Objectives

1. Discuss the current state of the Connecticut Medical Marijuana Program
2. Discuss the emerging role of pharmacists in helping to prevent opioid overdose deaths
3. Discuss areas examined in a pharmacy inspection and common citations issued
4. Review recent law changes which affect pharmacy practice

Disclosures

* Dr. Marriott has no actual or potential conflict of interest associated with this presentation

Naloxone Prescribing By Pharmacists

* Public Act 15-198
  * Section 6 (a) A person who is licensed as a pharmacist under part II of chapter 400j of the general statutes and is certified in accordance with subsection (b) of this section may prescribe, in good faith, an opioid antagonist, as defined in section 17a-714a of the general statutes, as amended by this act.

Naloxone Prescribing By Pharmacists

* Sec. 8. Section 17a-714a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):
  (a) For purposes of this section, "opioid antagonist" means naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose.
Naloxone Prescribing By Pharmacists

(b) A pharmacist may only prescribe an opioid antagonist pursuant to this section if the pharmacist has been trained an certified by a program approved by the Commissioner of Consumer Protection.

(c) A pharmacist who prescribes an opioid antagonist in compliance with this section shall not be deemed not to have violated any standard of care for a pharmacist.

www.ct.gov/dcp/naloxone

Question

Who can a pharmacist prescribe naloxone to?

- Inanimate object
- Doctor's Office
- Caregiver
- No one, a pharmacist cannot prescribe

Naloxone Prescribing By Pharmacists

(d) The provisions of this section shall apply only to a pharmacist certified in accordance with subsection (b) of this section. No pharmacist may delegate or direct any other person to prescribe an opioid antagonist or train any person in the administration of such opioid antagonist pursuant to the provisions of subsection (a) of this section.

www.ct.gov/dcp/naloxone

Naloxone Prescribing By Pharmacists

(b) A licensed health care professional who is permitted by law to prescribe an opioid antagonist may, prescribe, dispense or administer an opioid antagonist to any individual to treat or prevent a drug overdose without being liable for damages in a civil action or subject to criminal prosecution for prescribing, dispensing or administering such opioid antagonist for any subsequent use of such opioid antagonist. A licensed health care professional who prescribes, dispenses or administers an opioid antagonist in accordance with the provisions of this subsection shall be deemed not to have violated the standard of care for such licensed health care professional.

www.ct.gov/dcp/naloxone

Naloxone Prescribing By Pharmacists

- New Naloxone Prescribing Events
  - Temporary Extension of the Pharmacy
  - Must request permission for the event and follow the protocol
  - The pharmacy may access their pharmacy software
  - Must have an inventory for the product initially and upon return to the pharmacy
  - Pharmacy must track and report to DCF total dispensed, the amount dispensed to patients and the amount dispensed to caregivers
  - HIPPA compliance must be maintained

www.ct.gov/dcp/naloxone

Naloxone Prescribing By Pharmacists

- Total Number of Pharmacists – 918 of 3,595
- Total Number of Pharmacies – 362 of 702
- We tell consumers
  - Call and ask about availability of product
  - Call and ask about availability of prescribing pharmacist
- Use our website for access to more resources

www.ct.gov/dcp/naloxone
When prescribing naloxone the pharmacist must do all of the following EXCEPT:

a. Provide appropriate training regarding the administration of naloxone
b. Maintain a record of the dispensing and training provided
b. The pharmacist complete a course approved by the Commission of Consumer Protection
d. Obtain the diagnosis of the patient they are prescribing naloxone for

Which of the following is an acceptable location to discard patient medication?

a. Prescription Drug Drop Box
b. Toilet
c. Feed them to your pet
d. Return them to your pharmacy

Prescription Drug Drop Boxes – 75 Local and State Police Locations
At Home Destruction – www.ct.gov/dcp/drugdisposal
Medication Pouches – Donation was recently offered of medication disposal pouches
Participating pharmacies will get an allotment of pouches to distribute for FREE! With documentation about disposal options
Goal is to promote drug disposal

www.ct.gov/dcp/drugdisposal

General Statistics (October 7, 2016)
Producers - 4
Dispensaries - 9 (1 under construction)
Conditions - 15
Certifying Physicians - 548
Patients - 13,544
Care givers - 1,633

www.ct.gov/dcp/mmp

Medical Marijuana

Qualifying Conditions
- Cerebral Palsy
- Cystic Fibrosis
- Irreversible Spinal Cord Injury with Objective Neurological Indication of Intractable Spasticity
- Severe Epilepsy
- Terminal Illness Requiring End-Of-Life Care
- Uncontrolled Intractable Seizure Disorder

Massters Medical Conditions

<table>
<thead>
<tr>
<th>Debilitating Medical Conditions</th>
<th>Marijuana Indications</th>
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<tbody>
<tr>
<td>Cancer</td>
<td>Wasting syndrome</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>Crohn's disease</td>
</tr>
<tr>
<td>Positive status for human immunodeficiency virus or acquired immune deficiency syndrome</td>
<td>Epilepsy or uncontrolled intractable seizure disorder*</td>
</tr>
<tr>
<td>Damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity</td>
<td>Irreversible spinal cord injury with objective neurological indication of intractable spasticity*</td>
</tr>
<tr>
<td>Multiple sclerosis</td>
<td>Cerebral Palsy*</td>
</tr>
<tr>
<td>Parkinson’s Disease</td>
<td>Cystic Fibrosis*</td>
</tr>
<tr>
<td>Post traumatic stress disorder (PTSD)</td>
<td>Terminal illness requiring end-of-life care*</td>
</tr>
<tr>
<td>Cachexia</td>
<td>(Bold = New Condition, * = approved for patients under 18)</td>
</tr>
</tbody>
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www.ct.gov/dcp/mmp
### Question

Which of the following conditions can a minor use medical marijuana?

- a. Post traumatic stress disorder (PTSD)
- b. Parkinson’s Disease
- c. Cerebral Palsy
- d. Glaucoma

### Medical Marijuana

**Minors**

- Requires certification by two (2) physicians
  - One of the physicians must be the patient’s primary care provider
  - The other physician must be board certified in an area of medicine involved in the treatment of the debilitating condition for which the qualifying patient will be certified
- Minor patients must have a caregiver
- Medical Marijuana for minors **shall not** be dispensed as smokable, inhalable or vaporizable forms

### Question

Which form of medical marijuana can a minor patient use?

- a. Vaporizer
- b. Smokable
- c. Oil
- d. Flower

### Medical Marijuana

- Dispensaries will be permitted to distribute Medical Marijuana to hospice patients based on a protocol submitted to DCP
- As of January 1, 2017
  - Advanced Practice Registered Nurses will be permitted to certify Medical Marijuana patients for debilitating conditions

### Medical Marijuana

- Research
  - Must be affiliated with a hospital or healthcare facility
  - Programs must be intended to increase knowledge or information regarding the growth, processing, medical attributes, dosage forms, administration, or use of marijuana to treat or alleviate symptoms of any medical conditions or the effects of such symptoms
  - Must have the approval of an Institutional Review Board
  - Researchers and subjects must be registered with DCP

### Prescription Monitoring and Reporting System

- Changes
  - July 13, 2013 - All prescribers in possession of a Connecticut Controlled Substance Registration issued by the State of Connecticut, Department of Consumer Protection, will be required to register as a user with the Connecticut Prescription Monitoring and Reporting System (CPMRS) at [https://connecticut.pmpaware.net](https://connecticut.pmpaware.net).
  - Any prescribers who dispense controlled substances from their practice or facility, etc., will be required to upload dispensing information into the CPMRS Data Collection website at [https://pmpclearinghouse.net](https://pmpclearinghouse.net).
Prior to prescribing greater than a seventy-two-hour supply of any controlled substance (Schedule II - V) to any patient, the prescribing practitioner or such practitioner's authorized agent who is also a licensed health care professional shall review the patient’s records in the Connecticut Prescription Monitoring and Reporting System (CPMRS) at www.ctpmp.com.

Whenever a prescribing practitioner prescribes controlled substances for the continuous or prolonged treatment of any patient, such prescriber, or such prescriber's authorized agent who is also a licensed health care professional, shall review, not less than once every ninety days, the patient's records in the CPMRS.

If the electronic prescription drug monitoring program is not operational, such prescribing practitioner may prescribe greater than a seventy-two-hour supply of a controlled substance to a patient during the time of such program's inoperability, provided such prescribing practitioner or such authorized agent review the records of such patient in such program not more than twenty-four hours after regaining access to such program.

Doctor/Pharmacy Shopping Alert
- ≥ 5 prescriber AND ≥5 pharmacies
- The alert is informational
- Please verify the information
- Make an informed decision

How often does the Connecticut Prescription Monitoring and Reporting system get new prescription data?
- Real time
- Within 24 hours of the prescription getting filled
- Once weekly
- Once every 2 week

When do you get a doctor/pharmacy shopping alert in the Connecticut Prescription Monitoring and Reporting System?
- ≥ 5 prescriber AND ≥5 pharmacies
- >10 prescribers
- >10 pharmacies
- Random
New Laws

An Act Concerning Opioids and Access to Overdose Reversal Drugs

- Designation of an authorized representative in the hospital
  - (b) Notwithstanding the provisions of subparagraph (a) of this subdivision, a prescribing practitioner who is employed by or provides professional services to a hospital shall, in determining an authorized agent to receive the electronic prescribing drug information system and patient controlled substance prescription information on behalf of the prescribing practitioner, include the following information: (1) a written statement for example of the authorized agent or agents designated by the prescribing practitioner and (2) the information described in paragraph (a) of this subsection.
  - (c) A prescribing practitioner shall discuss the risks associated with the use of an 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 why the prescription is necessary with (1) the minor, and (2) 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.

New Laws

When does a prescriber have to check the Connecticut Prescription Monitoring and Reporting system?

- Every time they see a patient
- Once a month
- When issuing a prescription for greater than a 72 hour supply
- Never

New Laws

- Section 7
  - When issuing a prescription for an opioid drug to an adult patient for the first time 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 of such drug as recommended in the National Centers for Disease Control and Prevention’s Guideline for Prescribing Opioids for Chronic Pain.

New Laws

- (d) Notwithstanding the provisions of subsections (b) and (c) of this section, if, in the professional medical judgment of a prescribing practitioner, more than a seven-day supply of an opioid drug is required to treat an adult patient’s or minor patient’s acute medical condition, as determined by the prescribing practitioner, or is necessary for the treatment of chronic pain, pain associated with a cancer diagnosis or for palliative care, then the prescribing practitioner may issue a prescription for the quantity needed to treat the acute medical condition, chronic pain, pain associated with a cancer diagnosis or pain experienced while the patient is in palliative care. The condition triggering the prescription of an opioid drug for more than a seven-day supply shall be documented in the patient’s medical record and the practitioner shall indicate that an alternative to the opioid drug was not appropriate to address the medical condition.
The provisions of subsections (b), (c) and (d) of this section shall not apply to medications designed for the treatment of abuse of or dependence on an opioid drug, including, but not limited to, opioid agonists and opioid antagonists.

Question:
Which of the following medications is not included in Public Act 16-43 pertaining to first time opioid prescriptions?
- a. Oxycodone
- b. Codeine
- c. Hydrocodone
- d. Tramadol
- e. None of these

Pharmacy Inspections

- Records
  - Receipt records 21a-254 (kept for a minimum of 3 years)
    - Separate
    - Schedule II
    - Schedule III-V
    - All others
  - Required information
    - Date of receipt
    - Name and address of the person from whom received
    - Kind and quantity of controlled substances received

- Prescription Records (21a-249)
  - Separate Filing (File or Electronic File)
    - Schedule II
    - Schedule III-V
    - Others
  - All written controlled substance prescriptions shall, immediately upon filling, be filed chronologically and consecutively.
  - Oral order or electronically transmitted prescription order shall be promptly reduced to writing on a prescription blank or a hardcopy printout or created as an electronic record and filed by the pharmacist filling it.

- Naloxone Prescribing
  - Agents may start asking about
    - Should have access to something that says you completed the training
    - Make sure that you have a record of the required training

- Technician Training (Sec. 20-576-37)
  - Record of initial and continuing training is required
  - Date(s) of the training
  - General description of the topics covered
  - Name of the person supervising training
  - Signature of the individual receiving the training and pharmacist manager. When a change of pharmacist manager occurs, the new manager shall review the document and sign it, indicating that he understands its content. This record shall be readily available for inspection and may be copied by the Commissioner of Consumer Protection or his authorized agents.
Question

Which of the following is not required in the technician training document?

a. Record of initial and continuing training
b. Pharmacy technician date of birth
c. General description of the topics covered
d. Signature of the individual receiving the training and pharmacist manager

Questions

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