



Controlled Substances Board



WISCONSIN | **ePDMP**

Report 24

2023 Quarter 1 Summary

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Table of Contents

Introduction 4

User Satisfaction 5

Impact on Referrals for Investigation 7

Monitored Prescription Drug Dispensing Trend 8

Data-Driven Alerts..... 12

Disclosure of WI PDMP Data..... 14

Law Enforcement Reports..... 16

Summary 17

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 2023 and will primarily focus on analysis of PDMP data from Q1 2023 and the preceding 12 months. For annual analysis of the WI PDMP from 2017 through 2022, see the Q4 2022 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 were required to check the WI ePDMP prior to issuing a prescription order for a monitored prescription drug, defined as controlled substances in Schedules II-V or drugs identified by the Board as having a substantial potential for abuse.

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. While the Statistics Dashboard is dynamically updated and the values of the preceding quarters may be revised after the conclusion of a quarter, the PDMP report is based on the snapshot data at the time when the paper was being produced.

User Satisfaction

DSPS has conducted a survey of WI ePDMP users on a quarterly basis beginning the second quarter of 2021 to measure user satisfaction and inform current and future system enhancements. The Q1 2023 survey was sent to approximately 1,700 randomly selected users out of nearly 28,700 ePDMP users who were identified as “active,” or non-prescribing users who had logged into the ePDMP in the past twelve months and prescribers who had patient queries conducted by themselves or their delegates in the past twelve months. A total of 327 complete responses were collected between March 22 and April 17, 2023. Eighty-five percent of respondents were Healthcare Professionals, including Prescribers (56%), Pharmacists (3%), Delegates (17%), and Non-Prescribers (9%). The remaining 15% of respondents were Pharmacies, Submitters, Medical Coordinators, Law Enforcement, Government Employees, and Medical Examiner/Coroners.

The survey indicates that most users are satisfied with the WI ePDMP. Eighty-six percent of respondents reported overall satisfaction with the WI ePDMP, providing responses of “Satisfied” (47%) or “Very Satisfied” (38%). Satisfaction is 86% for Healthcare Professional respondents who have the option to access the ePDMP via an EHR interface and 83% for those who access directly via the ePDMP website.

Among the functionalities available to different types of users, 80% of respondents were “Satisfied or Very Satisfied” with “Querying Patient History” followed by “Account Registration” with 78% “Satisfied or Very satisfied” (Figure 1). For functionalities available specifically for prescribing healthcare professional users, 91% of respondents acknowledged “Opioid History in the Last 60 Days Indicator” as “Useful or Very Useful” in informing their work, followed by “Patient History Details,” and “Law Enforcement-Reported Alerts,” both of which more than 82% of respondents acknowledged as “Useful or Very Useful” (Figure 2).

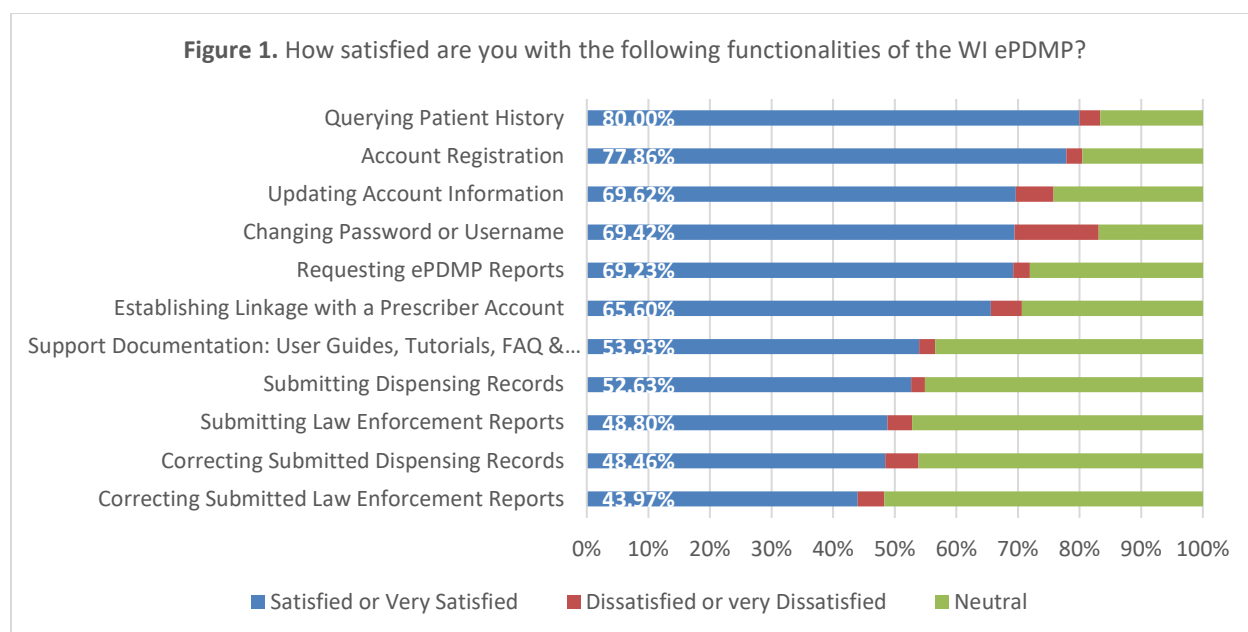
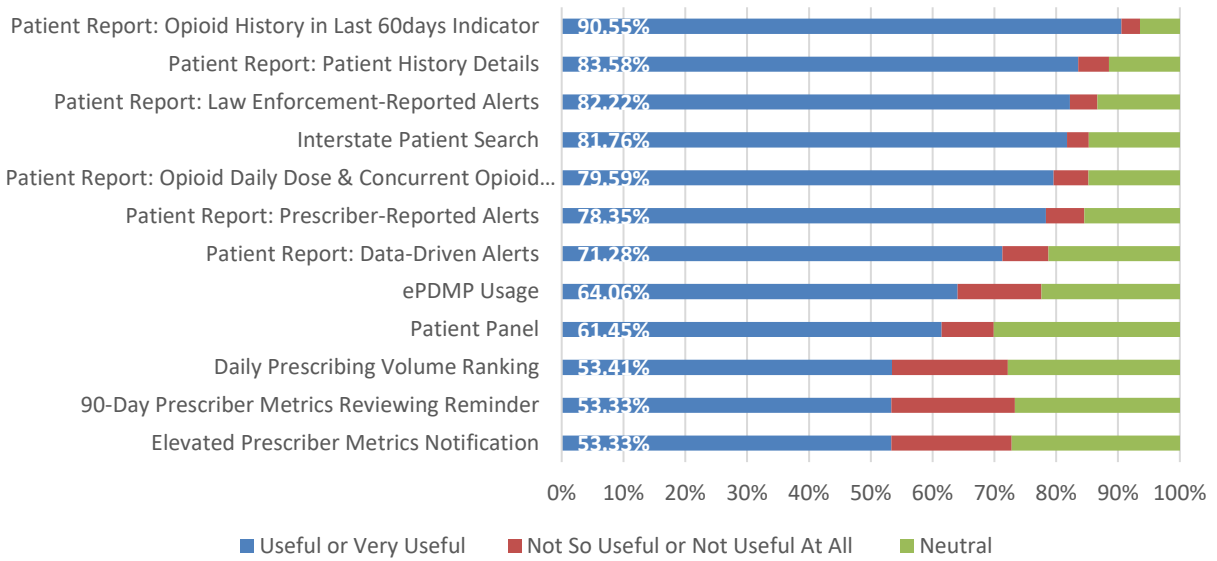


Figure 2: How useful do you find the following features in the WI ePDMP in informing your work?



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.

The CSB Referral Criteria Workgroup continues to meet 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.

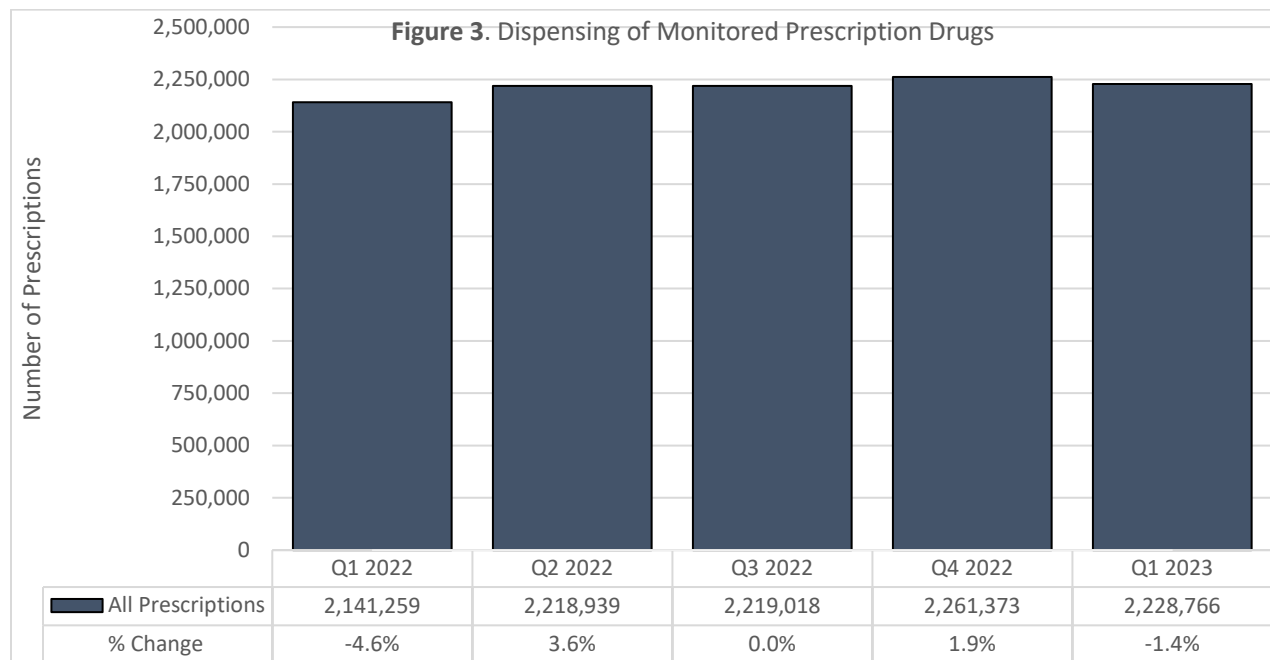
In Q1 2023, based on the Workgroup recommendations, the Controlled Substances Board made referrals to the Medical Examining Board (MEB) at their meeting in March. Six prescribers were referred to the MEB Based on opioid prescribing practices.

After a pandemic induced pause, in January 2022, the Controlled Substances Board resumed ePDMP usage compliance audits for the Dentistry Examining Board (DEB). Notifications were sent bimonthly to providers who issued prescriptions required of PDMP review by rule but recorded 0% ePDMP usage during the two-month auditing period. A total of eleven providers who received three consecutive notifications between September 2022 and January 2023 were referred to the DEB at the Controlled Substances Board meeting in March.

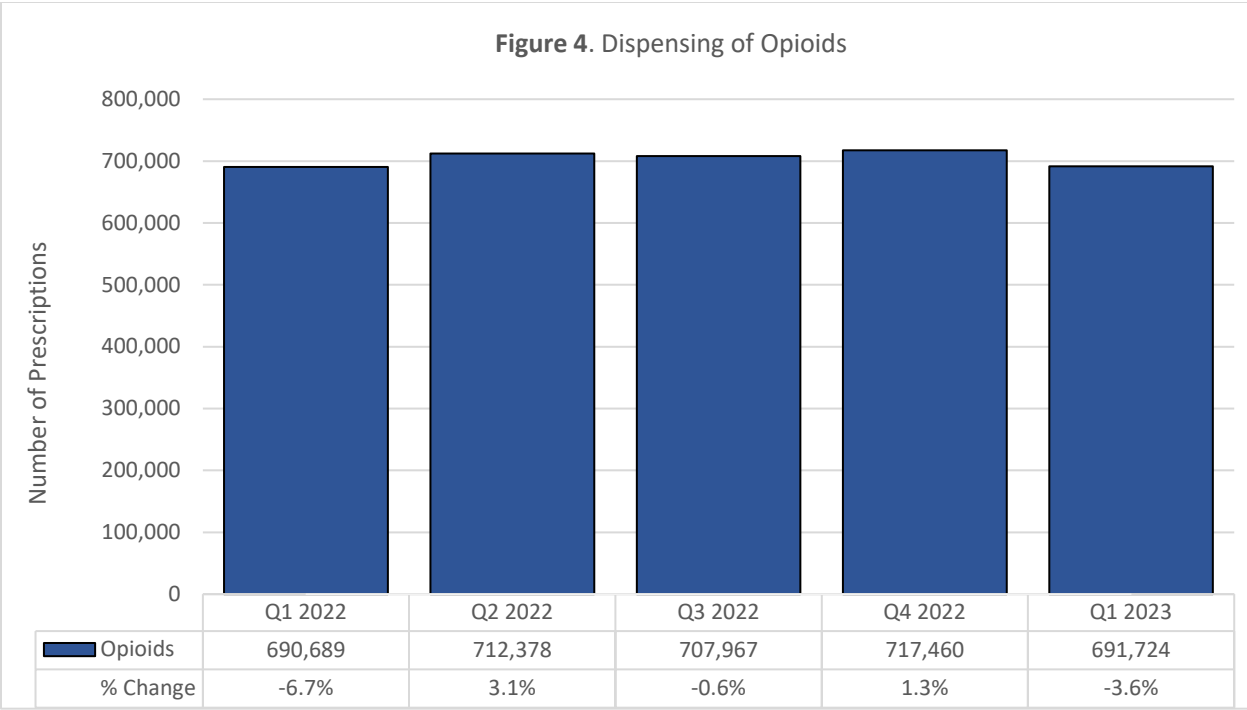
Additionally, the CSB conducts audits of dispenser requirements with the requirement to submit dispensing data to the WI ePDMP. Targeted outreach efforts are made after each audit to bring all non-exempt licensed pharmacies into compliance with the requirement to submit and correct dispensing data. Pharmacies 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. After a pandemic induced pause, dispenser audits are expected to resume in 2023.

Monitored Prescription Drug Dispensing Trend

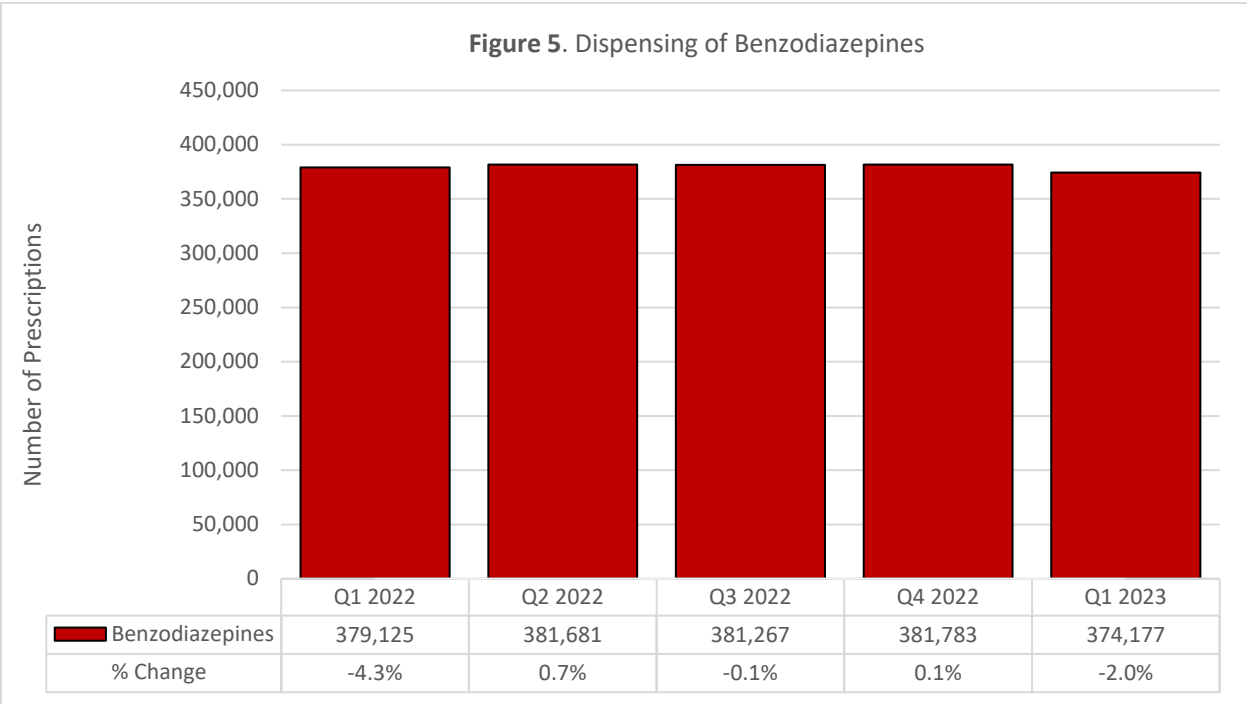
Quarterly data from the ePDMP show that dispensing of all monitored prescription drugs from Q4 2022 to Q1 2023 decreased by 1.4%. Decreases in dispensing were seen across all drug classifications except the “other” drugs which saw a slight increase of 0.8%. The total 4,529 increase of gabapentin dispensing from Q4 2022 to Q1 2023 comprised 96% of the total 4,700 increase of the “other” drug classification. Compared to the same quarter in 2022, dispensing of all monitored drugs in Q1 2023 increased by 4.1% (Figure 3).



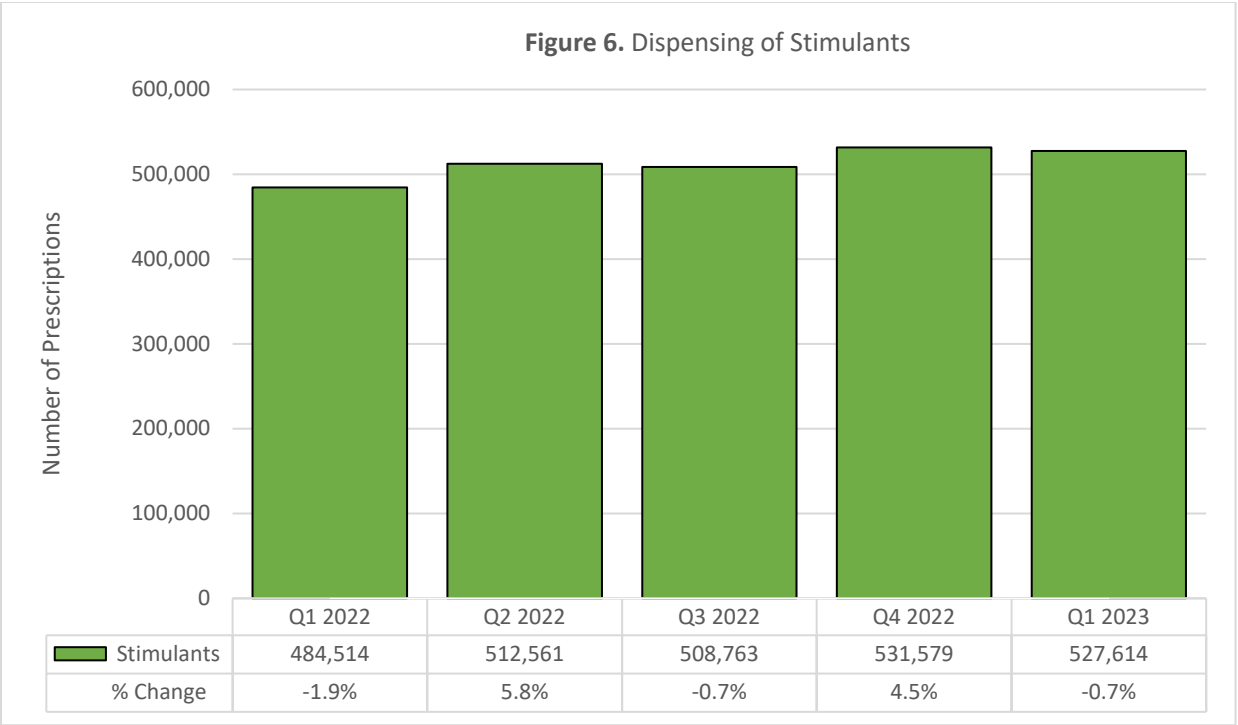
Quarterly dispensing of Opioids from Q4 2022 to Q1 2023 decreased by 3.6% and increased by 0.1% compared to the same quarter in 2022 (Figure 4). In Q1 2023, a total of 282,129 individuals were prescribed opioids with a Daily Morphine Milligram Equivalents (MME) value greater than 0, an increase of 1.3% compared to Q4 2022. Among them, most or a total of 155,707 patients received MME between 20 and 49 milligrams, 55,773 patients received 1-19 milligrams, 47,827 patients received 50-99 milligrams, and 22,822 patients received greater than 100 milligrams.



Quarterly dispensing of benzodiazepines from Q4 2022 to Q1 2023 decreased by 2.0% (Figure 5). Q1 dispensing equates to a 1.3% reduction from the dispensing levels of the same quarter in 2022.



The quarterly dispensing of stimulants decreased by 0.7% between Q4 2022 and Q1 2023 and by 8.9% compared to the same quarter in 2022 (Figure 6).



Top 15 Dispensed Monitored Prescription Drugs

Table 1 shows the quarterly data of top 15 most dispensed monitored prescription drugs in Q1 2023 compared to Q4 2022, ranked in order of the number of prescriptions dispensed in Q1 2023. The order of the top 15 drugs dispensed in recent quarters has been consistent overall until Q3 2021, during which gabapentin became a newly monitored drug. Gabapentin was the most prescribed monitored drug in Q4 2021 after joining the list in Q3 2021 for the first time. Gabapentin was also the most prescribed monitored drug of Q1 2023 and saw an increase of 1.3% in dispensing. The top 15 drugs make up nearly 88% of the dispensing of monitored prescription drugs for any given quarter.

Among the stimulant classification, dispensing of lisdextroamphetamine-dimesylate (4.6%), methylphenidate HCl (1.1%) both saw increases, while the most dispensed amphetamine-dextroamphetamine (5.6%) saw a decrease from Q4 2022 to Q1 2023.

In the opioid classification, each drug listed in the top 15 drugs saw a decrease in dispensing in Q1 2023. Among those drugs, the largest decreases were in oxycodone w/ acetaminophen (4.9%), tramadol HCl (4.3%), hydrocodone-acetaminophen (4.0%), and oxycodone HCl (3.1%).

The dispensing of buprenorphine HCl-naloxone HCl dihydrate is the 13th most dispensed monitored prescription drug in Q1 2023 with a slight decrease (0.1%) from Q4 2022. 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 this does 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 mandates to report pursuant to the state statutes. Buprenorphine HCl-naloxone HCl dihydrate has a slight decrease of 0.1% in the past 12 months and a notable 60.6% increase since Q3 2018, the first

quarter buprenorphine HCl-naloxone HCl dihydrate moved into the top 15 dispensed monitored prescription drugs.

Table 1. Top 15 Dispensed Monitored Prescription Drug by Dispensing					
	Drug Name	Drug Class	Q4 2022 Dispensing	Q1 2023 Dispensing	Percent Change
1	Gabapentin	Other	345,909	350,438	1.3%
2	Amphetamine-Dextroamphetamine	Stimulant	240,590	227,043	-5.6%
3	Hydrocodone-Acetaminophen	Opioid	219,527	210,708	-4.0%
4	Tramadol HCl	Opioid	140,365	134,370	-4.3%
5	Lisdexamfetamine Dimesylate	Stimulant	127,832	133,767	4.6%
6	Oxycodone HCl	Opioid	135,728	131,490	-3.1%
7	Lorazepam	Benzodiazepine	122,483	120,282	-1.8%
8	Methylphenidate HCl	Stimulant	114,526	115,791	1.1%
9	Alprazolam	Benzodiazepine	111,001	107,952	-2.7%
10	Clonazepam	Benzodiazepine	101,351	98,412	-2.9%
11	Zolpidem Tartrate	Other	95,642	92,852	-2.9%
12	Pregabalin	Other	79,308	80,235	1.2%
13	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	63,283	63,247	-0.1%
14	Oxycodone w/Acetaminophen	Opioid	62,509	59,439	-4.9%
15	Diazepam	Benzodiazepine	39,560	38,245	-3.3%

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 six types of data-driven concerning patient history alerts are:

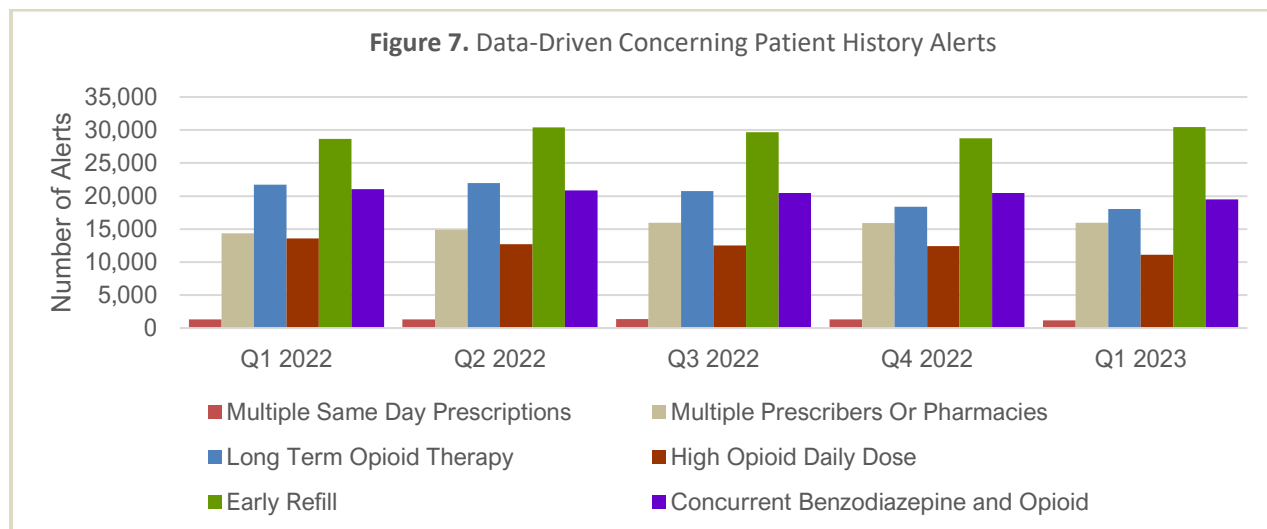
1. **Concurrent Benzodiazepine and Opioid Prescription Alert**, which indicates when a patient's active current prescriptions include both an opioid and a benzodiazepine, a combination that significantly increases the patient's risk of overdose.
2. **Long-Term Opioid Therapy with Multiple Prescribers Alert**, which indicates when a patient has been prescribed at least one opioid prescription from two or more prescribers for 90 or more days. This does not include prescriptions of buprenorphine commonly used to treat opioid use disorder starting July 2022. Multiple prescribers may be associated with the same clinic, practice, or location.
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 had a decrease of 1% from Q4 2022 to Q1 2023. Most notable were the decrease in Multiple Same Day Prescription (12.1%), High Opioid Daily Dose (10.7%) and Concurrent Benzodiazepine and Opioid alerts (4.6%) (Figure 7).

Among the most frequently occurring alerts, Early Refill Alert, the number of occurrences in Q1 2023 was 6% higher than the same quarter in 2022 and 25% higher than the first quarter the alerts were made available to WI ePDMP users in Q1 2017. All other alert types have seen notable decreases compared to Q1 2017.

See Table 2 for the percent changes of all data-driven alert types that occurred from Q1 2017 to Q1 2023.

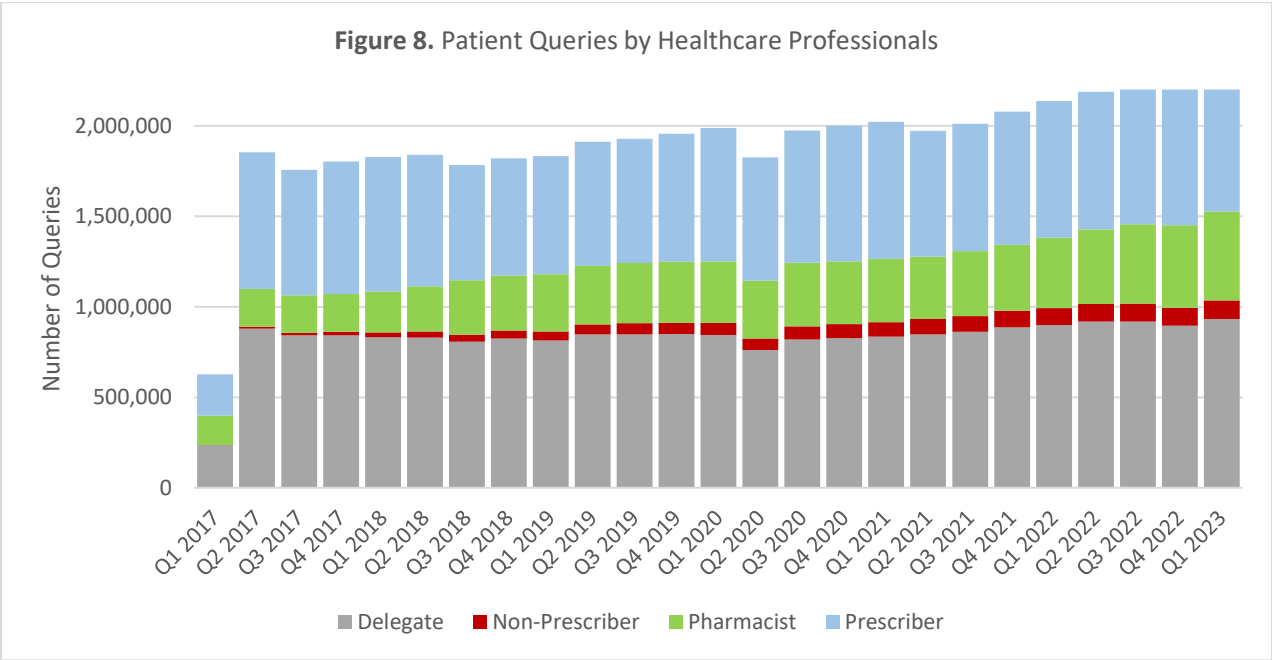
Values for preceding quarters may be revised after the conclusion of a quarter, based on the duration of prescriptions that bridge quarters, which is why it is important to view the number of occurrences for Q1 2023 not only in relation to the preceding quarter, but also in relation to the same quarter of the previous year, as well as a part of the overall trend compared to the first quarter during which the alerts were presented to WI ePDMP users.



	Alert Type	Q1 2017	Q1 2023	Percent Change
1	Concurrent Benzodiazepine and Opioid	38,446	19,514	-49%
2	Early Refill	24,354	30,472	25%
3	High Opioid Daily Dose	40,005	11,106	-72%
4	Long-Term Opioid Therapy	34,819	18,023	-48%
5	Multiple Prescribers or Pharmacies	24,379	15,964	-35%
6	Multiple Same Day Prescriptions	3,009	1,155	-62%
	All Alert Types	165,012	96,234	-42%

Disclosure of WI PDMP Data

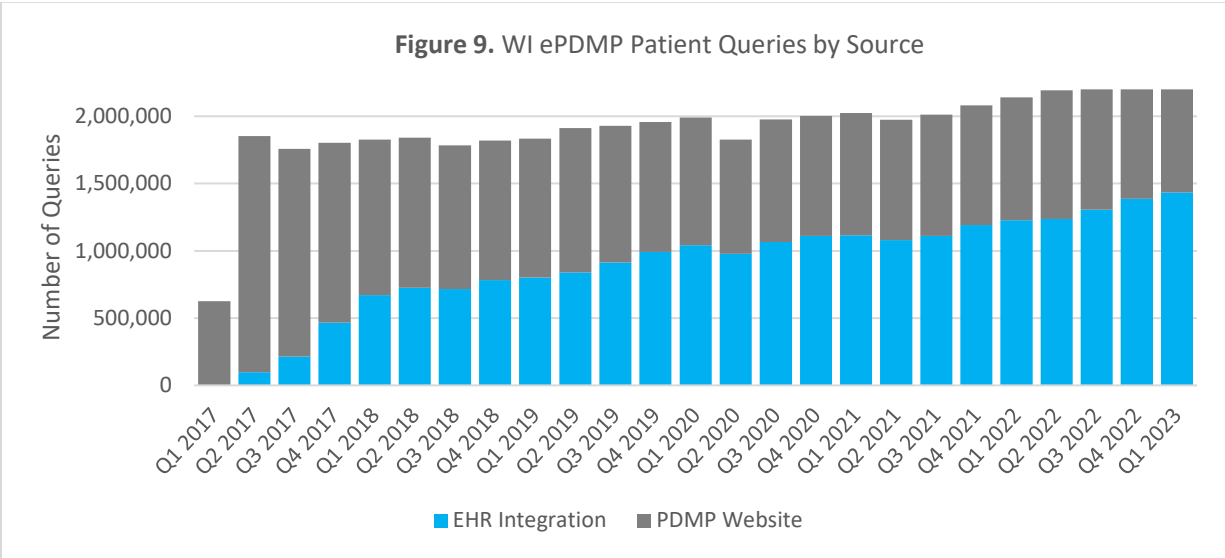
Between January 1 and March 31, (Q1) 2023, healthcare users made a total of 2,349,780 patient queries, a 4% increase compared to Q4 2022 (Figure 8). Breaking down the queries by user type shows that 40% of the queries were performed by delegates of prescribers or pharmacists, 35% were performed by prescribers, 21% by pharmacists, and 4% by other non-prescribing healthcare professionals.



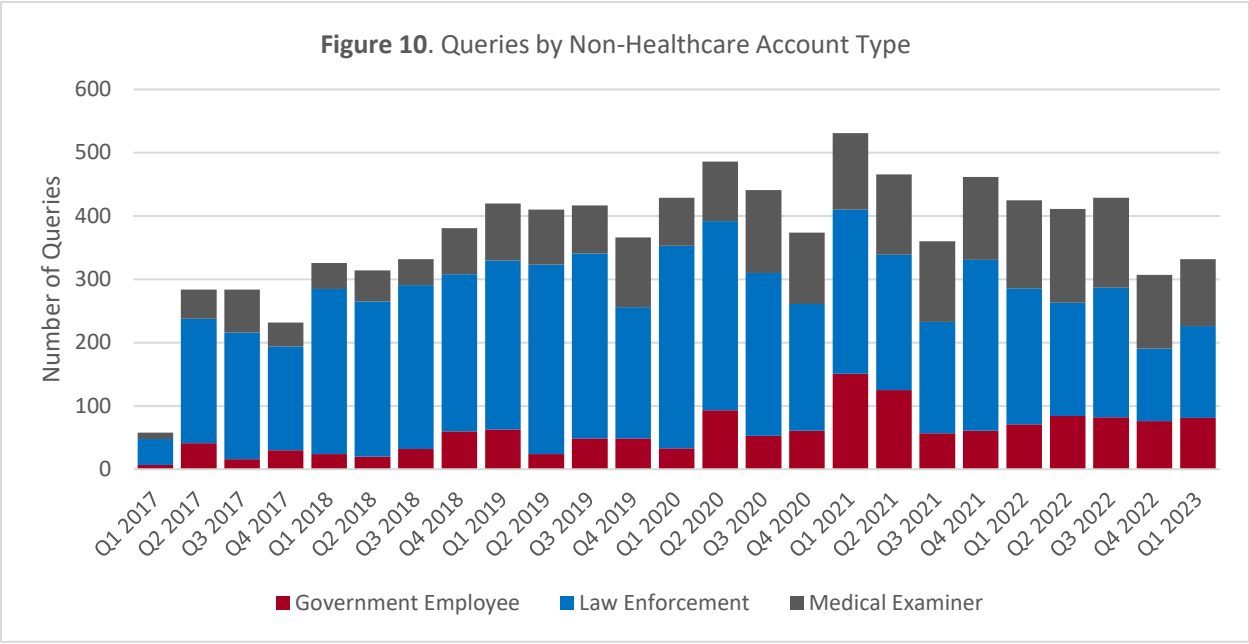
Utilizing the National Association of Boards of Pharmacy’s PMP InterConnect (PMPi) and the RxCheck interstate data sharing hub, the WI ePDMP is now connected with 27 state PDMPs as well as the Military Health System. The interstate data exchange allows healthcare users to expand the WI ePDMP patient query to return results from PDMPs in other states, including Wisconsin’s border states of Minnesota, Michigan, Illinois, Iowa, and Indiana.

Healthcare professionals from 23 health systems in addition to more than 20 facilities and small practices in Wisconsin now have one-click access to the PDMP from within their electronic health record (EHR) platform to facilitate patient queries within a provider’s busy workflow. In 2022, the PDMP began to allow healthcare organizations to access ePDMP data via electronic health record (EHR) without the payment of monthly subscription fees. This will continue to greatly benefit under-resourced and rural healthcare facilities.

Figure 9 below shows that, in Q1 2023, 61% 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.



Authorized individuals from non-healthcare groups made a total of 332 requests for PDMP data in Q1 2023, which is an 8% increase over the previous quarter (Figure 10). Authorized law enforcement users make up the largest proportion of the total non-healthcare queries (44%).

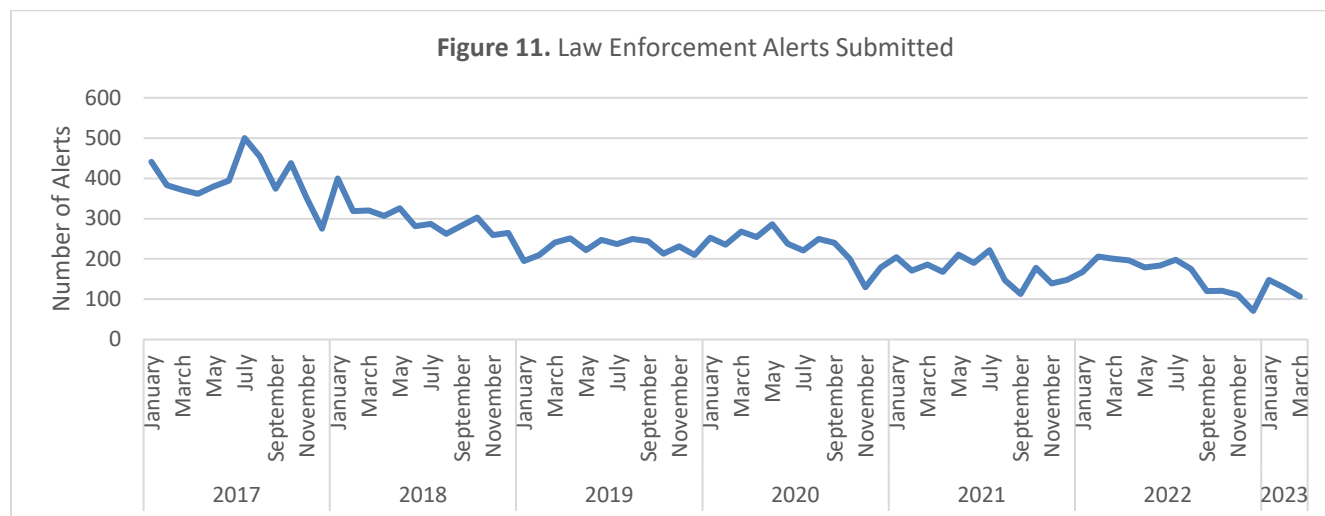


Law Enforcement Reports

In Q1 2023, there were 384 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 11 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 remains fairly consistent from one quarter to the next. The 2023 year-to-date distribution by report type can be seen below:

- 47% of the reports submitted are for suspected non-fatal opioid-related overdose events.
- 29% of the reports submitted are reports of stolen controlled substance prescriptions.
- 16% of the reports submitted are for suspected violations of the Controlled Substances Act.
- 8% of the reports submitted are for suspected narcotic-related deaths.

Summary

The first quarter of 2023 showed a slight decrease in dispensing of monitored prescription drugs. From Q4 2022 to Q1 2023, the quarterly dispensing of all monitored prescription drugs decreased by 1.4%, which equated to an increase of 4.1% compared to the same quarter in 2022. Decreases in dispensing were seen across all drug classifications except the “other” drugs which saw a slight increase of 0.8%. The total 4,529 increase of gabapentin dispensing from Q4 2022 to Q1 2023 comprised 96% of the total 4,700 increase of the “other” drug classification. Gabapentin has continued to be the top dispensed monitored drug since Q4 2021 when gabapentin first became the most dispensed monitored drug. Gabapentin became a monitored prescription drug on September 1, 2021, after being identified by the Board as having a substantial potential for abuse.

The overall dispensing of monitored prescription drugs in Q1 2023 has a decrease of 9.4% compared to the same quarter in 2017. The breakdown by drug classes shows decreases in opioid and benzodiazepine dispensing and an increase in stimulants.

- The number of opioid prescriptions dispensed in Q1 2023 was notably 37.6%, or over 417,000 prescriptions, lower than the number in Q1 2017.
- The number of benzodiazepine prescriptions dispensed in Q1 2023 was notably 33.0%, or around 185,000 prescriptions, lower than the number in Q1 2017.
- The number of stimulant prescriptions dispensed in Q1 2023 was 17.7%, or around 79,000 prescriptions, more than the number in Q1 2017.

Encouraging trends found in the WI ePDMP continued in Q1 2023:

- Overall dispensing of the most prescribed opioids and benzodiazepines has decreased. In the opioid classification, the largest decreases were found in oxycodone w/ acetaminophen (4.9%), tramadol HCl (4.3%), and hydrocodone-acetaminophen (4.0%).
- The dispensing of buprenorphine HCl-naloxone HCl dihydrate, one of the medications commonly used as part of Medication-Assisted Treatment (MAT) for opioid use disorder, is the 13th most dispensed monitored prescription drug in Q1 2023. Its dispensing in Q1 has a slight decrease (0.1%) from Q4 2022, which equates to minimal decrease of 0.1% over the past 12 months and a notable 60.6 % increase since Q3 2018, the first quarter it moved into the top 15 dispensed monitored prescription drugs.

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 Monitored Prescription Drugs Dispensed, PDMP Utilization, and Law Enforcement Alerts.