

# Prescription Drugs Dispensed to CT Residents

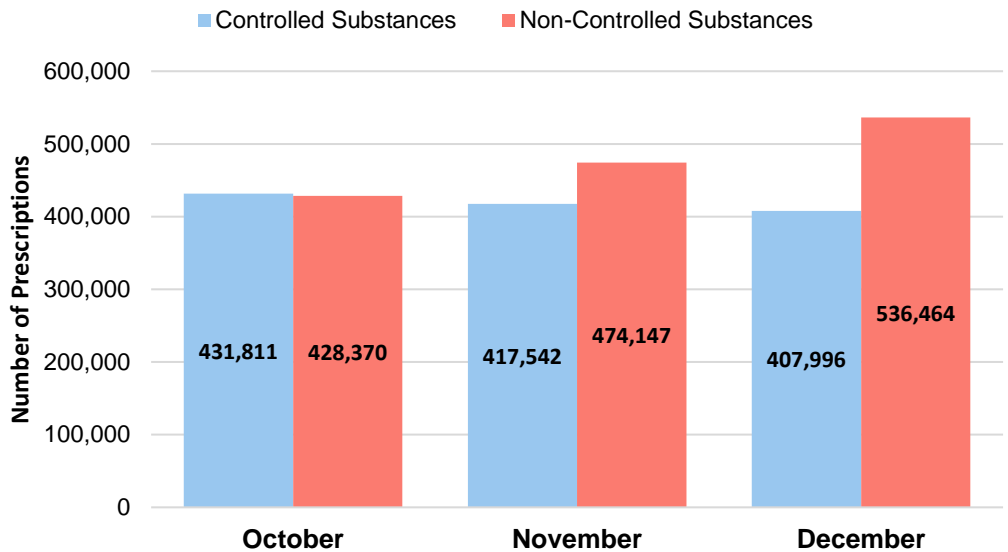
## 2022 Quarter 4

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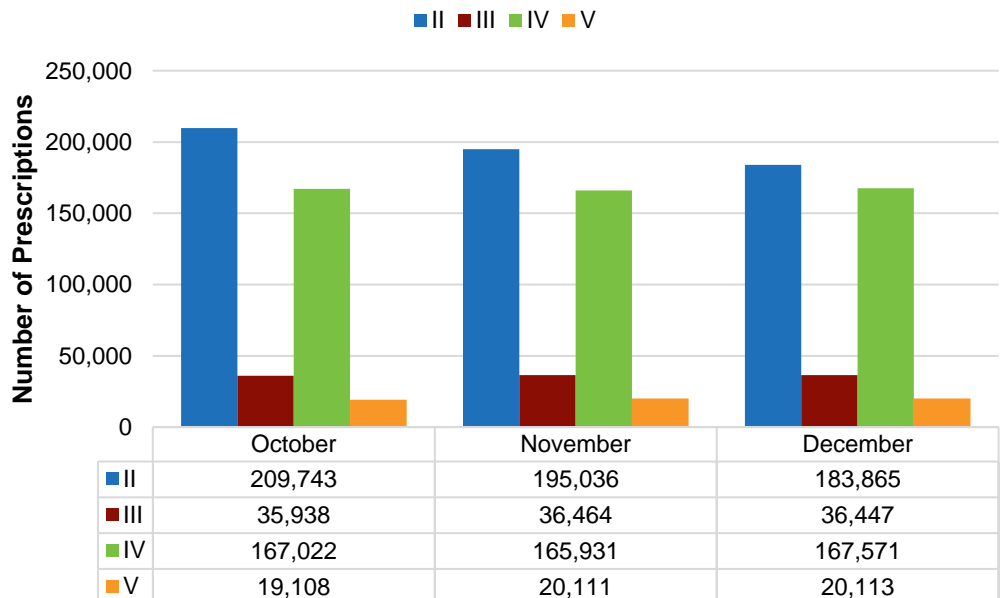
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The CT Department of Consumer of Protection, Drug Control Division’s Prescription Monitoring Program maintains the CT Prescription Monitoring and Reporting System (CPMRS) and collects prescription records for Schedule II – V controlled substances, 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

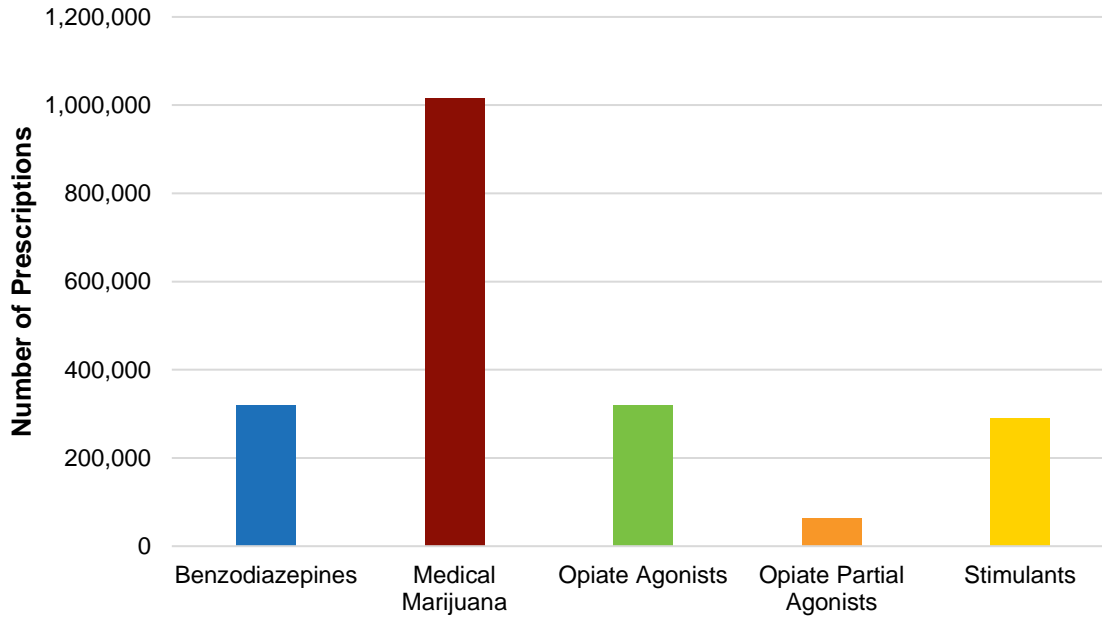


<sup>1</sup>Schedule II contains medical marijuana dispensations



## Most Common Controlled Substances Dispensed to CT Residents

74% of prescriptions dispensed to CT residents this quarter are benzodiazepines, medical marijuana, opiate partial agonists, opiate agonists, and stimulants.



## Opiate Agonist Prescriptions

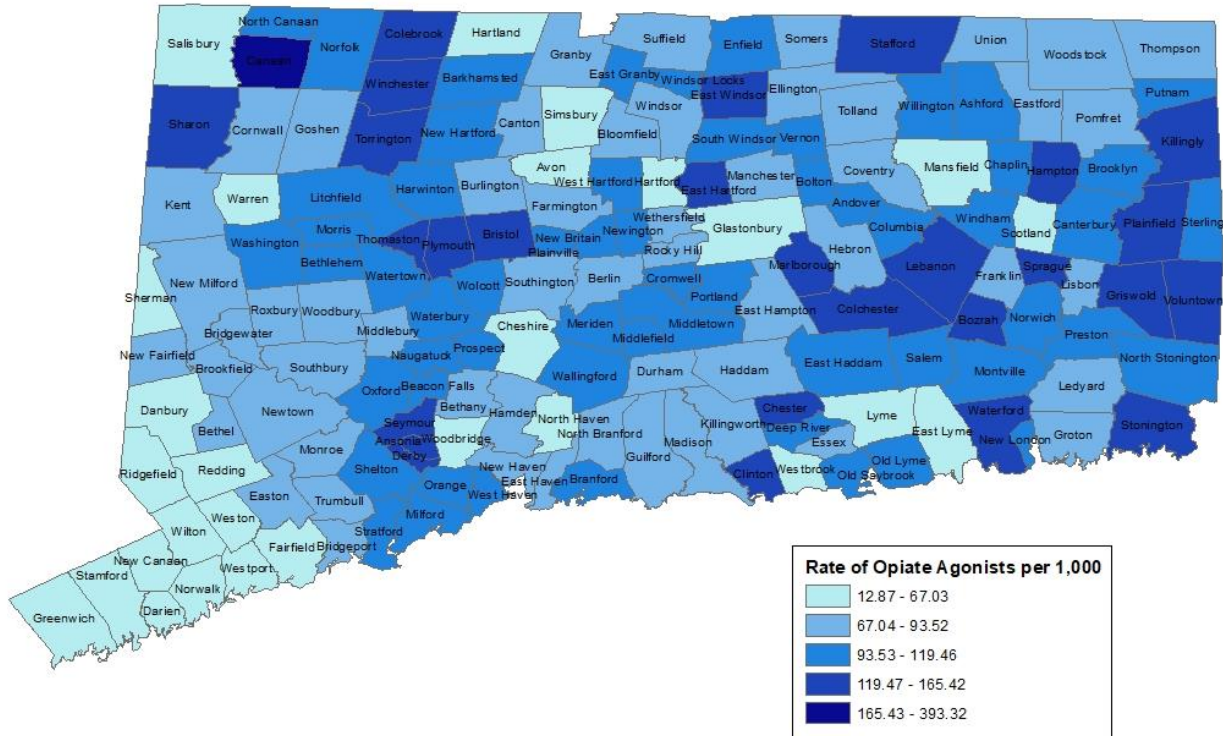
Opiate agonists are generally used to treat moderate to severe pain; typically associated with injury, surgery, or various health conditions.

### Top 5 Opiate Agonist Prescriptions Dispensed to CT Residents

Generic Drug Name	Prescription Count
Oxycodone HCl	93,723
Tramadol HCl	62,660
Oxycodone HCl/acetaminophen	55,141
Hydrocodone bitartrate/acetaminophen	41,378
Hydromorphone HCl	19,572



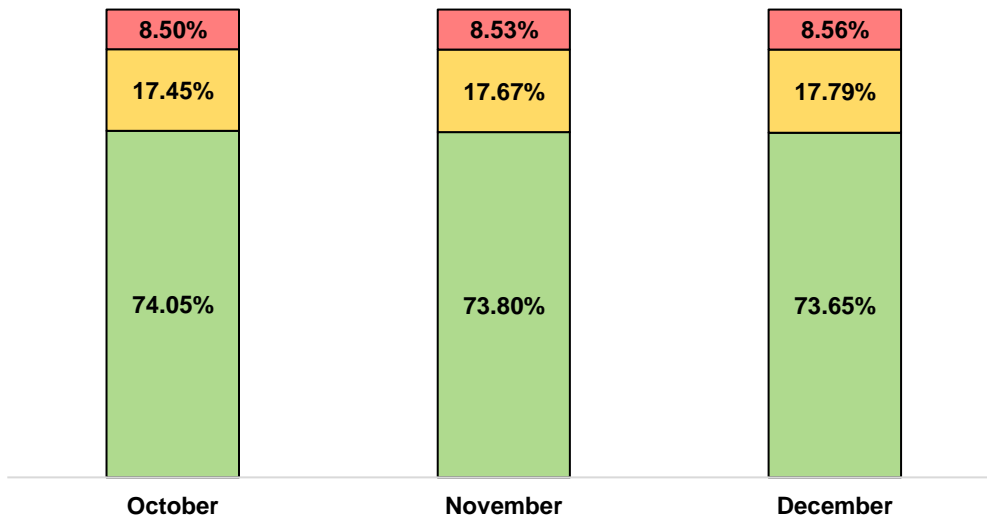
Opiate Agonist Prescription Rates by Patient Residence



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](#)).

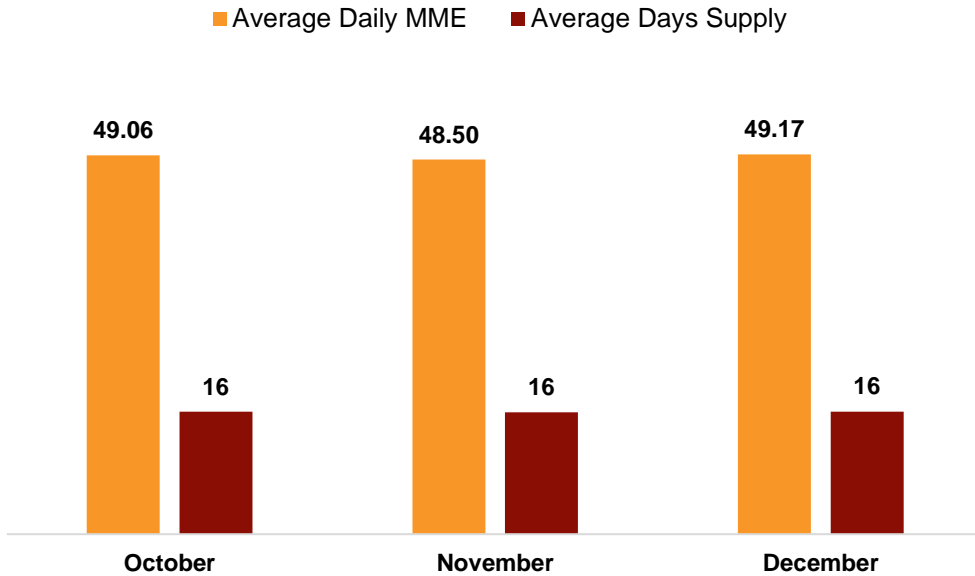
Proportion of Opiate Agonists per MME Category

Less than 50 MME    50 - 90 MME    Greater than 90 MME



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

**Average Days Supply and Daily Morphine Milligram Equivalent**



**Benzodiazepine Prescriptions**

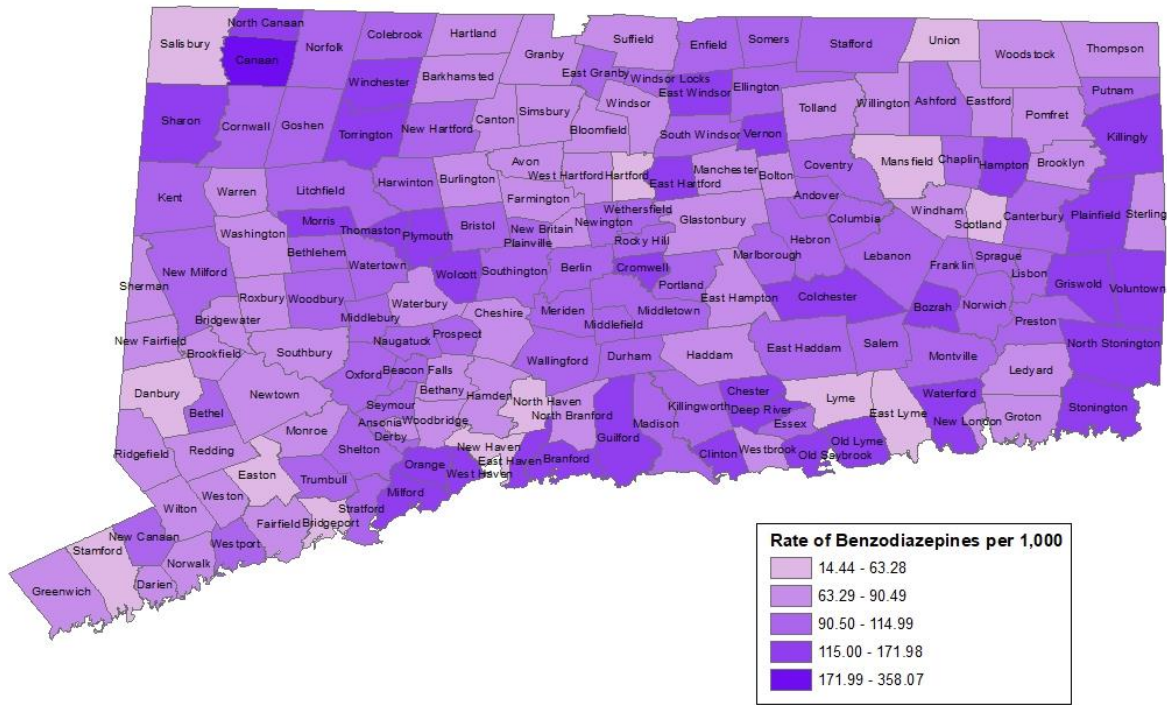
Benzodiazepines are often used to treat a variety of health conditions such as anxiety, seizures, and insomnia.

**Top 5 Benzodiazepine Prescriptions Dispensed to CT Residents**

Generic Drug Name	Prescription Count
Alprazolam	111,987
Clonazepam	85,133
Lorazepam	78,945
Diazepam	29,758
Temazepam	5,360



Benzodiazepine Prescription Rates by Patient Residence



Stimulant Prescriptions

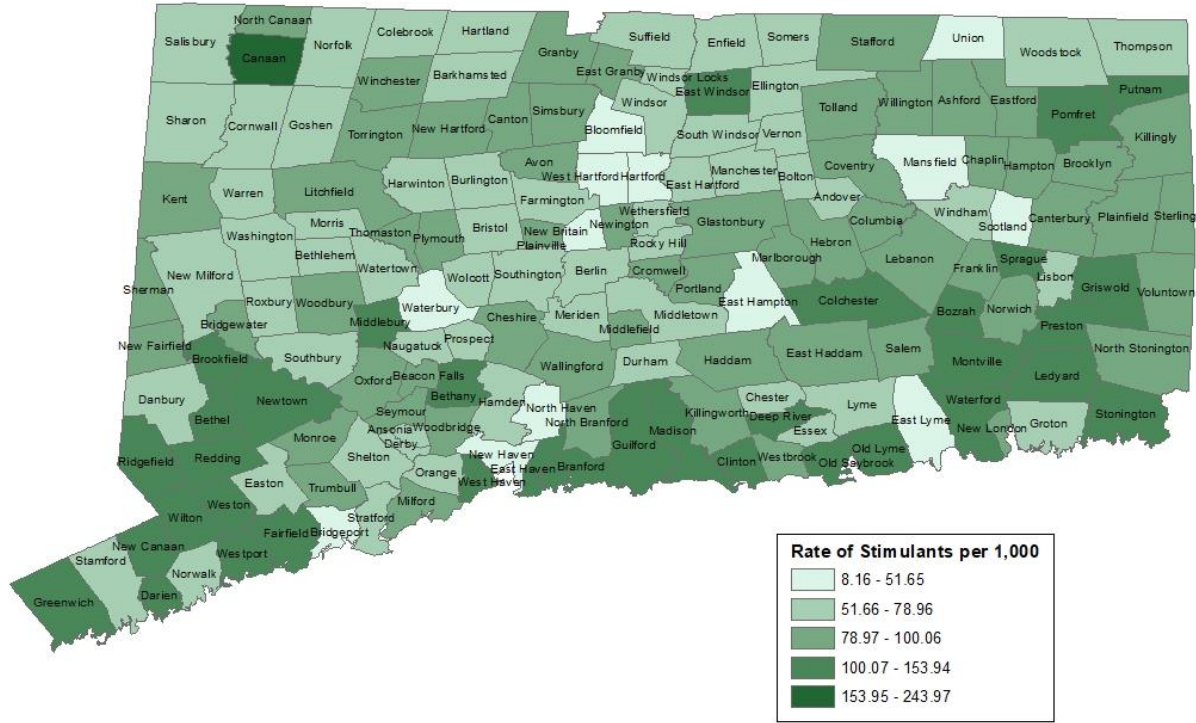
Stimulants are most often used to treat attention-deficit hyperactivity disorder (ADHD). It is also used to treat narcolepsy.

Top 5 Stimulant Prescriptions Dispensed to CT Residents

Generic Drug Name	Prescription Count
Dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate	120,846
Methylphenidate HCl	49,770
Lisdexamfetamine dimesylate	49,705
Pentermine HCl	16,065
Dexmethylphenidate HCl	14,794



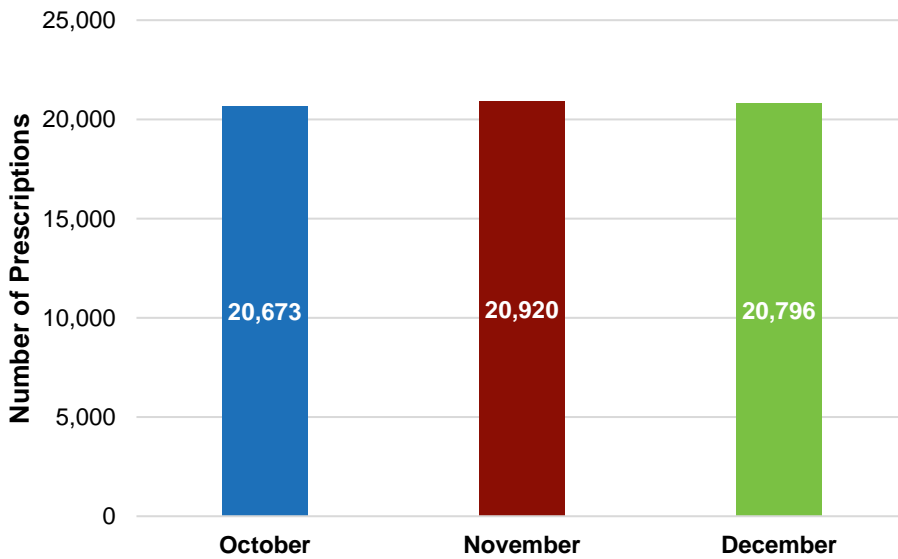
Stimulant Prescription Rates by Patient Residence



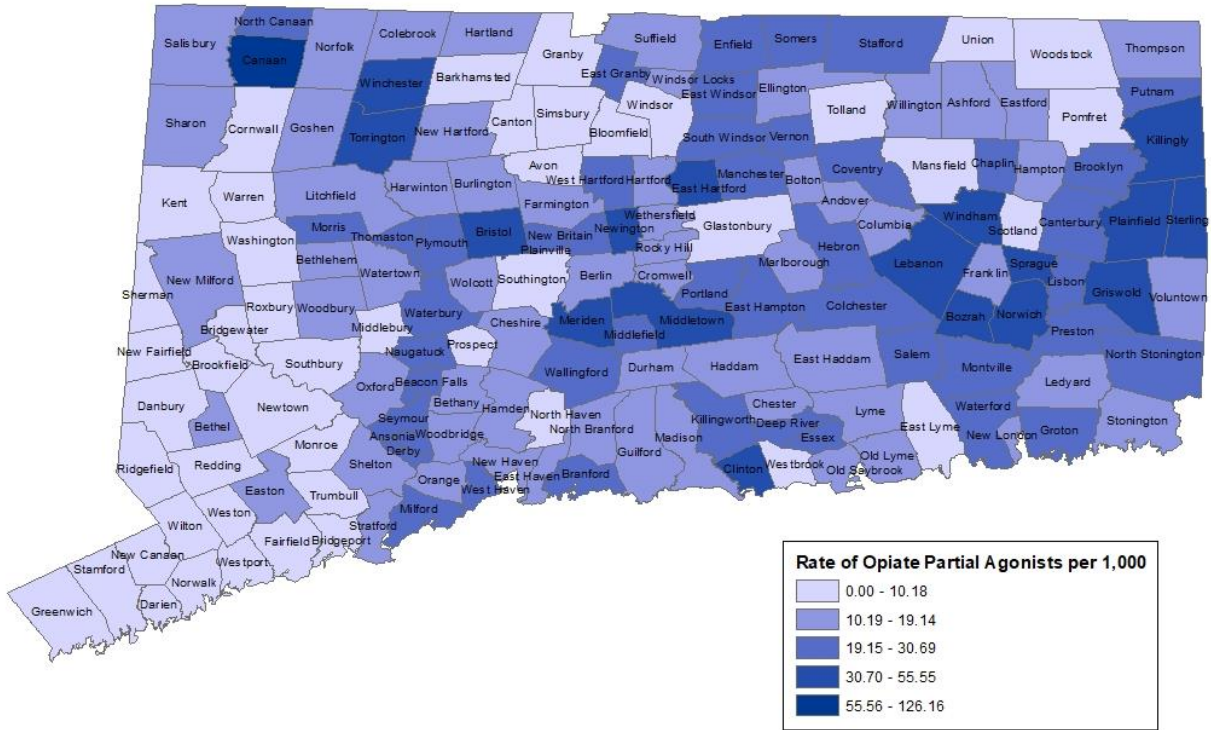
Opiate Partial Agonist Prescriptions

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

Number of Opiate Partial Agonist Prescriptions



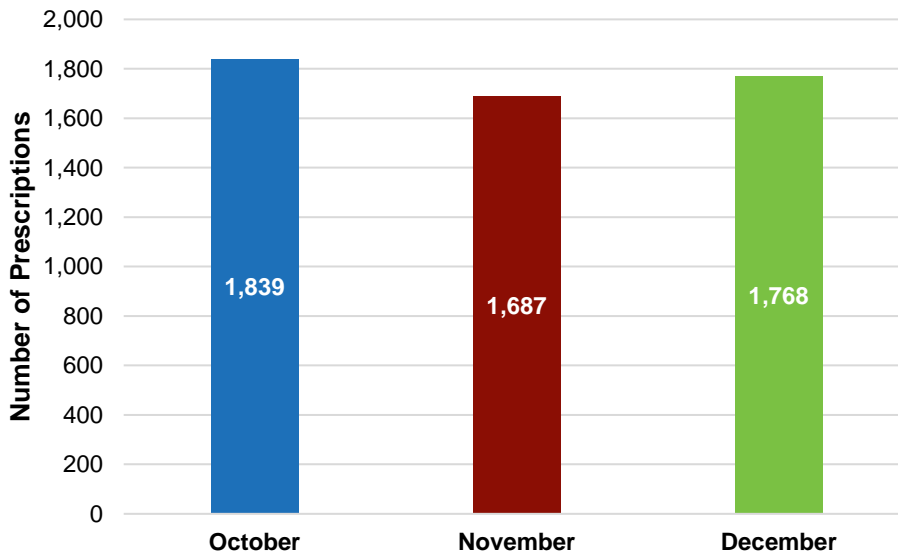
Opiate Partial Agonist Prescription Rates by Patient Residence



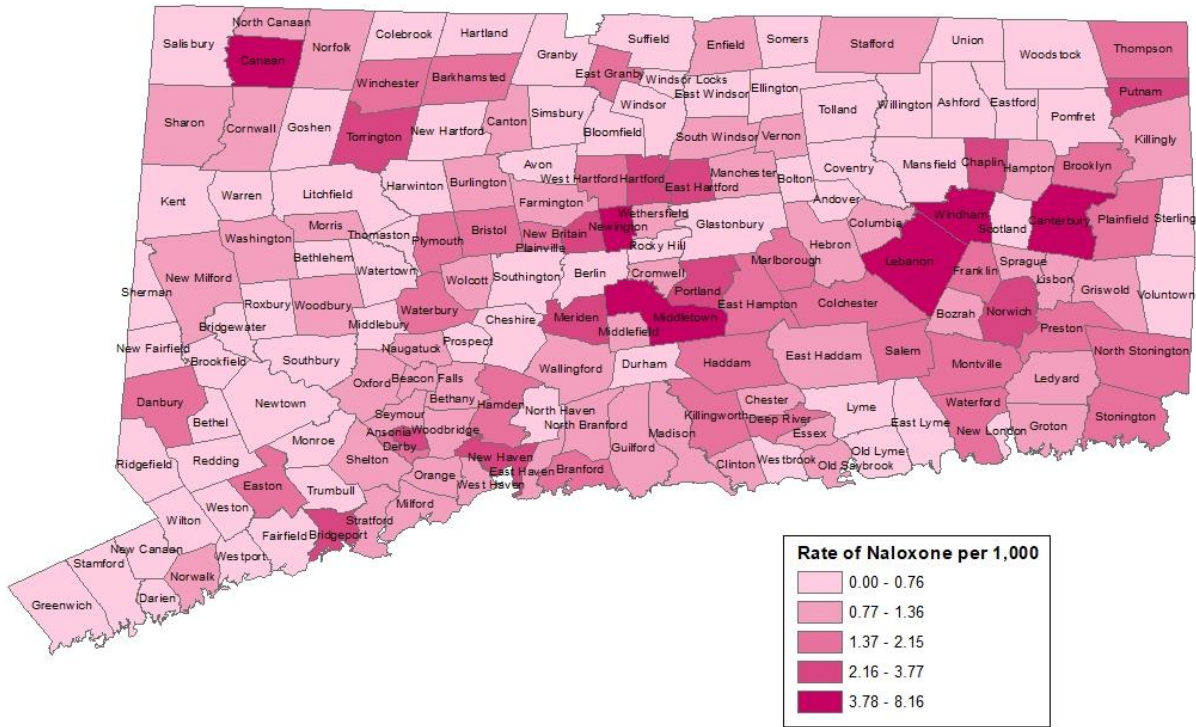
Naloxone Prescriptions

Naloxone is used to treat narcotic overdoses.

Number of Naloxone Prescriptions



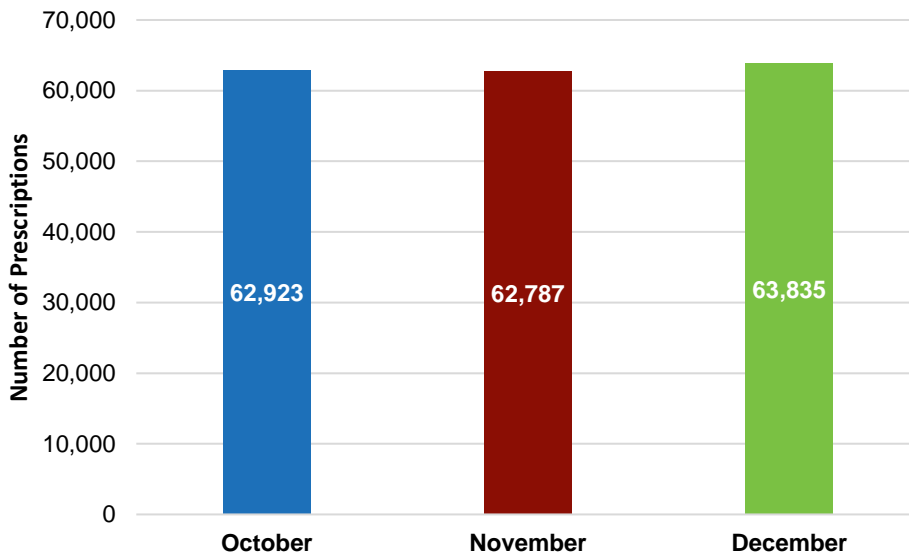
Naloxone Prescription Rates by Patient Residence



Gabapentin Prescriptions

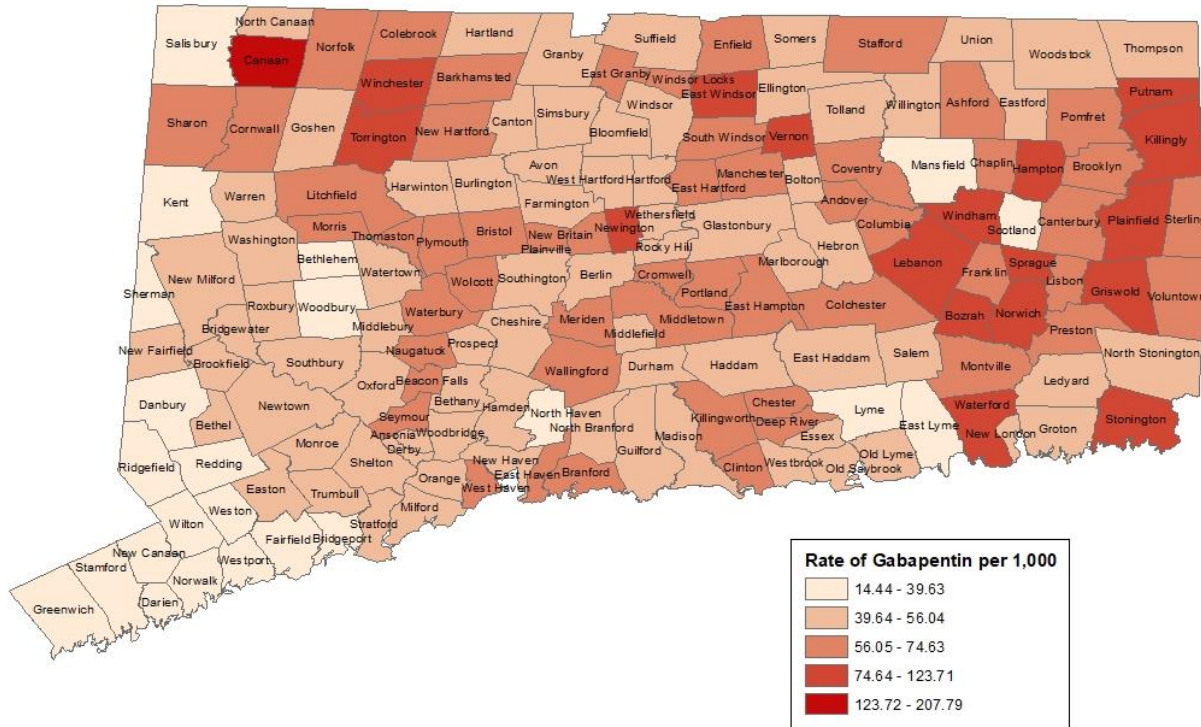
Gabapentin is used to treat seizures and relieve pain for certain conditions.

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](mailto: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.

