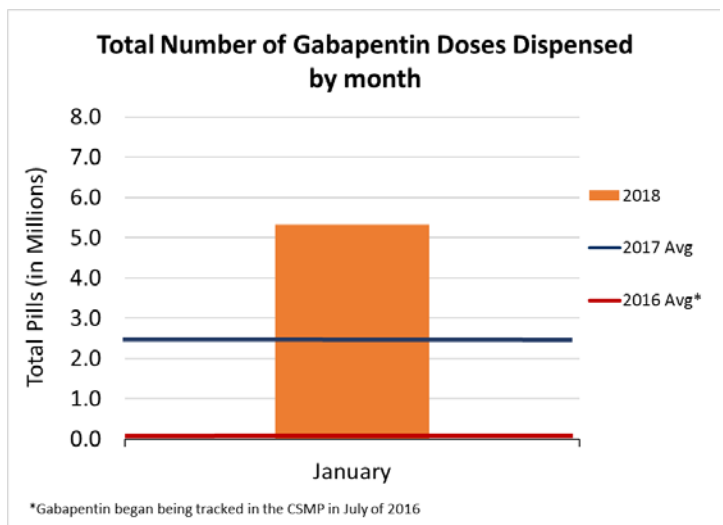
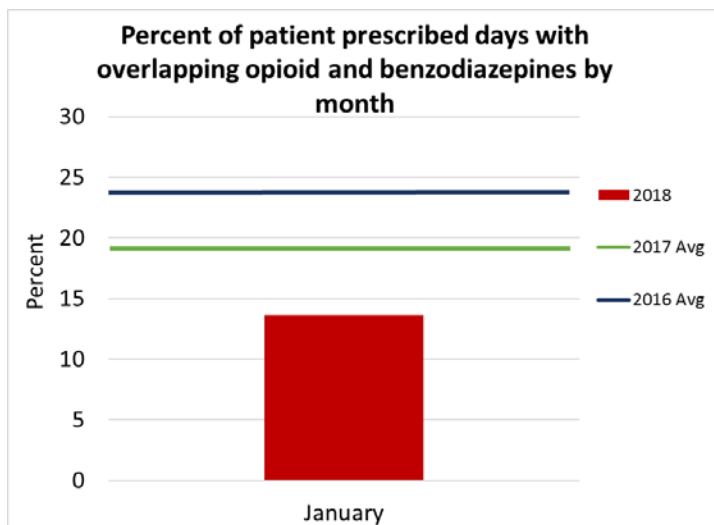
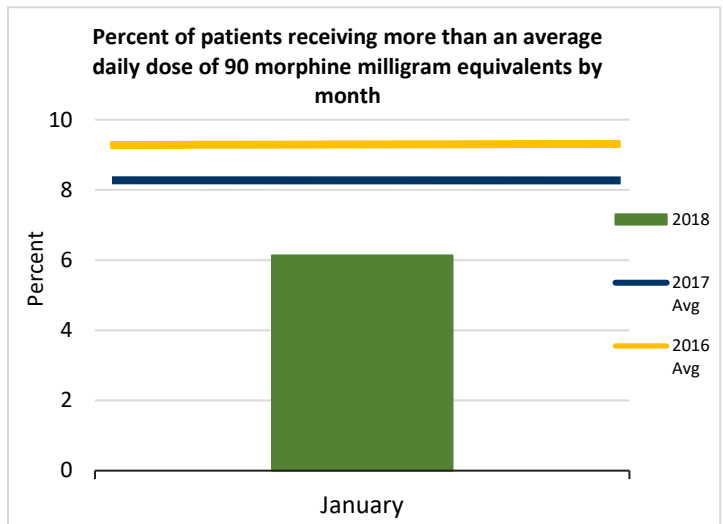
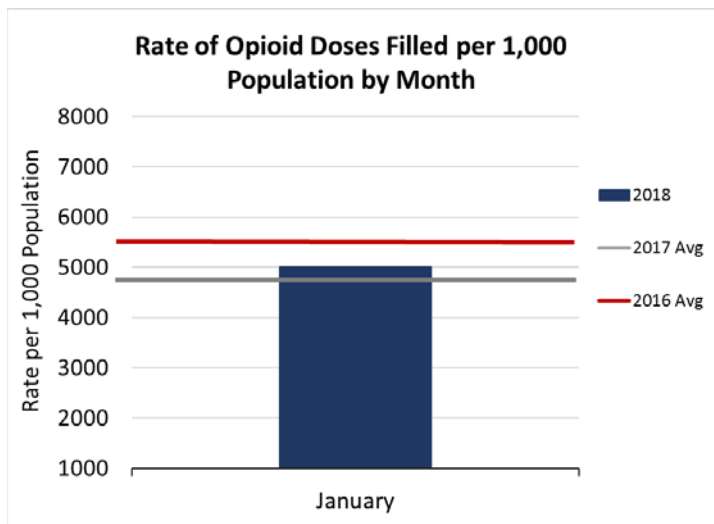




January 2018

How big is the problem?

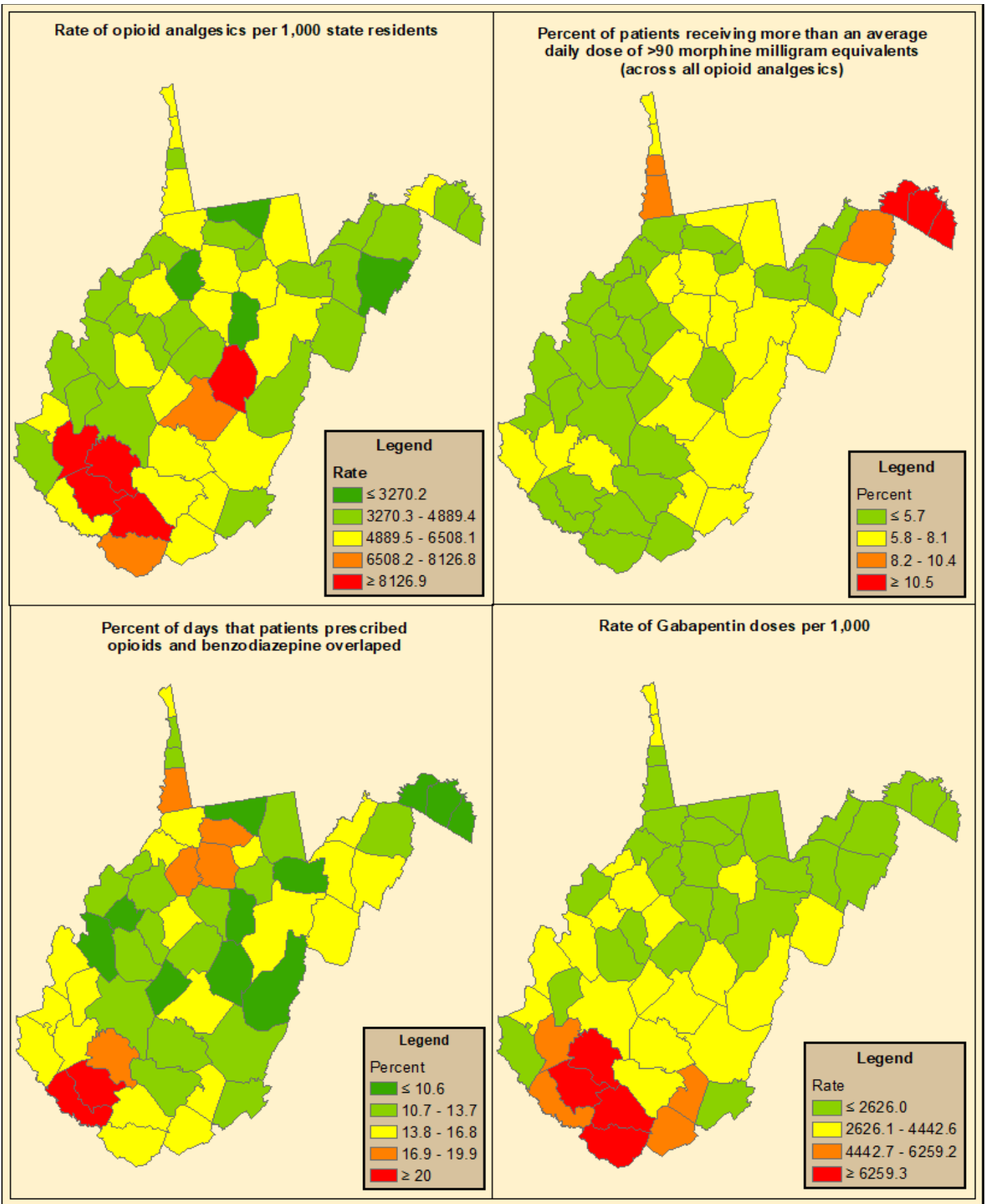
During 2016 and 2017, there was a decrease in the rate of opioids dispensed, average daily MME, and percent of overlapping opioids prescribed. In January 2018, there was a slight increase in the rate of opioids compared to 2017, but a lower percent of overlapping opioid days. The percent of patients receiving more than 90 MMEs was also lower than years 2016 and 2017. It looks like the number of gabapentin doses has increase significantly, however, it began to be tracked in the CSMP in 2016.



Source: West Virginia Controlled Substance Monitoring Program

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.



*Percent and Rate ranges are based on the Standard Deviation(SD) from the median. Ranges smaller than -2 SD are included with range -2 SD and ranges greater than +3 SD are included with range +3 SD. Dark green is ≤-2 SD from the median, light green is -1 SD from the median, yellow is +1 SD from the median, Orange is +2 SD from the median, Red is ≥+3 SD from the median.