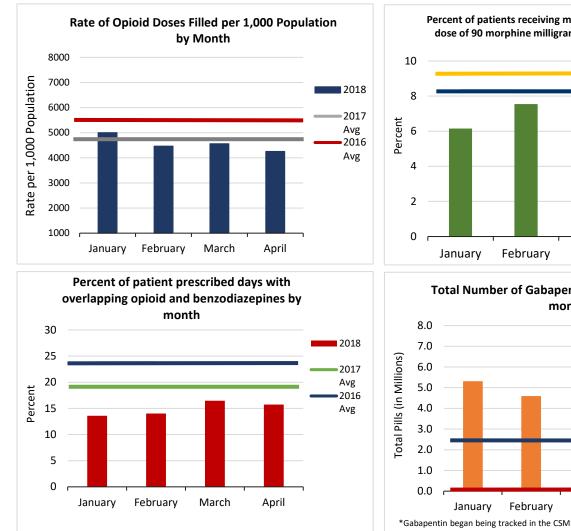
West Virginia Board of Pharmacy Controlled Substance Monitoring Program (CSMP) Monthly Surveillance Report

April 2018

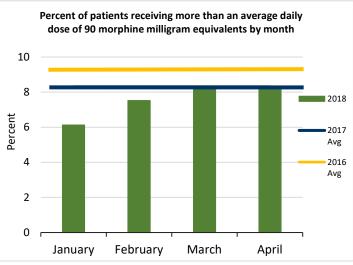


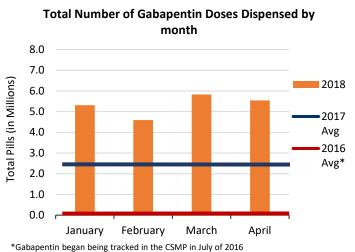
How big is the problem?

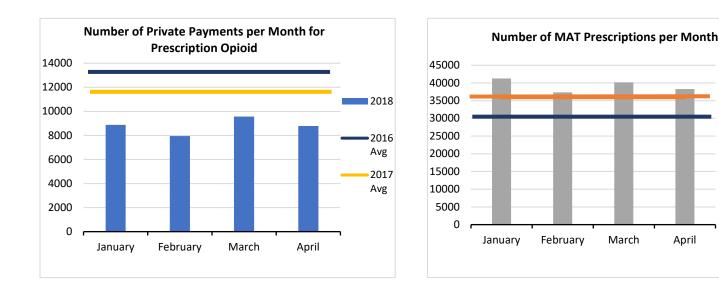
During 2016 and 2017, there was a decrease in the rate of opioids dispensed, average daily MME, and percent of overlapping opioids prescribed. In April 2018, there was a slight decrease in the rate of opioids, overlapping opioids, and MME's compared to February. The number of gabapentin doses in April decreased slightly compared to March. From January to April, private pay totals have remained about the same. Notably, March had the highest amount of private payments. In April, there was slight decrease from March. Medication assisted treatment (MAT) is the use of anticraving medicine such as naltrexone (Vivitrol), buprenorphine (Suboxone), or methadone to treat substance use disorders. From January to April, the MAT total for 2018 fluctuated greatly. April was lower than March for MAT. From January to April 2018, Naloxone Totals started off low, but have increased over the time frame with April being the highest thus far.

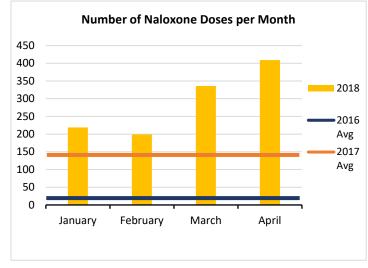


Source: West Virginia Controlled Substance Monitoring Program









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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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2016

Avg

2017

Avg

April