CT PRESCRIPTION DRUG DISPENSATIONS - 2021 QUARTER 3

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.



76%

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

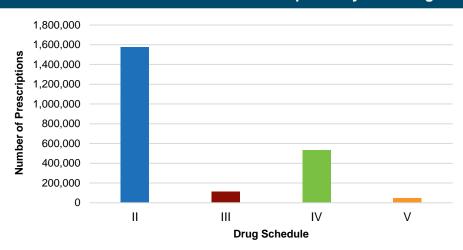
Prescriptions¹ Dispensed to CT Residents

Patient Residence	Prescription Count
Fairfield County	624,853
Hartford County	635,569
Litchfield County	162,016
Middlesex County	147,025
New Haven County	723,974
New London County	280,312
Tolland County	104,230
Windham County	94,343
Connecticut ²	2,773,852

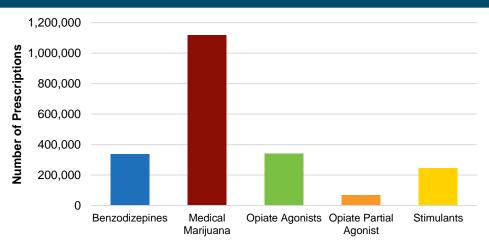
¹ This includes non-controlled and controlled prescriptions

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

Number of Controlled Substance Prescriptions by DEA Drug Schedule



Most Common Controlled Substances Dispensed to CT Residents





Opiate Agonist Prescriptions

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

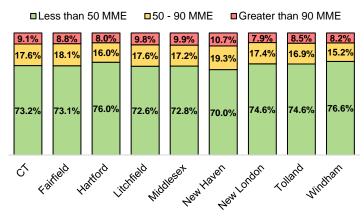
Top 5 Opiate Agonist Prescriptions Dispensed to CT Residents

Generic Drug Name	Prescription Count
Oxycodone HCI	93,370
Tramadol HCI	67,713
Oxycodone HCI/APAP	62,103
Hydrocodone bitartrate/APAP	46,298
Hydromorphone HCI	18,828

*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).

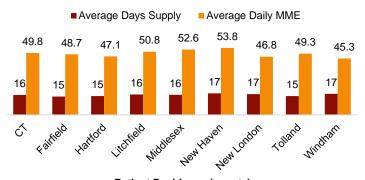
Proportion of Opiate Agonists per MME Category



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	119,208
Clonazepam	89,886
Lorazepam	83,455
Diazepam	31,716
Temazepam	5,926

Stimulant Prescriptions

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

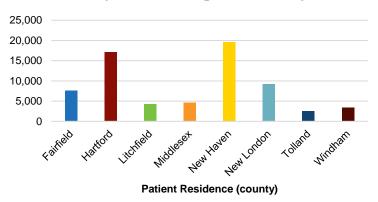
Top 5 Stimulant Prescriptions Dispensed to CT Residents

Generic Drug Name	Prescription Count
Dextroamphetamine sulf-	
saccharate/amphetamine sulf-	111,528
aspartate	
Lisdexamfetamine dimesylate	45,463
Methylphenidate HCl	44,656
Phentermine HCI	17,381
Dexmethylphenidate HCl	12,376

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)





