



## Controlled Substances Board



**WISCONSIN** | **ePDMP**

# Report 21

## 2022 Quarter 2 Summary

# Contact Information

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## Wisconsin Controlled Substances Board

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# Introduction

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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 (DPS) about the Wisconsin Prescription Drug Monitoring Program (WI PDMP). This report is intended to satisfy that requirement for the second quarter of 2022 and will primarily focus on analysis of PDMP data from Q2 2022 and the preceding 12 months. For annual analysis of the WI PDMP from 2015 through 2021, see the Q4 2021 report found at <https://dps.wi.gov/Pages/BoardsCouncils/CSB/Reports.aspx>.

The WI PDMP was first deployed in June 2013. It is administered by DPS 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 substances in Schedules II-V or drugs identified by the Board as having a substantial potential for abuse.

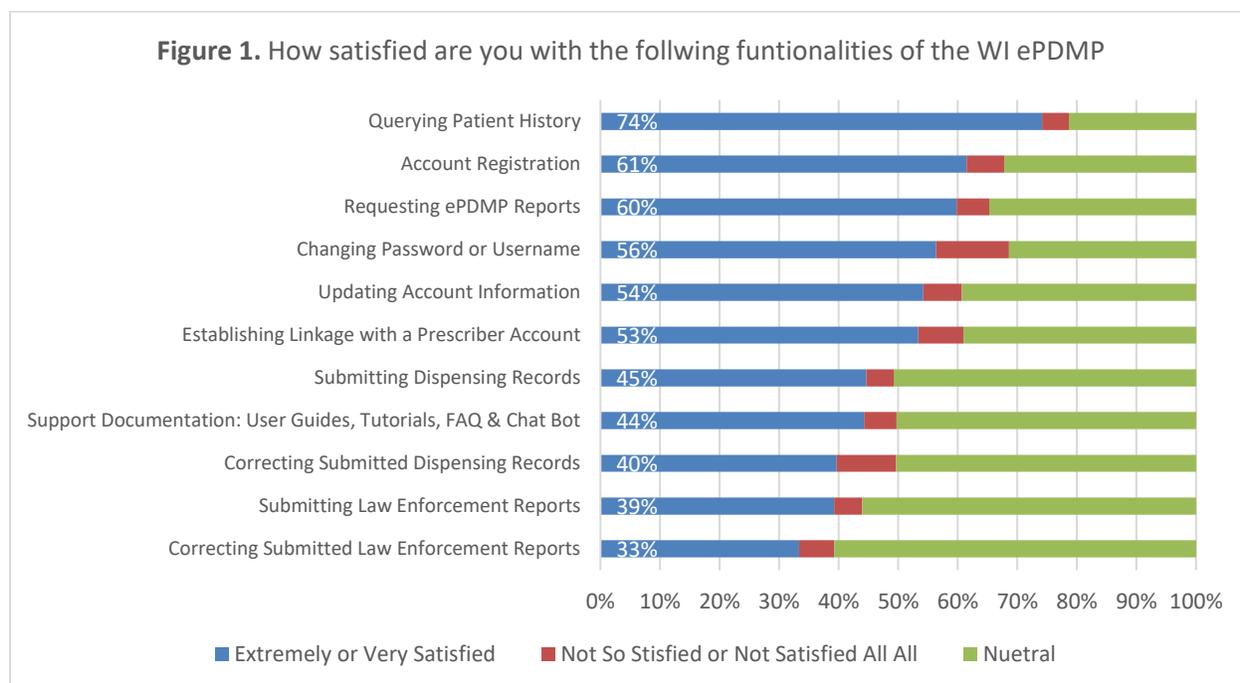
The WI ePDMP Public Statistics Dashboard (<https://pdmp.wi.gov/statistics>) provides interactive data visualizations for much of the data contained in this report, including county-level data for many of the charts. While the Statistics Dashboard is dynamically updated and the values of the preceding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

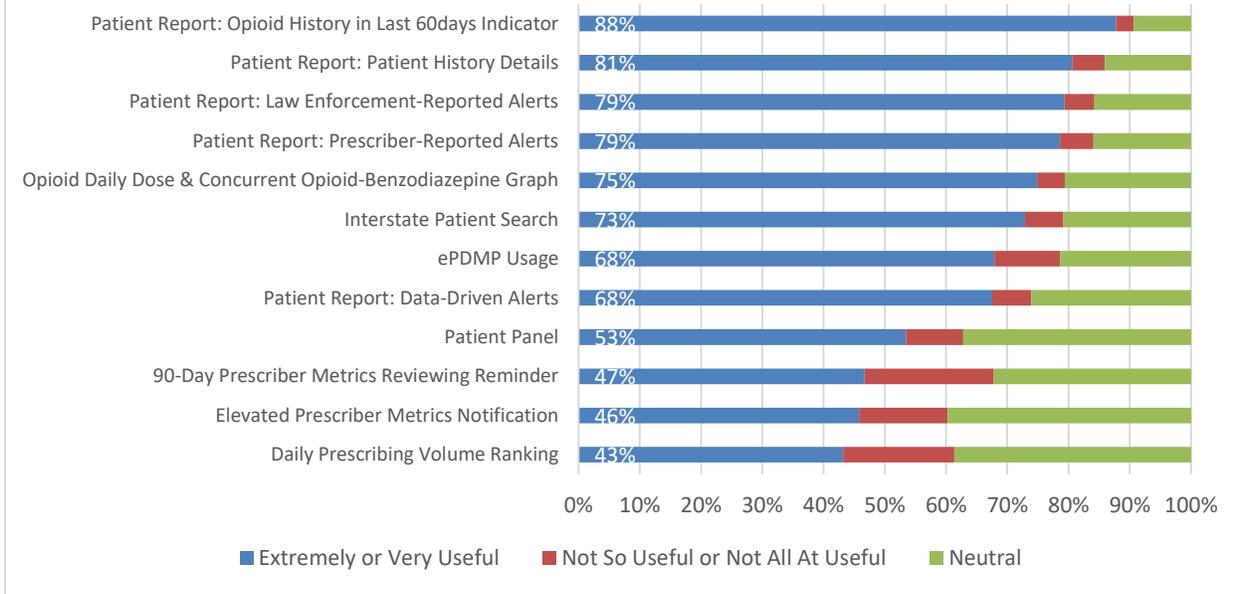
DSPS has conducted a survey of WI ePDMP users on a quarterly basis beginning the second quarter of 2021 to measure user satisfaction and inform current and future system enhancements. The Q2 2022 survey was sent to approximately 1,600 randomly selected users out of nearly 32,200 ePDMP users who were identified as “active,” or non-prescribing users who had logged into the ePDMP in the past twelve months and prescribers who have patient queries conducted by themselves or their delegates in the past twelve months. A total of 337 responses were collected between June 28 and July 21, 2022. Eighty-nine percent of respondents were Healthcare Professionals, including Prescribers (56.1%), Pharmacists (9.8%), Delegates (9.8%), and Non-Prescribers (13.6%). The remaining eleven percent 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. Seventy-eight percent of respondents reported overall satisfaction with the WI ePDMP, providing responses of either “Very Satisfied (52.6%)” or “Extremely Satisfied (24.9%).” Satisfaction is 86% for respondents who have the option to access the ePDMP via an Electronic Health Record (EHR) interface.

Among the functionalities available to different types of users, 74% of respondents were “Extremely or Very Satisfied” with “Querying Patient History” followed by “Account Registration” and “Requesting ePDMP report” with 61% and 60% “Extremely or Very Satisfied” respectively (Figure 1). For functionalities specifically for prescribing healthcare professional users, 88% of respondents acknowledged “Opioid History in the Last 60 days indicator” as “Extremely or Very Useful” in informing their work, followed by “Patient History Details” which 81% of respondents acknowledged as “Extremely or Very Useful,” and 79% rated “Prescriber-Reported Alerts” and “Law Enforcement-Reported Alerts” on patient reports as “Extremely or Very Useful” (Figure 2).



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



User feedback continues to be utilized throughout the development process to ensure enhancements meet the needs of WI ePDMP users. In addition to the most recent survey, two user focus group sessions were conducted in recent months and PDMP Roundtables are being organized to engage local community members and stakeholders.

# Impact on Referrals for Investigation

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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.

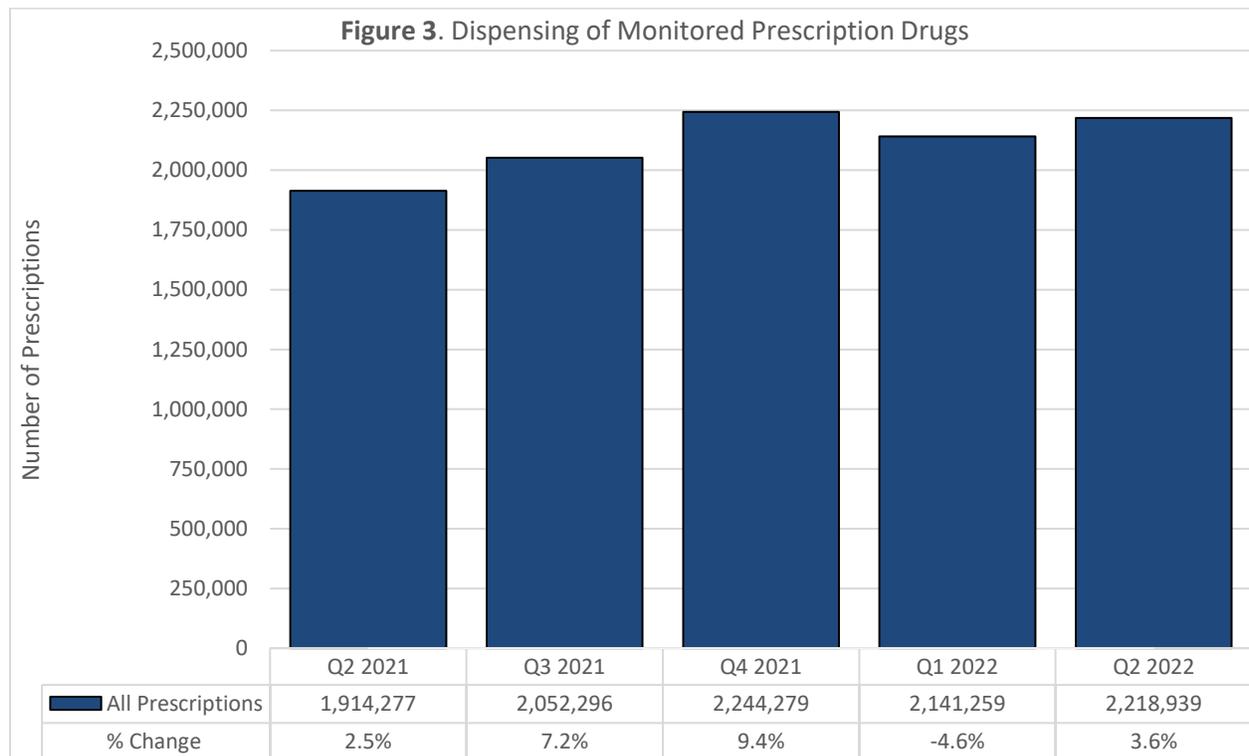
The CSB Referral Criteria Workgroup has continued to meet to refine the process for using PDMP data to proactively monitor licensees and their prescribing practices for suspicious or critically dangerous conduct or practices and to determine when such activity should result in a referral to the appropriate examining board.

Based on the Workgroup recommendations, Controlled Substances Board made referrals to the Wisconsin Medical Examining Board (MEB) and Physician Assistant Affiliated Credentialing Board (PAACB) at their meetings in May of 2022. Based on opioid prescribing practices, seventeen prescribers were referred to the MEB and five prescribers were referred to the PAACB.

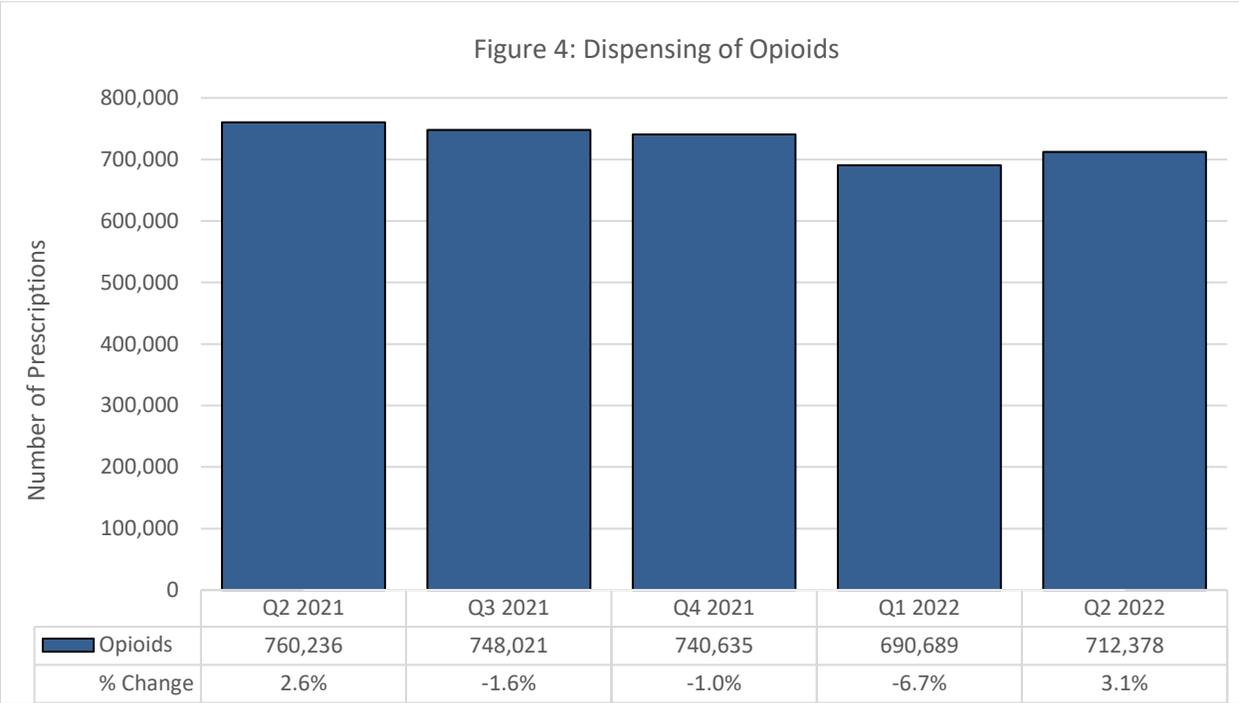
Additionally, the CSB conducts audits of the dispenser requirement to submit dispensing data to the WI ePDMP. Targeted outreach efforts are made after each audit to bring all non-exempt licensed pharmacies into compliance with the requirement to submit and correct dispensing data. Pharmacies that appear 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 will continue throughout 2022.

# Monitored Prescription Drug Dispensing Trend

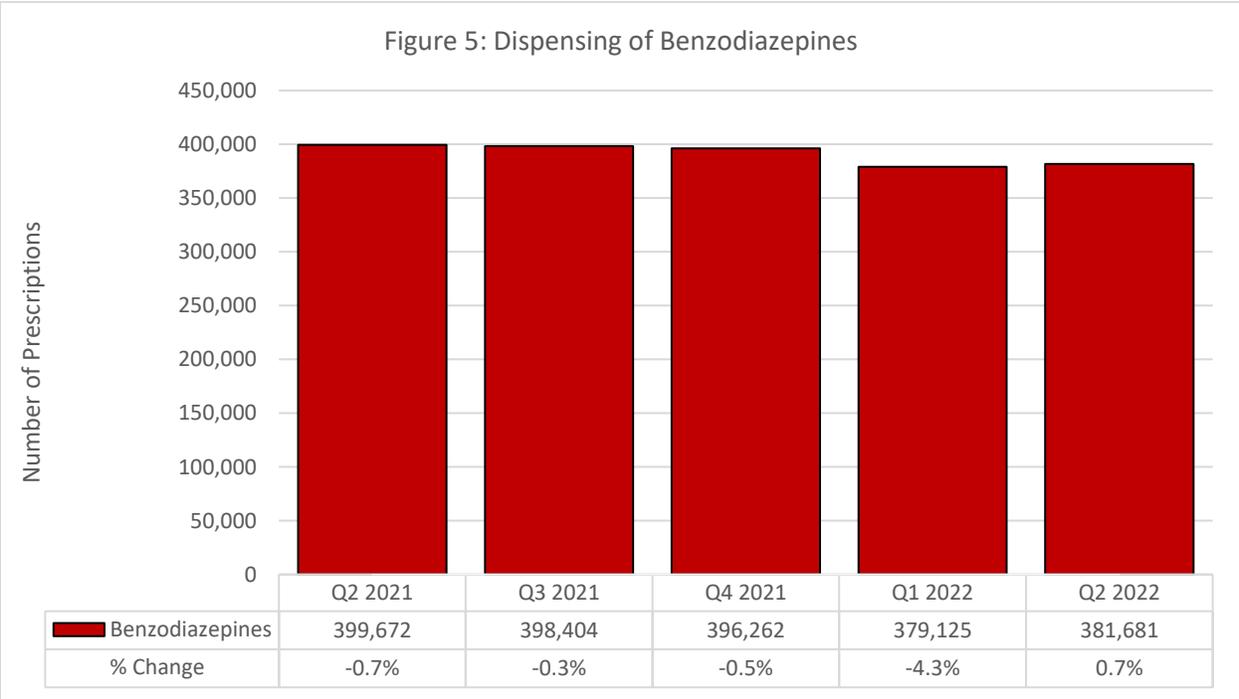
From Q1 2022 to Q2 2022, the quarterly dispensing of all monitored prescription drugs increased by 3.6%. Compared to the same quarter in 2021, dispensing in Q2 2022 increased by 15.9% (Figure 3). Gabapentin became a newly monitored prescription drug in September 2021 due to it having a substantial potential for abuse. The 12,536 increase of gabapentin dispensings from Q1 2022 to Q2 2022 comprised 16.1% of the 77,680 overall increase in all monitored prescription drug dispensings.



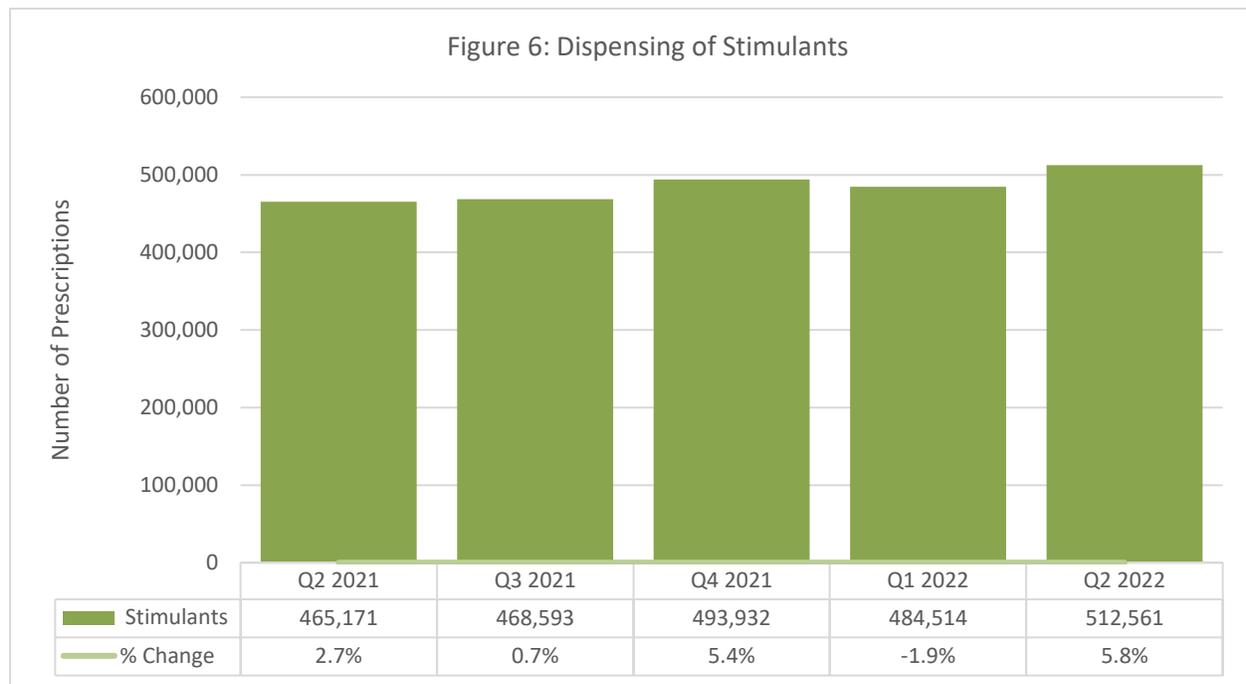
Quarterly data from the ePDMP show that opioid dispensing from Q1 2022 to Q2 2022 increased by 3.1%, and decreased 6.3% compared to the same quarter in 2021 (Figure 4). In Q2 2022, a total of 282,034 individuals were prescribed opioids with a Daily Morphine Milligram Equivalents (MME) value greater than 0. Among them, most or a total of 153,575 patients received MME between 20 and 49 milligrams, 55,367 patients received 1-19 milligrams, 49,353 received 50-99 milligrams, and 23,739 patients received greater than 100 milligrams.



Quarterly dispensing of benzodiazepines from Q1 2022 to Q2 2022 increased by 0.7% (Figure 5). Q2 dispensing equates to a 4.5% reduction from the dispensing levels of the same quarter in 2021.



The quarterly dispensing of stimulants increased by 5.8% between Q1 2022 and Q2 2022. There is a 10.2% increase compared to the same quarter period in 2021 (Figure 6).



### Top 15 Dispensed Monitored Prescription Drugs

Table 1 shows the top 15 most dispensed monitored prescription drugs in Q1 2022 compared to Q2 2022, ranked in order of the number of prescriptions dispensed in Q2 2022. 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 overall, except for gabapentin, which moved into the list in Q3 2021 for the first time.

Gabapentin was identified by the board as having a substantial potential for abuse and became a monitored prescription drug on September 1<sup>st</sup> 2021. Gabapentin continues to be the most dispensed drug with a 3.9% increase in dispensing since Q1 2022. After seeing significant decreases from Q4 2021 to Q1 2022, hydrocodone- acetaminophen (3.1%), tramadol HCl (3.2%), and oxycodone HCl (5.4%) all saw increases in dispensing for Q2 2022. Among the stimulant classification, the dispensing of amphetamine-dextroamphetamine has increased by 7.4% and lisdexamfetamine dimesylate had an increase of 4.1%. Pregabalin had a 4.6% dispensing increase after seeing a decrease from Q4 2021 to Q1 2022.

The dispensing of Buprenorphine HCl-naloxone HCl dihydrate is the 14th most dispensed monitored prescription drug in Q2 2022 with a 3.2% increase from Q1. Buprenorphine HCl-naloxone HCl dihydrate is 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 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. Buprenorphine HCl-naloxone HCl dihydrate has a slight 0.9% increase in the past 12 months

and a notable 54.7% increase since Q3 2018, the first quarter when buprenorphine HCl-naloxone HCl dihydrate moved into the top 15 dispensed monitored prescription drugs

<b>Table 1. Top 15 Dispensed Monitored Prescription Drug by Dispensing</b>					
	<b>Drug Name</b>	<b>Drug Class</b>	<b>Q1 2022 Dispensing</b>	<b>Q2 2022 Dispensing</b>	<b>Percent Change</b>
1	Gabapentin	Other	318,048	330,584	3.9%
2	Amphetamine-Dextroamphetamine	Stimulant	219,980	236,295	7.4%
3	Hydrocodone-Acetaminophen	Opioid	216,241	222,940	3.1%
4	Tramadol HCl	Opioid	136,719	141,068	3.2%
5	Oxycodone HCl	Opioid	120,472	126,992	5.4%
6	Lorazepam	Benzodiazepine	119,744	120,161	0.3%
7	Lisdexamfetamine Dimesylate	Stimulant	115,220	119,972	4.1%
8	Alprazolam	Benzodiazepine	112,435	112,518	0.1%
9	Methylphenidate HCl	Stimulant	105,922	110,479	4.3%
10	Clonazepam	Benzodiazepine	100,941	102,038	1.1%
11	Zolpidem Tartrate	Other	94,238	96,757	2.7%
12	Pregabalin	Other	71,381	74,638	4.6%
13	Oxycodone w/ Acetaminophen	Opioid	62,676	63,463	1.3%
14	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	59,648	61,539	3.2%
15	Diazepam	Benzodiazepine	39,354	40,068	1.8%

# Data-Driven Alerts

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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:

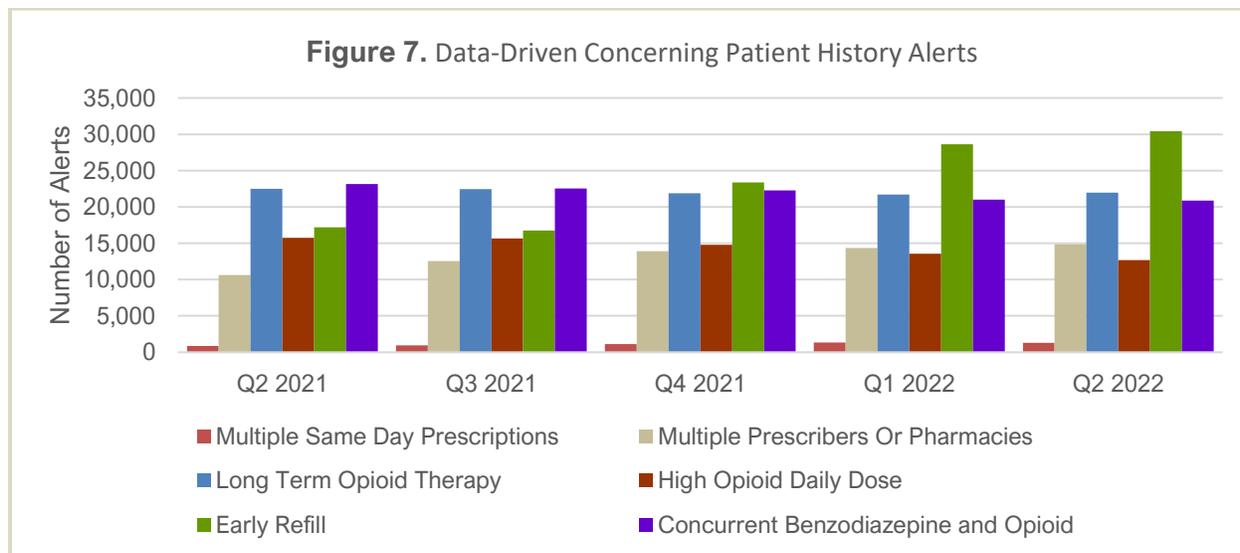
1. **Concurrent Benzodiazepine and Opioid Prescription Alert**, which indicates when a patient's active current prescriptions include both an opioid and a benzodiazepine, a combination that significantly increases the patient's risk of overdose.
2. **Long-Term Opioid Therapy with Multiple Prescribers 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 an increase of 1.5% from Q1 2022 to Q2 2022. Most notable are the increases in Early Refill (6.2%) and Multiple Prescribers or Pharmacies alerts (3.7%). On the opposite end, High Opioid Daily Dose (6.5%), Multiple Same Day Prescriptions (1.4%), and Concurrent Benzodiazepine and Opioid alerts (0.8%), all saw decreases from Q1 2022 to Q2 2022.

Among the most frequently occurring alerts, the Early Refill Alert number of occurrences in Q2 2022 was significantly higher (77.1%) than the same quarter in 2021 and 24.9% higher than the first quarter the alerts were made available to WI ePDMP users in Q1 2017. The rate of occurrence of Multiple Prescribers or Pharmacies alerts in Q2 2022 was 40% higher than the same quarter in 2021 and 39% lower than the first quarter the alerts were made available to WI ePDMP users in Q1 2017.

See Table 2 for the percent changes of all data-driven alert types that occurred from Q1 2017 to Q2 2022.

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 Q2 2022 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 that the alerts were presented to WI ePDMP users.

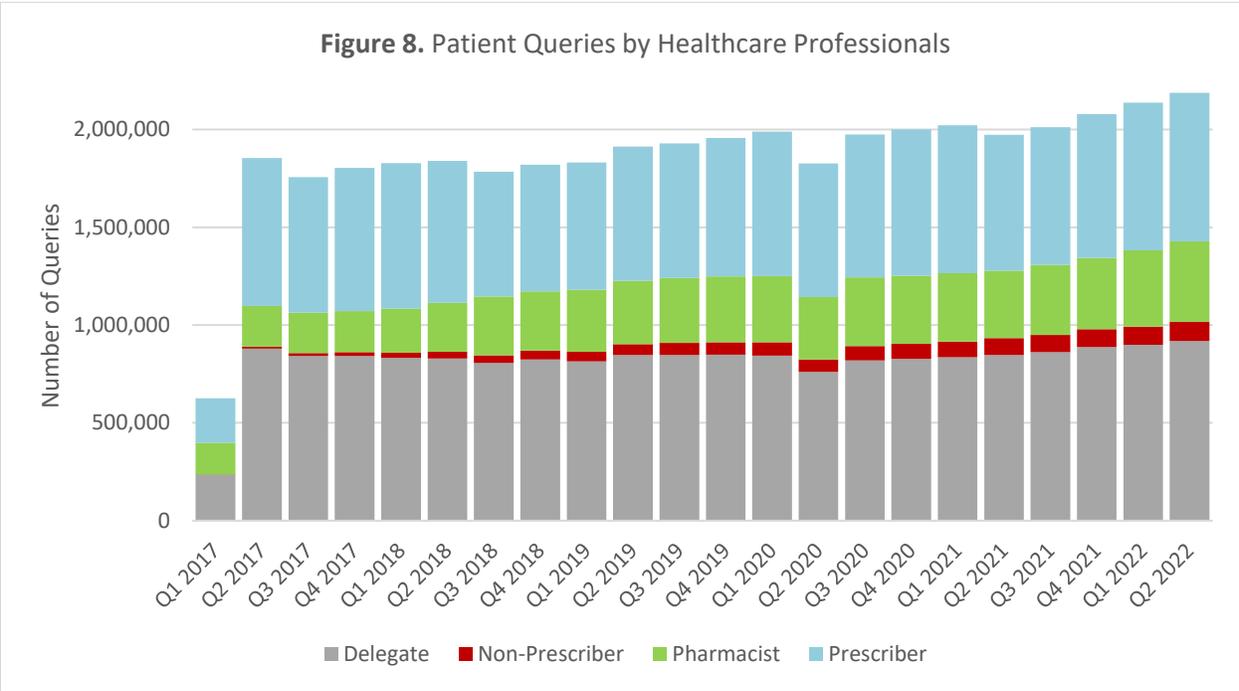


**Table 2. Concerning Patient History Alerts Listed by Volume of Alerts Generated**

	Alert Type	Q1 2017	Q2 2022	Percent Change
1	Concurrent Benzodiazepine and Opioid	38,446	20,860	-45.7%
2	Early Refill	24,354	30,422	24.9%
3	High Opioid Daily Dose	40,005	12,696	-68.3%
4	Long-Term Opioid Therapy	34,819	21,988	-36.9%
5	Multiple Prescribers or Pharmacies	24,379	14,872	-39.0%
6	Multiple Same Day Prescriptions	3,009	1,316	-56.3%
	<b>All Alert Types</b>	<b>165,012</b>	<b>102,154</b>	<b>-38.1%</b>

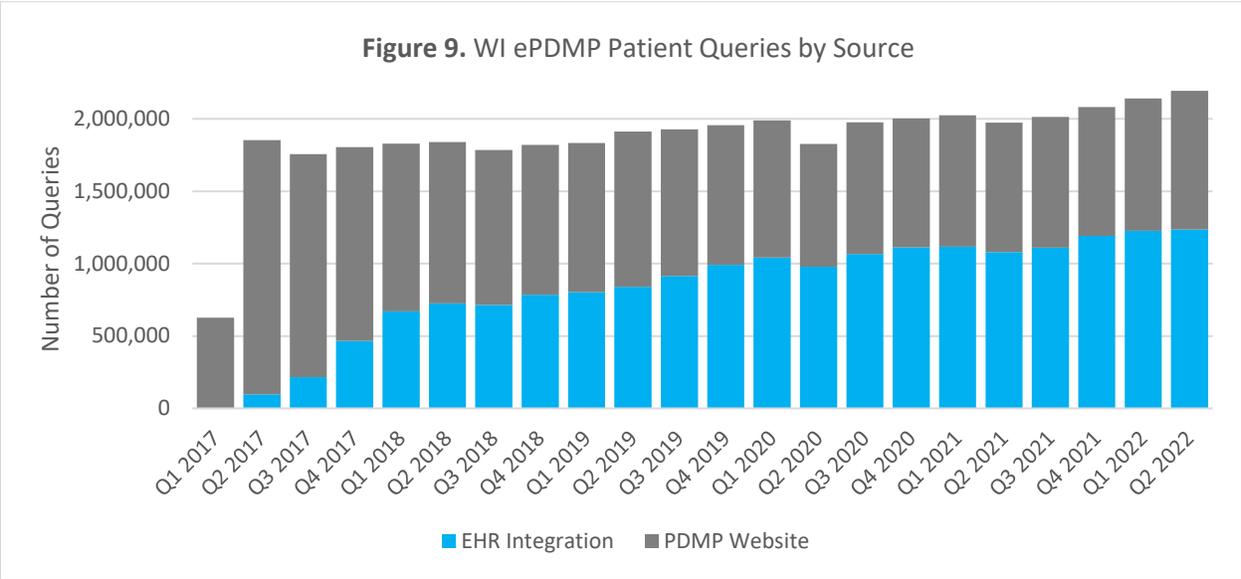
# Disclosure of WI PDMP Data

Between April 1 and June 30 (Q2), 2022, healthcare users made a total of 2,188,579 patient queries, a 2.4% increase compared to Q1 2022. Among them, 42% of the queries were performed by delegates of prescribers or pharmacists, 34.7% were performed by prescribers, 18.8% by pharmacists, and 4.5% by other non-prescribing healthcare professionals. The share of queries performed by various user types has been consistent between Q1 2022 and Q2 2022 (Figure 8).

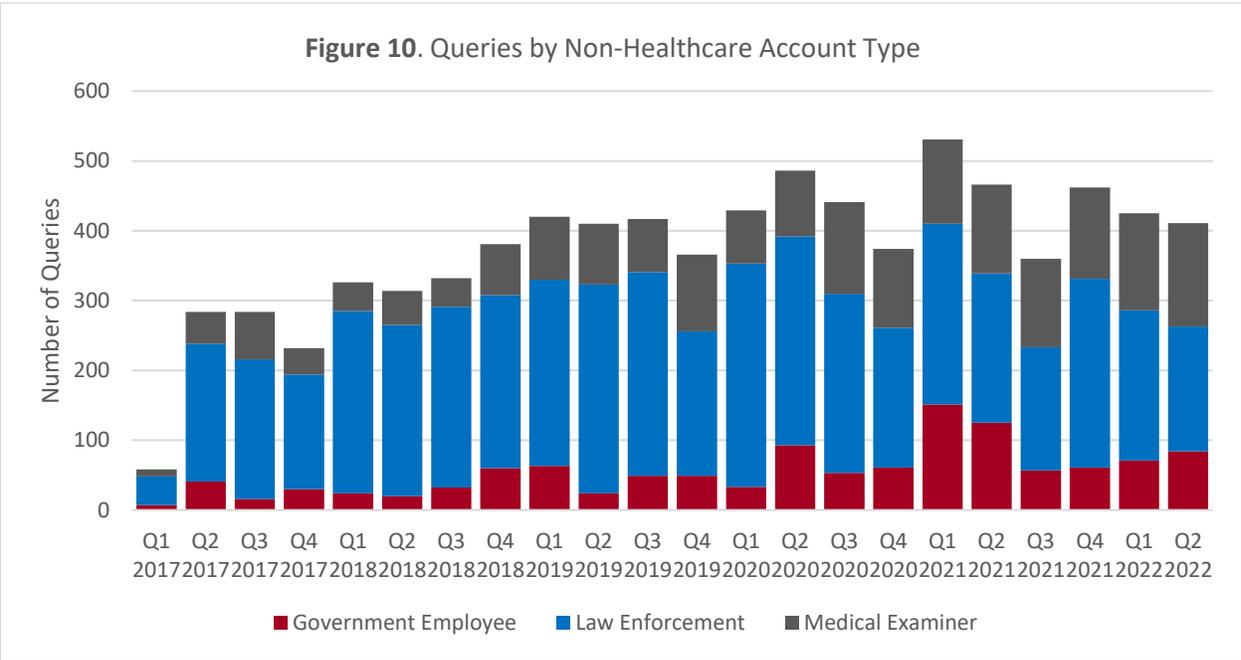


Utilizing the National Association of Boards of Pharmacy’s PMP InterConnect (PMPi) and the RxCheck interstate data sharing hub, the WI ePDMP is currently connected with 28 state PDMPs as well as the Military Health System. This interstate data exchange allows healthcare users to expand the WI ePDMP patient query to return results from PDMPs in other states, including Wisconsin’s border states of Minnesota, Michigan, Illinois, and Iowa.

Healthcare professionals from 20 health systems in Wisconsin now have one-click access to the WI ePDMP from within their electronic health record (EHR) platform to facilitate patient queries within a provider’s workflow. Figure 9 below shows that, in Q2 2022, over 56% 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 411 requests for PDMP data in Q2 2022, which is a 3% decrease over the previous quarter. As Figure 10 shows, authorized law enforcement queries continue to make up around half of the total non-healthcare queries but decreased this quarter (43.6% from 50.6% last quarter).

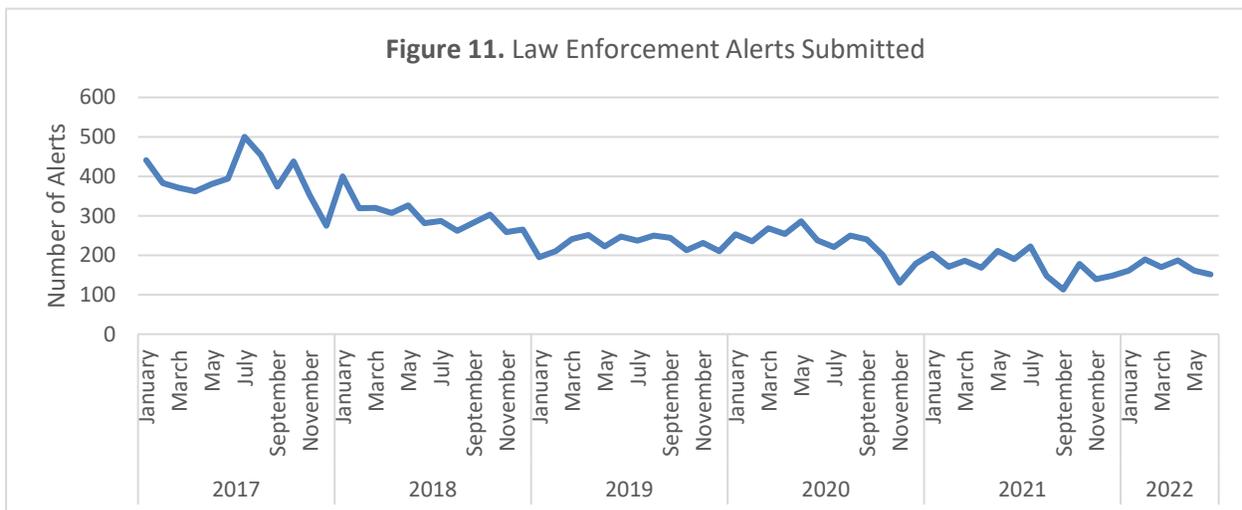


# Law Enforcement Reports

In Q2 2022, there were 499 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 varied from one quarter to the next. The 2022 year-to-date distribution by report type can be seen below:

- 48.0% of the reports submitted were for suspected non-fatal opioid-related overdose events.
- 27.5% of the reports submitted were reports of stolen controlled substance prescriptions.
- 16.8% of the reports submitted were for suspected violations of the Controlled Substances Act.
- 7.7% of the reports submitted were for suspected narcotic-related deaths.

# Summary

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The second quarter of 2022 shows an overall increase of 3.6% in dispensing of monitored prescription drugs in Wisconsin compared to Q1 2022. For the third consecutive quarter, gabapentin was the top dispensed monitored drug. It accounted for 330,584 dispensings, a nearly 4.0% increase from dispensing in Q1 2022. The 12,536 increase of gabapentin dispensings from Q1 2022 to Q2 2022 comprised 16.1% of the 77,680 overall increase in all monitored prescription drug dispensings.

The overall dispensing of monitored prescription drugs in Q2 2022 has a decrease of 9.8% compared to Q1 2017. The breakdown by drug classes shows significant decreases in opioid and benzodiazepine dispensing and an increase in stimulants.

- The number of opioid prescriptions dispensed in Q2 2022 was notably 35.8%, or over 395,000 prescriptions, lower than the number in Q1 2017.
- The number of benzodiazepine prescriptions dispensed in Q2 2022 was notably 31.7%, or around 180,000 prescriptions, lower than the number in Q1 2017.
- The number of stimulant prescriptions dispensed in Q2 2022 was 14.3%, or around 64,000 prescriptions, more than the number in Q1 2017.

From Q1 2022 to Q2 2022, the quarterly dispensing of all monitored prescription drugs increased by 3.6%, and increased 15.9% compared to the same quarter in Q2 2021. Gabapentin became a newly monitored prescription drug in September 2021 due to it having a substantial potential for abuse. The breakdown of dispensing by drug class is as follows:

- The number of opioid prescriptions dispensed in Q2 2022 increased by 3.1% compared to the previous quarter, and a decrease of 6.3% compared to the same quarter in 2021.
- The number of benzodiazepine prescriptions dispensed in Q1 2022 increased by 0.7% compared to the previous quarter and decreased 4.5% compared to the same quarter in 2021.
- After a slight decrease the previous quarter, the dispensing of stimulant prescriptions increased in Q2 2022 by nearly 6% compared to the previous quarter, which equates to a notable 10.2% increase compared to the same quarter period in 2021.
- The dispensing of the top 15 most dispensed monitored prescription drugs in Q2 2022 compared to Q1 2022 has increased by 3.5% overall. Each drug on the list saw an increase in dispensing with amphetamine- dextroamphetamine (7.4%) and oxycodone HCl (5.4%) seeing the largest shifts.

Encouraging trend found in the WI ePDMP continued in Q2 2022.

- The dispensing of Buprenorphine HCl-naloxone HCl dihydrate is the 14th most dispensed monitored prescription drug in Q2 2022 with a 3.2% increase from Q1. Buprenorphine HCl-naloxone HCl dihydrate is commonly used as part of Medication-Assisted Treatment (MAT) for opioid use disorder. Buprenorphine HCl-naloxone HCl dihydrate has a slight 0.9% increase in the past 12 months and a notable 54.7% increase since Q3 2018, the first quarter when Buprenorphine HCl-naloxone HCl dihydrate 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 Controlled Substance Dispensing, PDMP Utilization, and Law Enforcement Alerts.