



Controlled Substances Board



WISCONSIN | **ePDMP**

Report 16

2021 Quarter 1 Summary

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Introduction

This report is being provided pursuant to ss. 961.385 (5) – (6), Wis. Stats., which requires the Controlled Substances Board (CSB) to submit a quarterly report to the Wisconsin Department of Safety and Professional Services (DSPS) about the Wisconsin Prescription Drug Monitoring Program (WI PDMP). This report is intended to satisfy that requirement for the first quarter of 2021 and will primarily focus on analysis of PDMP data from Q1 2021 and the preceding 12 months. For annual analysis of the WI PDMP from 2015 through 2020, see the Q4 2020 report found at <https://dsps.wi.gov/Pages/BoardsCouncils/CSB/Reports.aspx>.

The WI PDMP was first deployed in June 2013. It is administered by DSPS pursuant to the regulations and policies established by the CSB. An enhanced system, the WI ePDMP, was launched in January 2017, allowing the WI PDMP to become a multi-faceted tool in Wisconsin's efforts to address prescription drug abuse, misuse, and diversion through clinical decision support, prescribing practice assessment, communication among disciplines, and public health surveillance. Effective April 1, 2017, prescribers are required to check the WI ePDMP prior to issuing a prescription order for a monitored prescription drug, defined as controlled substance prescription drugs in Schedules II-V.

The WI ePDMP Public Statistics Dashboard (<https://pdmp.wi.gov/statistics>) provides interactive data visualizations for much of the data contained in this report, including county-level data for many of the charts.

User Satisfaction

A WI ePDMP user satisfaction survey was conducted in April 2018, and detailed results of the survey were provided in the Q2 2018 report. The survey indicated that most users are satisfied with the WI ePDMP, with 77% percent of respondents providing responses of either “Satisfied” or “Very Satisfied.”

User-led enhancements identified through the initial survey and refined via a subsequent user survey in January 2019 were prioritized for the 2019 and 2020 development timeline. These enhancements include:

- Streamlining the Patient Report to expand the use of visualization, reduce the need to scroll through the page, and add detail available in the dispensing detail;
- Improving the error correction/record voiding process used by dispensers to correct or void a previously reported dispensing record.

User feedback will continue to be utilized throughout the development process to ensure enhancements meet the needs of the WI ePDMP users. A user focus group will be recruited to assist with the upcoming ePDMP enhancements and a user satisfaction survey will be conducted in the spring after implementation of the enhancements in 2021.

Impact on Referrals for Investigation

Pursuant to s. 961.385 (2) (f) and (3) (c), Wis. Stats., the CSB may disclose PDMP data to a licensing or regulatory board and refer for discipline a pharmacist, pharmacy, or practitioner who fails to comply with the rules of the Prescription Drug Monitoring Program or if circumstances indicate suspicious or critically dangerous conduct or practices of a pharmacy, pharmacist, practitioner, or patient. In 2018, the CSB Referral Criteria Workgroup was formed to develop recommendations for how the CSB could define suspicious or critically dangerous conduct or practices.

Based on the initial recommendations, the Wisconsin Medical Examining Board (MEB), Dentistry Examining Board (DEB), and Board of Nursing (BON) received summaries of the PDMP dispensing data specific to their professions at their meetings in the fall of 2018. Based on the data presented, the following actions occurred:

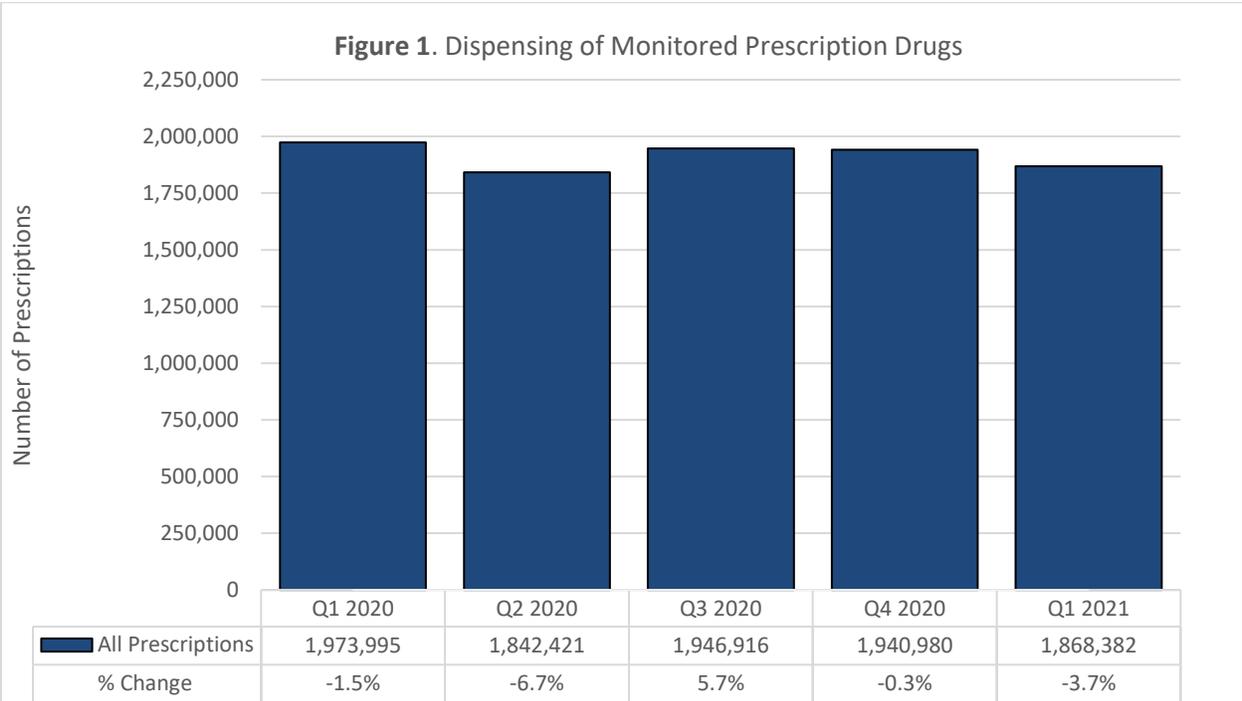
- The top seven physician (MD/DO) prescribers and the top seven physician assistant (PA) prescribers, based on opioid dispensing volume, were referred to the MEB.
- The top four dentistry prescribers, based on opioid dispensing volume, were referred to the DEB. An additional 12 dentistry prescribers were referred from the highest 1% of opioid prescribers for the profession for having written prescriptions for over three days without any indication of use of the WI ePDMP.
- The top four Advanced Practice Nurse Prescribers (APNP), based on opioid dispensing volume, were referred to the BON. The BON requested additional targeted outreach to over 800 APNPs who had an estimated WI ePDMP usage of less than 50% in an effort to educate these prescribers about the requirement to use the PDMP, as well as the tools available in the PDMP that can help promote safe prescribing practices.

Due to the pandemic, the Workgroup was only able to meet once in 2020. The Workgroup plans to resume in 2021 and continue to refine the process for using PDMP data to proactively monitor licensees and their prescribing practices for suspicious or critically dangerous conduct or practices and to determine when such activity should result in a referral to the appropriate examining board. Results of the current investigations will also be used by the CSB Referral Criteria Workgroup to guide the process of proactive monitoring and referrals.

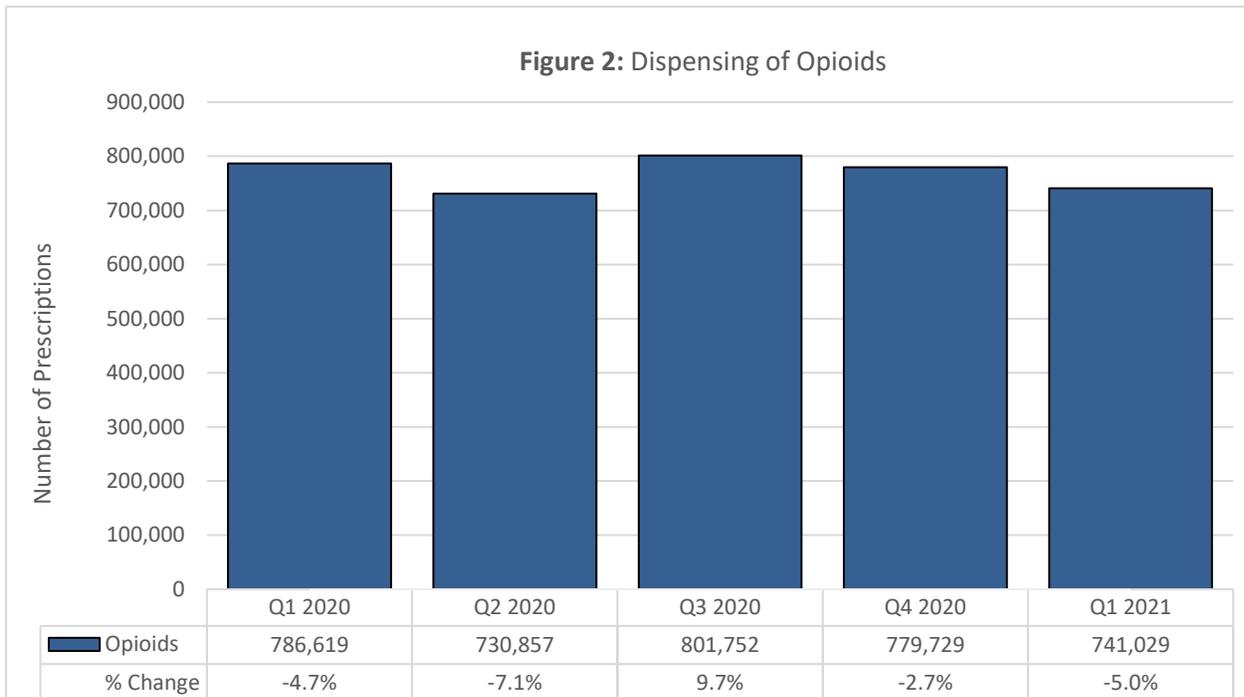
Additionally, the CSB conducts audits of dispenser requirements with the requirement to submit dispensing data to the WI ePDMP. Targeted outreach efforts are made after each audit in an attempt to bring all non-exempt licensed pharmacies into compliance with the requirement to submit and correct dispensing data. Pharmacies that appear to remain out of compliance after multiple outreach attempts are referred to the Pharmacy Examining Board (PEB). In Q1 2020, 23 pharmacies were identified for referral for possible noncompliance. Due to the pandemic, this was the only dispenser audit conducted in 2020.

Monitored Prescription Drug Dispensing Trend

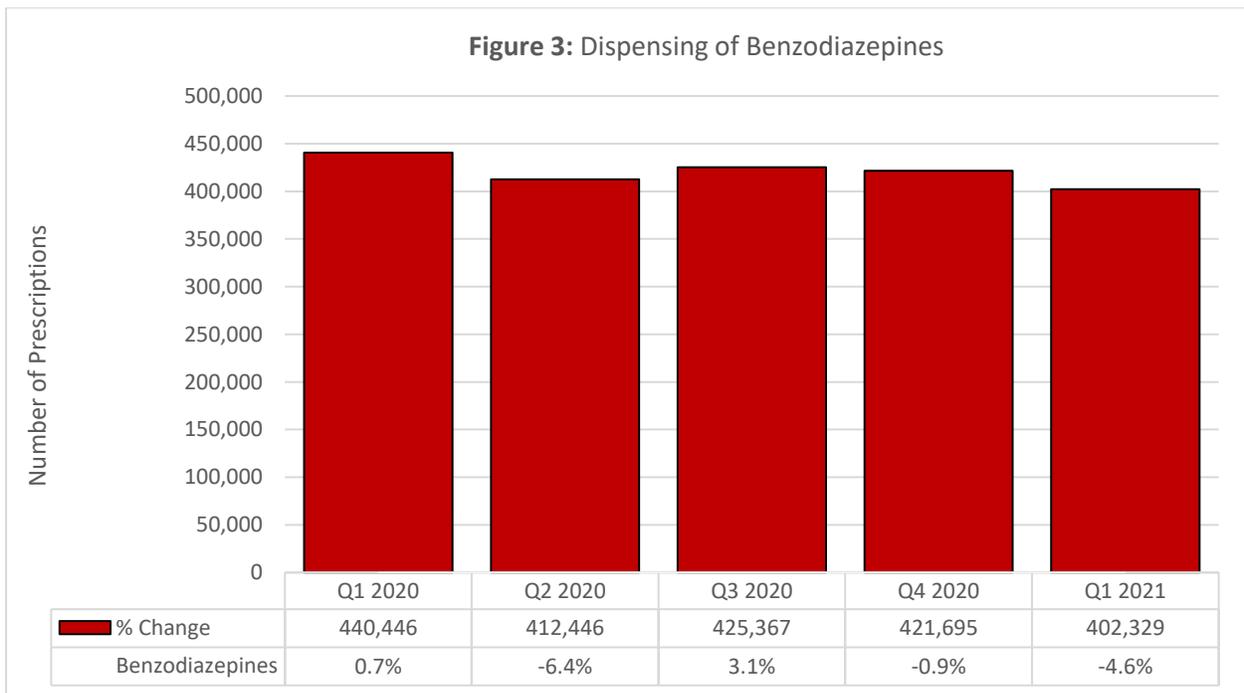
From Q4 2020 to Q1 2021, the quarterly dispensing of all monitored prescription drugs slightly decreased by 3.7%. Compared to the pre-pandemic Q1 2020, dispensing in Q1 2021 decreased by 5.3% (Figure 1).



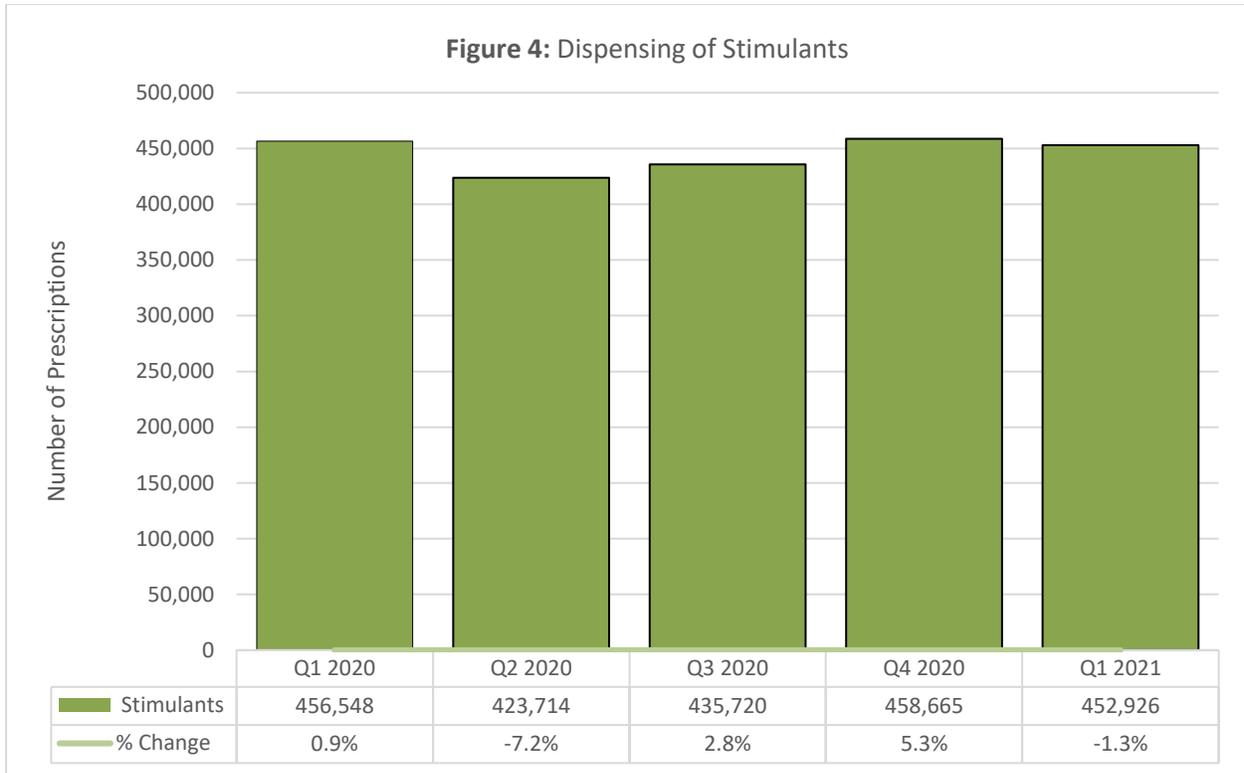
Quarterly data from the ePDMP show that opioid dispensing from Q4 2020 to Q1 2021 decreased by 5%, and 5.7 % compared to the same quarter in 2020 (Figure 2).



Quarterly dispensing of benzodiazepines from Q4 2020 to Q1 2021 decreased by 4.6% (Figure 3). Q1 dispensing equates to an 8.6% reduction from the dispensing levels of the same quarter in 2020.



The quarterly dispensing of stimulants decreased by 1.3% after a notable 5.3% increase from Q3 to Q4 2020. It is a slight decrease (0.7%) compared to the same quarter period in pre-pandemic Q1 2020 (Figure 4).



Top 15 Dispensed Monitored Prescription Drugs

Table 1 shows the top 15 most dispensed monitored prescription drugs in Q1 2021 compared to Q4 2020, ranked in order of the number of prescriptions dispensed in Q1 2021. The order of the top 15 drugs dispensed in recent quarters has been consistent overall. The top 15 drugs make up nearly 88% of the dispensing of monitored prescription drugs for any given quarter.

A decrease of the stimulant classification is observed for Q1 2021 after an overall increasing trend since 2014 (except a decrease less than 1% from 2016 to 2017), including Amphetamine-Dextroamphetamine by 3 % and Zolpidem Tartrate decrease by 4.5%, with the exception of Methylphenidate HCl that has a slight increase (0.8%).

The dispensing of Buprenorphine HCl-Naloxone HCl Dihydrate remains as the 13th most dispensed monitored prescription drug in Q1 2021 and has a decrease in dispensing (3.3%) after an increasing trend since 2018. Buprenorphine HCl-Naloxone HCl Dihydrate is one of the medications commonly used as part of Medication-Assisted Treatment (MAT) for opioid use disorder. Note that the ePDMP statistics do not include dispensing that occurs at most opioid treatment programs due to federal regulation 42 CFR Part 2, which has recently been revised to permit federally funded opioid treatment programs to report dispensing data to state PDMPs pending patient consent and in pursuant to the state statutes. With the Q1 decrease, Buprenorphine HCl-Naloxone HCl Dihydrate has an increase of nearly 6.7% in the past 12 months and a notable 50% increase since Q3 2018, the first quarter when Buprenorphine HCl-Naloxone HCl Dihydrate moved into the top 15 dispensed monitored prescription drugs.

	Drug Name	Drug Class	Q4 2020 Dispensing	Q1 2021 Dispensing	Percent Change
1	Hydrocodone-Acetaminophen	Opioid	248,901	236,512	-4.9%
2	Amphetamine-Dextroamphetamine	Stimulant	213,719	207,197	-3.0%
3	Tramadol HCl	Opioid	155,092	147,343	-4.9%
4	Lorazepam	Benzodiazepine	134,033	126,835	-5.3%
5	Oxycodone HCl	Benzodiazepine	128,625	123,244	-4.1%
6	Alprazolam	Opioid	127,020	120,081	-5.4%
7	Clonazepam	Benzodiazepine	112,032	107,344	-4.1%
8	Lisdexamfetamine Dimesylate	Other	106,137	106,201	+0.0%
9	Zolpidem Tartrate	Stimulant	104,769	100,011	-4.5%
10	Methylphenidate HCl	Stimulant	98,303	99,104	+0.8%
11	Oxycodone w/ Acetaminophen	Opioid	74,028	69,739	-5.7%
12	Pregabalin	Other	66,921	66,013	-1.3%
13	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	61,374	59,296	-3.3%
14	Diazepam	Benzodiazepine	42,184	41,569	-1.4%
15	Morphine Sulfate	Opioid	35,523	33,201	-6.5%

Data-Driven Alerts

The WI ePDMP application performs sophisticated data analytics on a patient's prescription history to assess the patient's monitored prescription drug history and to alert WI ePDMP users to potential indications of abuse or diversion, such as early refills and multiple prescribers or dispensers, or factors that increase overdose risk, such as high morphine milligram equivalent (MME) doses and overlapping benzodiazepine and opioid prescriptions. Data-driven alerts are presented on the patient report to call attention to specific detail from the dispensing data.

The 6 types of data-driven concerning patient history alerts are:

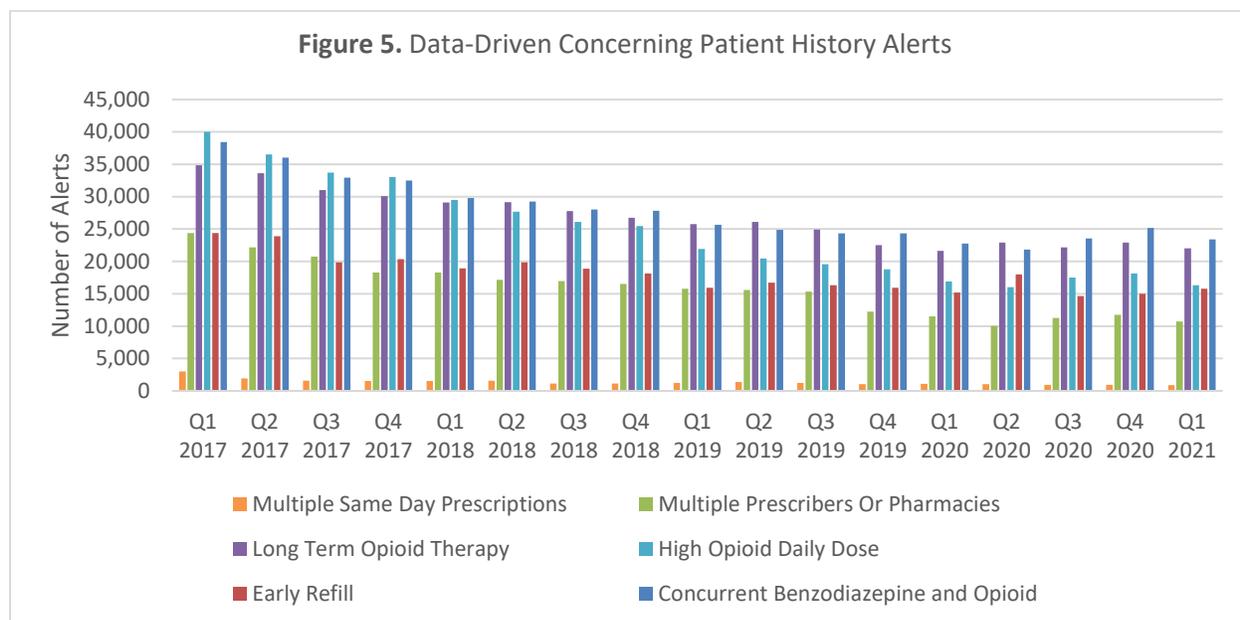
1. **Concurrent Benzodiazepine and Opioid Prescription Alert**, which indicates when a patient's active current prescriptions include both an opioid and a benzodiazepine, a combination that significantly increases the patient's risk of overdose.
2. **Long-Term Opioid Therapy with Multiple Prescribers Alert**, which indicates when a patient has been prescribed at least one opioid prescription from two or more prescribers for 90 or more days.
3. **High Daily Dose of Opioids Alert**, which indicates when a patient's active current prescriptions are estimated to provide a daily dose of opioids that exceeds 90 MME, thereby increasing the patient's risk of overdose.
4. **Early Refill Alert**, which indicates when a patient has refilled a controlled substance prescription two or more days earlier than the expected refill date based on the estimated duration of the prescription calculated and reported by the pharmacy.
5. **Multiple Prescribers or Pharmacies Alert**, which indicates that the patient has obtained prescriptions from at least five prescribers or five pharmacies within the previous 90 days. The five prescribers or dispensers may be associated with the same clinic, practice or location, but the WI ePDMP still views them as separate prescribers/dispensers. This alert is not a direct indication of doctor shopping; it is simply a flag for further inspection of the dispensing history.
6. **Multiple Same Day Prescriptions Alert**, which indicates when a patient has received the same controlled substance drug from multiple prescribers or pharmacies on the same day.

The quarterly number of concerning patient alerts has a 5% decrease from Q4 2020 to Q1 2021. Most notable is the decrease in High Opioid Daily Dose (9.9%), Multiple Prescribers or Pharmacies (8.8%), and Concurrent Benzodiazepine and Opioid Alert (6.9%) from Q4 2020 to Q1 2021. The Early Refill Alert is the only alert type has an increase (5.3%).

Among the most frequently occurring alerts, Concurrent Benzodiazepine and Opioid Prescriptions Alert, the number of occurrences in Q1 2021 was 2.9% higher than the same quarter in 2020 and 39% lower than the first quarter the alerts were made available to WI ePDMP users in Q1 2017. The rate of occurrence of Long-Term Opioid Therapy Alert in Q1 2021 was 1.7% higher than the same quarter in 2020 and 36.8% lower than the first quarter the alerts were made available to WI ePDMP users in Q1 2017.

See Figure 5 below for details on the overall volume of alerts by alert type since the WI ePDMP was launched in Q1 2017, and Table 2 for the percent changes of all data-driven alert types that occurred from Q1 2017 to Q1 2021.

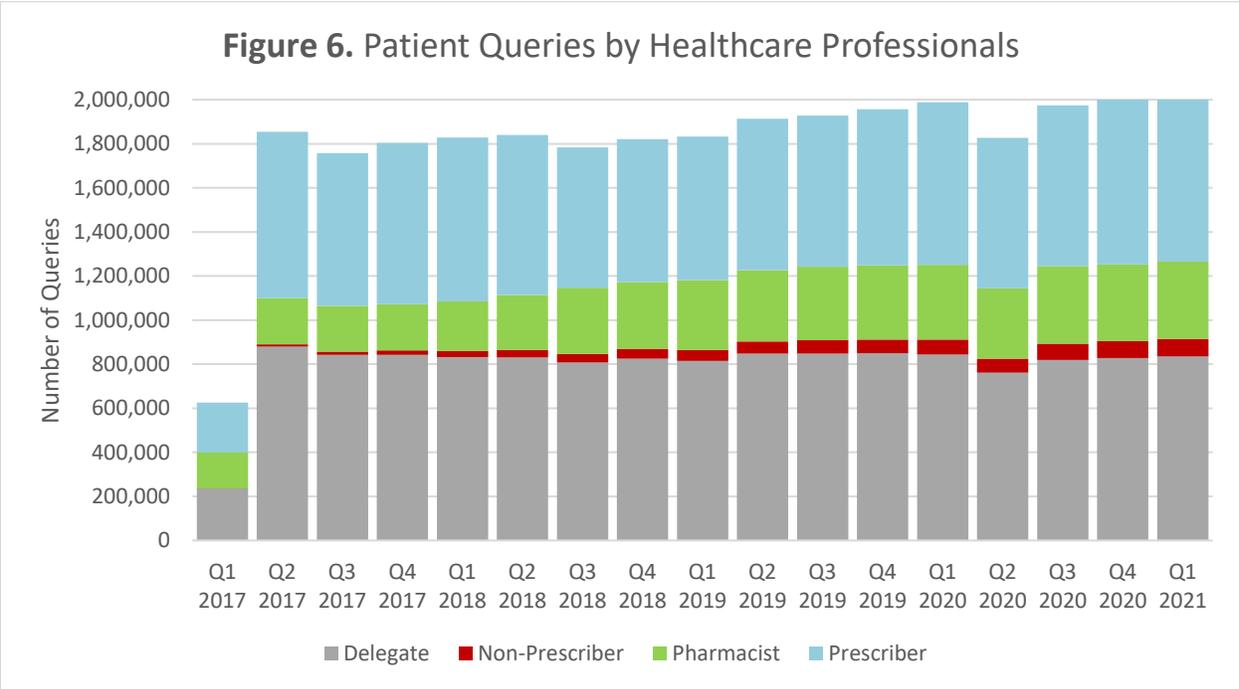
Values for preceding quarters may be modified after the conclusion of a quarter, based on the duration of prescriptions that bridge quarters, which is why it is important to view the number of occurrences for Q1 2021 not only in relation to the preceding quarter, but also in relation to the same quarter of the previous year, as well as a part of the overall trend compared to the first quarters during which the alerts were presented to WI ePDMP users.



	Alert Type	Q1 2017	Q1 2021	Percent Change
1	Concurrent Benzodiazepine and Opioid	38,446	23,415	-39.0%
2	Long-Term Opioid Therapy	34,819	21,995	-36.8%
3	High Opioid Daily Dose	40,005	16,332	-59.1%
4	Early Refill	24,354	15,767	-35.2%
5	Multiple Prescribers or Pharmacies	24,379	10,716	-56.0%
6	Multiple Same Day Prescriptions	3,009	867	--71.1%
	All Alert Types	165,012	89,092	-46.0%

Disclosure of WI PDMP Data

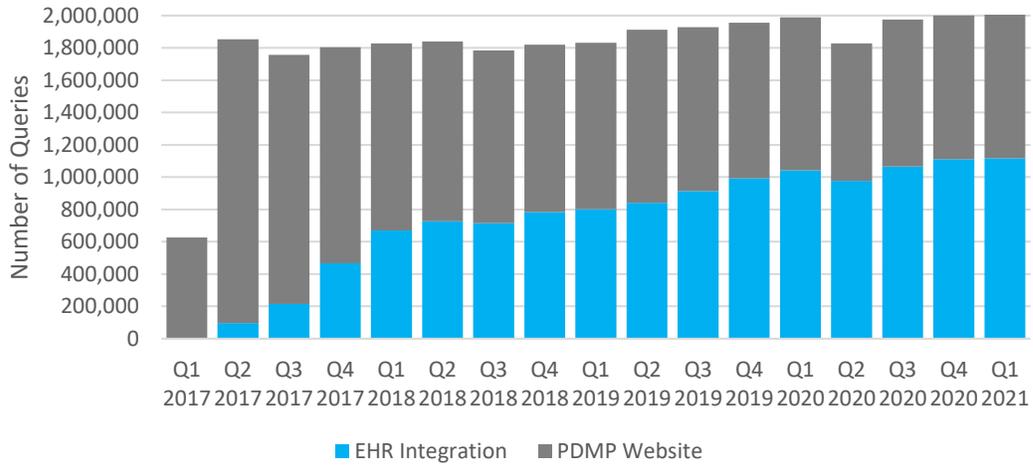
Between January 1 and March 31 (Q1), 2021, healthcare users made a total of 2,022,468 patient queries, a slight increase compared to Q4 2020 by 1%. Among them, 41% of the queries were performed by delegates of prescribers or pharmacists, 37% were performed by prescribers, 17% by pharmacists, and nearly 4% by other non-prescribing healthcare professionals. Percentages of the queries performed by various user type have been consistent between Q4 2020 and Q1 2021 (Figure 6).



The WI ePDMP is currently connected with a total of 30 connections including 29 state PDMPs in addition to the Military Health System via the National Association of Boards of Pharmacy’s PMP InterConnect (PMPi) and the RxCheck interstate data sharing hub. The interstate data exchange allows healthcare users to expand the WI ePDMP patient query to return results from PDMPs in other states, including Wisconsin’s border states of Minnesota, Michigan, Illinois, Iowa, and Indiana.

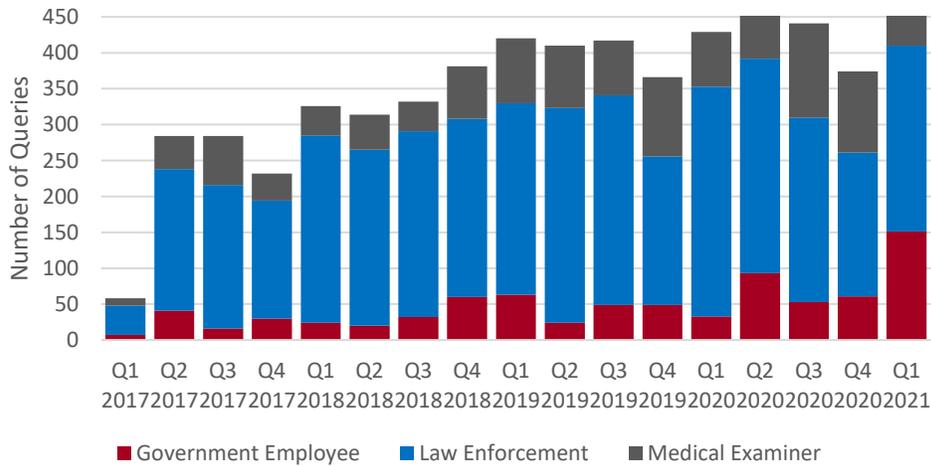
Healthcare professionals from 19 health systems in Wisconsin now have one-click access to the PDMP from within their electronic health record (EHR) platform in order to facilitate patient queries within a provider’s workflow. Figure 7 below shows that, in Q1 2021, over 55% of patient queries were through the direct EHR integration, which is up from 51% in Q4 2019, the first quarter where EHR integration accounted for more than 50% of queries.

Figure 7. WI ePDMP Patient Queries by Source



Authorized individuals from non-healthcare groups made a total of 531 requests for PDMP data in Q1 2021, which is a 42% increase over the previous quarter. As Figure 8 shows, there is a notable increase of queries made by government employees compared to Q 4 2020; still, authorized law enforcement queries make up the largest proportion of the total non-healthcare queries (48%).

Figure 8. Queries by Non-Healthcare Account Type

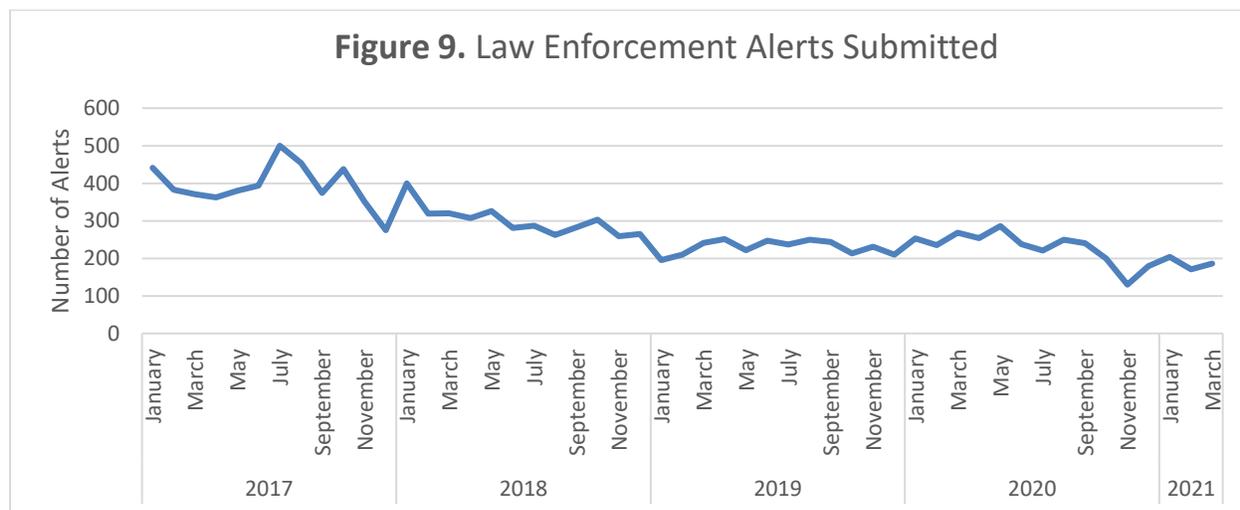


Law Enforcement Reports

In Q1 2021, there were 561 events reported to the WI ePDMP by Wisconsin law enforcement agencies as required by s. 961.37 (3) (a), Wis. Stat. The law requires the agencies to submit a report in each of the following situations:

1. When a law enforcement officer receives a report of a stolen controlled substance prescription.
2. When a law enforcement officer reasonably suspects that a violation of the Controlled Substances Act involving a prescribed drug is occurring or has occurred.
3. When a law enforcement officer believes someone is undergoing or has immediately prior experienced an opioid-related drug overdose.
4. When a law enforcement officer believes someone died as a result of using a narcotic drug.

Prescribers of patients associated with these events receive a proactive email notice from the WI ePDMP, in addition to the event being captured as an alert on the patient report in the WI ePDMP. Figure 9 shows the number of law enforcement reports submitted to the WI ePDMP by month since the WI ePDMP was launched. There is no statutory requirement for law enforcement agencies to submit their reports within a certain timeframe after the date of the event, and outreach efforts continue to emphasize the value that law enforcement reporting brings for healthcare clinical decision making.



The distribution of submission by report type varied from one quarter to the next. The 2021 year-to-date distribution by report type can be seen below:

- 25% of the reports submitted were reports of stolen controlled substance prescriptions.
- 20% of the reports submitted were for suspected violations of the Controlled Substances Act.
- 48% of the reports submitted were for suspected non-fatal opioid-related overdose events.
- 7% of the reports submitted were for suspected narcotic-related deaths.

Summary

The first quarter of 2021 shows a continuation of the overall decreasing trend in dispensing of monitored prescription drugs in Wisconsin. The number of patient queries performed per month has remained consistent despite the fact that the overall quantity of monitored prescription drugs being dispensed fluctuates quarter to quarter. This indicates that the WI ePDMP continues to be a valuable tool to support safe prescribing, treatment, and dispensing decision.

From Q4 2020 to Q1 2021, the quarterly dispensing of all monitored prescription drugs decreased by 3.7%, which is 5.3% compared to the same quarter of the past year in 2020. The breakdown of dispensing by drug class is as follows:

- The number of opioid prescriptions dispensed in Q1 2021 decreased by 5% compared to the previous quarter, which is nearly a decrease of 5.7% compared to the same quarter in 2020.
- The number of benzodiazepine prescriptions dispensed in Q1 2021 decreased by 4.6% compared to the previous quarter and a decrease of 8.6% compared to the same quarter in 2020.
- The dispensing of stimulant prescriptions dispensed in Q1 2021 decreased by 1.3% compared to the previous quarter and a slight decrease compared to the same quarter in 2020 (less than 1%).

Encouraging trends found in the WI ePDMP continued in Q1 2021.

- The dispensing of the top 15 most dispensed monitored prescription drugs in Q1 2021 compared to Q4 2020 has overall continued to decrease. The greatest decreases were found in Morphine Sulfate (6.5%), Oxycodone w/ Acetaminophen (5.7%), Tramadol HCl (4.9%) and Hydrocodone-Acetaminophen (4.9%).
- It is noteworthy that the dispensing of Buprenorphine HCl-Naloxone HCl Dihydrate has a decrease in dispensing (3.3%) after an increasing trend since 2018. Buprenorphine HCl-Naloxone HCl Dihydrate is one of the medications commonly used as part of Medication-Assisted Treatment (MAT) for opioid use disorder. With the decrease, Buprenorphine HCl-Naloxone HCl Dihydrate has an increase of nearly 6.7% in the past 12 months and a notable 50% increase since Q3 2018, the first quarter when Buprenorphine HCl-Naloxone HCl Dihydrate moved into the top 15 dispensed monitored prescription drugs.
- The quarterly number of concerning patient alerts has a 5% decrease from Q4 2020 to Q1 2021. The data-driven alerts are automated to alert authorized WI ePDMP healthcare providers of potential indications of abuse or diversion of prescribed controlled substances of their patients. Most notable is the decrease in High Opioid Daily Dose (9.9%), Multiple Prescribers or Pharmacies (8.8%), and Concurrent Benzodiazepine and Opioid Alert (6.9%) from Q4 2020 to Q1 2021.

Additional detail about the WI ePDMP data, including county-level detail for many of the charts, can be found on the WI ePDMP Public Statistics Dashboard (<https://pdmp.wi.gov/statistics>), under the corresponding tabs of Controlled Substance Dispensing, PDMP Utilization, and Law Enforcement Alerts.