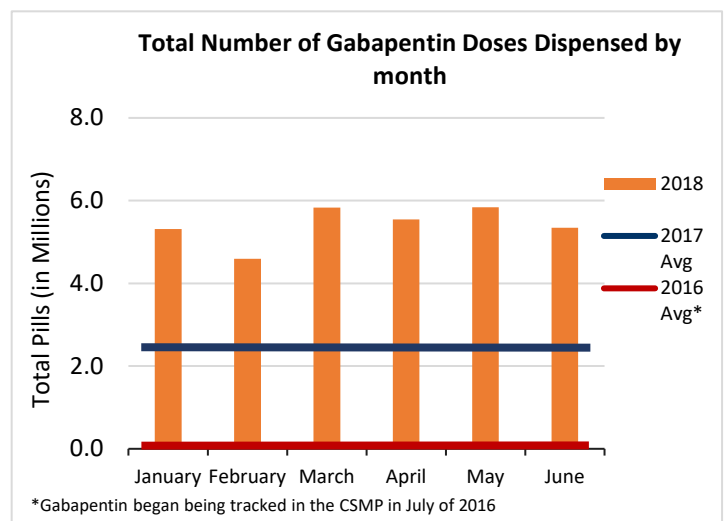
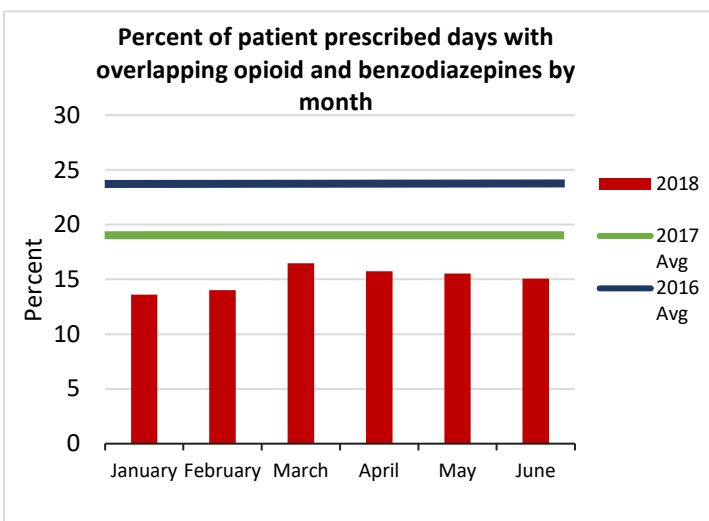
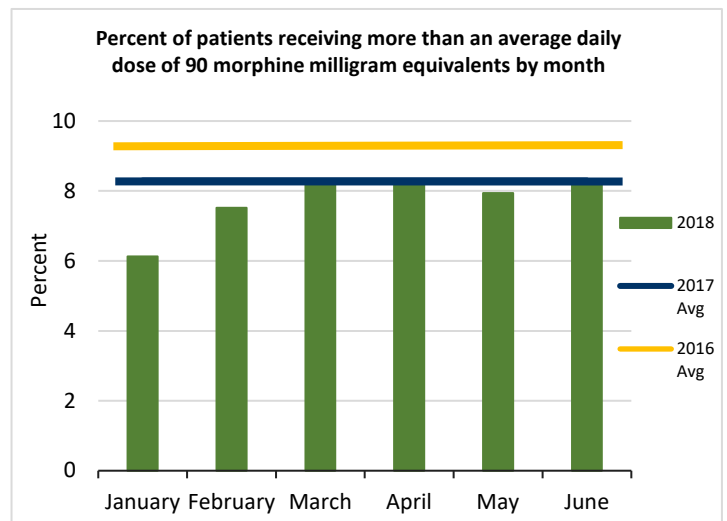
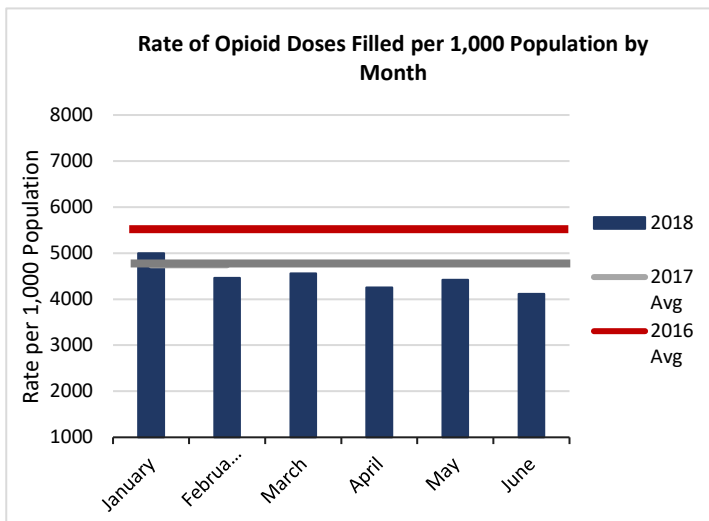




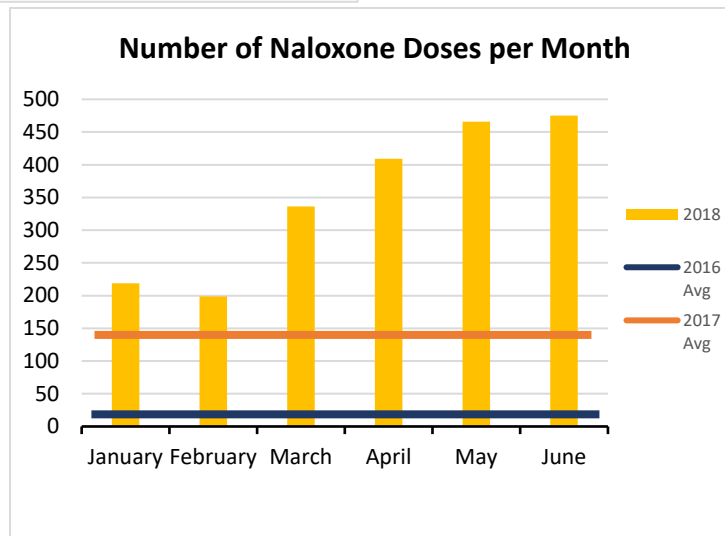
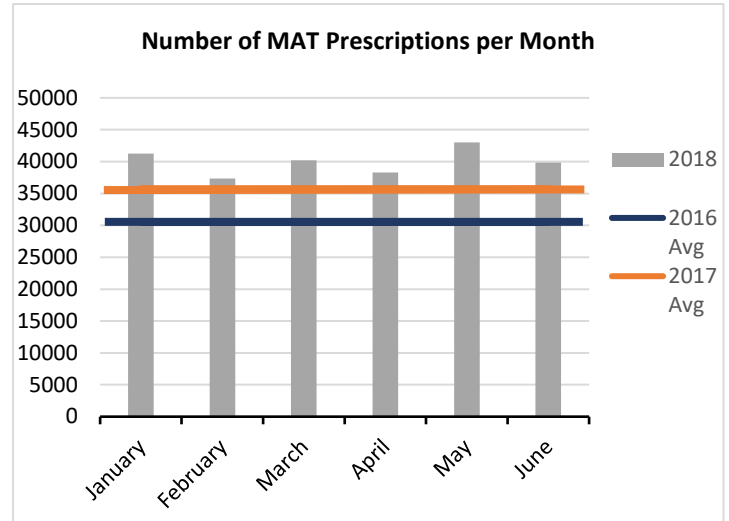
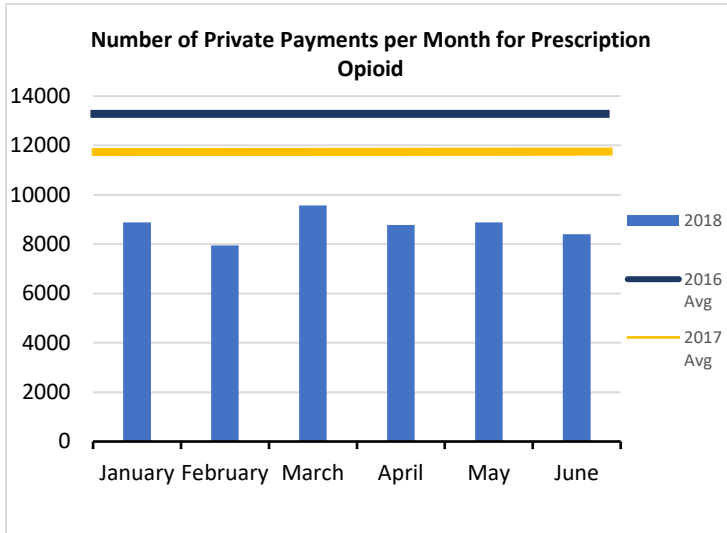
June 2018

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 June 2018, there was a decrease in the rate of opioids, compared to May 2018. In June 2018, overlapping opioids were lower than May and MME's Over 90 were higher than May 2018. The number of gabapentin doses in June decreased slightly compared to May. From January to June, private pay totals have remained about the same. Notably, March had the highest amount of private payments. Medication assisted treatment (MAT) is the use of anti-craving medicine such as naltrexone (Vivitrol) and buprenorphine (Suboxone). From January to June, the MAT total for 2018 fluctuated greatly. June was lower than May for MAT. From January to June 2018, Naloxone Totals started off low, but have increased over the time frame with June being the highest month 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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