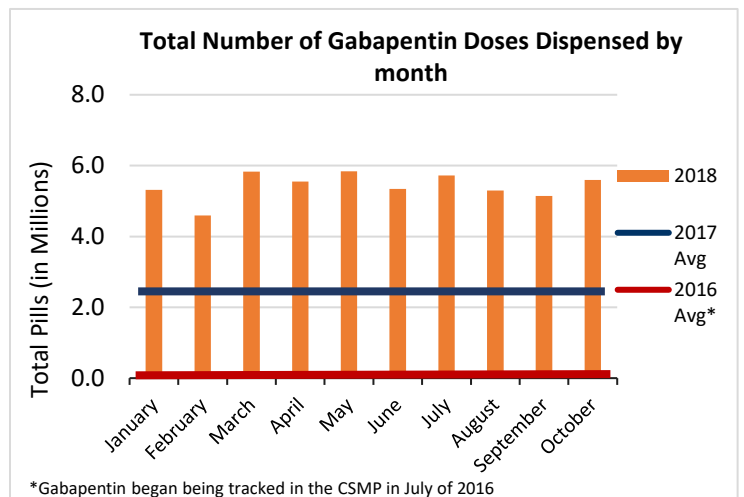
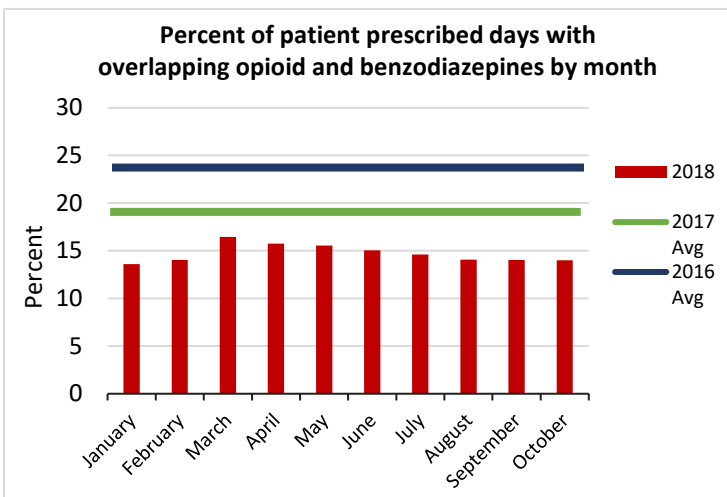
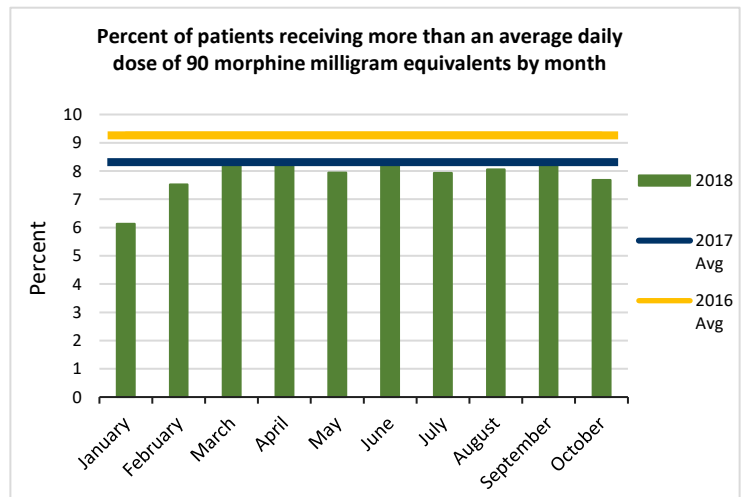
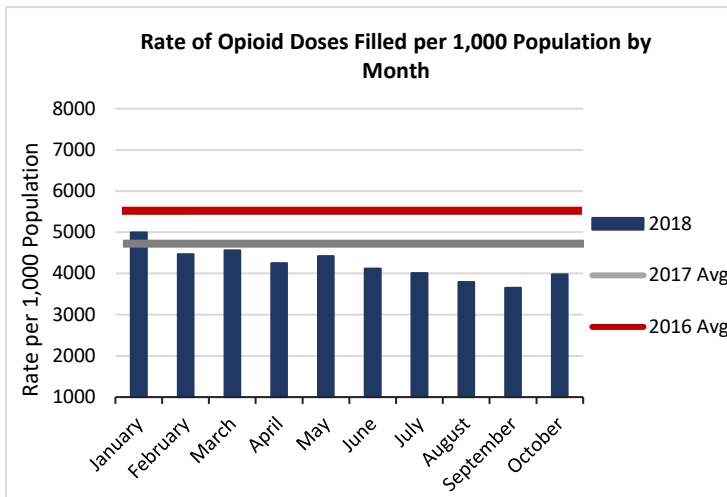




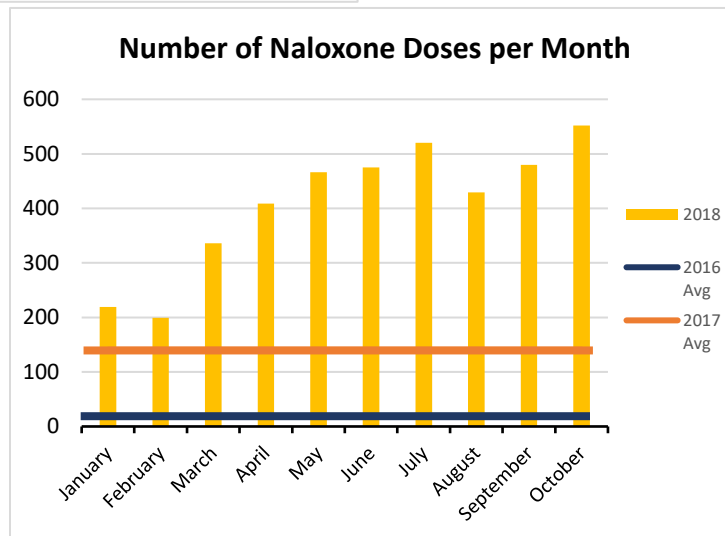
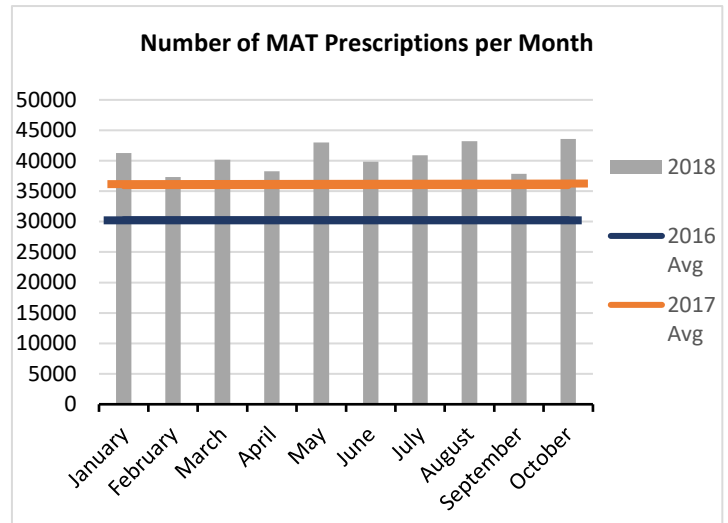
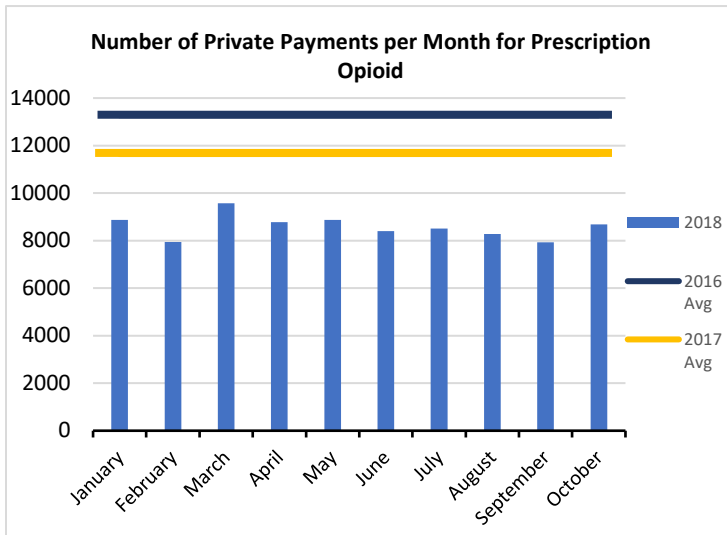
October 2018

How big is the problem?

During 2016 and 2017, there was a decrease in the rate of opioids dispensed, average daily MME, and percent of overlapping opioids prescribed. In October 2018, there was a decrease in the rate of opioids and overlapping opioid and benzodiazepine prescriptions, compared to September 2018. In October 2018, MME's Over 90 were lower than September 2018. The number of gabapentin doses in October increased compared to September. From January to October, private pay totals have fluctuated. Notably, March had the highest amount of private payments. Medication assisted treatments (MAT) is the use of anti-craving medicine such as naltrexone (Vivitrol) and buprenorphine (Suboxone). From January to October, the MAT total for 2018 has fluctuated greatly. October was higher than September for MAT. From January to October 2018, Naloxone Totals started off low, but have increased over the time frame with July being the highest month thus far. The total increased in October, compared to September.



Source: West Virginia Controlled Substance Monitoring Program



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What is being done?

The West Virginia Board of Pharmacy is continually monitoring problematic prescribing and dispensing. The passage of SB 273, which limits the day supply of initial prescriptions, will potentially help decrease the number of opioid prescriptions being dispensed in West Virginia. Gabapentin began being tracked in the CSMP in 2016 as it has become a drug of concern involved in fatal overdose deaths. The passage of HB 4337 added Gabapentin as a Schedule V medication.

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