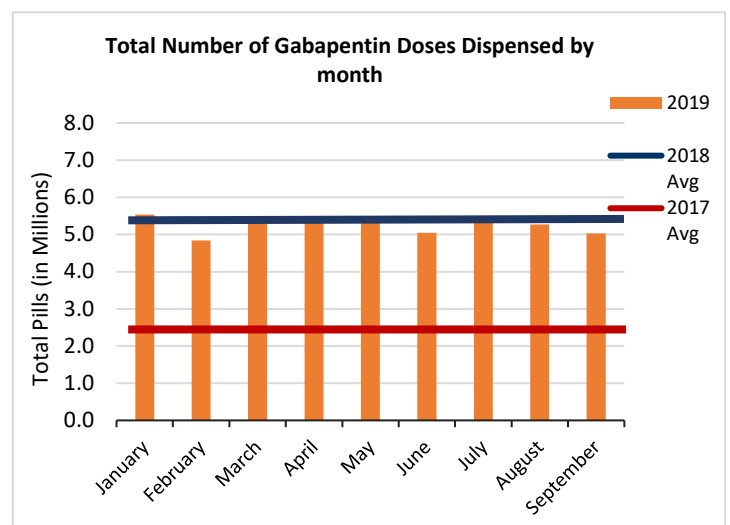
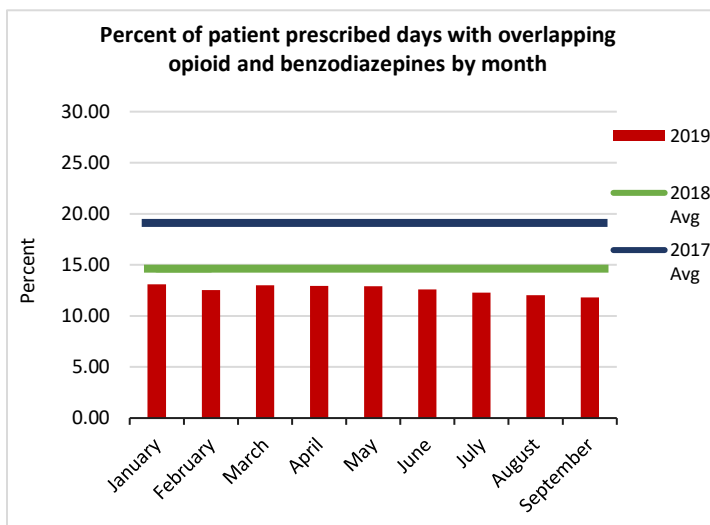
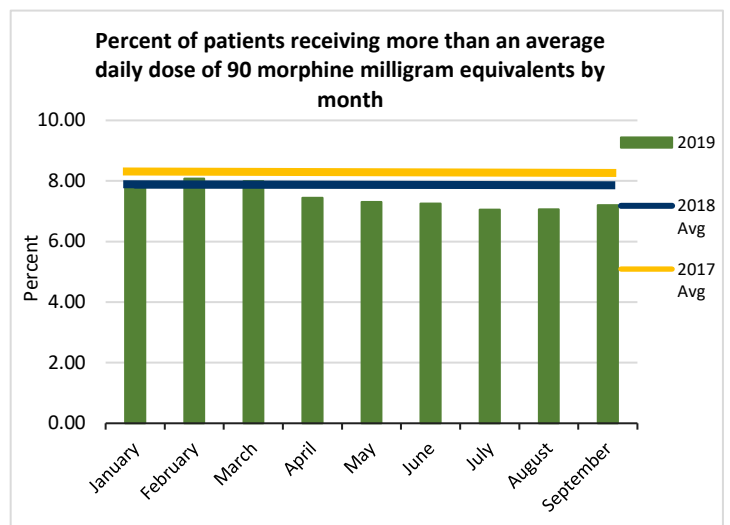
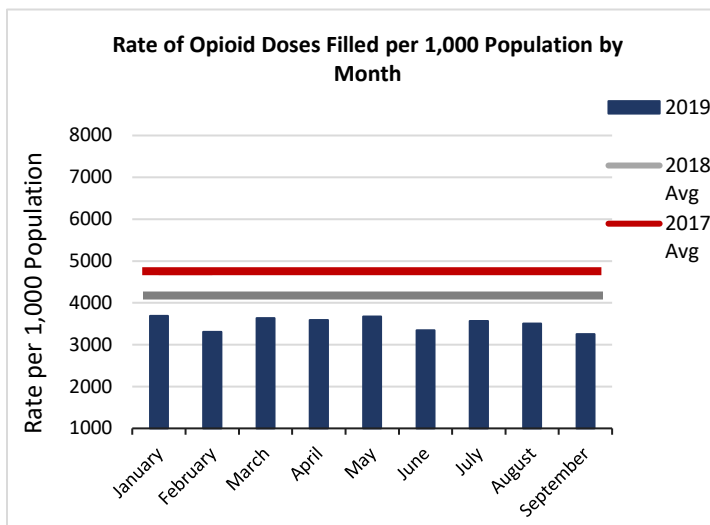




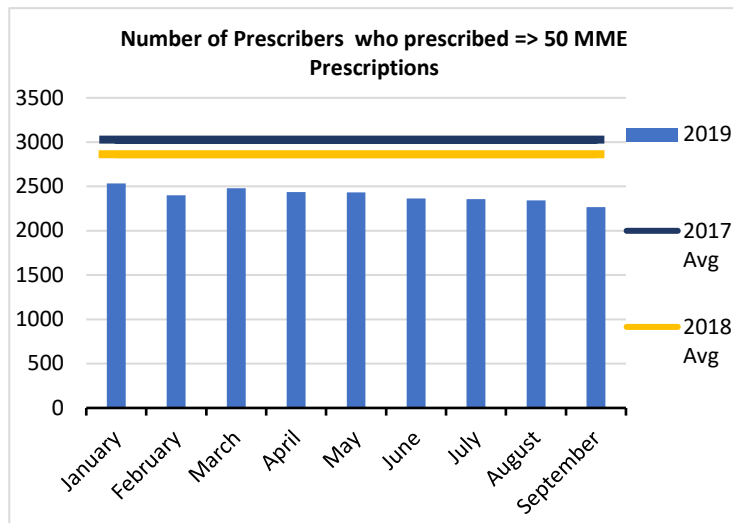
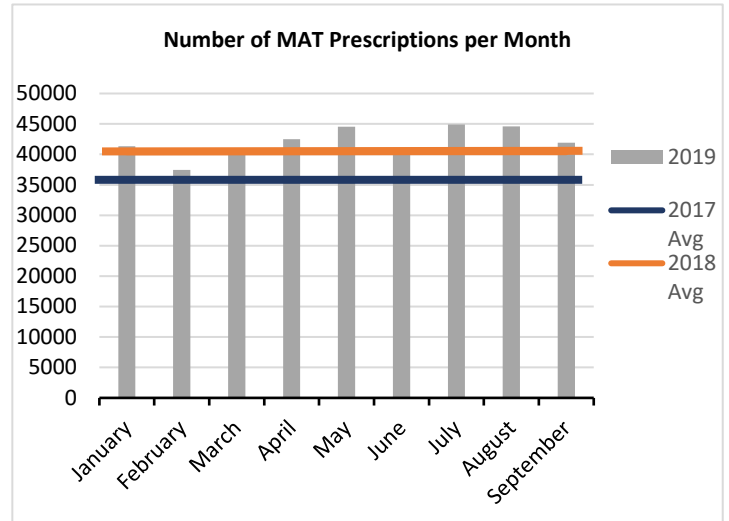
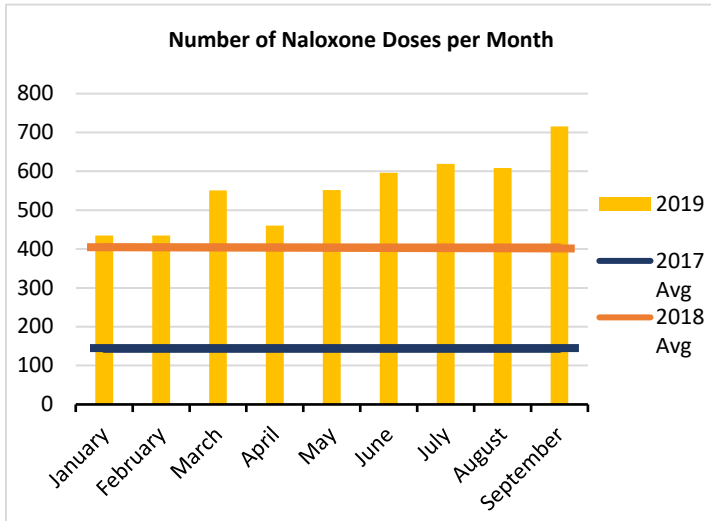
September 2019

How big is the problem?

In 2018, there was a decrease in the average yearly rate of opioids doses filled, patients with over 90 MME prescriptions, percent of overlapping opioids prescribed and number of prescribers who prescribed greater than 50 MME prescriptions, compared to 2017. In comparison, there was an overall increase in Naloxone and Gabapentin doses, compared to 2017. There was also an increase of MAT prescriptions in 2018 compared to the 2017 average. For the Month of September, there was a decrease in the rate of opioid doses filled, gabapentin doses, and MAT Prescriptions, and overlapping opioid and benzodiazepine prescriptions compared to August. In addition, prescribers who prescribed greater than 50 MMEs decreased compared to August.



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. Recently, the rates of naloxone doses have increased over the last two years. This is an important weapon in combating drug overdoses. Currently, the CDC recommends the co-prescribing of Naloxone for patients with opioid prescriptions over 50 MME.

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