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West Virginia is Ranked #3

According to a July 2014 CDC report, “Vital Signs: Variation Among States in Prescribing of Opioid Pain Relievers and Benzodiazepines – United States, 2012,” the United States consumes more opioid pain relievers (OPR) than any other nation. Opioid pain relievers were involved in approximately 17,000 overdose deaths in the United States in 2011, and in 31% of those deaths, a benzodiazepine was cited as contributing to the cause of death. “Many abusers of opioid pain relievers are going directly to doctors for their drugs,” according to CDC Director Dr. Tom Frieden, MD, MPH. “Health care providers need to screen for abuse risk and prescribe judiciously by checking past records in state prescription drug monitoring programs. It’s time we stop the source and treat the troubled.”

According to the July 2014 CDC report, West Virginia was the third-highest state in the dispensing of OPR. Alabama and Tennessee ranked first and second, respectively. Compared to the national average of 82.5 OPR prescriptions per 100 persons, West Virginia averaged 137 OPR prescriptions per 100 persons.

In 2014, 416,063 prescriptions for opioid pain relievers were dispensed to 93,810 West Virginia Medicaid recipients. Of those prescriptions, 179,932 were dispensed to males and 236,131 to females.

The 2013 West Virginia Behavioral Health Epidemiological Profile stated the following facts:

- Single ingredient opioid became the leading incidence of drug exposure reported to the West Virginia Poison Center in 2010.
- Oxycodone was the leading prescription drug reported to the West Virginia Prescription Drug Abuse Quitline in 2012, comprising 31.8% of reported drugs used.
- Opiates accounted for the highest percentage of treatment admissions for substance abuse in West Virginia in 2010 (34.9%), which was four times higher than the national percentage (8.7%).

TOP FIVE OPIATES (2014)

Generic Name	Number of Rxs	Quantity Dispensed
HYDROCODONE BIT/ ACETAMINOPHEN	213,580	11,661,620
TRAMADOL HCL	86,362	6,549,016
OXYCODONE HCL/ ACETAMINOPHEN	36,663	2,319,340
OXYCODONE HCL	35,421	3,283,055
ACETAMINOPHEN WITH CODEINE	17,403	66,6109

According to the July 2014 CDC report, West Virginia ranked first in the dispensing of benzodiazepines. Compared to the national average of 37.6 benzodiazepine prescriptions per 100 persons, West Virginia dispensed 71.9 benzodiazepine prescriptions per 100 persons.

In 2014, 300,320 prescriptions for a benzodiazepine were dispensed to 44,158 West Virginia Medicaid recipients. Of those prescriptions, 105,578 were dispensed to males and 194,742 prescriptions were dispensed to females.

TOP FIVE BENZODIAZEPINES (2014)

Generic Name	Number of Rxs	Quantity Dispensed
ALPRAZOLAM	112,522	7,934,940
CLONAZEPAM	83,085	5,158,081
DIAZEPAM	44,091	2,723,971
LORAZEPAM	43,520	2,450,264
TEMAZEPAM	13,121	383,122

As previously stated, in 31% of deaths attributed to opioid overdose, a benzodiazepine was also involved in the death.

In 2014, 25,001 recipients who received an OPR also received a prescription for a benzodiazepine.

Female recipients accounted for the most prescriptions with 16,282. Males accounted for 8,719.

West Virginia Medicaid is a Guardian against Opioid Pain Reliever and Benzodiazepine Abuse

West Virginia Medicaid limits the number of units or doses that can be prescribed for opioid pain relievers and benzodiazepines. A prescriber must submit a request, with clinical justification, for a quantity greater than the preset limit.

West Virginia Medicaid also has an active Lock-In program that reviews prescription records on a monthly basis with the purpose of reducing the inappropriate use of controlled substances. Those recipients found to meet or exceed the criteria set by the program are locked in to a single pharmacy that will monitor the controlled substances dispensed to the recipient.

Everyone can Participate in Combating this Problem

From the federal government to individual providers and recipients, everyone can contribute to the reduction of this problem in West Virginia. Tips for each group are provided below.

FEDERAL GOVERNMENT

- Support states that want to develop programs and policies to prevent prescription painkiller overdose
- Ensure patients' access to safe, effective pain treatment

The President's FY 2016 budget proposed critical investments to intensify efforts to reduce opioid misuse and abuse (Office of National Drug Control Policy).

STATES

- Be proactive and evaluate your own data and programs
- Consider ways to assess your Medicaid program and state-run health plans to detect and address inappropriate prescribing of painkillers

PROVIDERS

- Follow best practices for responsible painkiller prescribing, including screening for substance abuse and mental health problems
- Avoid combinations of prescription painkillers and sedatives unless there is a specific medical indication
 - Prescribe the lowest effective dose and only the quantity needed depending on the expected length of pain
 - Use prescription drug monitoring programs to identify patients who might be misusing their prescription drugs, putting them at risk for overdose

RECIPIENTS

- Avoid taking prescription painkillers more often than prescribed
- Dispose of medications properly
- Help prevent misuse and abuse by not sharing prescription drugs. Never use another person's prescription drugs.

The DUR Capsules is a quarterly newsletter published for West Virginia Medicaid Providers. Information concerning West Virginia Medicaid can be accessed online at <http://www.dhr.wv.gov/bms/>.

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