CT PRESCRIPTION DRUG DISPENSATIONS - 2021 QUARTER 2

The CT Prescription

Monitoring and Reporting

System (CPMRS)

collects prescription records
for Schedule II – V

controlled substances,
mandated by CT General

Statutes Sec. 21a-254.

Effective January 1, 2021,
insulin drugs, glucagon
drugs, diabetes devices,
diabetic ketoacidosis
devices, gabapentin, and
naloxone are required to be
uploaded into the CPMRS.



Controlled substances are classified into **5 drug schedules** which are determined by the U.S. Drug Enforcement Administration (DEA) and state regulations. The classification is based on a drug's medical use and potential for misuse and dependency.



77%

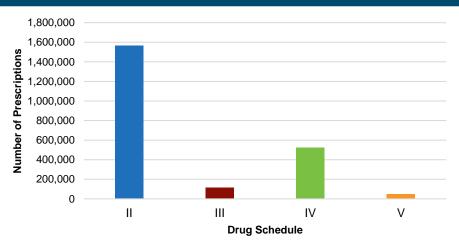
of prescriptions dispensed to CT residents this quarter are benzodiazepines, medical marijuana, opiate agonists, opiate partial agonists, and stimulants.

Prescriptions¹ Dispensed to CT Residents

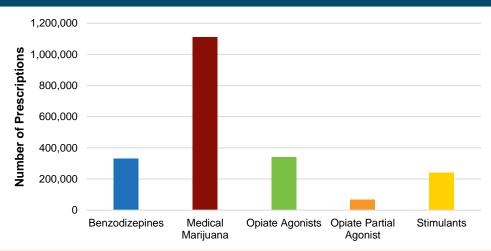
Patient Residence	Prescription Count
Fairfield County	596,056
Hartford County	614,816
Litchfield County	158,957
Middlesex County	146,419
New Haven County	721,435
New London County	273,649
Tolland County	102,410
Windham County	94,494
Connecticut ²	2,709,473

¹ This includes non-controlled and controlled prescriptions

Number of Controlled Substance Prescriptions by DEA Drug Schedule



Most Common Controlled Substances Dispensed to CT Residents





² Since county information is not available for all prescriptions, the county totals will not add up to the state total

Opiate Agonist Prescriptions

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

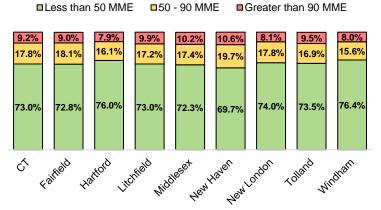
Top 5 Opiate Agonist Prescriptions Dispensed to CT Residents

Generic Drug Name	Prescription Count
Oxycodone HCI	94,054
Tramadol HCI	67,386
Oxycodone HCI/APAP	62,091
Hydrocodone bitartrate/APAP	47,036
Hyrdomorphonr HCI	18,775

*APAP = acetaminophen

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).

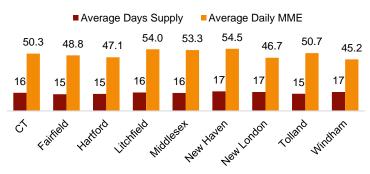
Proportion of Opiate Agonists per MME Category



Patient Residence (county)

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

Average Days Supply and Daily Morphine Milligram Equivalent



Patient Residence (county)

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	116,572
Clonazepam	87,438
Lorazepam	81,575
Diazepam	31,134
Temazepam	5,998

Stimulant Prescriptions

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

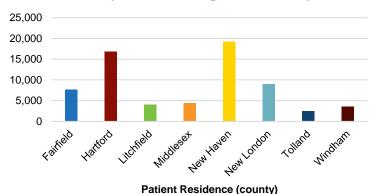
Top 5 Stimulant Prescriptions Dispensed to CT Residents

Generic Drug Name	Prescription Count
Dextroamphetamine sulf-	107,682
saccharate/amphetamine sulf-	
aspartate	
Methylphenidate HCl	44,920
Lisdexamfetamine Dimesylate	44,181
Phentermine HCI	18,376
Dexmethylphenidate HCl	12,745

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



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





