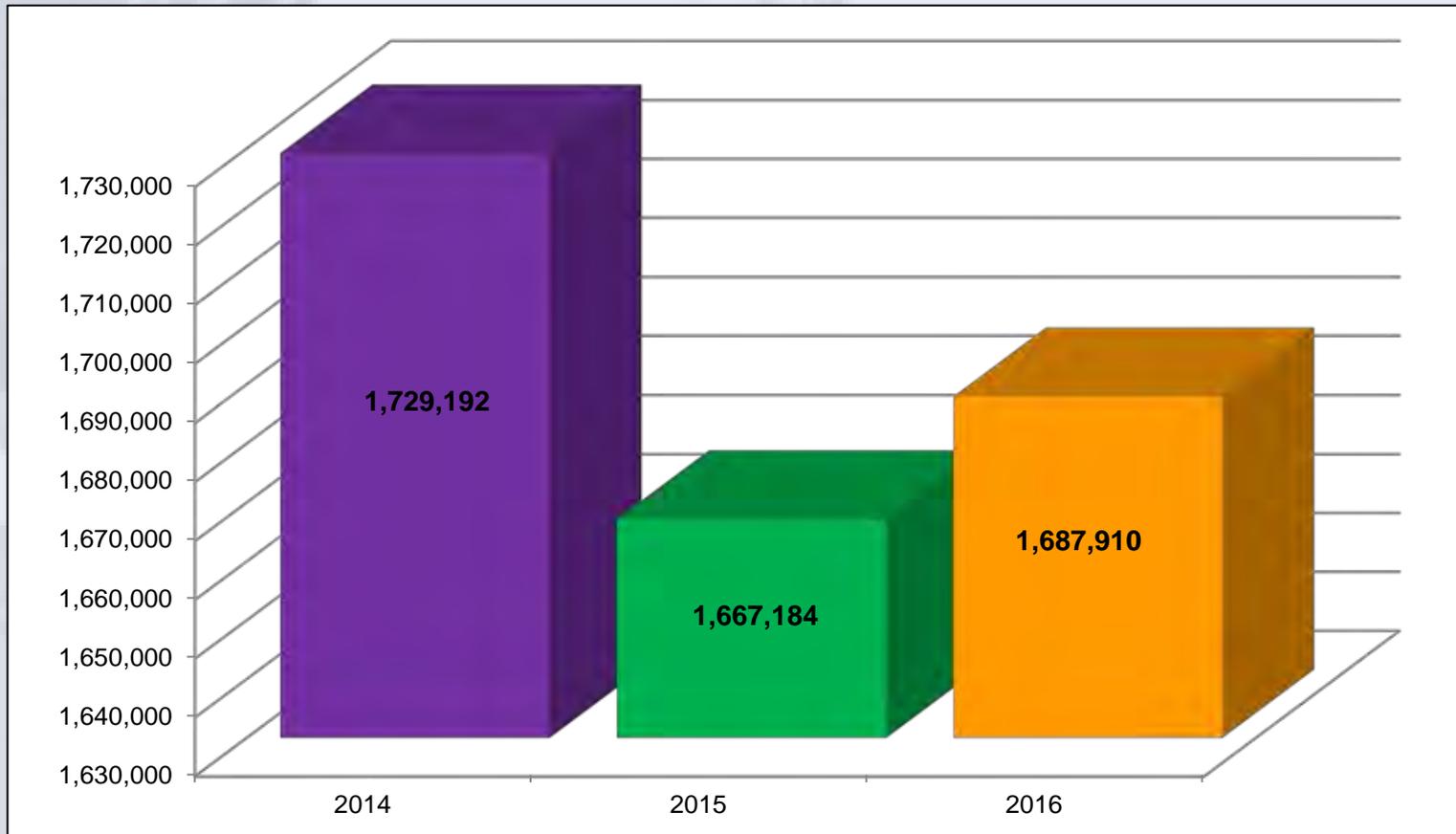
# # of Opioid Rx by Town

## RxData by Town

### Opioids Dispensed



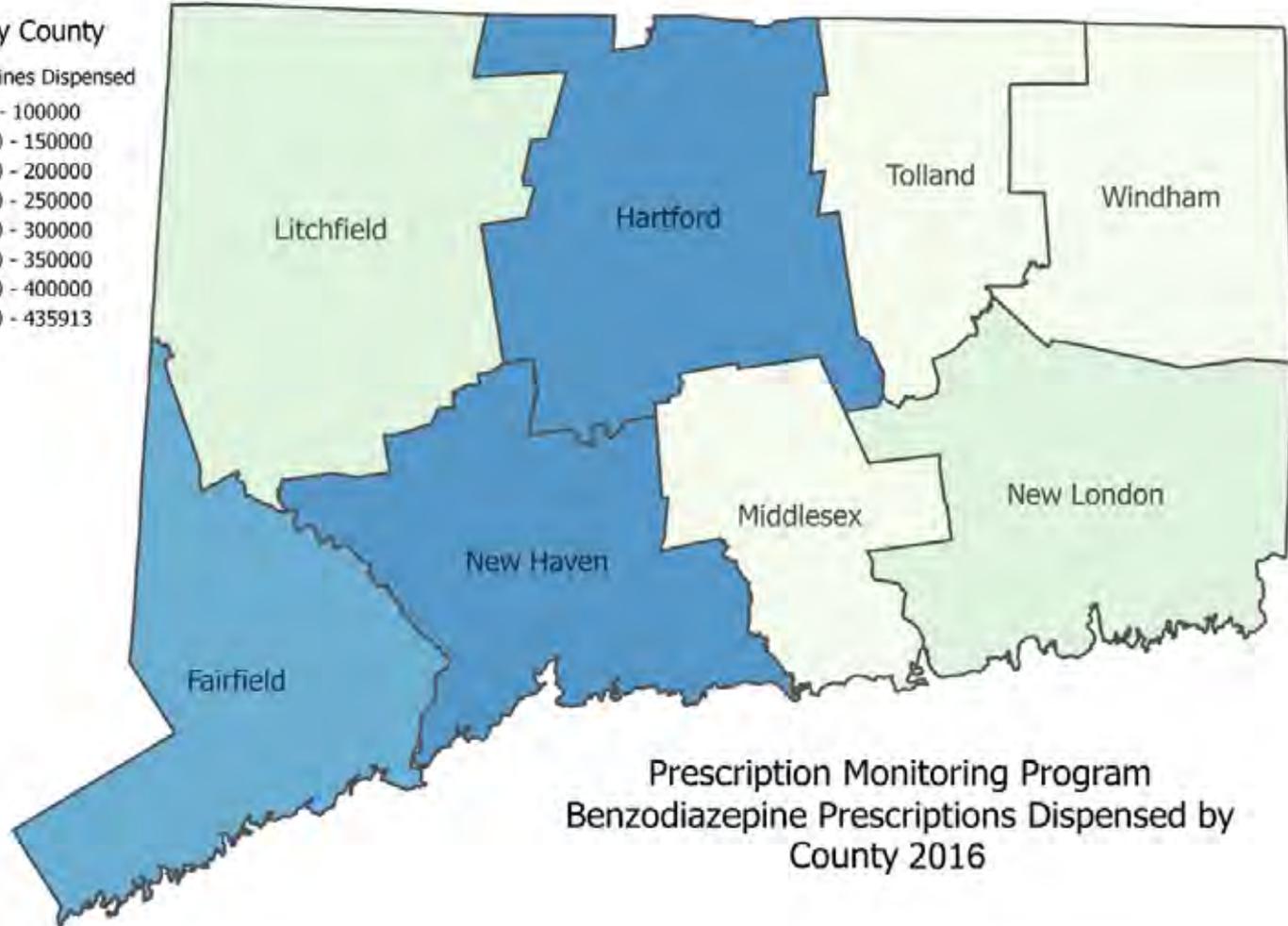
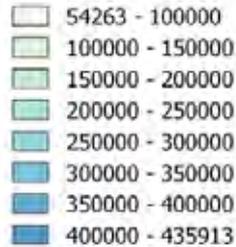
# # of Benzodiazepine Rx/Year



# # of Benzodiazepine Rx by County

## RxData by County

### Benzodiazepines Dispensed

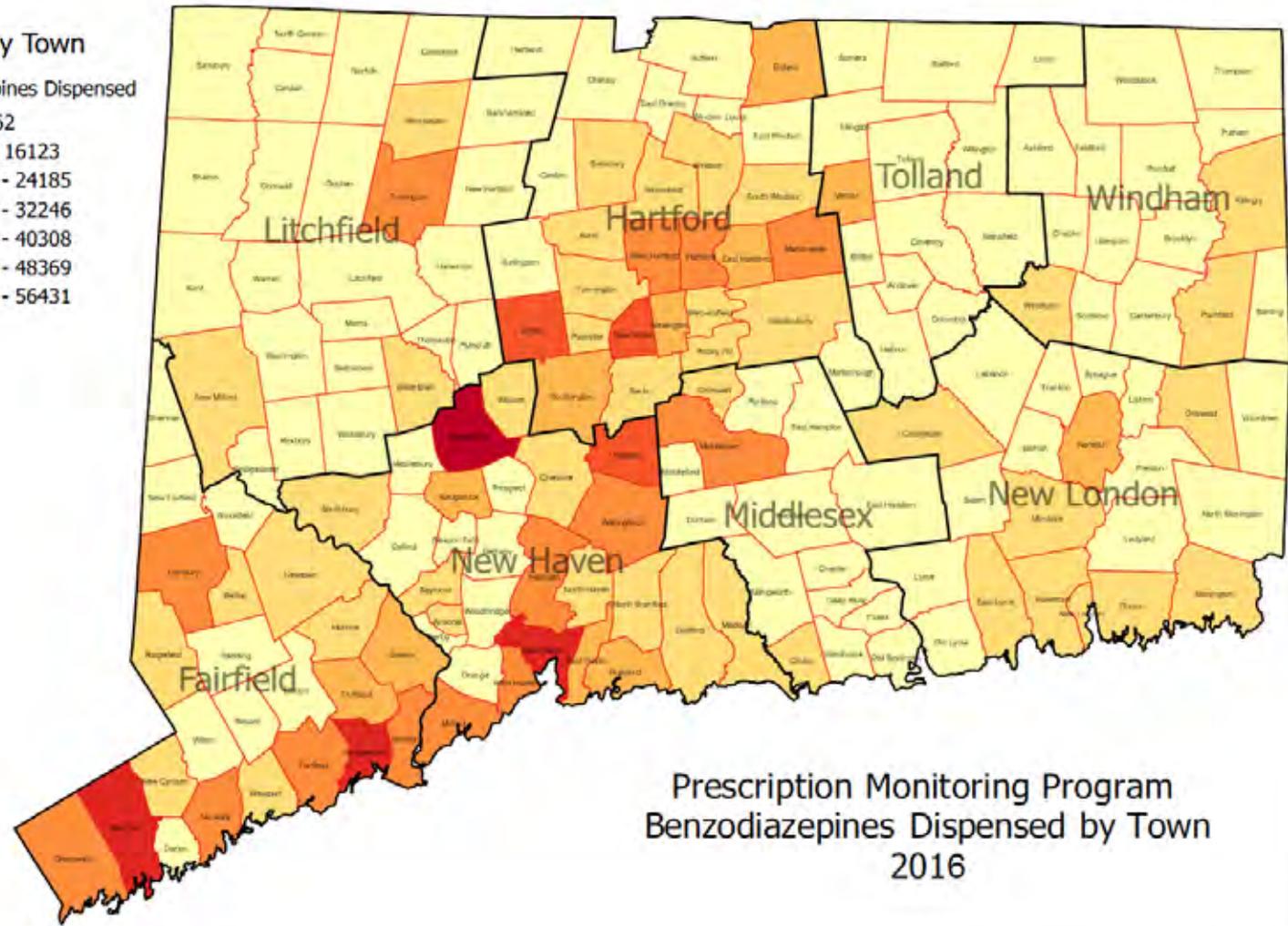
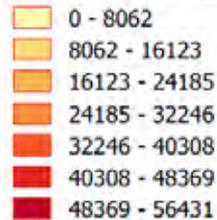


Prescription Monitoring Program  
Benzodiazepine Prescriptions Dispensed by  
County 2016

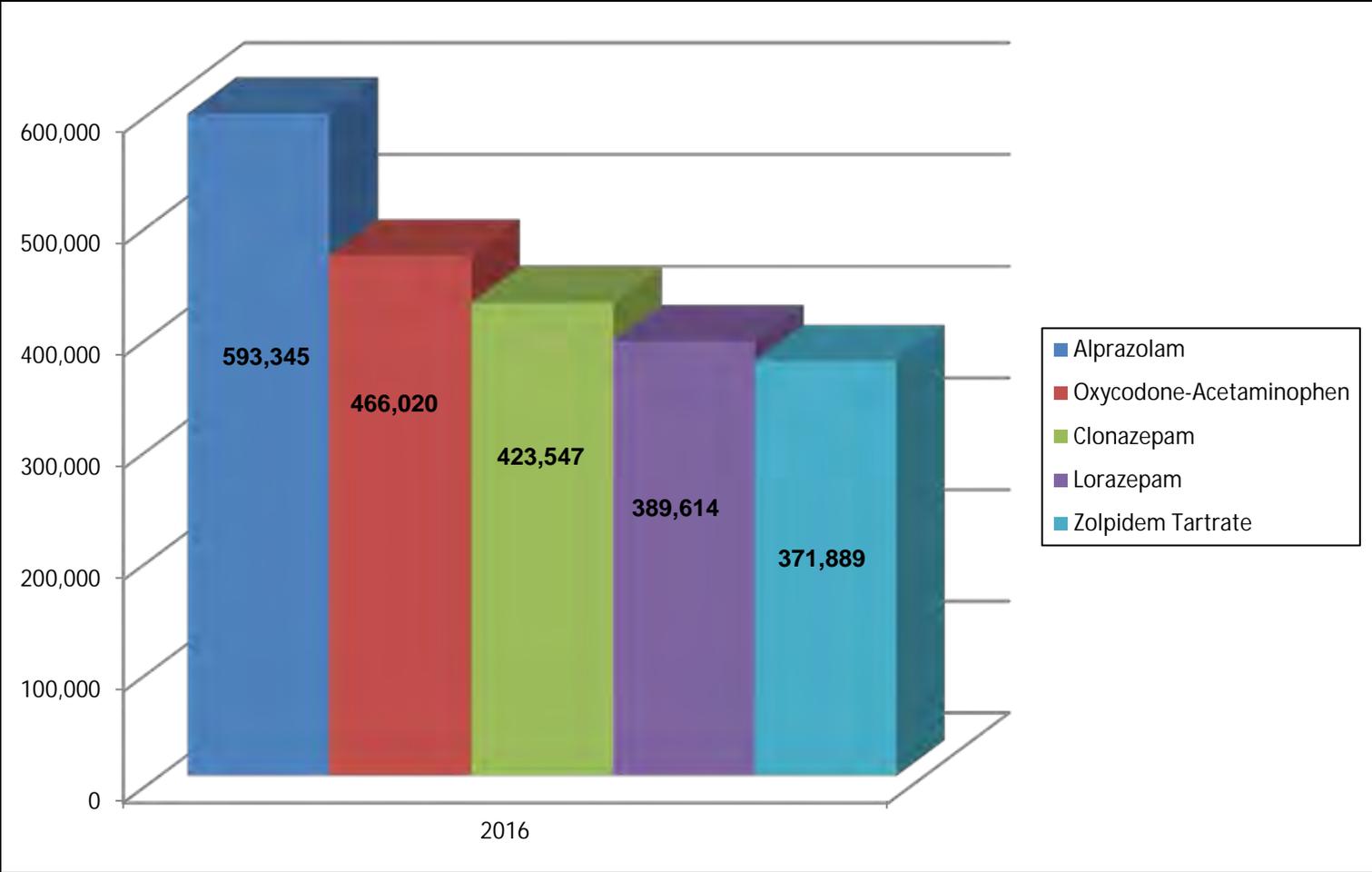
# # of Benzodiazepine Rx by Town

## RxData by Town

### Benzodiazepines Dispensed



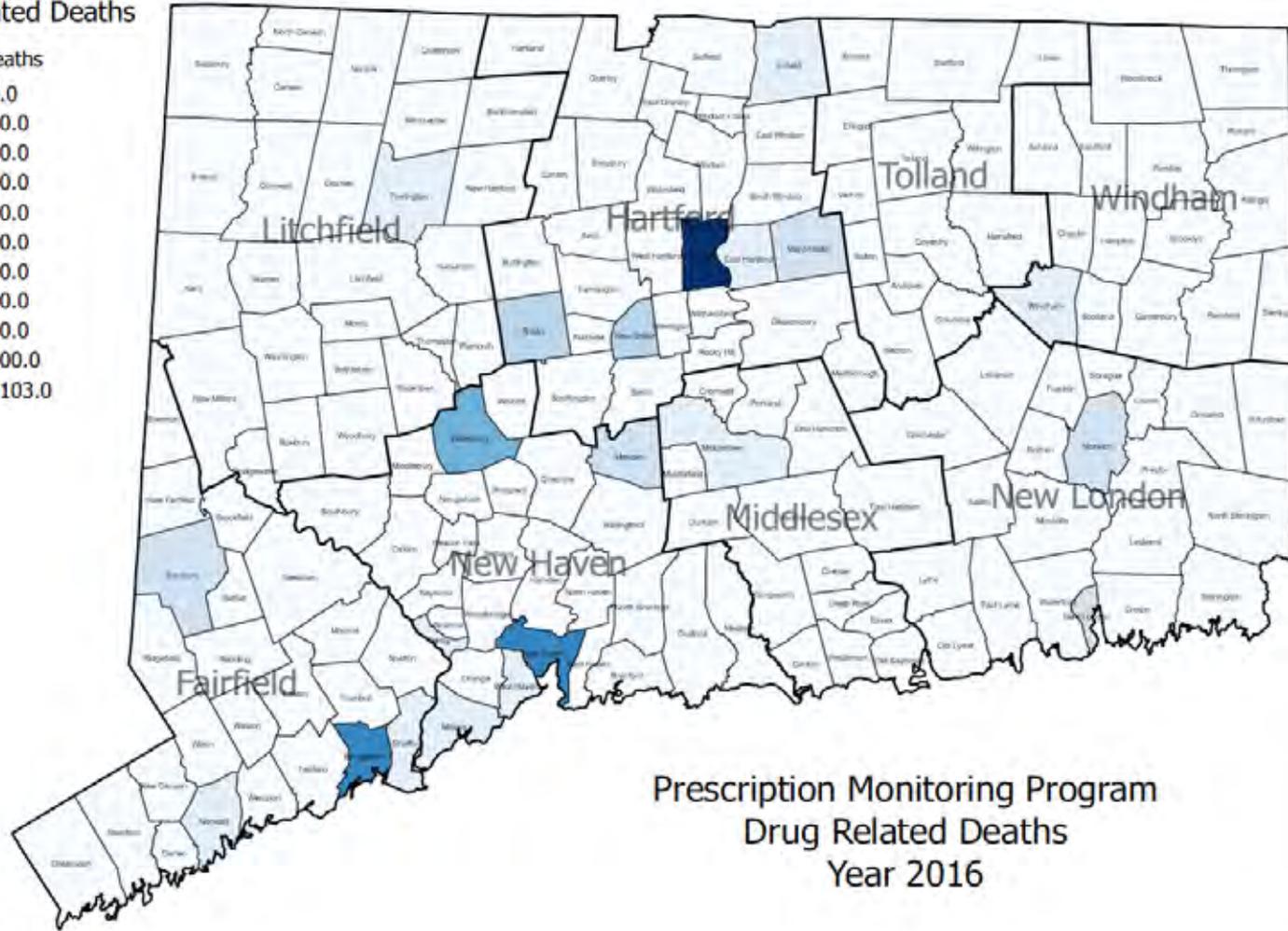
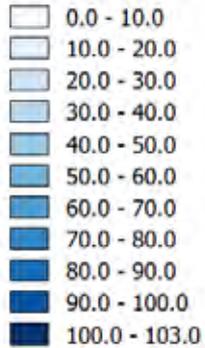
# Most Prescribed Controlled Substances - 2016



# OCME Drug Related Deaths 2016

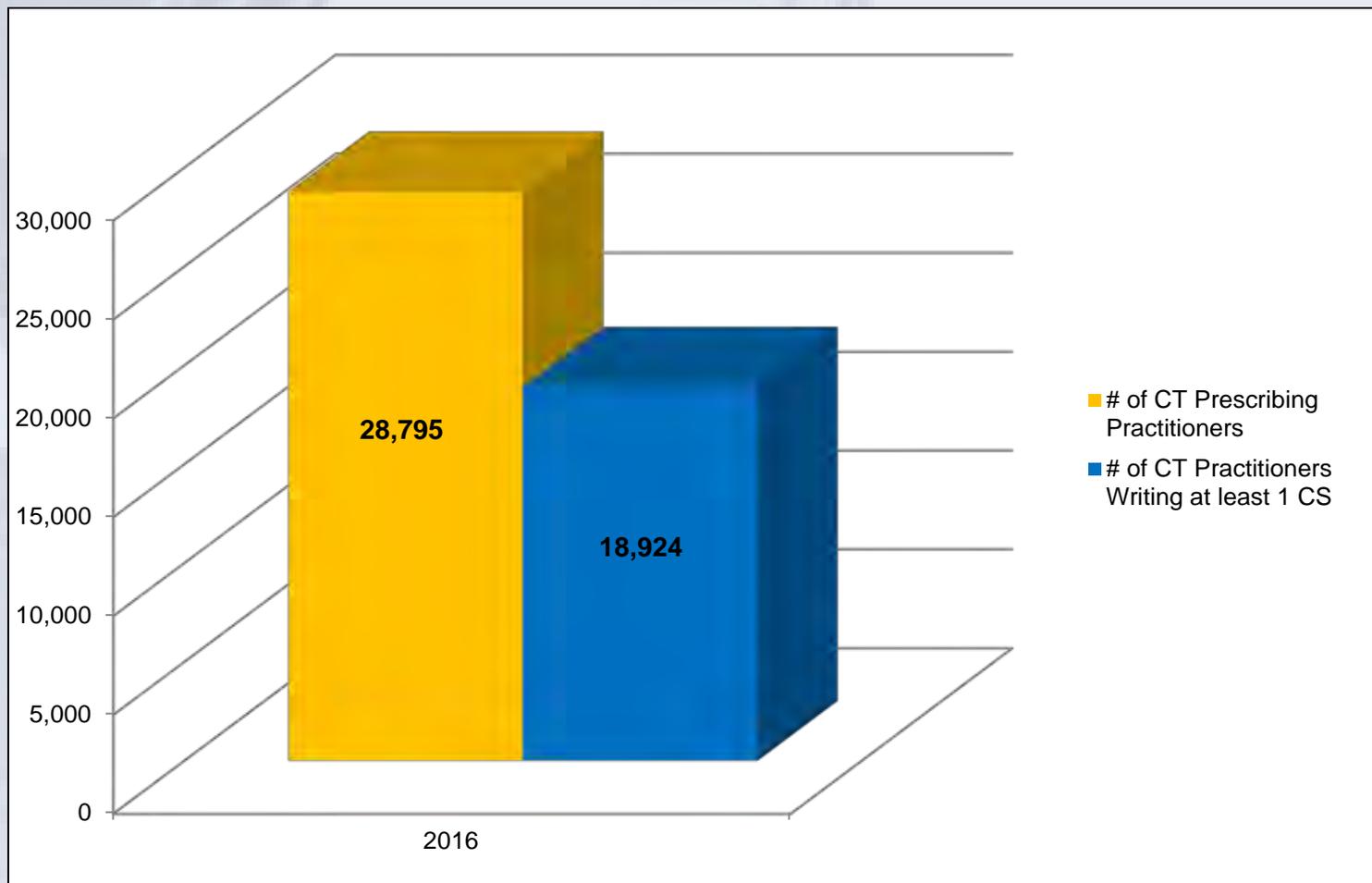
## Drug Related Deaths

### Number of Deaths

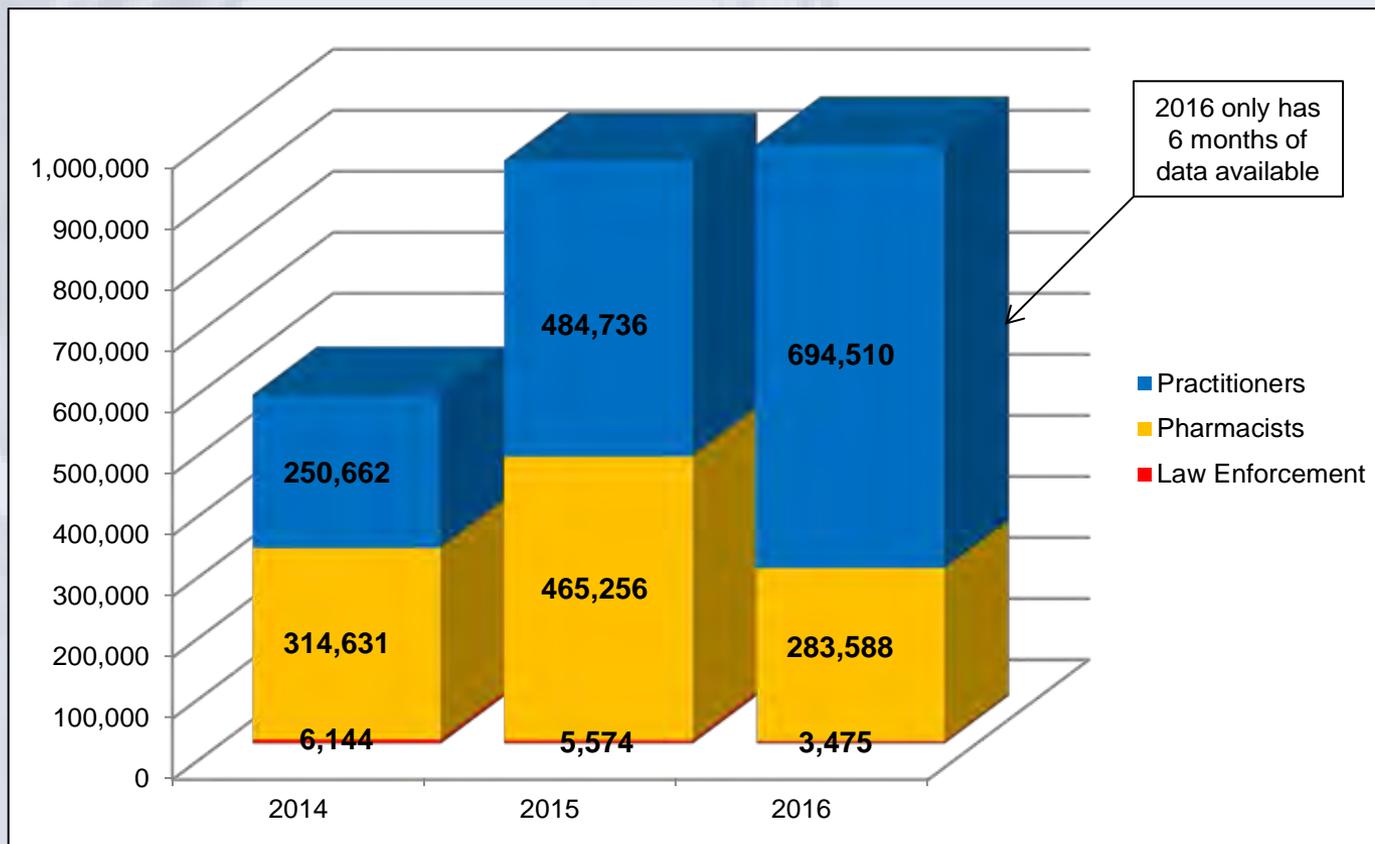


Prescription Monitoring Program  
Drug Related Deaths  
Year 2016

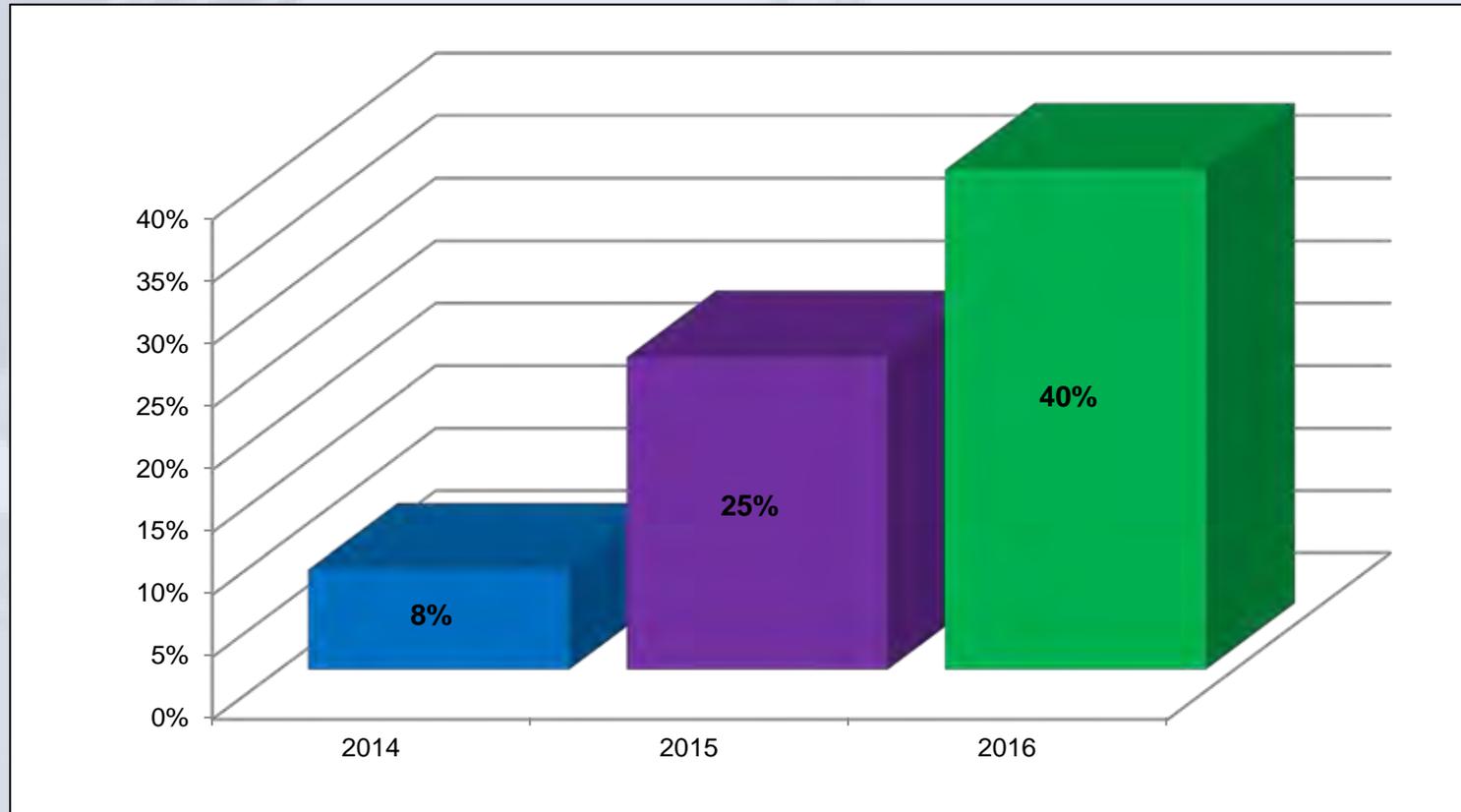
# # of Connecticut Prescribers Writing at least 1 Controlled Substance - 2016



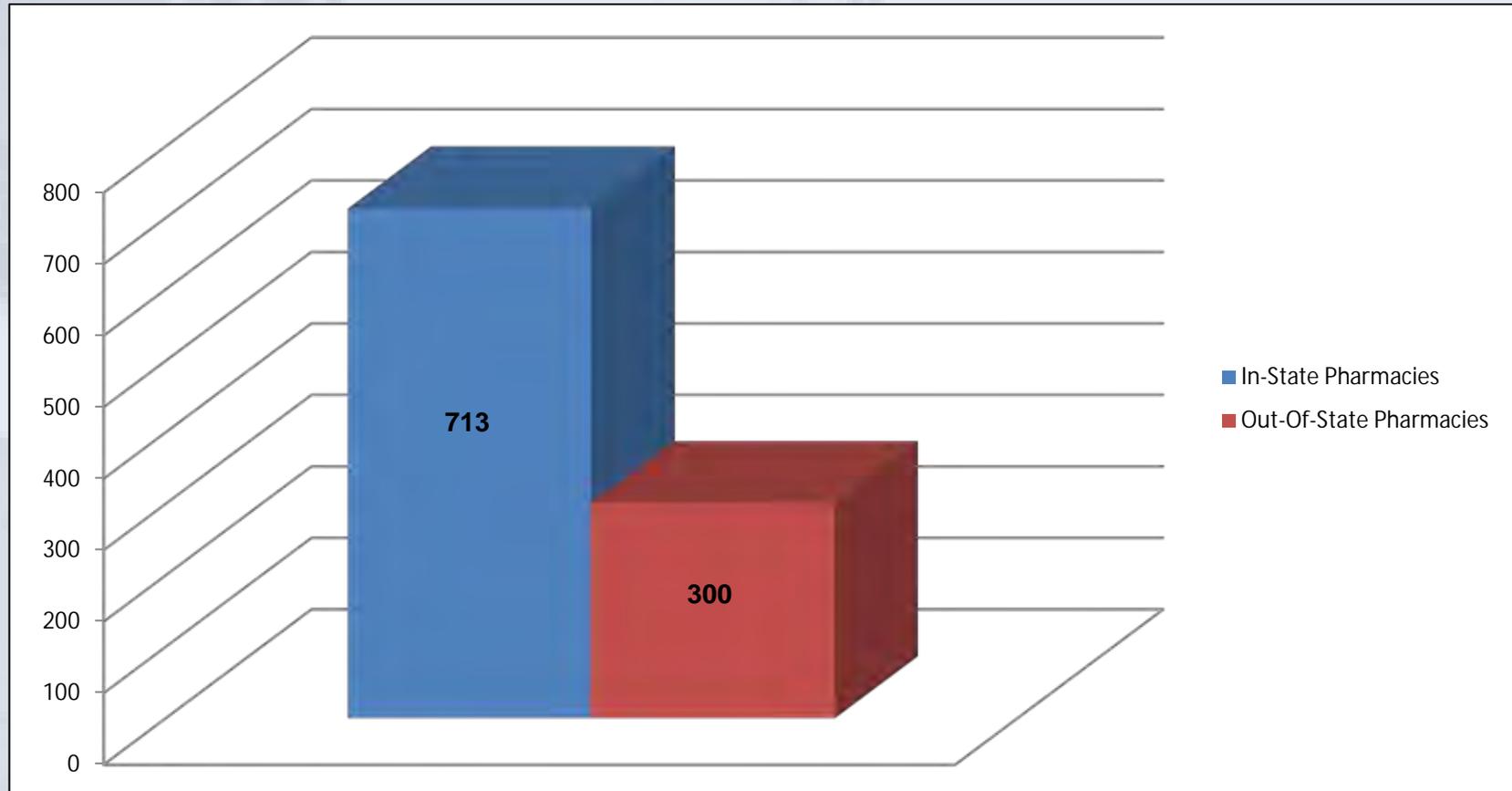
# # of CPMRS Request/User Group



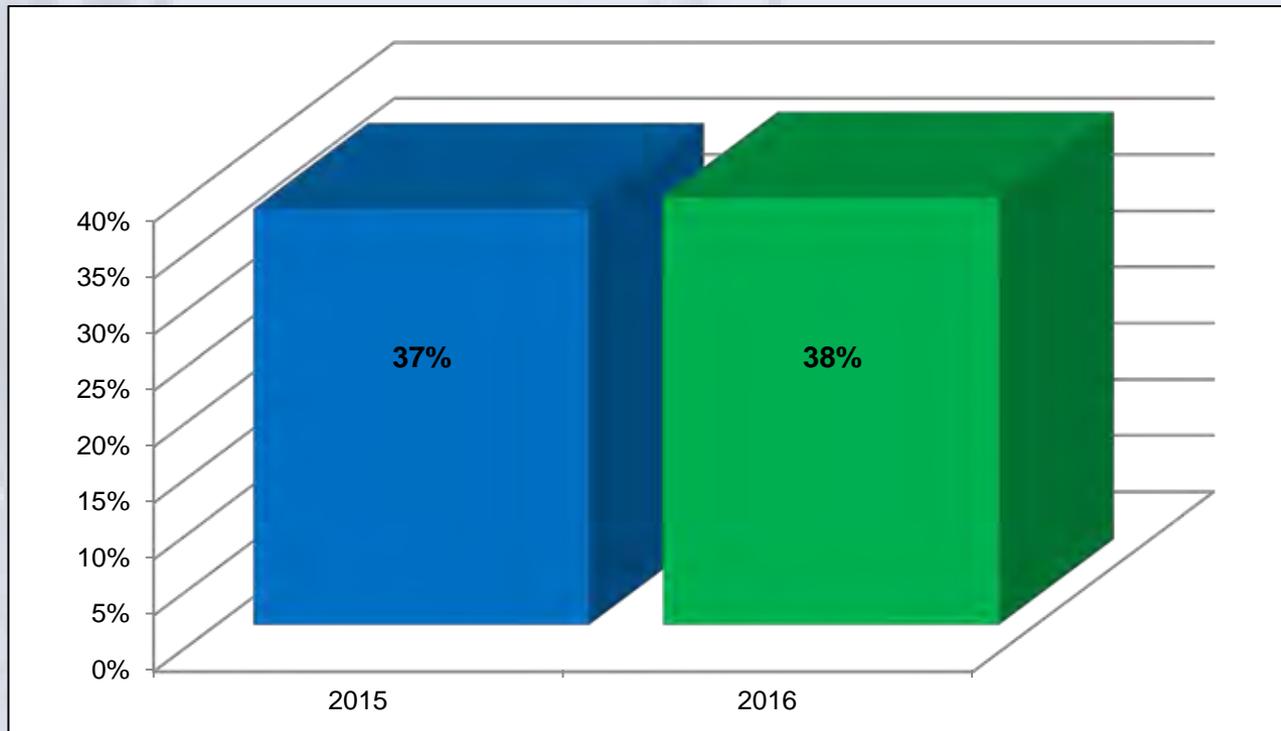
# % of Prescribers Utilizing CPMRS



# # of CT Licensed Pharmacies Reporting to the CPMRS



# % of Registered Pharmacists in CPMRS/Year



# Data Sharing – States

- Connecticut is sharing data with 26 states

Arizona

Colorado

Delaware

District of Columbia

Illinois

Indiana

Kansas

Louisiana

Maryland

Massachusetts

Michigan

Minnesota

Nevada

New Hampshire

New Jersey

New Mexico

New York

North Dakota

Ohio

Rhode Island

South Dakota

Texas

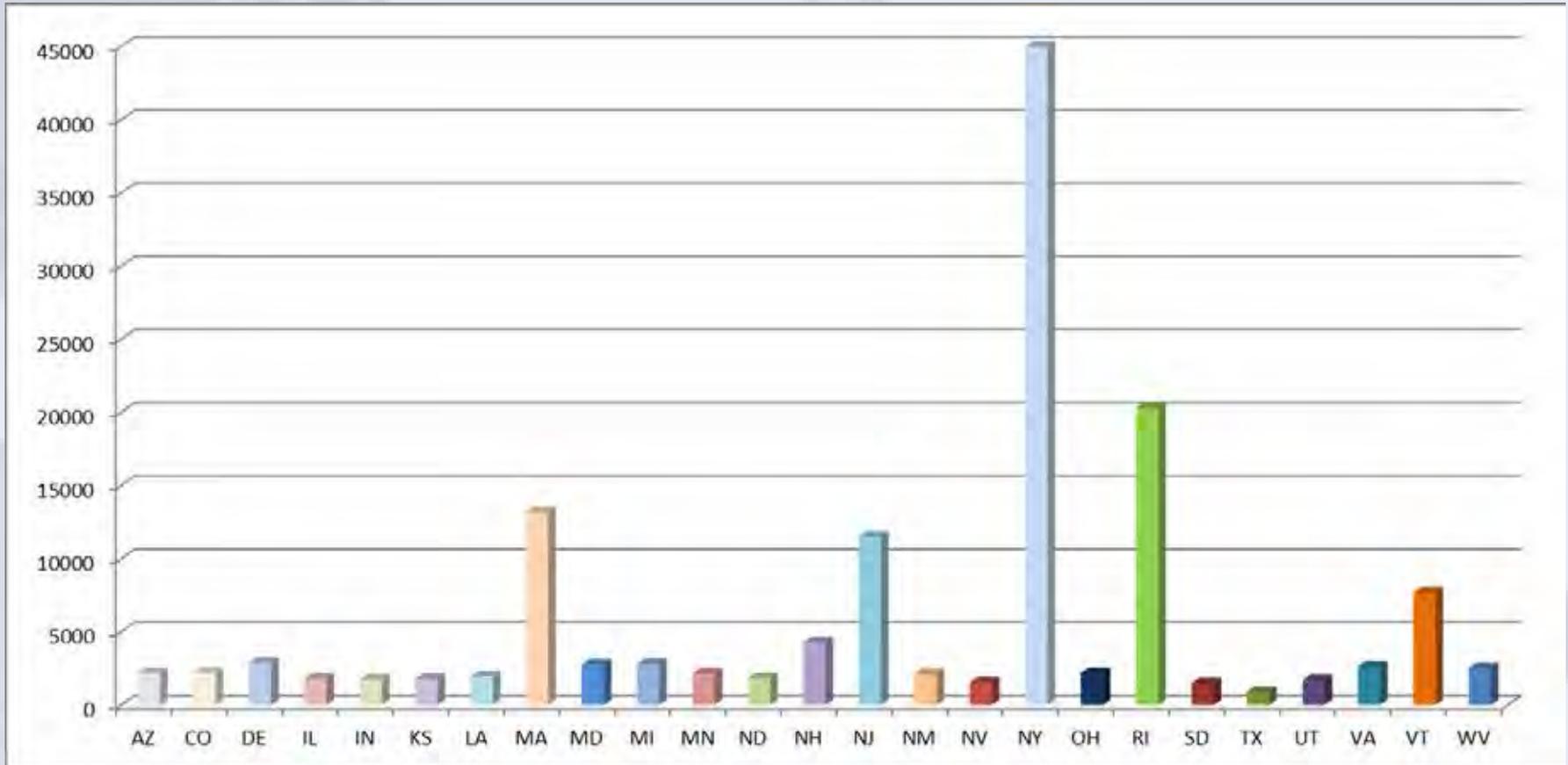
Utah

Vermont

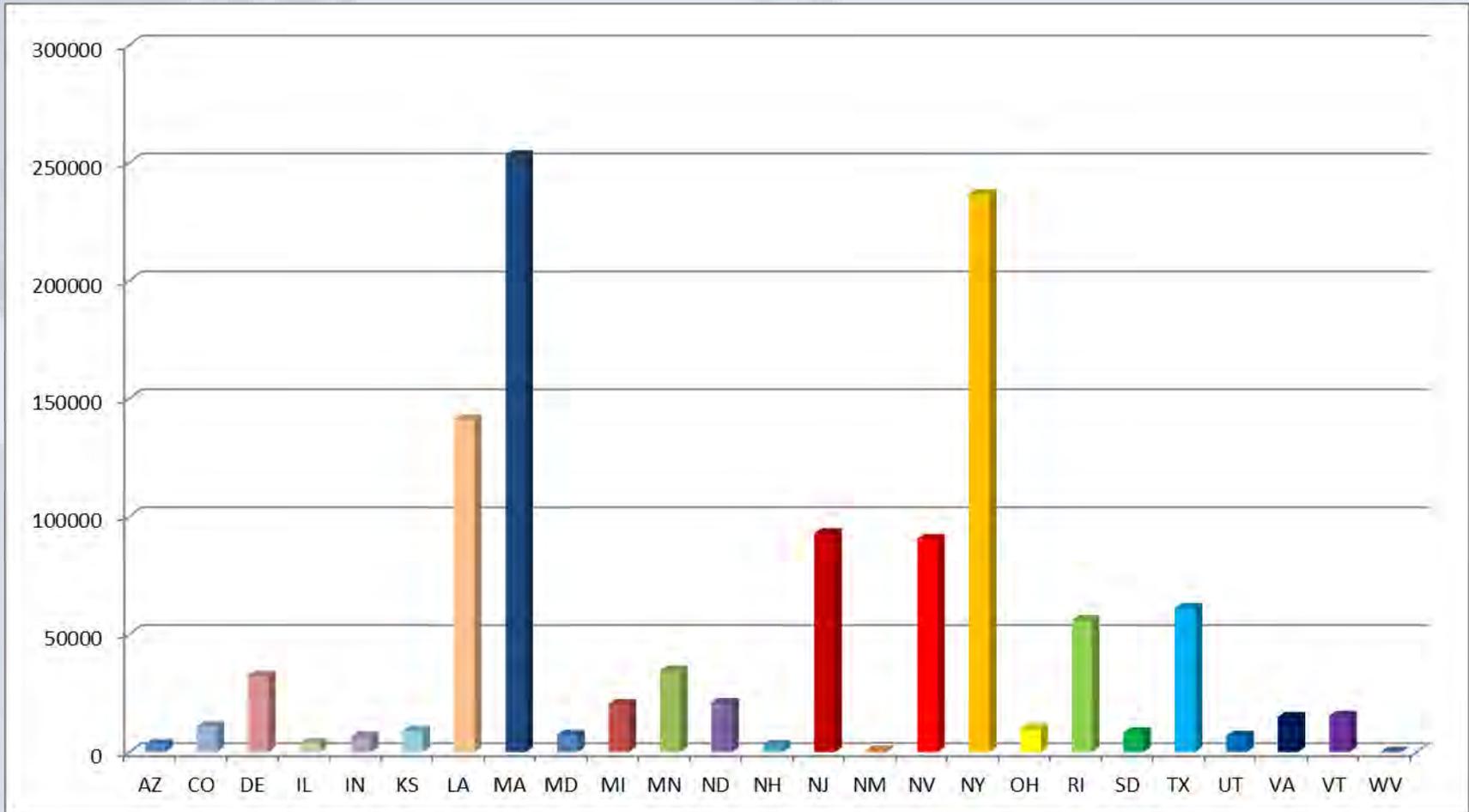
Virginia

West Virginia

# Disclosures to Connecticut from Other States - 2016



# Disclosures from Connecticut to Other States - 2016





## Loss or Theft Reports

- **Commissioner's Authority and Duties**

(a) **Any** loss, destruction or theft of controlled substances shall be reported by a registrant within **seventy-two hours (72)** to the Commissioner of Consumer Protection



# Sec. 21a-262

- **Commissioner's Authority and Duties**

(a)(1) Where, through breakage of the container or other accident, otherwise than in transit, controlled substances are lost or destroyed, the person having title thereto shall make a signed statement as to the kinds and quantities of controlled substances lost or destroyed and the circumstances involved, and immediately forward the statement to the Commissioner of Consumer Protection. A copy of such statement shall be retained by the registrant.



# Sec. 21a-262

- **Commissioner's Authority and Duties**

(a)(2) Where controlled substances are lost by theft, or otherwise lost or destroyed in transit, the consignee shall, immediately upon ascertainment of the occurrence, file with the Commissioner of Consumer Protection a signed statement of the facts, including a list of the controlled substances stolen, lost or destroyed and documentary evidence that the local authorities were notified. A copy of the statement shall be retained by the registrant.



# Sec. 21a-262-2

- **Security Requirements**

(f) In any case where a loss, theft, burglary, or diversion of controlled substances has occurred, the Commissioner of Consumer Protection may require additional security safeguards which may include storage of any controlled substance(s) in an approved vault, approved safe, separate locked caged area, locked room or enclosure, or a substantially constructed locked steel or wood cabinet, or under effective electrical protection within 90 days of any such occurrence.



# Sec. 21a-262-2

- **Security Requirements**

(b) In all instances, registrants shall maintain all stocks of controlled substances in all schedules in a secure area or location accessible only to specifically authorized personnel. Such specific authorization should be given by registrants only to the minimum number of employees absolutely essential for efficient operation. **All controlled substances should be stored in such a manner as to prevent theft or diversion of these preparations.**





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## Internal Diversion

# Examples of Cases

- Dumpster Diving 101
- Dilaudid and Coke?
- You Can't Check There
- Diapers and Downers





## New Laws

# Public Act No. 17-131

- Sec. 21a-262(d) (6/30/17)

A **registered nurse employed by a home health agency** may, with the permission of a designated representative of the patient, oversee the destruction and disposal of the patient's controlled substances. The RN shall maintain written or electronic documentation for a period of 3 years on a form prescribed by the Commissioner of Consumer Protection. Such documentation shall be maintained in the patient's medical record. Nothing shall prevent the RN and patient's designated representative from depositing the controlled substances in a statutorily authorized prescription drug drop box.



# Public Act No. 17-131

- Sec. 21a-249(b) (Effective 1/1/18)

Each prescribing practitioner **shall electronically transmit controlled substance prescriptions** to a pharmacy. Electronic prescriptions shall be promptly printed out in hard copy or created as an electronic record and filed by the prescriber. All records shall be kept on file for three (3) years at the premises of the licensed practitioner and be available for inspection by DCP.



# Public Act No. 17-131

- Sec. 21a-249(c) (Effective 1/1/18)

**A licensed practitioner shall not be required to electronically transmit a c/s prescription when:**

- (1) Electronic transmission is not available due to temporary technological or electrical failure
- (2) Practitioner determines that it is impractical for the patient to receive an electronically transmitted controlled substance prescription because the delay in receiving the prescription would adversely impact the patient's condition. The prescription cannot exceed a **5-day supply**.



# Public Act No. 17-131

- **Sec. 21a-249(c) (Effective 1/1/18)**
  - (3) The prescription is to be dispensed by a pharmacy located outside of Connecticut
  - (4) Use of an electronically transmitted prescription may negatively impact patient care (two or more products to be compounded; prescription for direct administration via iv, sc, im, etc.; Rx that has long and complicated directions)
  - (5) Lack of technological capacity on the practitioner's part (e.g., no computer system)



# Lack of Capacity

- Practitioners will receive a questionnaire
- Practitioners that lack capacity at every location where they practice should answer in a way that indicates they cannot comply.
  - Electronic Prescribing of Controlled Substances is still required in the locations that can satisfy the DEA criteria
  - If the practitioner gains the capacity to perform Electronic Prescribing of Controlled Substances they should update the questionnaire



# For Pharmacists

- Pharmacist will be able to utilize [www.elicense.ct.gov](http://www.elicense.ct.gov) and search for a prescriber to determine if they have an exemption
- An exemption to the Electronic Prescribing of Controlled Substances would not prevent a prescriber from transmitting a prescription electronically at all practice locations



# Public Act No. 17-131

- **Sec. 21a-249(n) (Effective 1/1/18)**  
Each pharmacy shall accept electronically transmitted prescriptions for controlled substances from a practitioner. Prescription records received from the practitioner electronically may be stored electronically, provided the files are maintained in the pharmacy computer system for not less than three (3) years. If the electronically transmitted prescription is printed, it shall be filed as required in subsection (k) of this statute.



# Opioid Prescribing Restrictions

- Adults - First time prescriptions for outpatient use, a prescribing practitioner who is authorized to prescribe an opioid drug shall not issue a prescription for more than a seven-day supply.  
(Unchanged from 2016)



# Opioid Prescribing Restrictions

- Minor Patient (under 18 years of age) –  
A prescribing practitioner shall not issue a prescription for an opioid drug to a minor for more than a five-day supply of such drug.
  - Reduces the maximum day supply from 7 day to 5 days



# When Can Practitioners Prescribe Greater Than a 7-day or 5-day Supply?

- Practitioner's Professional Medical Judgement
  - if more than a 7-day or 5-day quantity is required to treat the acute medical condition
  - patient's condition triggering greater supply must be documented in medical record and practitioner must indicate that no alternative to opioid therapy was appropriate to treat the medical condition
- Chronic Pain, Cancer Diagnoses, or for Palliative Care



# Opioid Prescribing Risks

- When issuing a prescription for an opioid drug to an adult or minor patient, the prescribing practitioner shall discuss the risks associated with the use of such opioid drug including, but not limited to:
  - Risks of addiction and overdose
  - Dangers of taking opioid drugs with alcohol, benzodiazepines and other CNS depressants
  - The reason(s) the prescription is necessary
  - If applicable, 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



# Public Act No. 17-131

- **DPH in Consultation With DCP and DMHAS**

...shall establish a **Voluntary Nonopioid Directive form** and publish such form on its Internet web site for public use. Any person who does not wish to be issued a prescription or medication order for an opioid drug may file such form with a prescribing practitioner. The patient can appoint a duly authorized guardian who can override a previously recorded Voluntary Nonopioid Directive form. Such patient or duly authorized guardian may revoke the directive, orally or in writing, for any reason, at any time.



# Voluntary Non-Opioid Directive

- § May be revoked orally or in writing, for any reason, at any time.
- § An electronically transmitted prescription to a pharmacy shall be presumed to be valid for the purposes of this section, and a pharmacist shall not be held in violation of this section for dispensing a controlled substance in contradiction to a voluntary nonopioid directive form.



# Public Act No. 17-131

- **Prescribing Practitioner/Pharmacy Opioid Antagonist Protocol**

A prescribing practitioner and a pharmacy may enter into an agreement for a **medical protocol standing order** at such pharmacy allowing a pharmacist to dispense an opioid antagonist that is (1) administered by an **intranasal application delivery system or an auto-injection delivery system**, (2) approved by the FDA, and (3) dispensed to any person at risk of experiencing an overdose of an opioid drug, or to a family member, friend or other person in a position to assist a person at risk of experiencing an overdose of an opioid drug.

