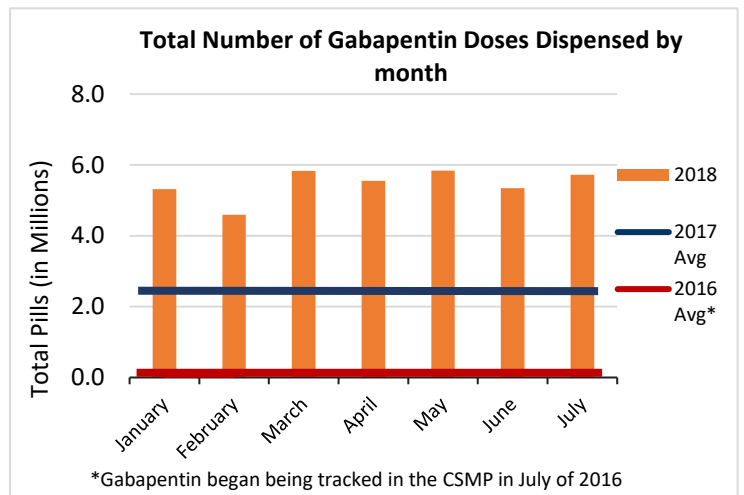
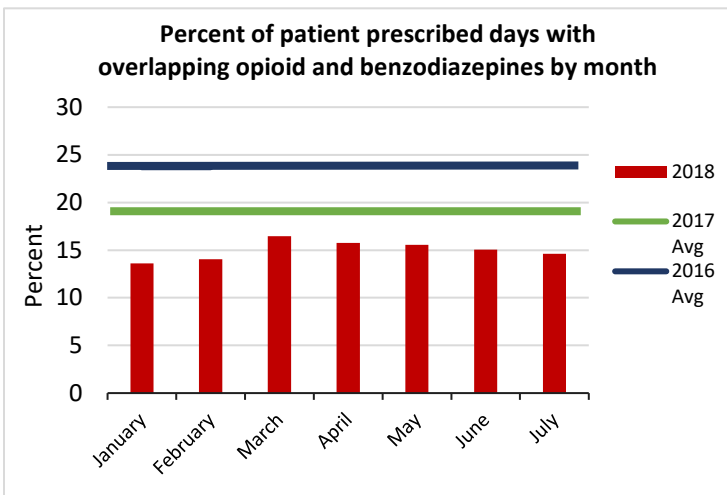
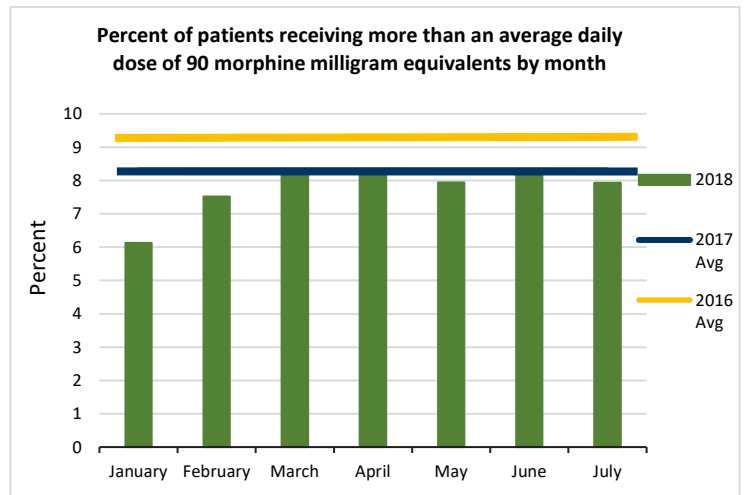
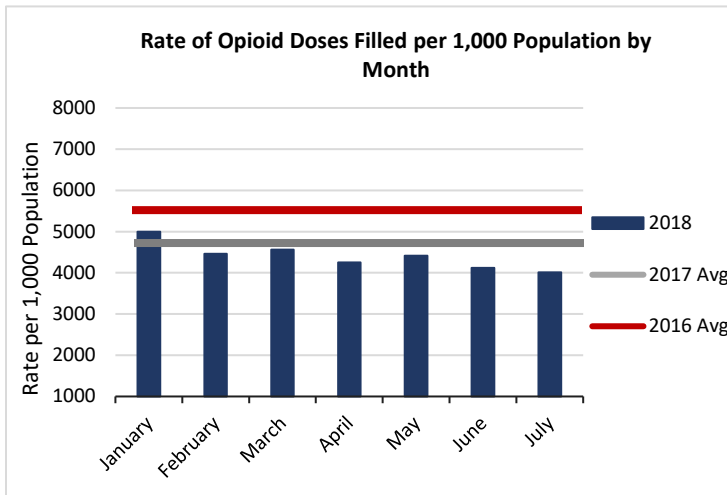




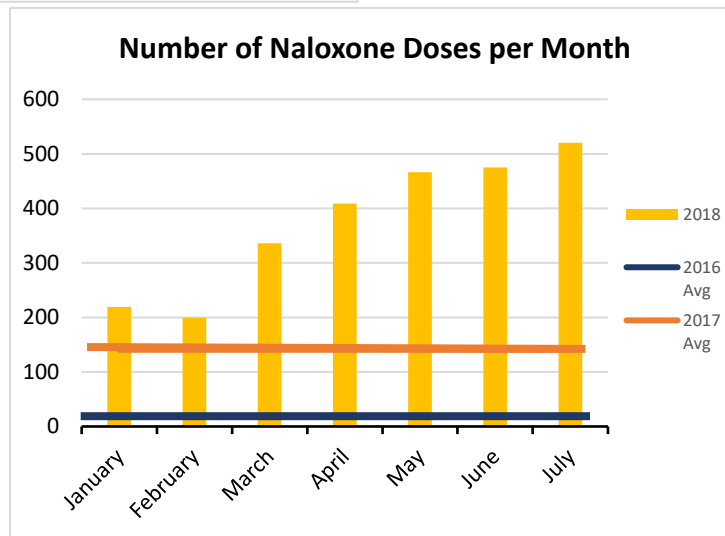
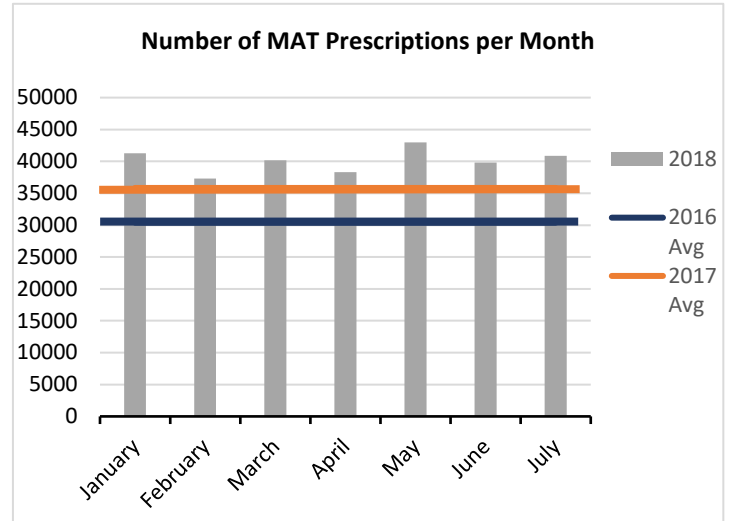
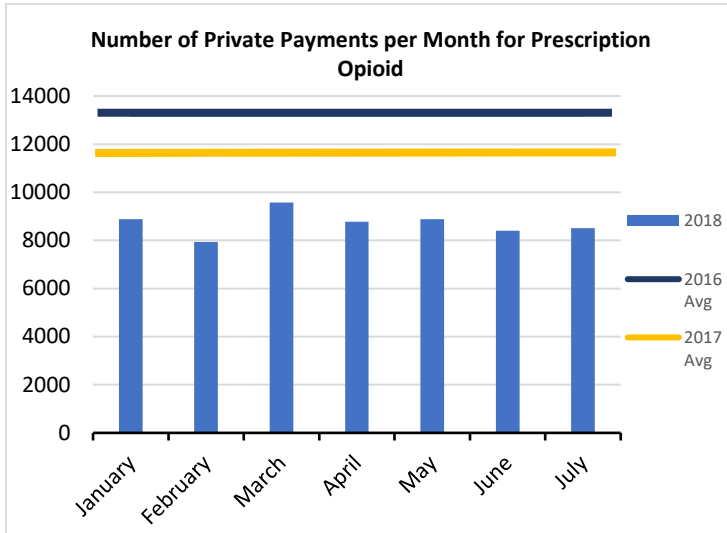
# July 2018

## 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 July 2018, there was a decrease in the rate of opioids, compared to June 2018. In July 2018, overlapping opioids and MME's Over 90 were slightly lower than June 2018. The number of gabapentin doses in July decreased slightly compared to June. From January to July, 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 July, the MAT total for 2018 fluctuated greatly. July was higher than June for MAT. From January to July 2018, Naloxone Totals started off low, but have increased over the time frame with July 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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