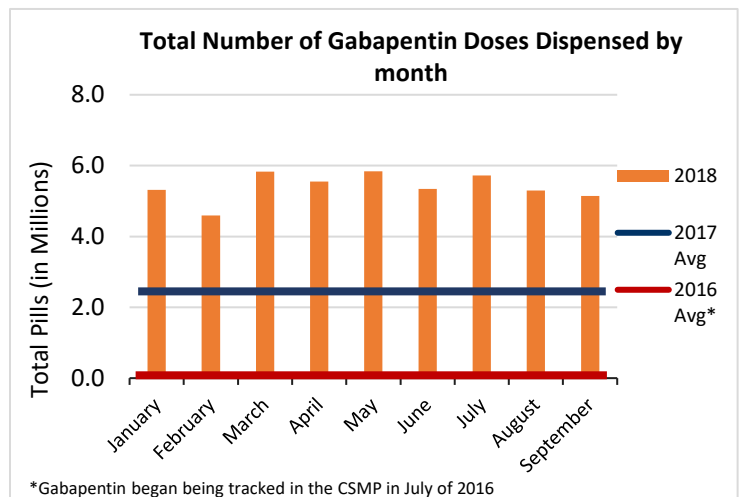
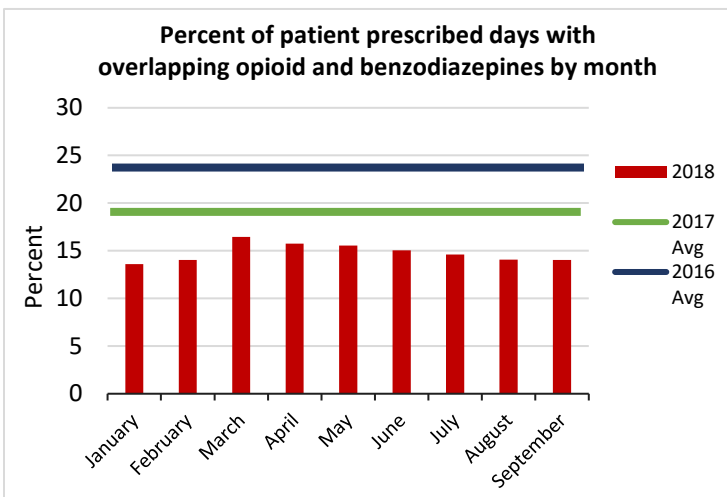
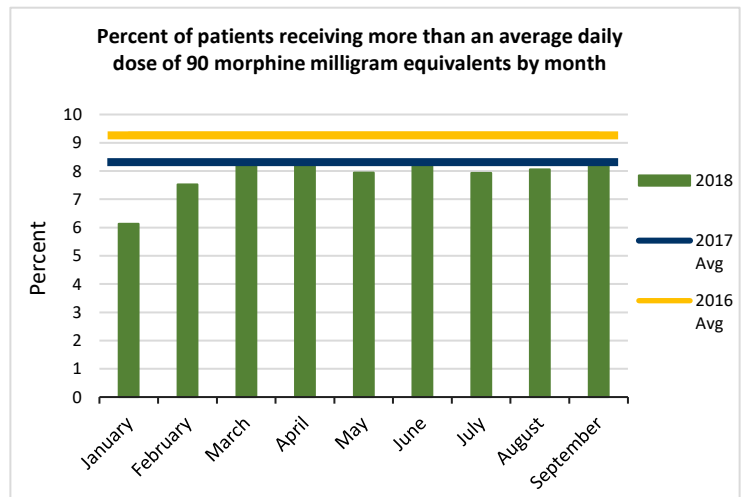
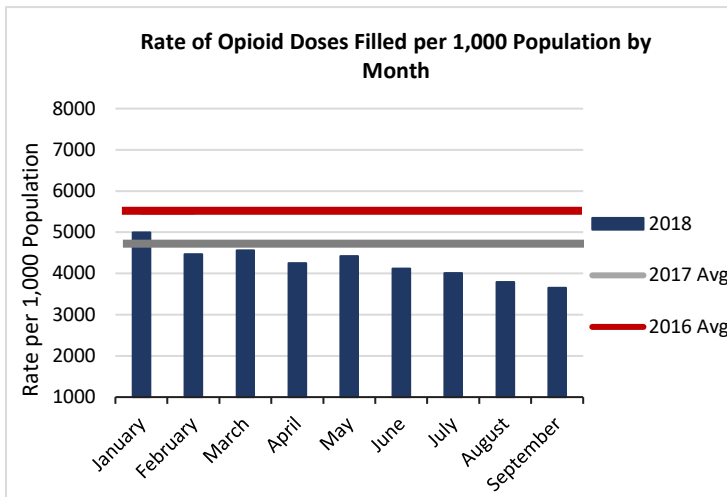




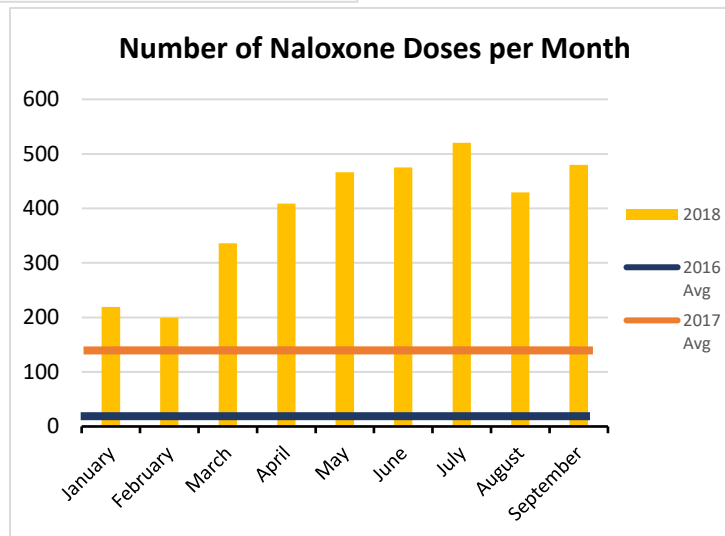
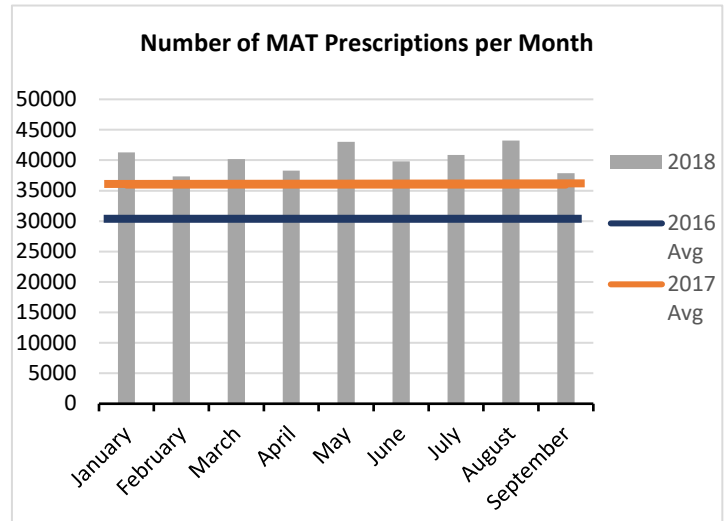
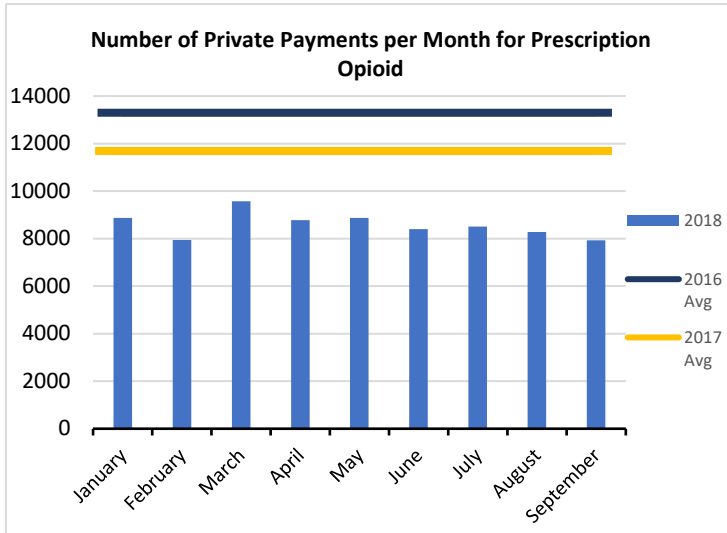
September 2018

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 September 2018, there was a decrease in the rate of opioids and overlapping opioid and benzodiazepine prescriptions, compared to August 2018. In September 2018, MME's Over 90 were higher than August 2018. The number of gabapentin doses in September decreased compared to August. From January to September, 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 September, the MAT total for 2018 has fluctuated greatly. September was lower than August for MAT. From January to September 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 September, compared to August.



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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