

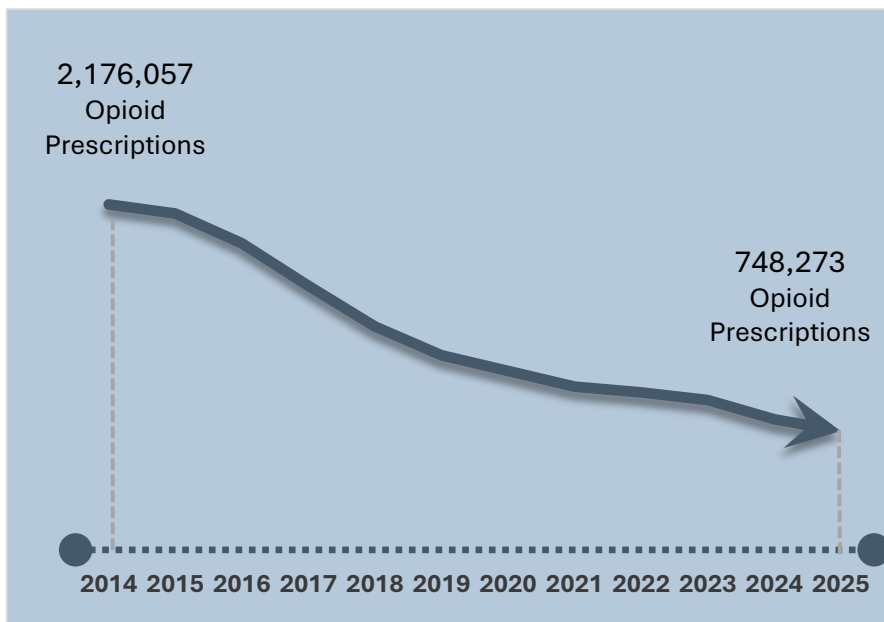
West Virginia Board of Pharmacy Prescription Opioid Indicators Report 2025 County Profiles Executive Summary



Despite West Virginia being at the forefront of the opioid epidemic, opioid prescribing in the state has improved from 2018-2025, as shown below. However, not all counties in the state follow the same trend. Understanding where West Virginia counties stand in comparison to the state is vital in combating the opioid epidemic at the local level. Data from the West Virginia Board of Pharmacy’s Controlled Substance Monitoring Program (CSMP) was analyzed to calculate rates or percentages for the indicators below.

The following are aggregate data for the state of West Virginia based on opioid prescribing indicators that were required to be reported for the prior Centers for Disease Control and Prevention (CDC) cooperative agreement, Prevention for States (PFS) cooperative agreement during 2016-2019. The purpose of these indicators is to gain an understanding of the prescription opioid burden in the state and to identify high-risk areas.

**Please note that this report shows the trends from 2018. To view trends from 2014, please check out the previous county profile reports [here](#).*

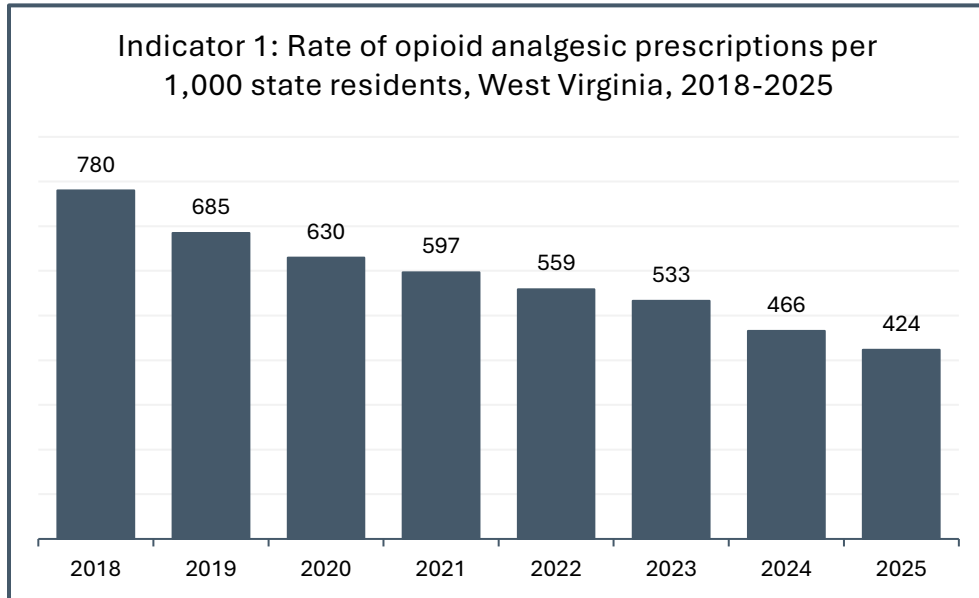


Since 2014, there has been a **66% decrease** in the number of opioids dispensed in West Virginia.

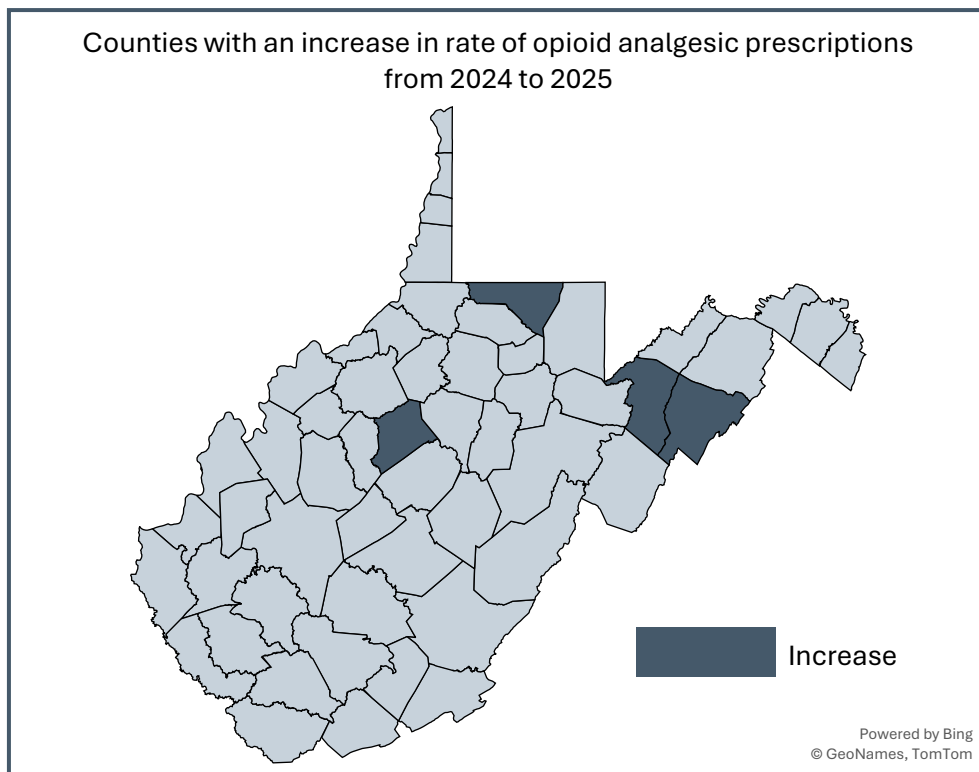
Nearly **6 million** fewer opioid doses were dispensed in 2025 than in 2024.

Source: West Virginia Controlled Substance Monitoring Program

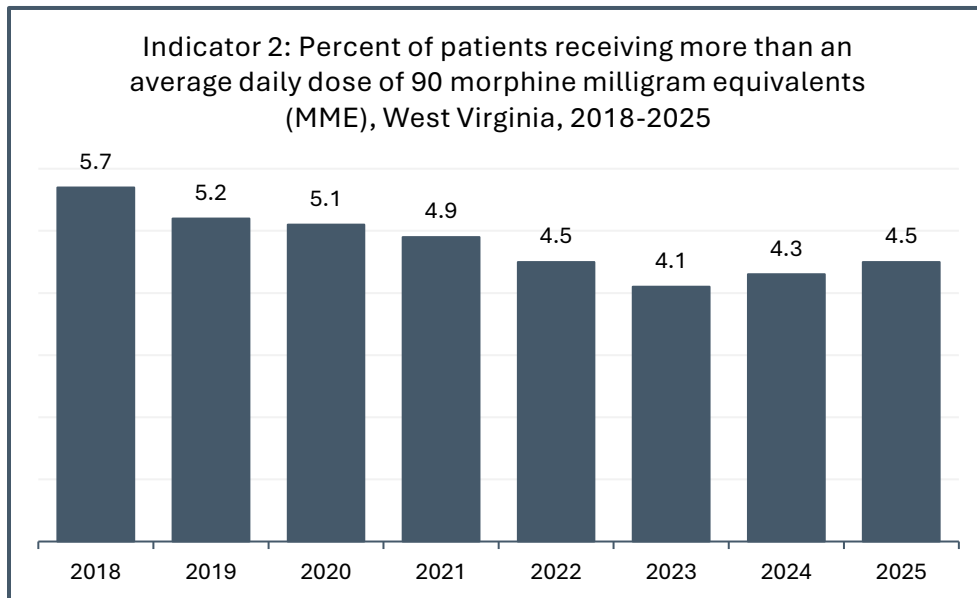
Indicator 1: Number and rate of opioid analgesics per 1,000 state residents



This indicator includes all opioid prescriptions that are classified as Schedule II, III, IV, or V.

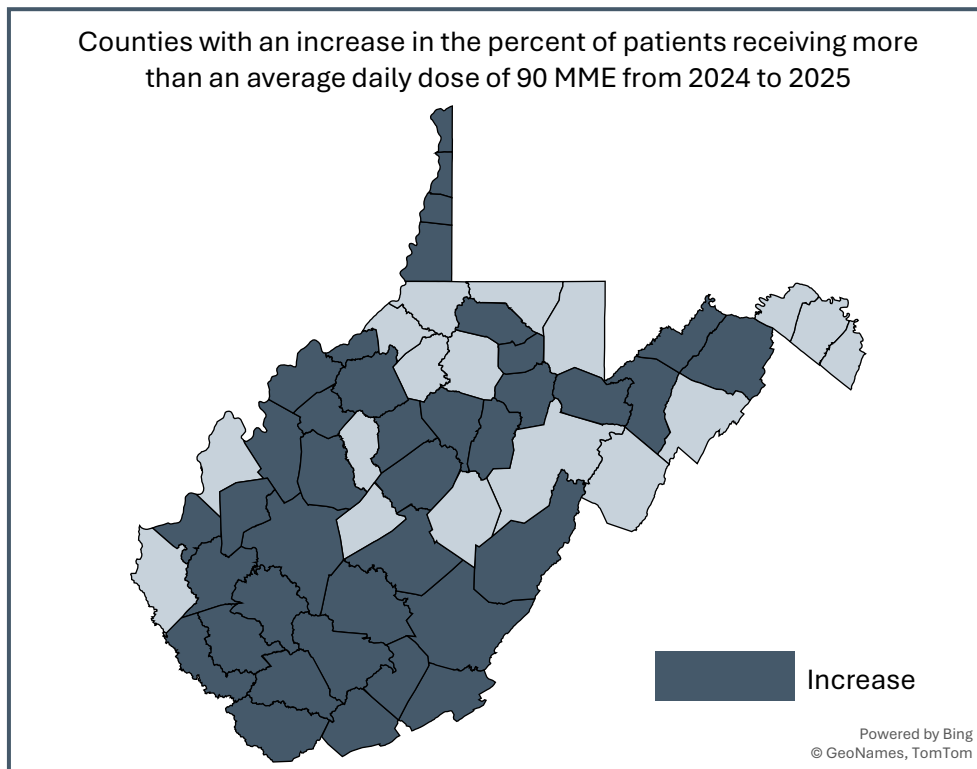


Indicator 2: Percent of patients receiving more than an average daily dose of 90 morphine milligram equivalents (MME)

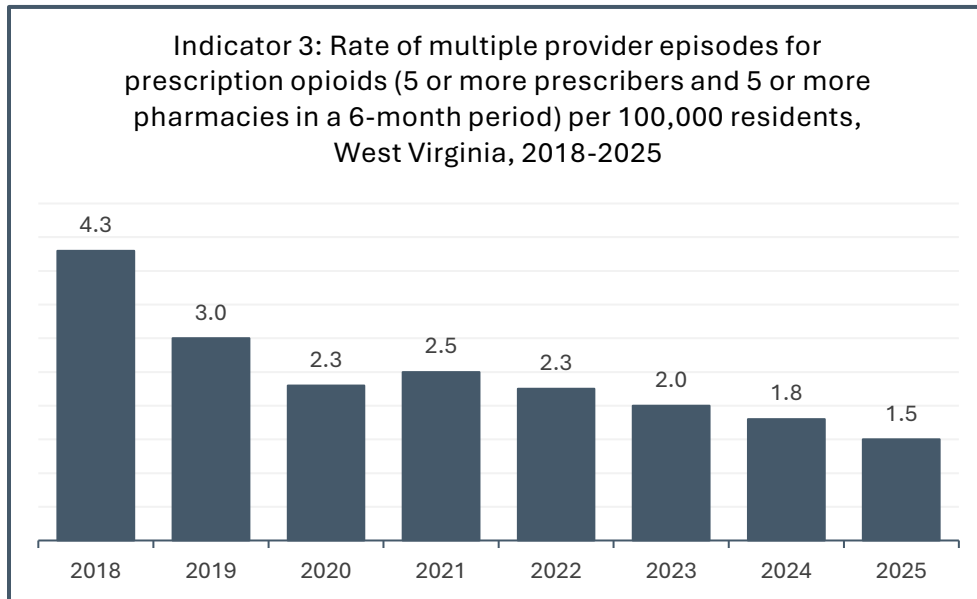


This indicator shows the total average daily dose of MMEs that a patient is taking. It includes all opioid prescriptions that are classified as Schedule II, III, IV, or V. MMEs are used as a measure to describe the potency of an opioid. Calculating MMEs is important to determine which patients may be at risk for an overdose.

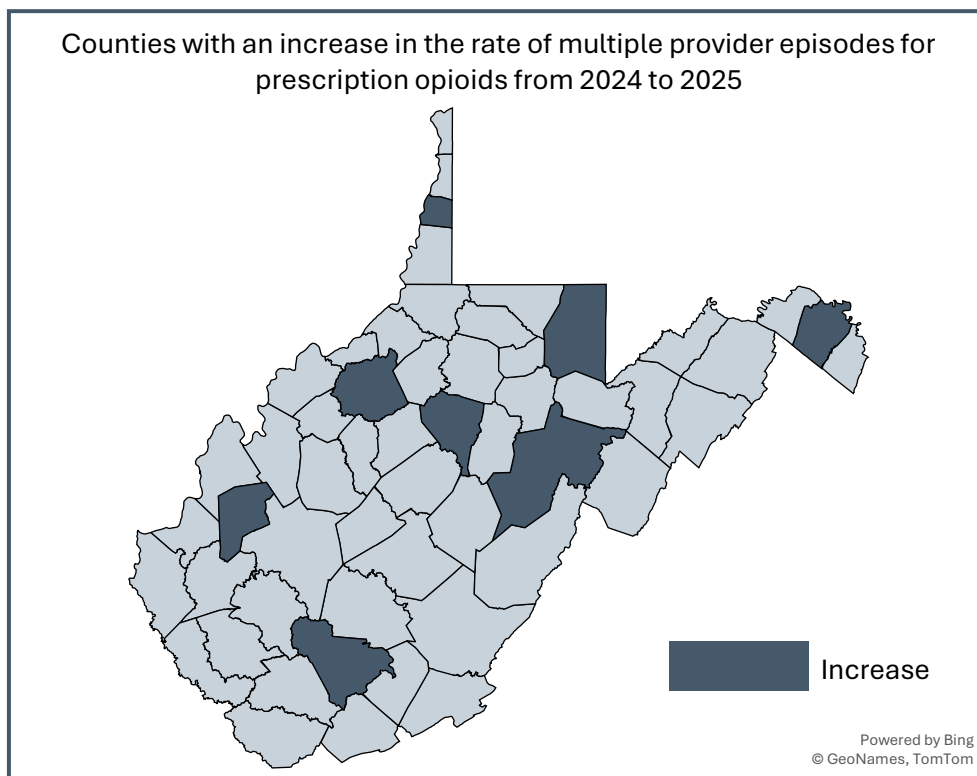
**Note that the MME conversion factors for fentanyl, hydromorphone, methadone, and tramadol were updated in the 2022 Opioid Prescribing Guidelines in November 2022.*



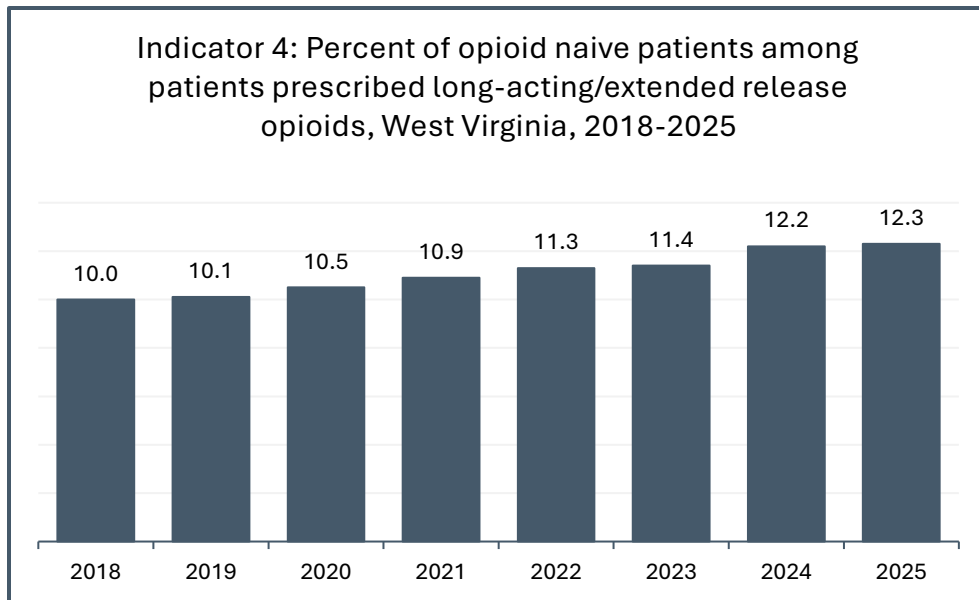
Indicator 3: Rate of multiple provider episodes for prescription opioids (five or more prescribers and five or more pharmacies in a six-month period) per 100,000 residents



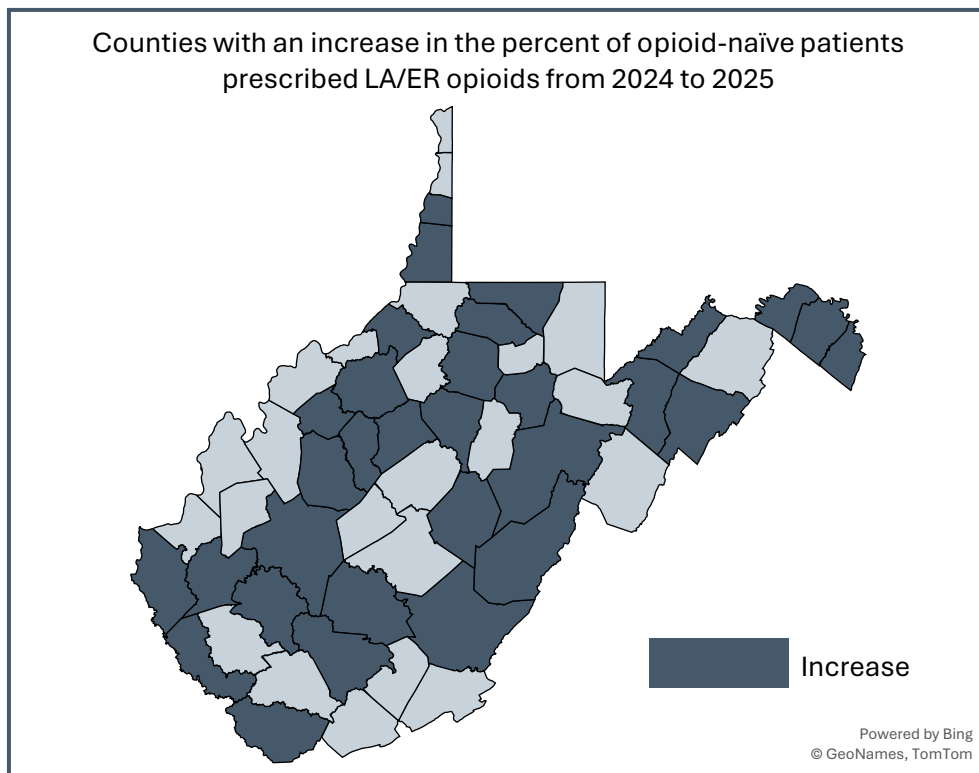
This indicator shows the rate of patients who went to five or more prescribers and five or more pharmacies within a six-month period, or multiple provider episode (MPE). The rate is calculated per 100,000 population. It includes all opioid prescriptions that are classified as Schedule II, III, IV, or V.



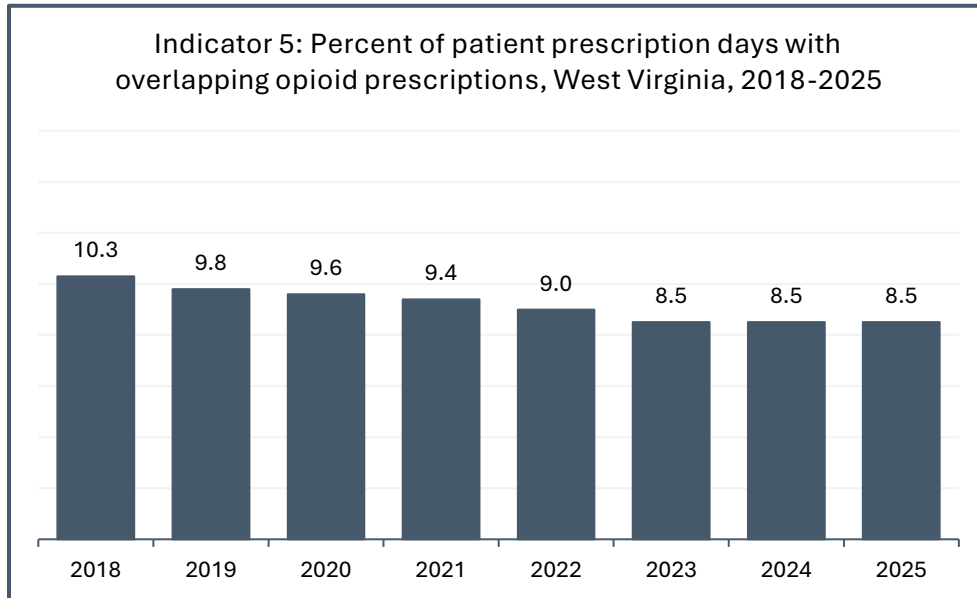
Indicator 4: Percent of patients prescribed long-acting/extended-release opioids who were opioid-naïve



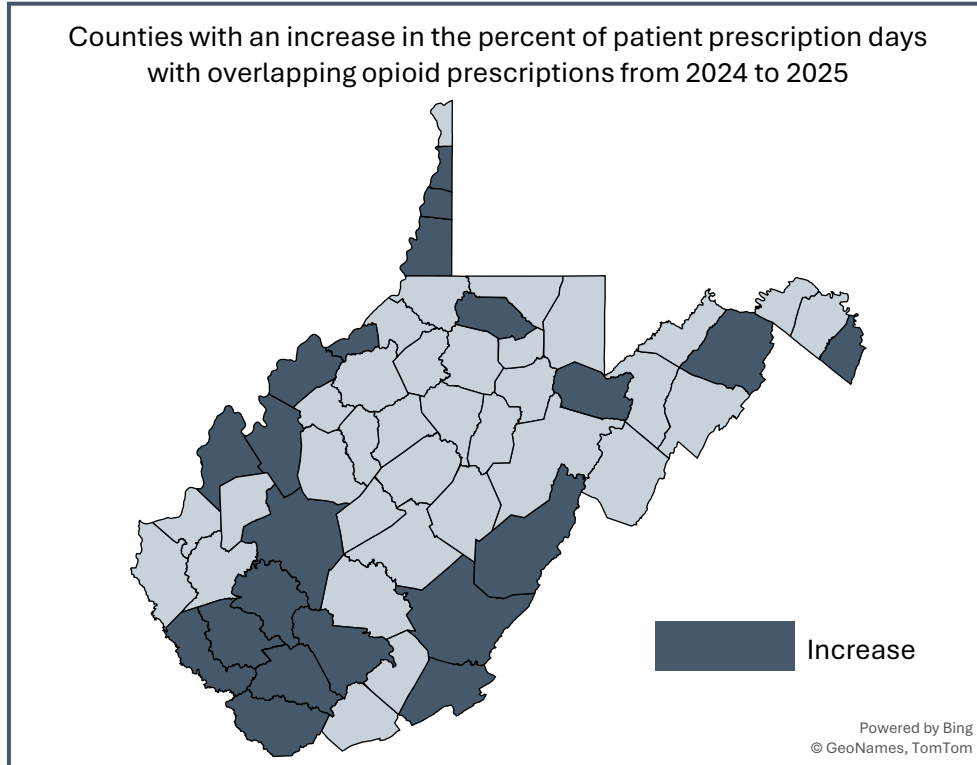
This indicator represents the percentage of patients with no prescribed opioid prescriptions in the previous 45 days who were prescribed at least one long acting/extended release (LA/ER) opioid, among all patients with LA/ER opioid prescriptions. It includes all opioid prescriptions that are classified as Schedule II, III, IV, or V.



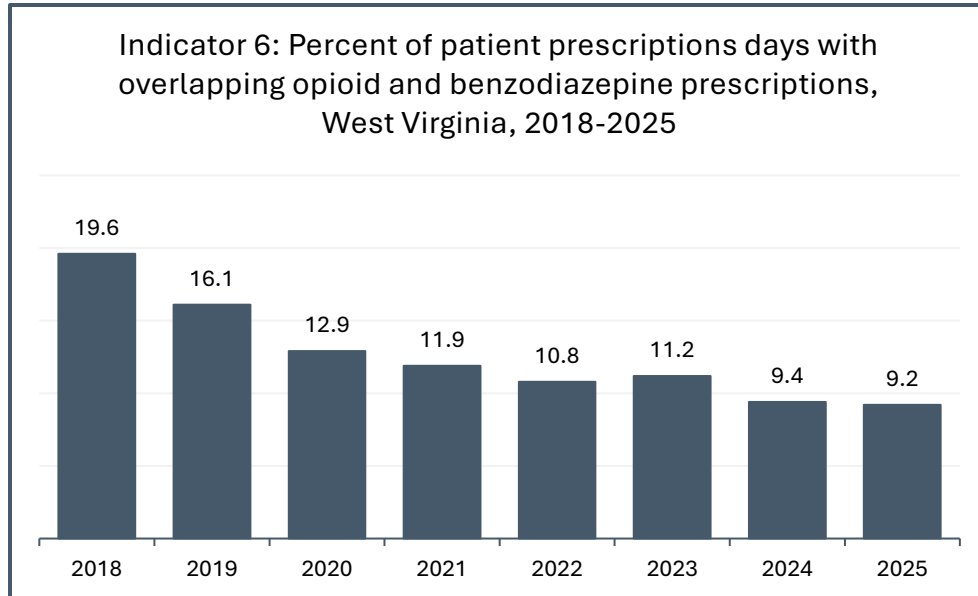
Indicator 5: Percent of patient prescription days with overlapping opioid prescriptions



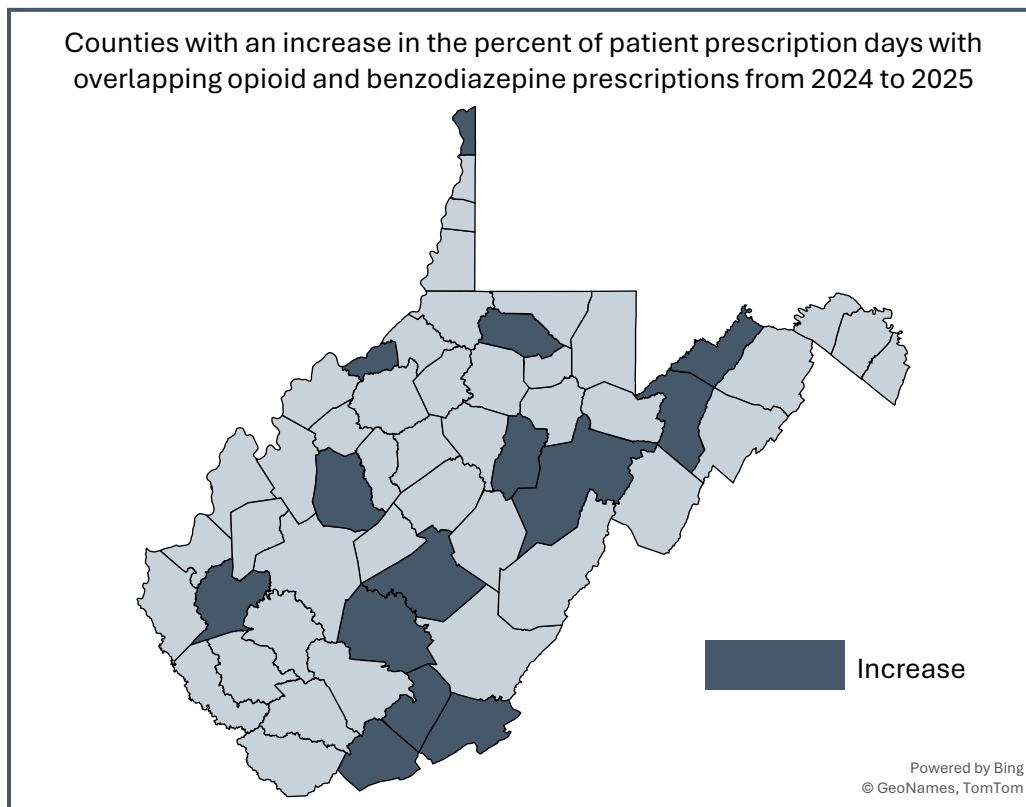
This indicator shows the percentage of days in which more than one prescribed opioid prescription during the same period was dispensed, among all prescription days. It includes all opioid prescriptions that are classified as Schedule II, III, IV, or V.



Indicator 6: Percent of patient prescription days with overlapping opioid and benzodiazepine prescriptions



This indicator represents the percentage of patients who had an opioid and a benzodiazepine (i.e., Alprazolam, Lorazepam, Diazepam) prescription on the same day among all opioid prescription days. It includes all opioid prescriptions that are classified as Schedule II, III, IV, or V and benzodiazepines.



To access the individual 2025 County Profile Reports, please follow the link below:

<https://dhhr.wv.gov/vip/county-reports/Pages/default.aspx>

Also, check out the interactive county profile dashboard here. (link to come)

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