

Prescription Drugs Dispensed to CT Residents

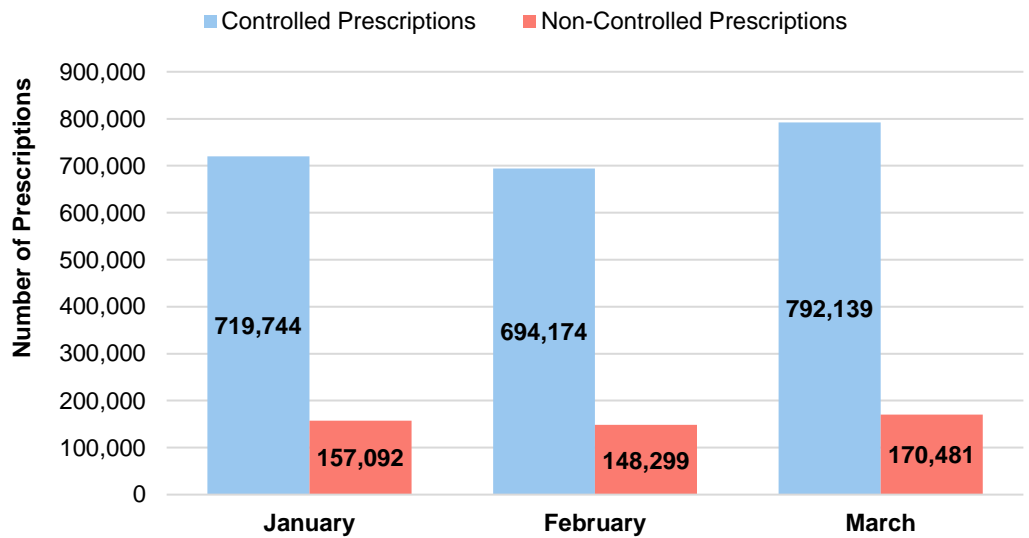
2022 Quarter 1

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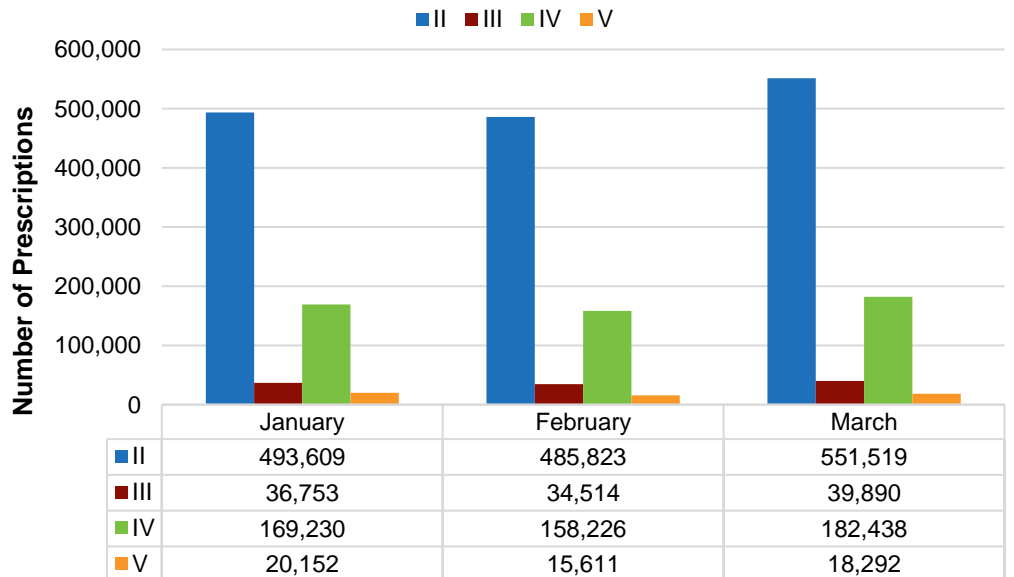
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The CT Department of Consumer of Protection, Drug Control Division’s Prescription Monitoring Program maintains the CT Prescription Monitoring and Reporting System (CPMRS) and collects prescription records for Schedule II – V controlled substances, mandated by CT General Statutes Sec. 21a-254. Effective January 1, 2021, dispensation information for insulin drugs, glucagon drugs, diabetes devices, diabetic ketoacidosis devices, gabapentin, and naloxone are required to be uploaded into the CPMRS.

Prescriptions Dispensed



Controlled Substance Prescriptions by Drug Schedule

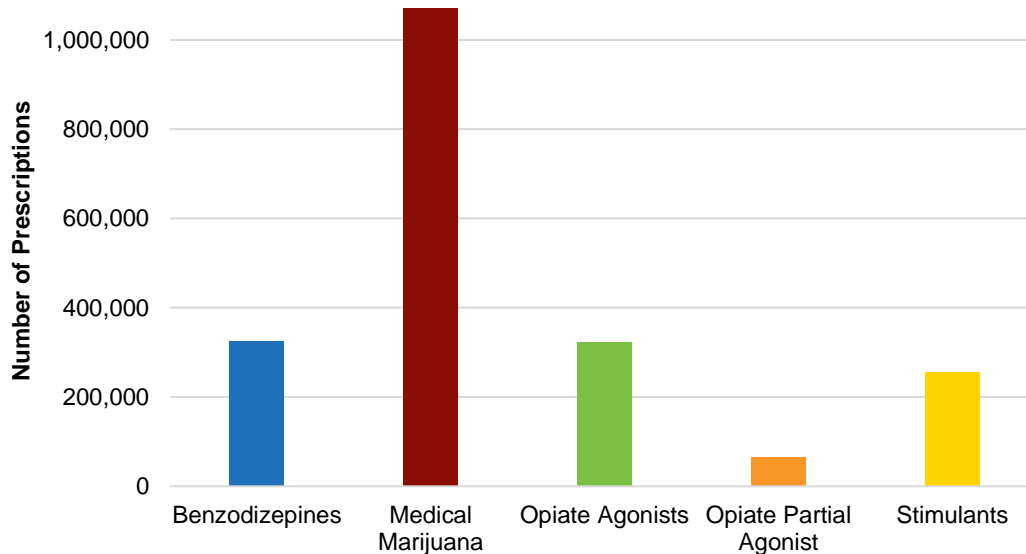


¹Schedule II contains medical marijuana dispensations



Most Common Controlled Substances Dispensed to CT Residents

76% of prescriptions dispensed to CT residents this quarter are benzodiazepines, medical marijuana, opiate partial agonists, opiate agonists, and stimulants.



Opiate Agonist Prescriptions

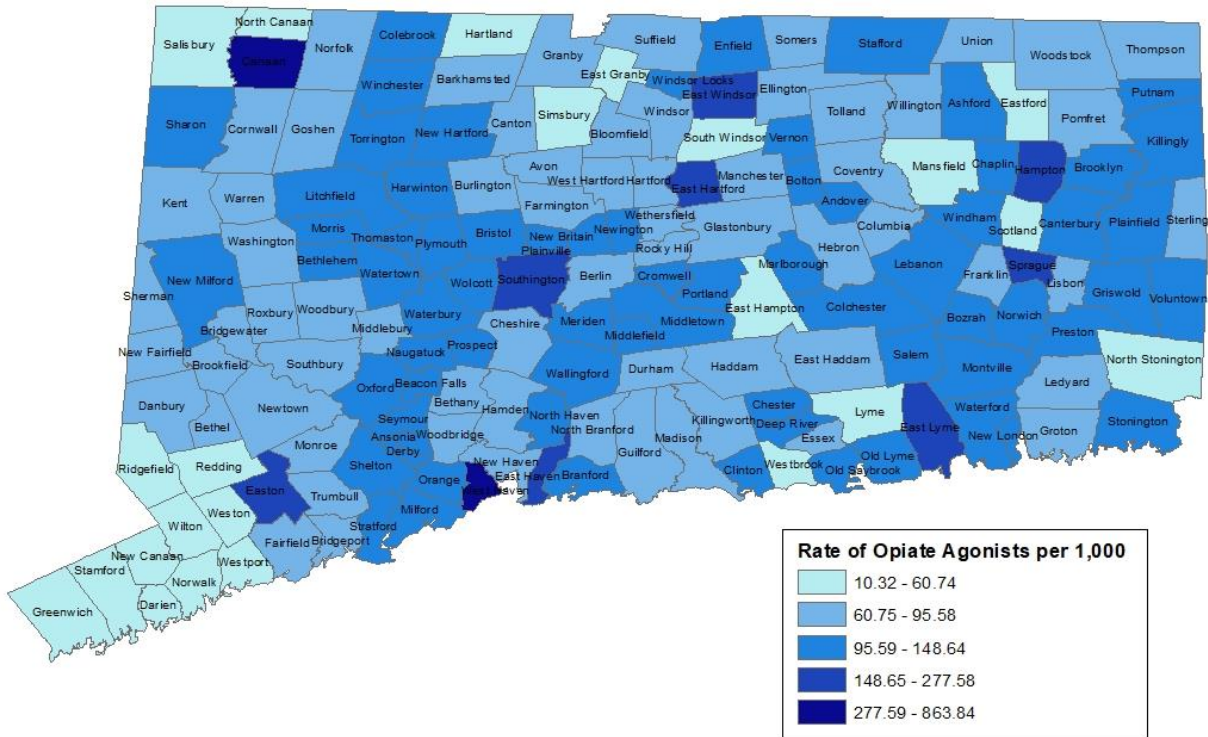
Opiate agonists are generally used to treat moderate to severe pain; typically associated with injury, surgery, or various health conditions.

Top 5 Opiate Agonist Prescriptions Dispensed to CT Residents

Generic Drug Name	Prescription Count
Oxycodone HCl	91,492
Tramadol HCl	64,647
Oxycodone HCl/acetaminophen	57,793
Hydrocodone bitartrate/ acetaminophen	42,886
Hydromorphone HCl	18,347



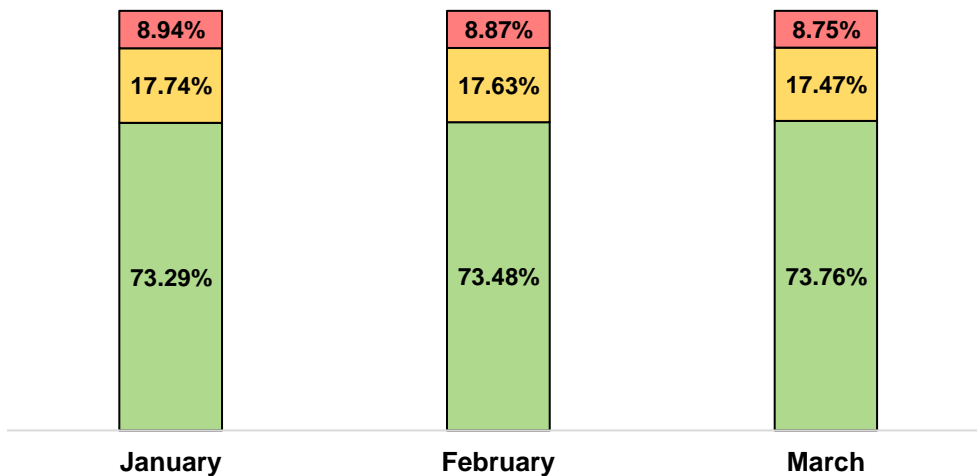
Opiate Agonist Prescription Rates by Patient Residence



The Centers for Disease Control and Prevention (CDC) recommends that when starting a patient on opioids that the lowest effective dosage (<50 MME/day) should be prescribed in order to reduce the risk for overdose. Prescribing dosages of ≥50 MME/day increases the chances of an overdose ([CDC Guideline for Prescribing Opioids for Chronic Pain](#)).

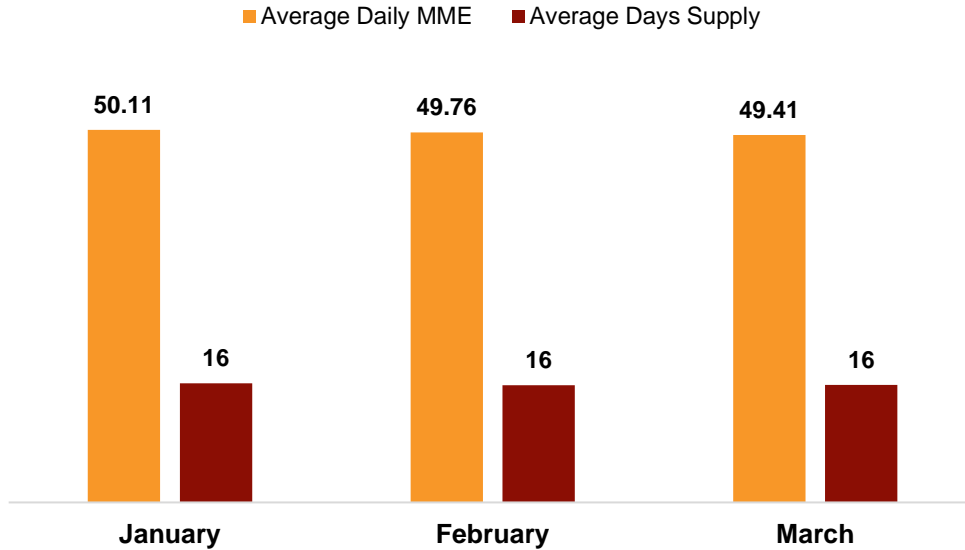
Proportion of Opiate Agonists per MME Category

■ Less than 50 ■ 50 - 90 ■ Greater than 90



The longer a person is exposed to opioids the risks of opioid dependency increases.

Average Days Supply and Daily Morphine Milligram Equivalent



Benzodiazepine Prescriptions

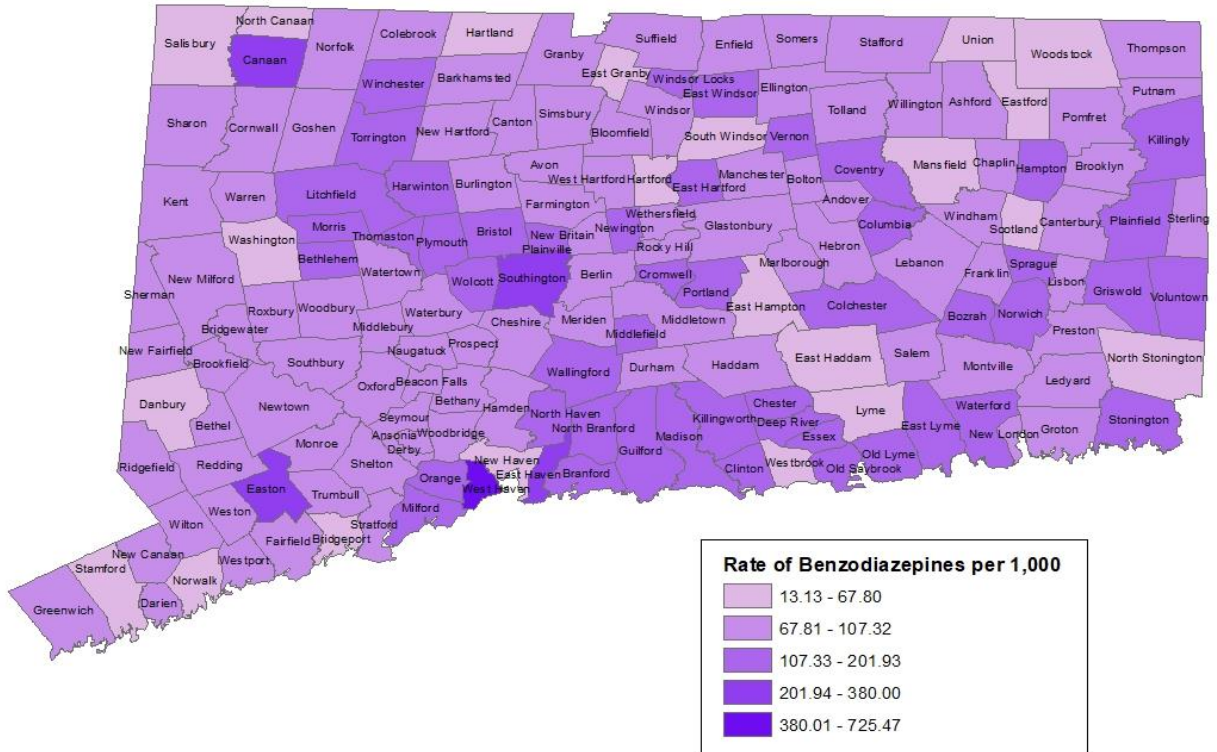
Benzodiazepines are often used to treat a variety of health conditions such as anxiety, seizures, and insomnia.

Top 5 Benzodiazepine Prescriptions Dispensed to CT Residents

Generic Drug Name	Prescription Count
Alprazolam	114,791
Clonazepam	87,239
Lorazepam	80,436
Diazepam	30,492
Temazepam	5,485



Benzodiazepine Prescription Rates by Patient Residence



Stimulant Prescriptions

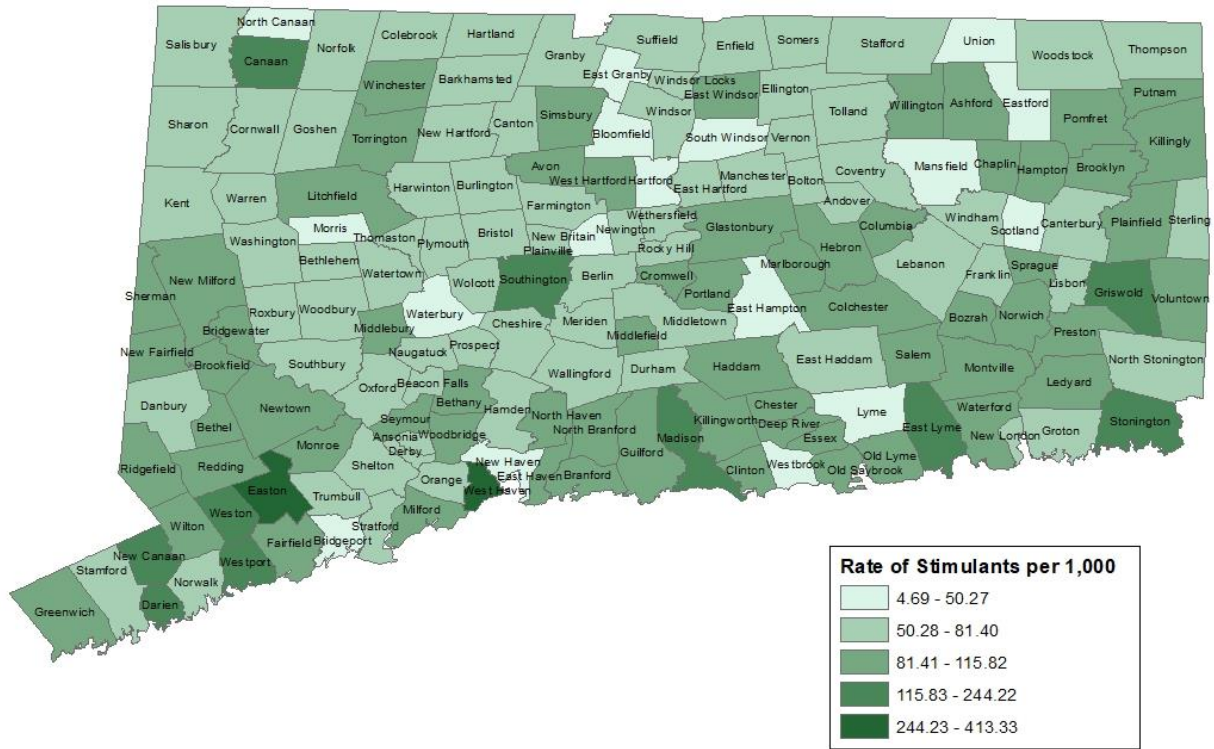
Stimulants are most often used to treat attention-deficit hyperactivity disorder (ADHD). It is also used to treat narcolepsy.

Top 5 Stimulant Prescriptions Dispensed to CT Residents

Generic Drug Name	Prescription Count
Dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate	115,490
Methylphenidate HCl	49,383
Lisdexamfetamine dimesylate	47,096
Pentermine HCl	15,433
Dexmethylphenidate HCl	14,311



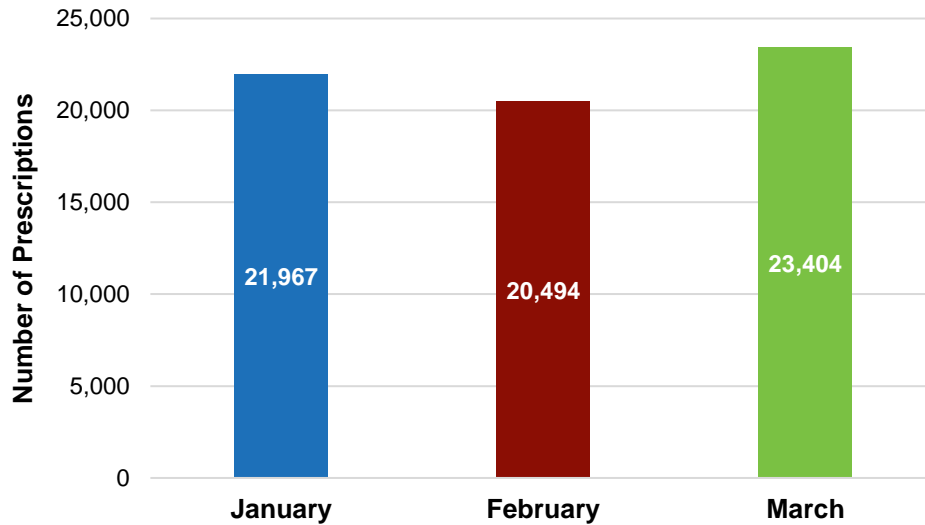
Stimulant Prescription Rates by Patient Residence



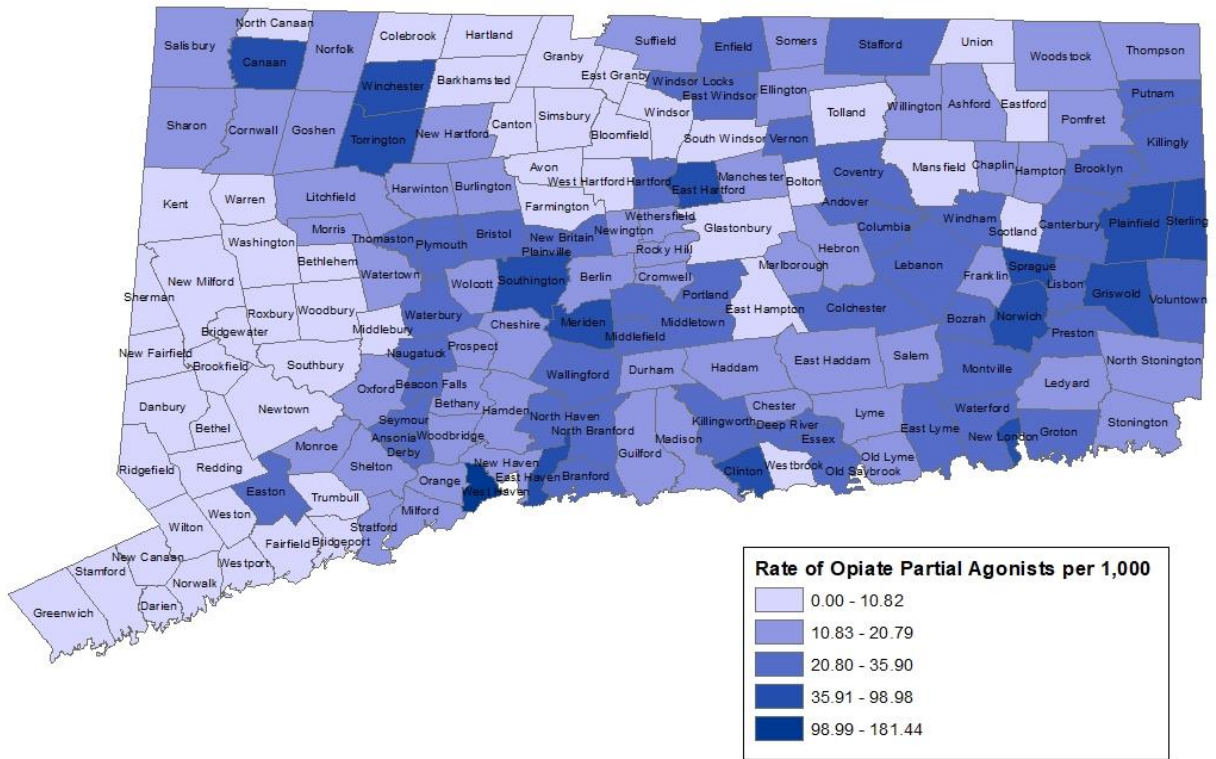
Opiate Partial Agonist Prescriptions

Drugs in this classification include medications that contain substances such as buprenorphine, butorphanol, and pentazocine.

Number of Opiate Partial Agonist Prescriptions



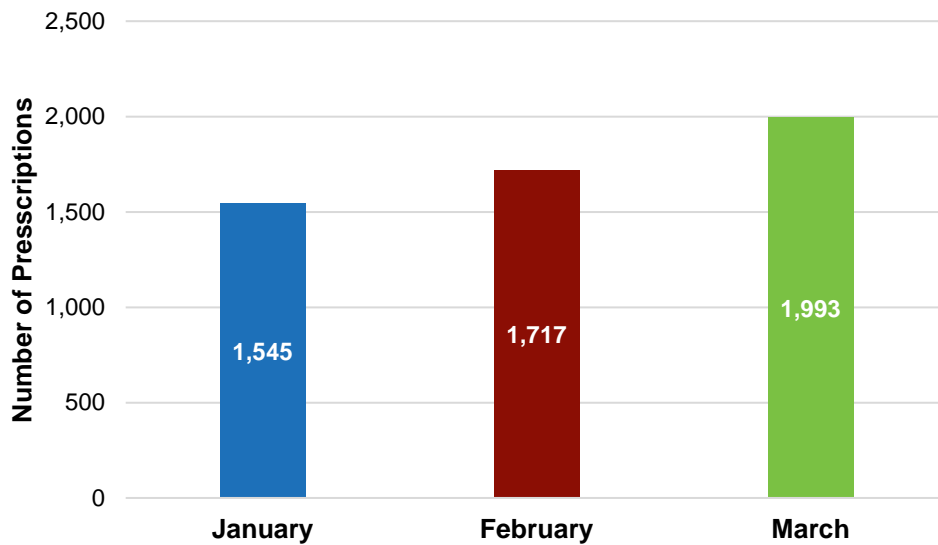
Opiate Partial Agonist Prescription Rates by Patient Residence



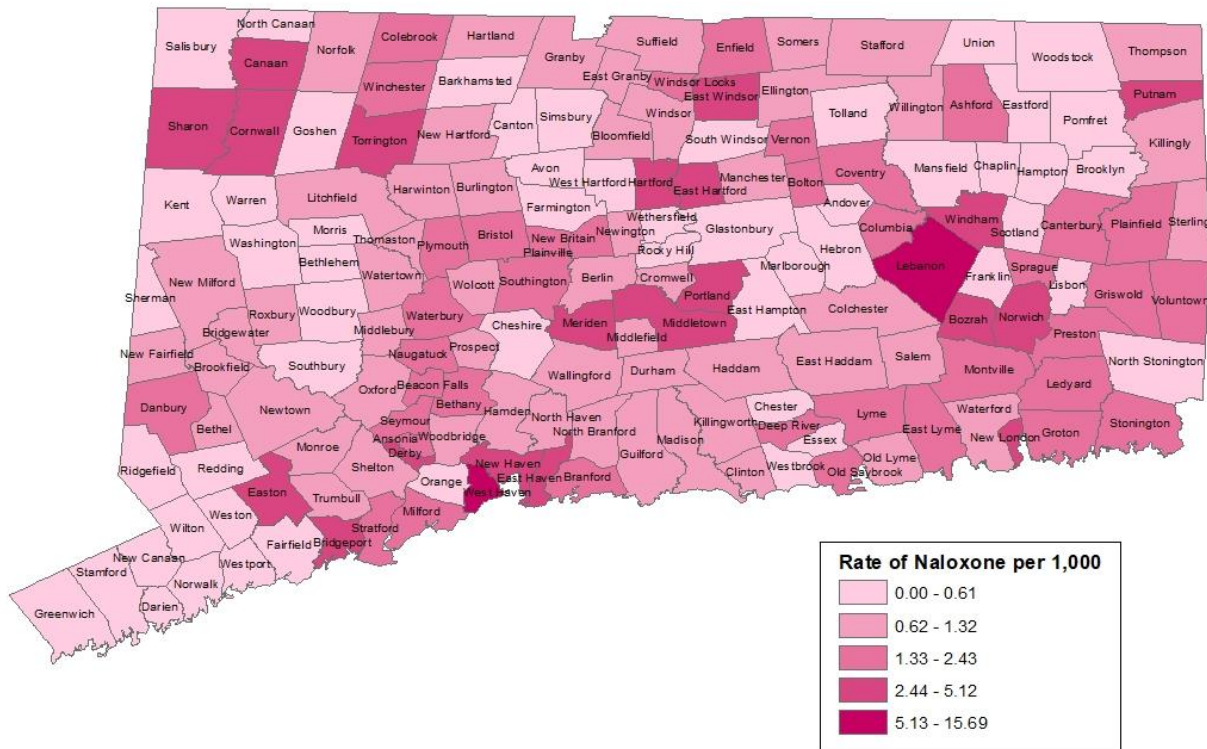
Naloxone Prescriptions

Naloxone is used to treat narcotic overdoses.

Number of Naloxone Prescriptions



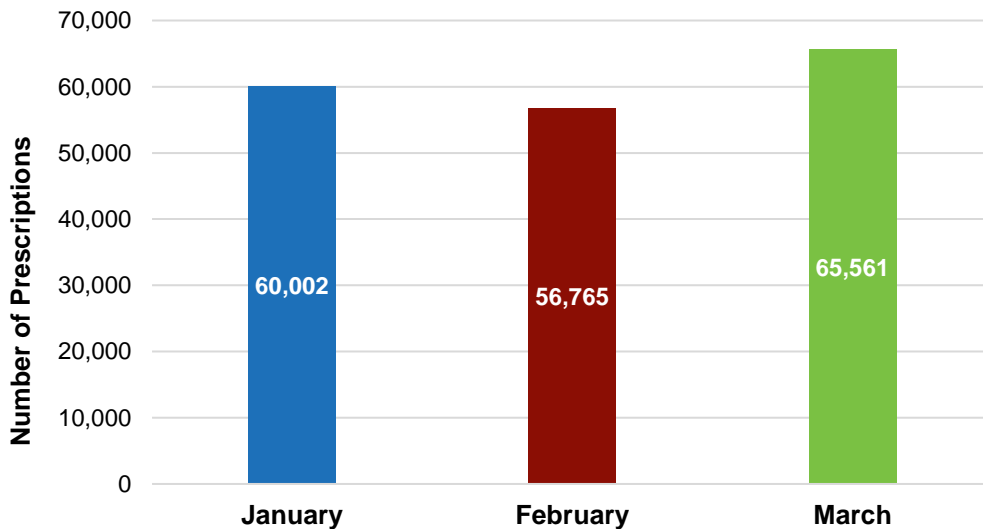
Naloxone Prescription Rates by Patient Residence



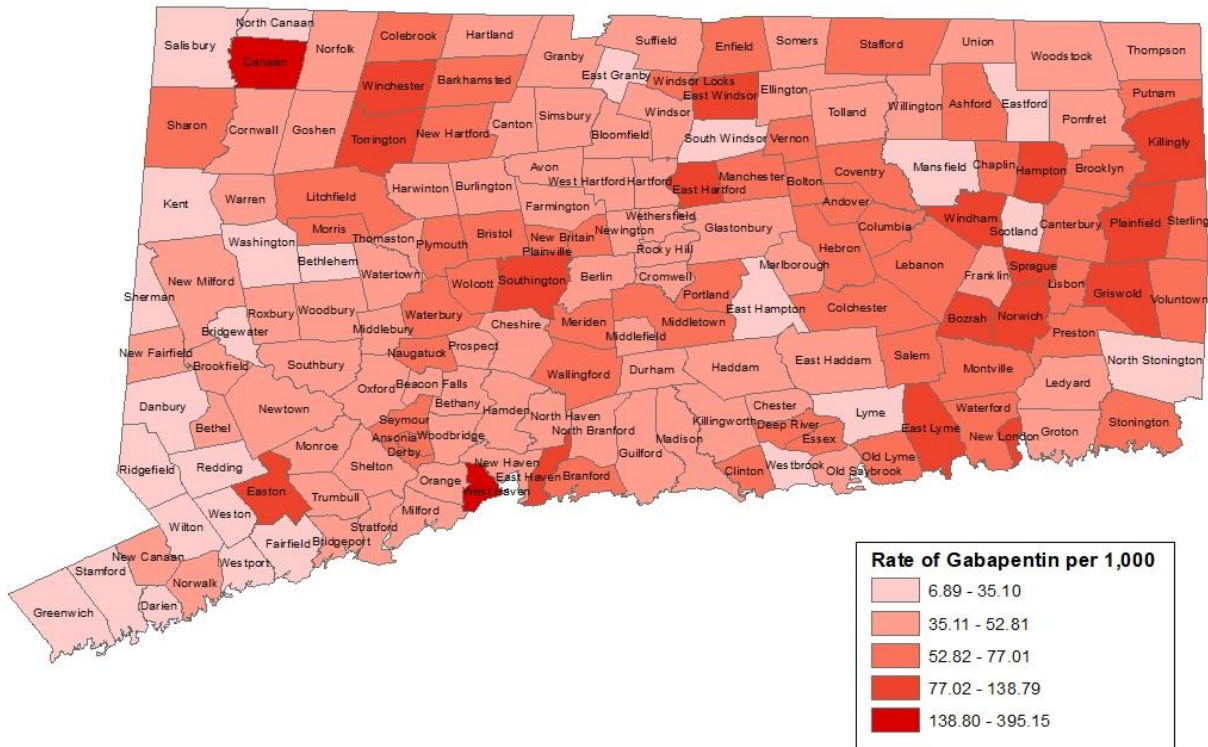
Gabapentin Prescriptions

Gabapentin is used to treat seizures and relieve pain for certain conditions.

Number of Gabapentin Prescriptions



Gabapentin Prescription Rates by Patient Residence



All questions concerning the CT prescription drug data and the CPMRS can be sent to DCP.Prescriptions@ct.gov.

Data Source: Connecticut Prescription Monitoring and Reporting System (CPMRS)

Disclaimer: All of the data reported by the PMP is compiled at specific points in time and captures only data currently entered at that time. The data values may subsequently be updated and may change over time as those updates occur. Accordingly, quarterly reported data may not perfectly match annually reported data. The data does not contain any information about the diagnosis and does not reflect the use intended by the prescriber.

