



Controlled Substances Board



WISCONSIN | **ePDMP**

Report 14

Quarter 3

July 1 – September 30, 2020

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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 third quarter of 2020 and will primarily focus on analysis of PDMP data from Q3 2020 and the preceding 12 months. For annual analysis of the WI PDMP from 2015 through 2019, see the Q4 2019 report found at <https://dps.wi.gov/Pages/BoardsCouncils/CSB/Reports.aspx>. An updated annual analysis will be provided in the Q4 2020 report.

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 are being 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-group and inbox feedback will continue to be utilized throughout the development process to ensure enhancements meet the needs of the WI ePDMP users. An additional user satisfaction survey will be conducted after implementation of the enhancements.

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:

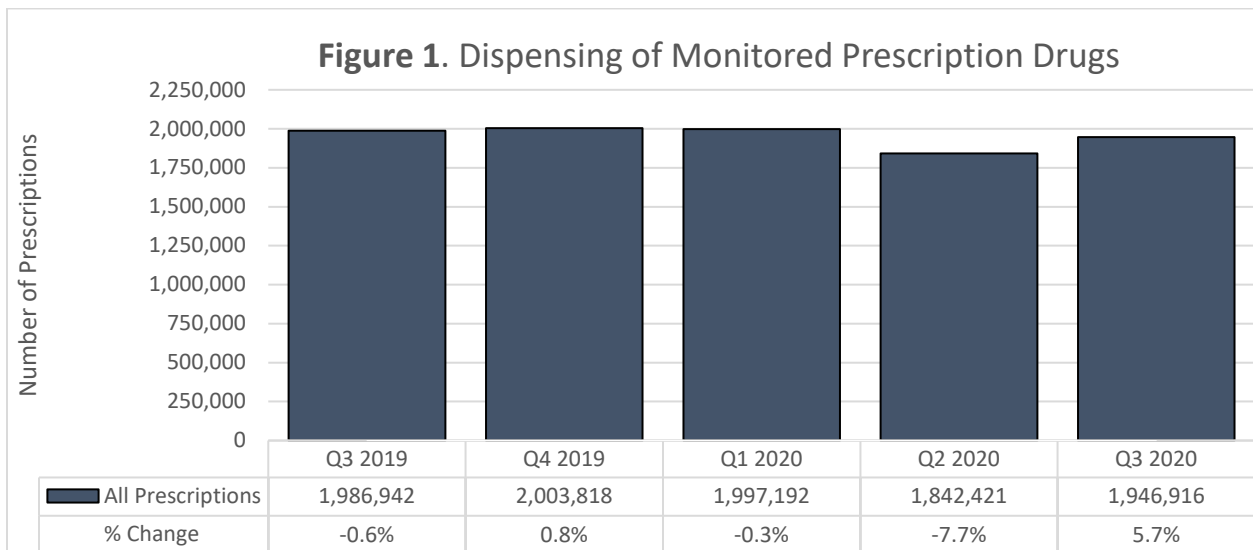
- The top seven physician (MD/DO) prescribers and the top seven physician assistant (PA) prescribers, based on opioid dispensing volume, were referred to the MEB.
- The top four dentistry prescribers, based on opioid dispensing volume, were referred to the DEB. An additional 12 dentistry prescribers 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.

The CSB Referral Criteria Workgroup has continued to meet in 2020 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. The Workgroup's review of prescribers from the September 2019 meeting resulted in the referral of three additional physicians for investigation into possibly dangerous prescribing practices.

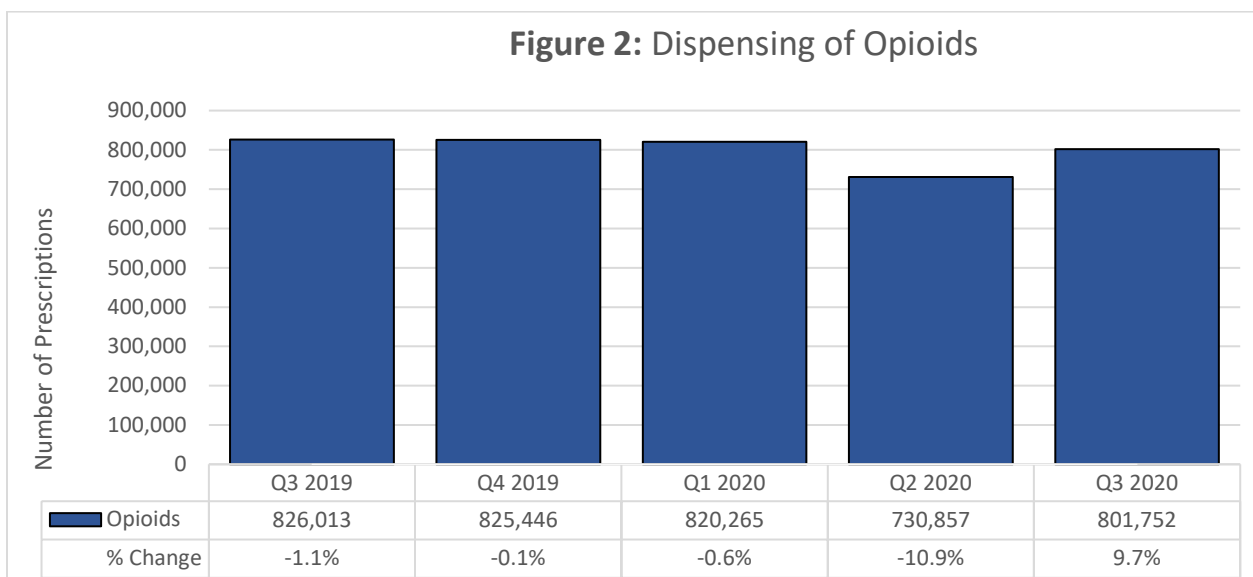
Additionally, the CSB conducts audits of dispenser requirements with the requirement to submit dispensing data to the WI PDMP. Targeted outreach efforts are made after each audit in an attempt to bring all non-exempt licensed pharmacies into compliance with the requirement to submit and correct dispensing data. Pharmacies that appear to remain out of compliance after multiple outreach attempts are referred to the Pharmacy Examining Board (PEB). In Q2 2019, 46 pharmacies were referred to the PEB for possible noncompliance. In Q1 2020, 23 additional pharmacies were identified for referral for possible noncompliance.

Monitored Prescription Drug Dispensing Trend

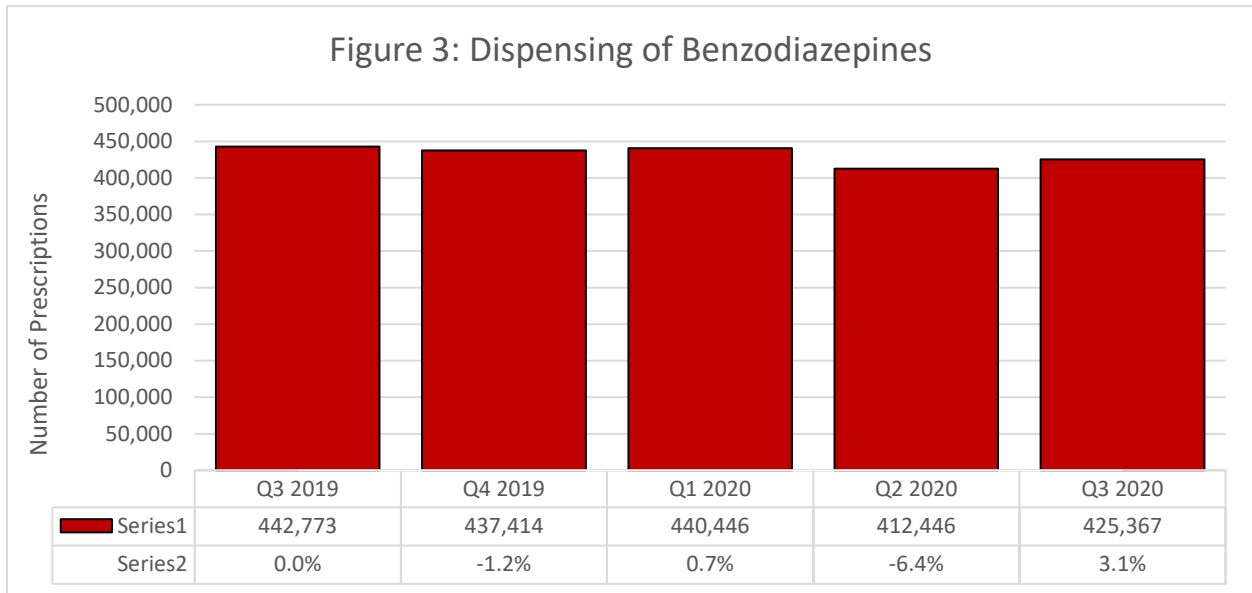
The recent decreasing trend of dispensing of monitored prescription drugs, defined as controlled substances in schedules II through V, fluctuated from Q1 2020 to Q3 2020. After an overall decrease in Q2 when the pandemic began, there was a notable increase (5.7%) in the total number of all monitored prescription drugs dispensed from Q2 to Q3, which equates a decrease (2%) from the dispensing levels of the same period of time in Q3 2019.



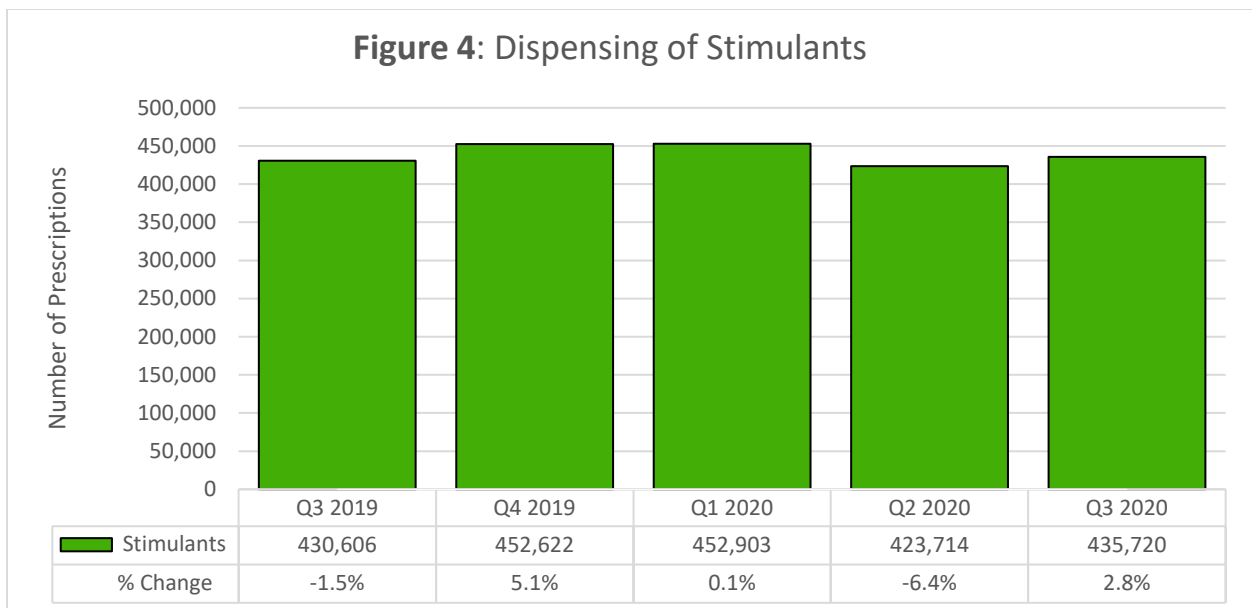
When considering opioids specifically, data from the PDMP show that opioid dispensing from Q2 2020 to Q3 2020 increased, by nearly 10%, or 70,895 more prescription dispensings. This equates to a nearly 3% reduction from the dispensing levels of Q3 2019.



Benzodiazepine dispensing from Q2 2020 to Q3 2020 increased by 3% after a decrease of 6% from Q1 to Q2 2020. This equates to a nearly 4% reduction from the dispensing levels of Q3 2019.



Dispensing of stimulants continues to fluctuate quarterly between increased and decreased dispensing. Dispensing for Q3 2020 increased by 2.8% compared to Q2 2020. Overall, dispensing of stimulants is up almost 1% from the dispensing levels of Q3 2019.



Top 15 Dispensed Monitored Prescription Drugs

Table 1 below shows the top 15 most dispensed monitored prescription drugs in Q3 2020 compared to

Q2 2020, ranked in order of the number of prescriptions dispensed in Q3 2020. The top 15 drugs make up nearly 88% of the dispensing of monitored prescription drugs for any given quarter. The order of the top 15 drugs dispensed in recent quarters has been consistent except for Q3 2020, during which time Oxycodone HCl moved up one place to be the 5th most dispensed and Alprazolam became the 6th most dispensed drug.

	Drug Name	Drug Class	Q3 2020 Dispensing	Q2 2020 Dispensing	Percent Change
1	Hydrocodone-Acetaminophen	Opioid	258,990	228,586	+13.3%
2	Amphetamine-Dextroamphetamine	Stimulant	206,912	201,400	+2.7%
3	Tramadol HCl	Opioid	161,238	153,335	+5.1%
4	Lorazepam	Benzodiazepine	135,451	132,076	+2.5%
5	Oxycodone HCl	Benzodiazepine	131,318	113,697	+15.4%
6	Alprazolam	Opioid	127,656	125,303	+1.8%
7	Clonazepam	Benzodiazepine	112,357	111,385	+0.8%
8	Zolpidem Tartrate	Other	105,079	102,563	+2.4%
9	Lisdexamfetamine Dimesylate	Stimulant	98,934	95,710	+3.3%
10	Methylphenidate HCl	Stimulant	92,109	89,424	+3.0%
11	Oxycodone w/ Acetaminophen	Opioid	75,900	67,928	+11.7%
12	Pregabalin	Other	66,163	63,905	+3.5%
13	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	58,677	55,543	+5.6%
14	Diazepam	Benzodiazepine	43,133	37,549	+14.8%
15	Morphine Sulfate	Opioid	37,016	36,368	+1.7%

There were notable overall increases of the top 15 drugs dispensings from Q2 to Q3 after a notable decrease for all drugs from Q1 to Q2 (except for Buprenorphine HCl-Naloxone HCl Dihydrate). The most increases were found in the Benzodiazepine classification including Oxycodone HCl (15.4%) and Diazepam (14.8%), followed by the opioid classification, including Hydrocodone-Acetaminophen (13.3%) and Oxycodone w/ Acetaminophen (11.7%). It is noteworthy that, when compared with Q1 dispensings before the pandemic began, these increases equate to less notable percentage changes—3% increase for Oxycodone HCl, 1% decrease for Diazepam, and less than 1% increase for Oxycodone w/ Acetaminophen.

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, continues to rise steadily. Note that this does not include dispensings that occur at an opioid treatment program due to federal regulation 42 CFR Part 2, which prohibits federally funded opioid treatment programs from submitting dispensing data to state PDMPs. Buprenorphine HCl-Naloxone HCl Dihydrate moved into the top 15 dispensed monitored prescription drugs in Q3 2018 and was the 13th most dispensed monitored prescription drug in Q3 2020, with an increase of over 5.6% from Q2 2020 to Q3 2020. This equates to an increase of almost 20% in the past 12 months.

Data-Driven Alerts

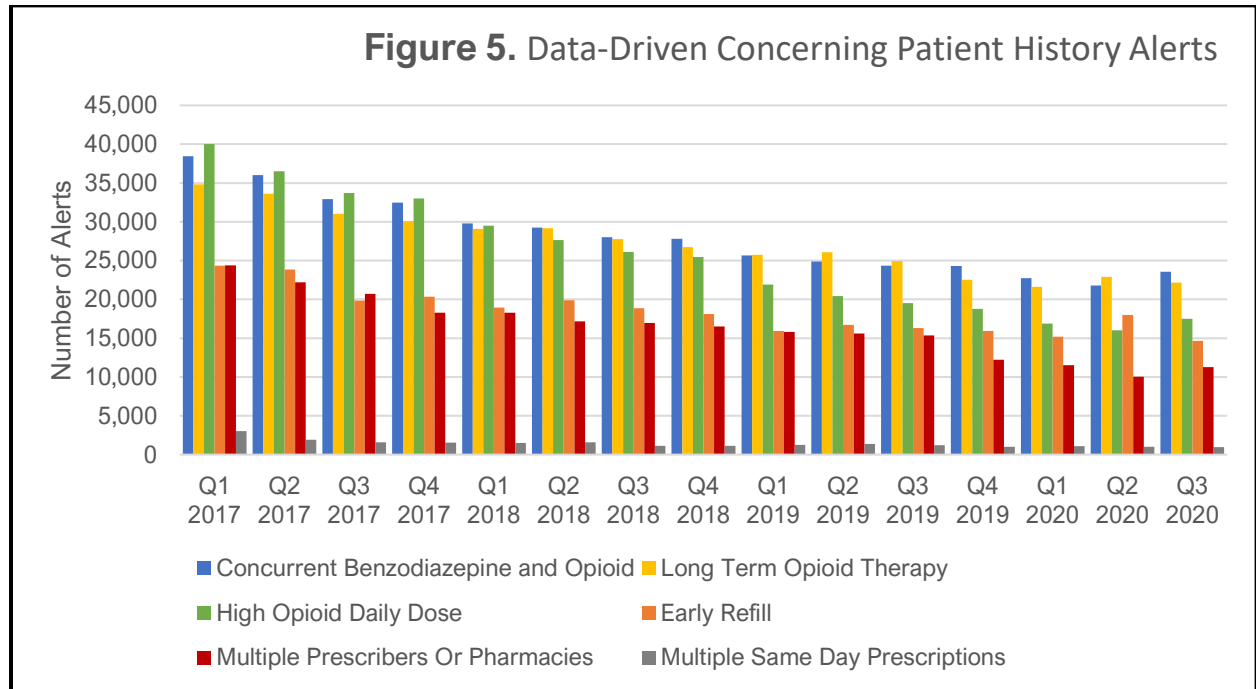
The WI ePDMP application performs sophisticated data analytics on a patient's prescription history to assess the patient's monitored prescription drug history and to alert WI ePDMP users to potential indications of abuse or diversion, such as early refills and multiple prescribers or dispensers, or factors 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.

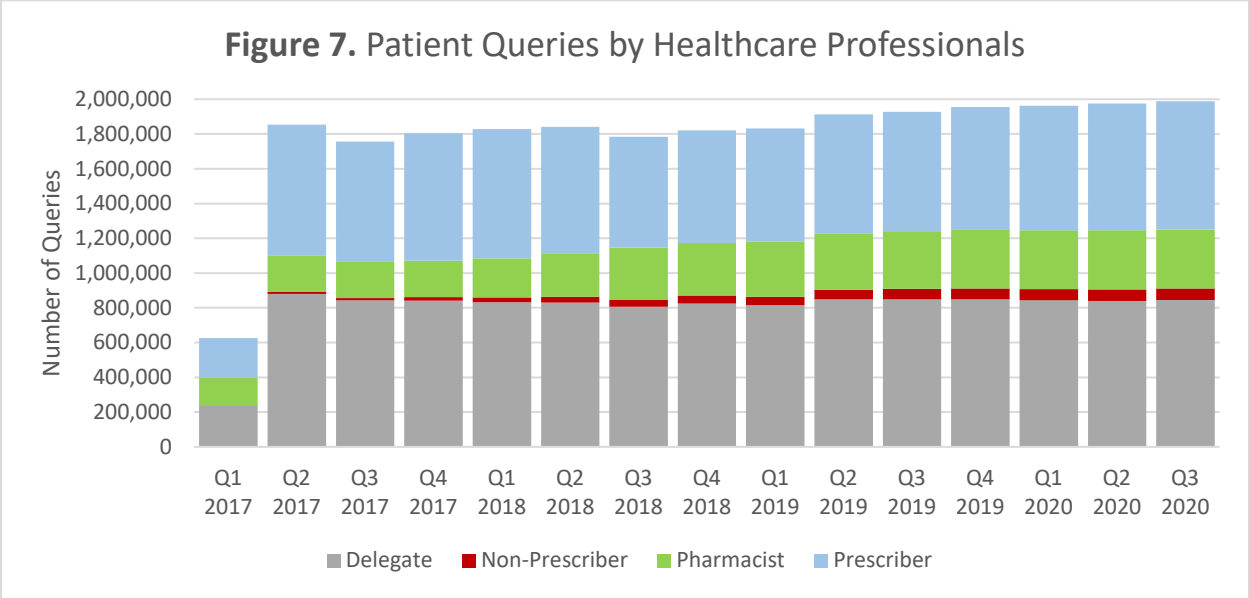
Overall, the number of concerning patient history alerts generated by analytics of the dispensing data has continued to decrease since 2017 with a slight increase (0.3%) from Q2 2020 to Q32020. Most noticeably is the increase in the Multiple Prescribers Or Pharmacies Alert (12%), High Opioid Daily Dose Alert (9%), and Concurrent Benzodiazepine and Opioid Alert (8%) from Q2 to Q32020. Among the most frequently occurring alerts, Concurrent Benzodiazepine and Opioid prescriptions, the number of occurrences in Q3 2020 was 3% lower than the same quarter in 2019 and 38% lower than the first quarter the alerts were made available to WI ePDMP users in Q1 2017. The rate of occurrence of the High Daily Dose of Opioids Alert in Q3 2020 was 10% lower than the same quarter in 2019 and notably 56% lower than the first quarter the alerts were made available to WI ePDMP users in Q1 2017. See Figure 5 below for detail on the overall volume of alerts by alert type since the WI ePDMP was launched in Q1 2017, as well as the percent change that occurred from Q1 2020 to Q2 2020. 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 Q3 2020 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.



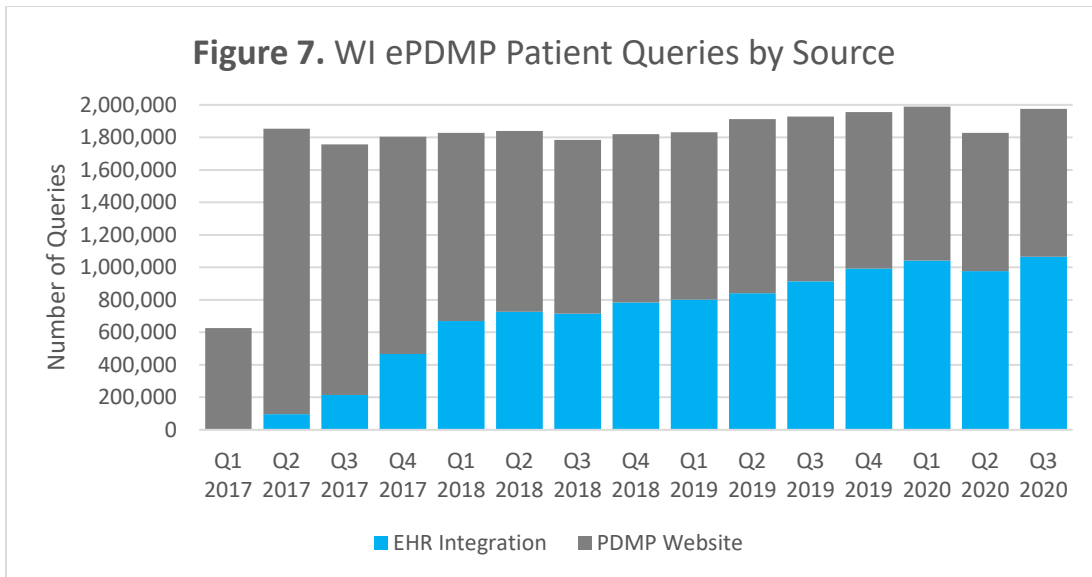
Disclosure of WI PDMP Data

Between July 1 and September 30 (Q3), 2020, healthcare users made a total of 1,988,984 patient queries, a slight increase compared to Q2 2020 by less than 1%. Breaking down the queries by user type shows that 42% of the queries were performed by delegates of prescribers or pharmacists, 37% were performed by prescribers, 17% by pharmacists, and 3% by other non-prescribing healthcare professionals. The total number of patient queries per month is continuing to increase, even with the overall lack of significant increase seen in the dispensing of monitored prescription drugs.

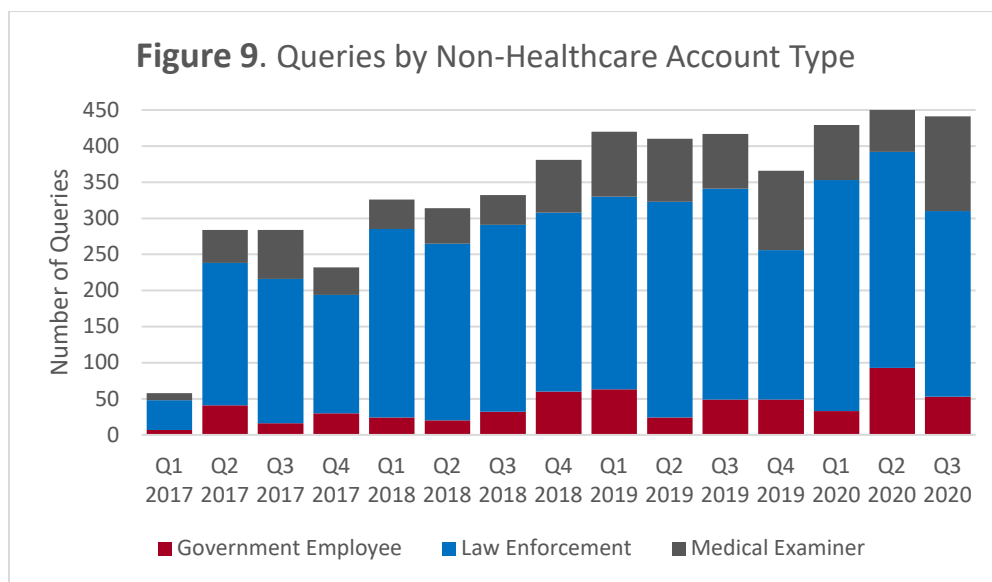


The WI ePDMP is currently connected to 27 other-state PDMPs in addition to the Military Health System via the National Association of Boards of Pharmacy’s PMP InterConnect (PMPi) and the RxCheck interstate data sharing hub. This allows healthcare users to expand the WI ePDMP patient query to return results 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 busy workflow. Figure 7 below shows that, in Q3 2020, over 54% 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 441 requests for PDMP data in Q3 2020, which is a 9% decrease over the previous quarter. Authorized law enforcement queries make up 58% of the non-healthcare queries.

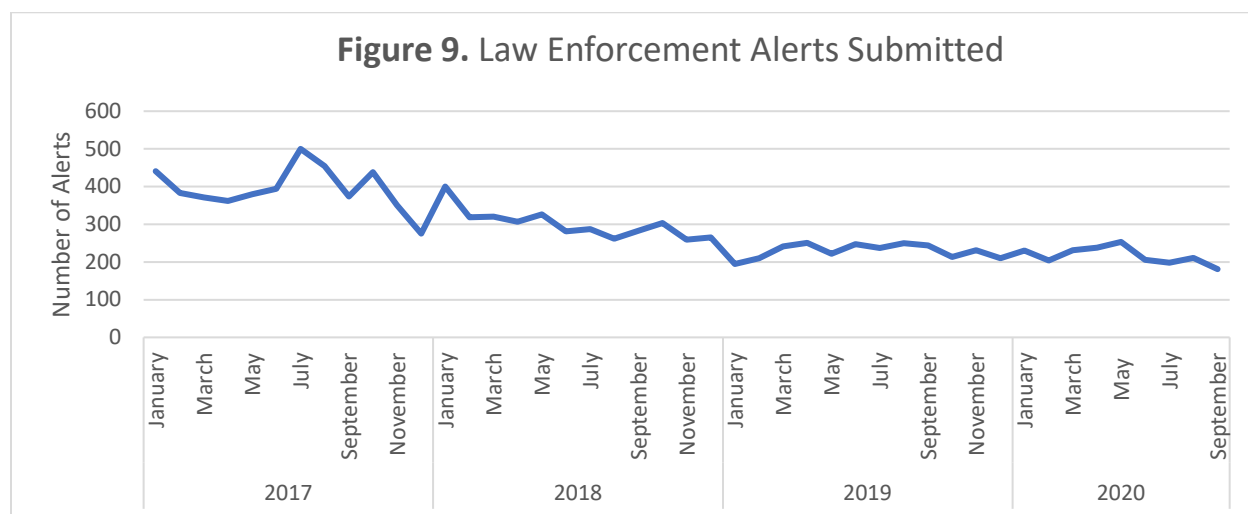


Law Enforcement Reports

In Q3 2020, there were 590 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 remains fairly consistent from one quarter to the next. The 2020 year-to-date distribution by report type can be seen below:

- 29% of the reports submitted were reports of stolen controlled substance prescriptions
- 18% of the reports submitted were for suspected violations of the Controlled Substances Act
- 45% 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 third quarter of 2020 shows a continuation of the overall trend of consistency in dispensing of monitored prescription drugs compared to the pre-pandemic levels. The number of patient queries performed per month has remained consistent and is increasing even though the overall quantity of monitored prescription drugs being dispensed may fluctuate. This indicates that the WI ePDMP continues to be a valuable tool to support safe prescribing, treatment, and dispensing decisions.

Data show an increase of almost 6% for overall dispensing for Q3 2020 compared to the previous quarter Q2 2020 when the pandemic began and Safer-at-Home was first implemented. It is noteworthy that, when compared to the pre-pandemic quarter Q1 2020, there was a 2.5% decrease in the total number of all monitored prescription drugs dispensed in Q3 2020. As such, it is particularly helpful to compare Q3 to the same quarter from the previous year.

- There was a decrease of 2% in the total number of all monitored prescription drugs compared to the same quarter from the previous year.
 - The number of opioid prescriptions dispensed decreased by nearly 3%, or over 24,261 fewer prescriptions, compared to the previous year.
 - The number of benzodiazepine prescriptions dispensed decreased by notably 3.9%, or about 17,406 fewer prescriptions, compared to the previous year.
 - The dispensing of stimulants prescriptions dispensed increased by 1% or 5,114 more prescriptions compared to the previous year.

Overall dispensing rates of monitored prescription drugs remain significantly lower compared with the same quarter five years ago.

- In Q3 2020, there were 23% fewer monitored prescription drugs dispensed, or over 590,000 fewer prescriptions, than in Q3 2015.
 - The number of opioid prescriptions dispensed in Q3 2020 was notably 35%, or over 590,000 prescriptions, lower than the number in Q3 2015.
 - The number of benzodiazepine prescriptions dispensed in Q3 2020 was notably 25%, or around 146,000 prescriptions, lower than the level in Q3 2015.

Encouraging trends found in the WI PDMP continued in Q3 2020:

- The dispensing of Buprenorphine HCl-Naloxone HCl Dihydrate (Suboxone®), one of the medications commonly used as part of Medication-Assisted Treatment (MAT) for opioid use disorder, continued to increase by 5.6% in Q3 2020 compared to Q2 2020, which equates to an increase of 20% over the past 12 months, and 100% since Q1 2016.
- The occurrence of data-driven concerning patient history alerts, including measures that indicate drug seeking behaviors and increased risk for overdose, continued to decline by nearly 5% from the previous quarter, 12% over the past 12 months, and 45% from the launch of the WI ePDMP in Q1 2017.

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.