



Controlled Substances Board



WISCONSIN | **ePDMP**

Report 22

2022 Quarter 3 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 (DPS) about the Wisconsin Prescription Drug Monitoring Program (WI PDMP). This report is intended to satisfy that requirement for the third quarter of 2022 and will primarily focus on analysis of PDMP data from Q3 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 current 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 Q3 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 320 responses were collected between September 21 and October 17, 2022. Eighty-eight percent of respondents were Healthcare Professionals, including Prescribers (54.0%), Pharmacists (10.9%), Delegates (12.2%), and Non-Prescribers (10.6%). The remaining twelve percent of respondents were Pharmacies, Medical Coordinators, Law Enforcement, Government Employees, Medical Examiner/Coroners, and researchers.

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 (49.6 %)” or “Extremely Satisfied (28.4%).” Satisfaction is 69.4% 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, 76% of respondents were “Extremely or Very Satisfied” with “Querying Patient History” followed by “Account Registration” and “Requesting ePDMP report” with 63% and 58% “Extremely or Very Satisfied” respectively (Figure 1). For functionalities specifically for prescribing healthcare professional users, 89% of respondents acknowledged “Opioid History in the Last 60 days indicator” as “Extremely or Very Useful” in informing their work, followed by “Prescriber-Reported Alerts” which 82% of respondents acknowledge as “Extremely or Very Useful, and 81% of respondents rated “Patient History Details” as “Extremely or Very Useful,” and 76% rated “Law Enforcement-Reported Alerts” on patient reports as “Extremely or Very Useful” (Figure 2).

Figure 1. How satisfied are you with the following functionalities of the WI ePDMP

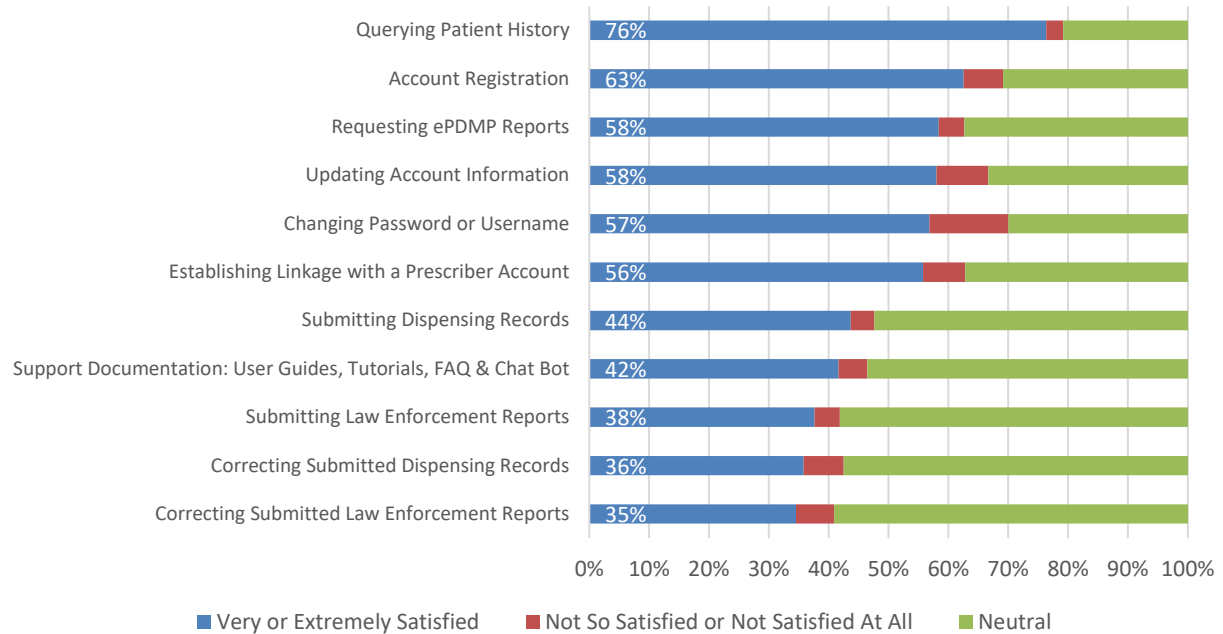
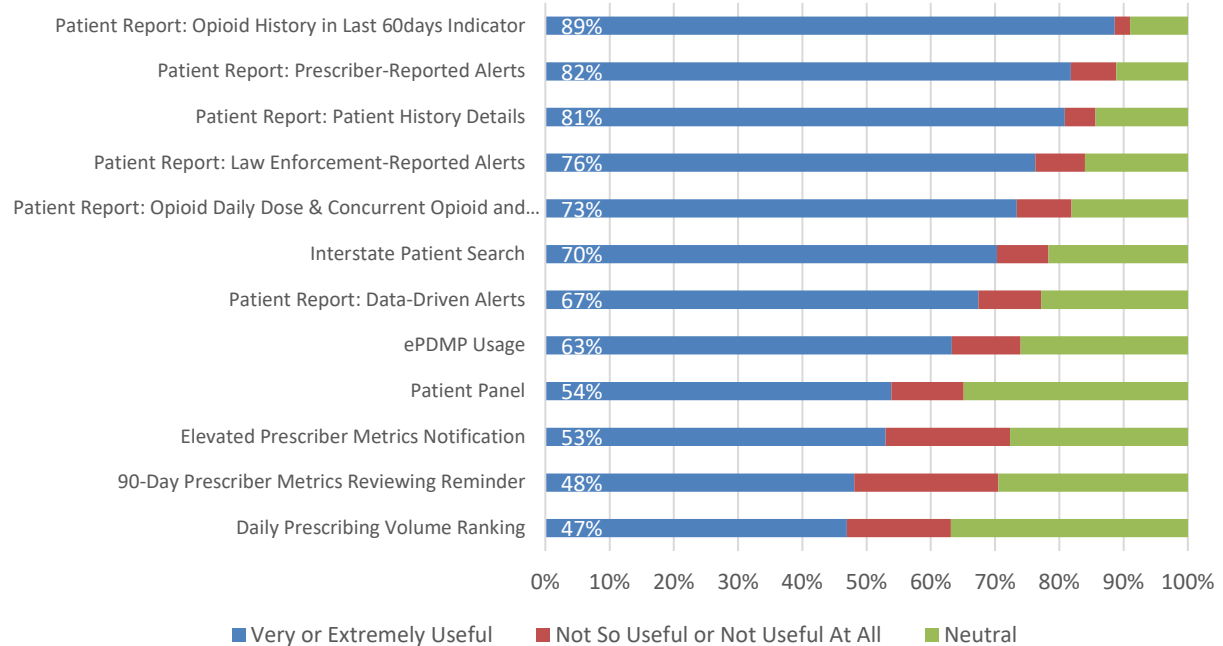


Figure 2. How useful do you find the following features in the WI ePDMP in informing your work?



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 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.

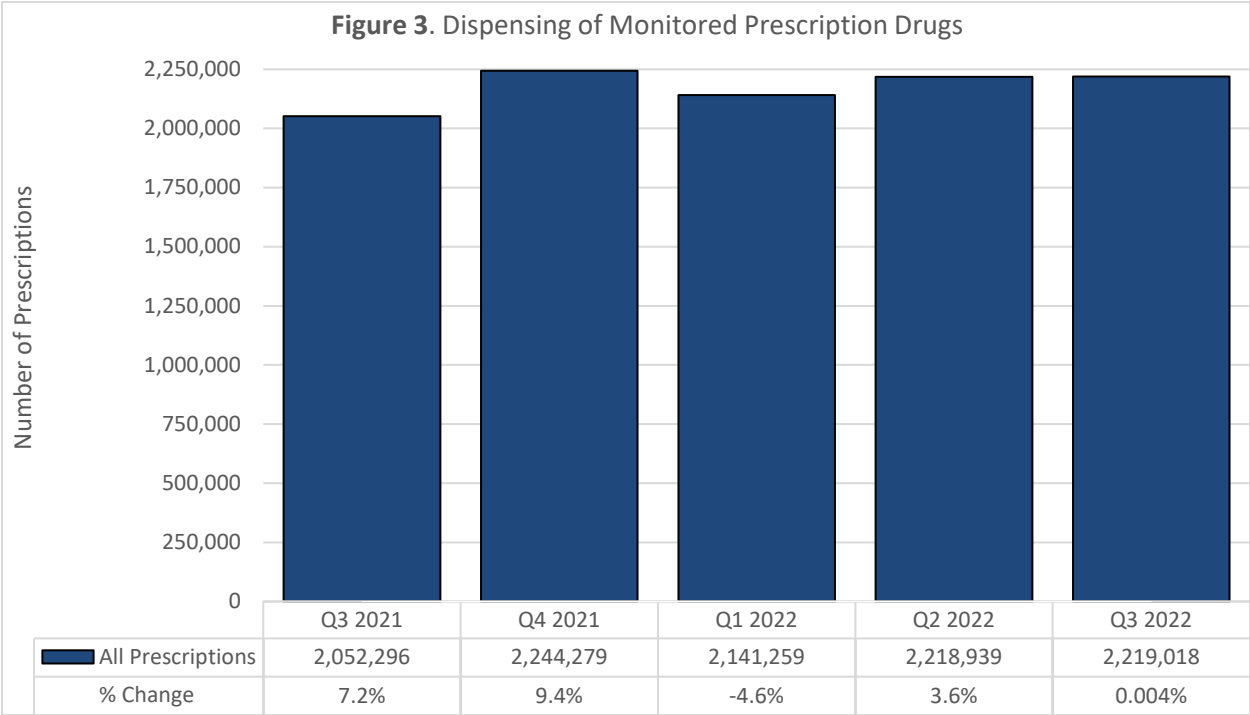
Based on the Workgroup recommendations, Controlled Substances Board made referrals to the Board of Nursing (BON) and Wisconsin Medical Examining Board (MEB) at their meetings in July and September of 2022 respectively. Based on opioid prescribing practices, four prescribers were referred to the BON and three prescribers were referred to the MEB.

The Board resumed ePDMP usage compliance audit for the Dentistry Examining Board (DEB) starting January of 2022. Notifications were emailed in March, May, and July 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 fifteen providers who received three consecutive notifications were referred to the DEB at the Controlled Substances Board meeting in September.

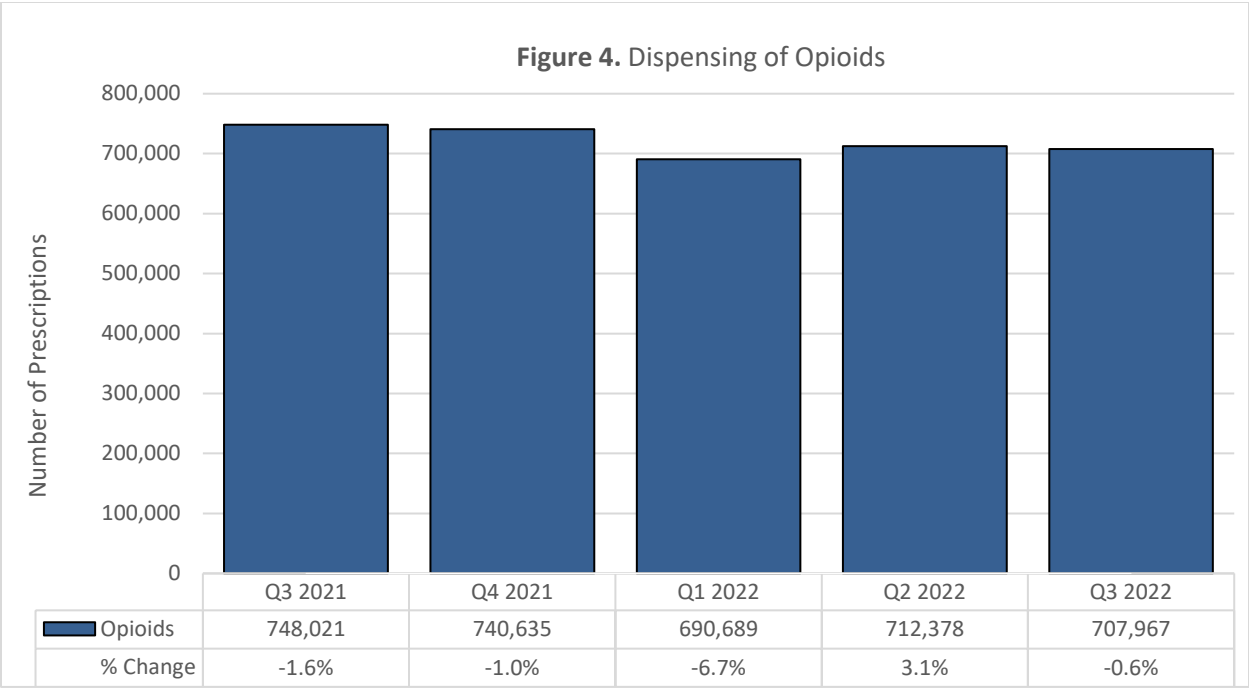
Additionally, the CSB conducts audits of the dispenser requirement to submit dispensing data to the WI ePDMP. Targeted outreach efforts are made after each audit to bring all non-exempt licensed pharmacies into compliance with the requirement to submit and correct dispensing data. Pharmacies that appear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

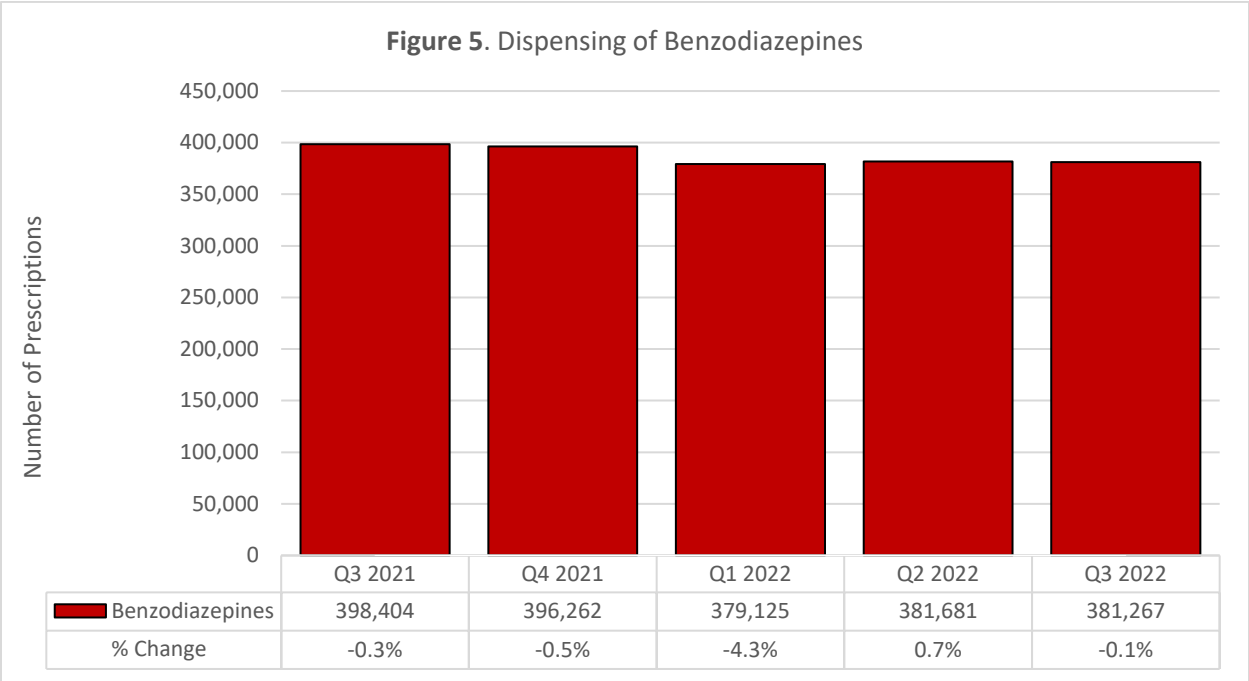
From Q2 2022 to Q3 2022, the quarterly dispensing of all monitored prescription drugs increased by less than 1%. Compared to the same quarter in 2021, dispensing in Q3 2022 increased by 8.1% (Figure 3).



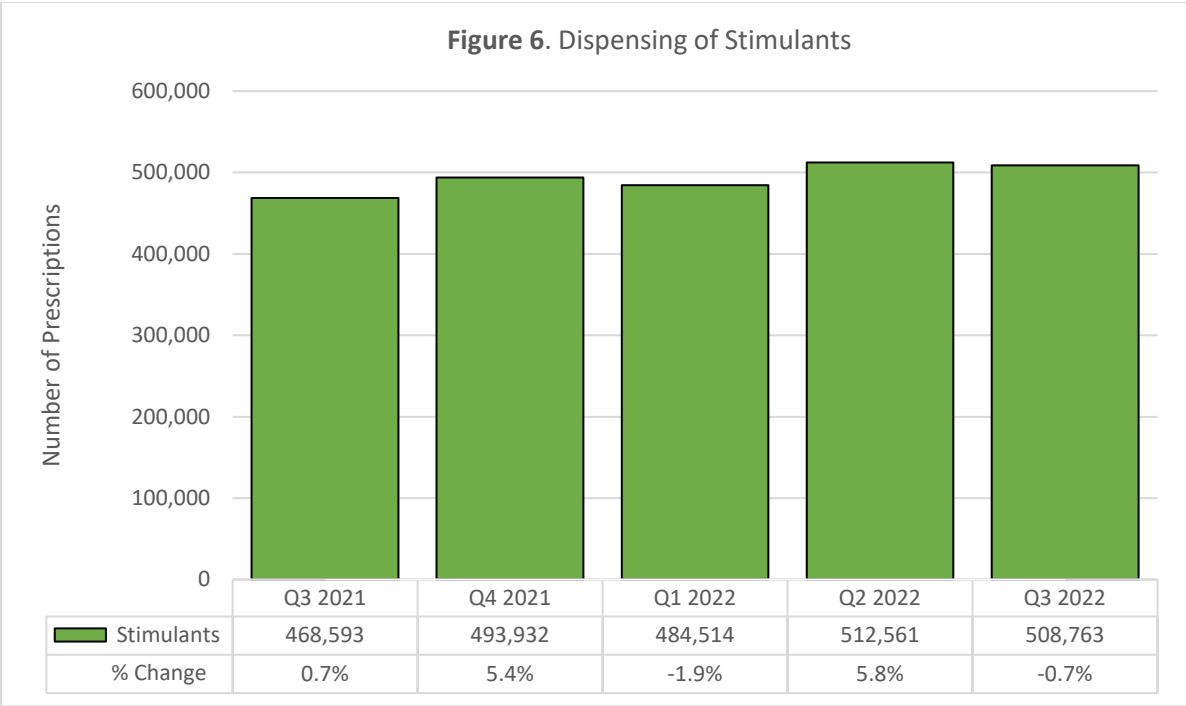
Quarterly data from the ePDMP show that opioid dispensing from Q2 2022 to Q3 2022 decreased by 0.6%, and decreased 5.4% compared to the same quarter in 2021 (Figure 4). In Q3 2022, a total of 278,474 individuals were prescribed opioids with a Daily Morphine Milligram Equivalent (MME) value greater than 0. Among them, most or a total of 152,720 patients received MME between 20 and 49 milligrams, 55,468 patients received 1-19 milligrams, 47,239 received 50-99 milligrams, and 23,047 patients received greater than 100 milligrams.



Quarterly dispensing of benzodiazepines from Q2 2022 to Q3 2022 decreased by 0.1% (Figure 5). Q3 dispensing equates to a 4.3% reduction from the dispensing levels of the same quarter in 2021.



The quarterly dispensing of stimulants decreased by 0.7% between Q2 2022 and Q3 2022. There is a 8.6% 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 Q3 2022 compared to Q2 2022, ranked in order of the number of prescriptions dispensed in Q3 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 1st 2021. Gabapentin continues to be the most dispensed drug with a 2.3% increase in dispensing since Q2 2022. Pregabalin is the only other drug in the top 15 that saw an increase of greater than 2% (2.6%). Two drugs saw a decrease of greater than 2% in dispensing including methylphenidate HCl (2.8%) and oxycodone w/ acetaminophen (2.4%).

The dispensing of Buprenorphine HCl-naloxone HCl dihydrate is the 13th most dispensed monitored prescription drug in Q3 2022 with a 1.7% increase from Q2. 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 2.2% increase in the past 12 months and a notable 58.7% increase since Q3 2018, the first quarter when 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	Q2 2022 Dispensing	Q3 2022 Dispensing	Percent Change
1	Gabapentin	Other	330,584	338,049	2.3%
2	Amphetamine-Dextroamphetamine	Stimulant	236,295	236,464	0.1%
3	Hydrocodone-Acetaminophen	Opioid	222,940	221,194	-0.8%
4	Tramadol HCl	Opioid	141,068	139,588	-1.0%
5	Oxycodone HCl	Opioid	126,992	126,996	0.0%
6	Lorazepam	Benzodiazepine	120,161	121,319	1.0%
7	Lisdexamfetamine Dimesylate	Stimulant	119,972	120,442	0.4%
8	Alprazolam	Benzodiazepine	112,518	111,599	-0.8%
9	Methylphenidate HCl	Stimulant	110,479	107,421	-2.8%
10	Clonazepam	Benzodiazepine	102,038	101,159	-0.9%
11	Zolpidem Tartrate	Other	96,757	96,111	-0.7%
12	Pregabalin	Other	74,638	76,545	2.6%
13	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	61,539	62,595	1.7%
14	Oxycodone w/Acetaminophen	Opioid	63,463	61,961	-2.4%
15	Diazepam	Benzodiazepine	40,068	39,785	-0.7%

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. 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.

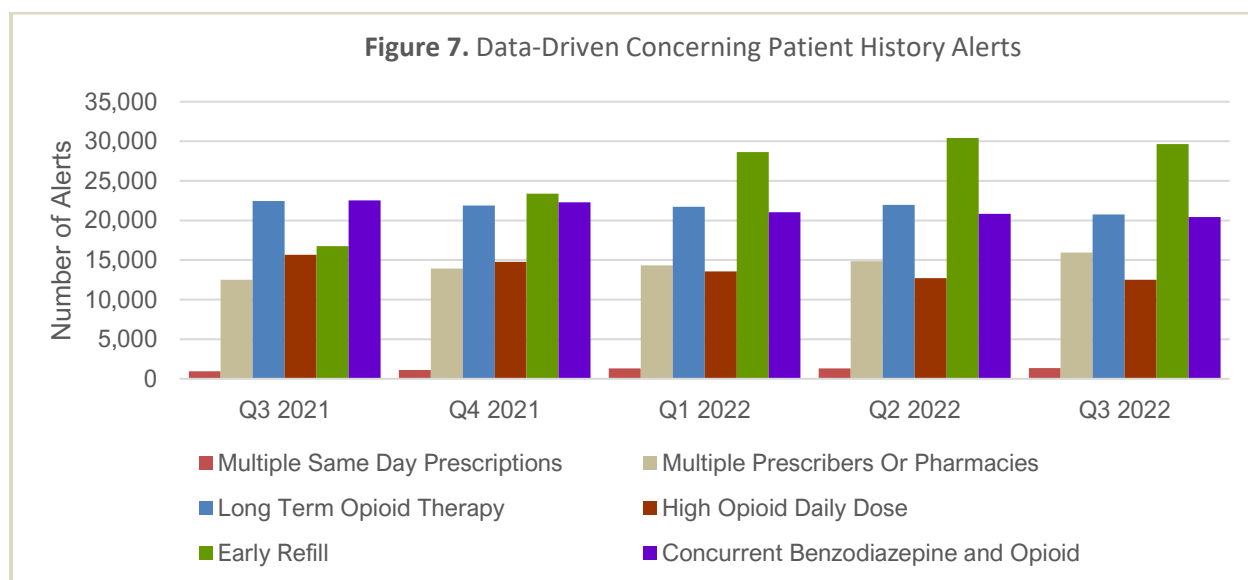
The quarterly number of concerning patient alerts has a decrease of 1.4% from Q2 2022 to Q3 2022. Most notable are the decreases in Long-Term Opioid Therapy (5.6%) and Early Refill (4.1%) alerts. Buprenorphine commonly used to treat opioid use disorder were excluded from the calculation of the Long-Term Opioid Therapy alert starting July 24, 2022, per the Board's decision based on user feedback. On the opposite end, Multiple Prescribers Or Pharmacies (7.3%) and Multiple Same Day Prescriptions saw increases from Q2 2022 to Q3 2022.

Among the most frequently occurring alerts, the Early Refill Alert number of occurrences in Q3 2022 was significantly higher (77.0%) than the same quarter in 2021 and 21.8% 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 Q3 2022 was 27.3% higher than the same quarter in 2021 and 34.5% 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 Q3 2022.

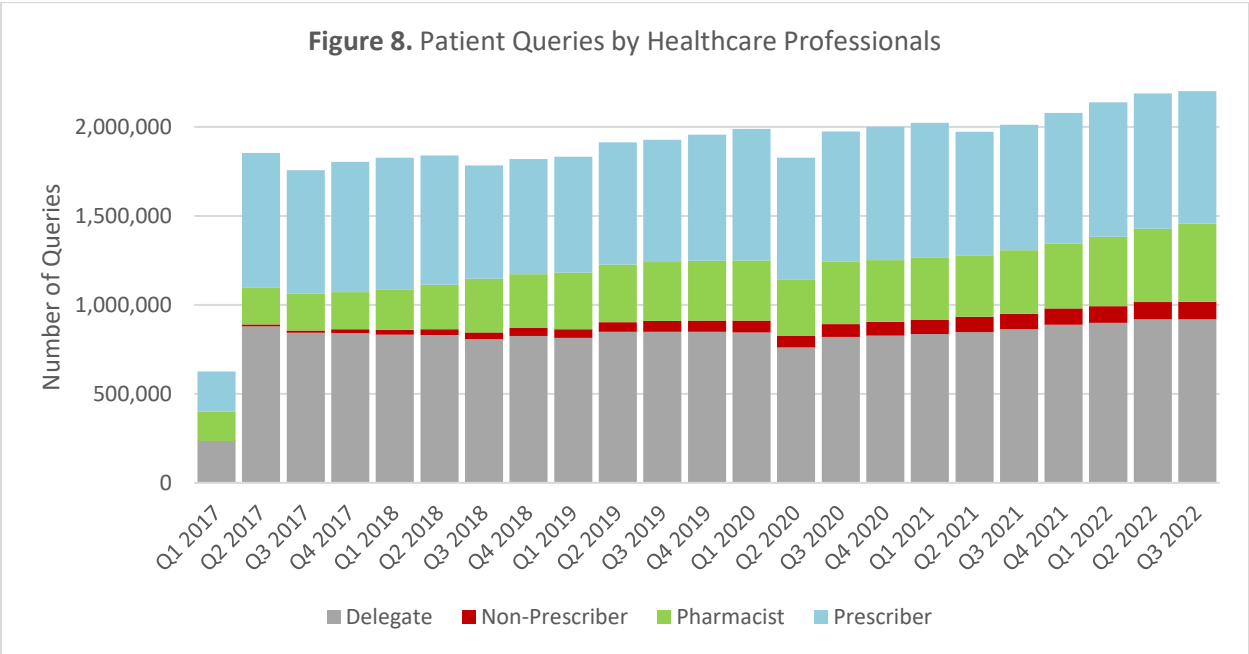
Values for preceding quarters may be modified after the conclusion of a quarter, based on the duration of prescriptions that bridge quarters, which is why it is important to view the number of occurrences for Q3 2022 not only in relation to the preceding quarter, but also in relation to the same quarter 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.



	Alert Type	Q1 2017	Q3 2022	Percent Change
1	Concurrent Benzodiazepine and Opioid	38,446	20,454	-46.8%
2	Early Refill	24,354	29,670	21.8%
3	High Opioid Daily Dose	40,005	12,517	-68.7%
4	Long-Term Opioid Therapy	34,819	20,759	-40.4%
5	Multiple Prescribers or Pharmacies	24,379	15,959	-34.5%
6	Multiple Same Day Prescriptions	3,009	1,358	-54.9%
	All Alert Types	165,012	100,717	-39.0%

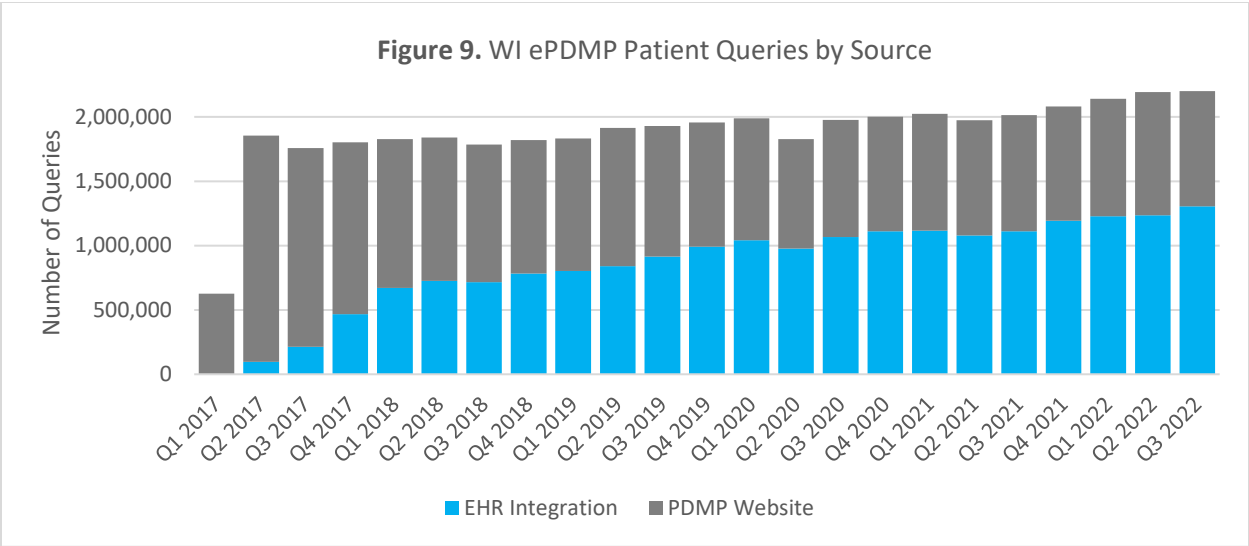
Disclosure of WI PDMP Data

Between July 1 and September 30 (Q3), 2022, healthcare users made a total of 2,230,419 patient queries, a 1.9% increase compared to Q2 2022. Among them, 41.2% of the queries were performed by delegates of prescribers or pharmacists, 34.7% were performed by prescribers, 19.7% by pharmacists, and 4.4% by other non-prescribing healthcare professionals. The share of queries performed by various user types has been consistent between Q2 2022 and Q3 2022 (Figure 8).

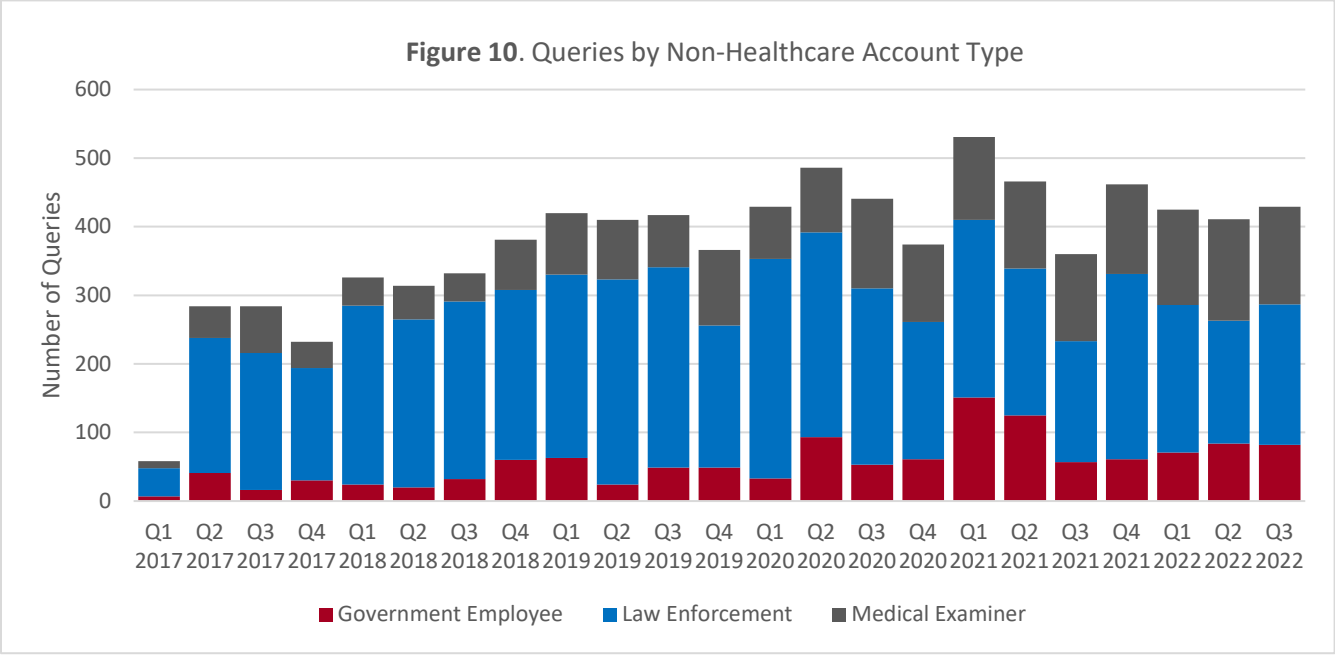


Utilizing the National Association of Boards of Pharmacy’s PMP InterConnect (PMPi) and the RxCheck interstate data sharing hub, the WI ePDMP is currently connected with 28 state PDMPs as well as the Military Health System. This interstate data exchange allows healthcare users to expand the WI ePDMP patient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

Healthcare professionals from 22 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 Q3 2022, over 58% 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 429 requests for PDMP data in Q3 2022, which is a 4% increase over the previous quarter. As Figure 10 shows, authorized law enforcement queries continue to make up around half of the total non-healthcare queries and increased this quarter (47.6% from 43.6% last quarter).

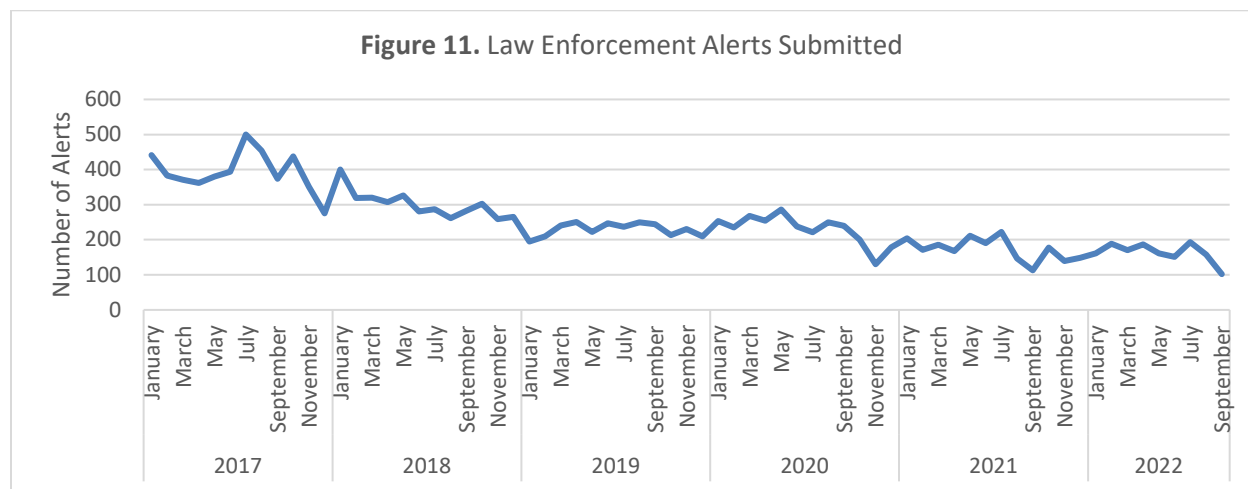


Law Enforcement Reports

In Q3 2022, there were 453 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:

- 47.7% of the reports submitted were for suspected non-fatal opioid-related overdose events.
- 28.7% of the reports submitted were reports of stolen controlled substance prescriptions.
- 15.3% of the reports submitted were for suspected violations of the Controlled Substances Act.
- 8.3% of the reports submitted were for suspected narcotic-related deaths.

Summary

The third quarter of 2022 shows an overall increase of less than 1% in dispensing of monitored prescription drugs in Wisconsin compared to Q2 2022. For the third consecutive quarter, gabapentin was the top dispensed monitored drug. It accounted for 338,049 dispensings, a 2.3% increase from dispensing in Q2 2022.

The overall dispensing of monitored prescription drugs in Q3 2022 has an increase of 0.2% compared to Q3 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 Q3 2022 was notably 28.4%, or over 280,000 prescriptions, lower than the number in Q3 2017.
- The number of benzodiazepine prescriptions dispensed in Q3 2022 was notably 24.2%, or around 121,000 prescriptions, lower than the number in Q3 2017.
- The number of stimulant prescriptions dispensed in Q3 2022 was 23.9%, or over 98,000 prescriptions, more than the number in Q3 2017.

From Q2 2022 to Q3 2022, the quarterly dispensing of all monitored prescription drugs increased by less than 1%, and increased 8.1% compared to the same quarter in Q3 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 Q3 2022 decreased by 0.6% compared to the previous quarter, and a decrease of 5.4% compared to the same quarter in 2021.
- The number of benzodiazepine prescriptions dispensed in Q3 2022 increased by 0.1% compared to the previous quarter and decreased 4.3% compared to the same quarter in 2021.
- After an increase the previous quarter, the dispensing of stimulant prescriptions decreased in Q3 2022 by 0.7% compared to the previous quarter, which equates to a notable 8.6% increase compared to the same quarter period in 2021.
- The dispensing of the top 15 most dispensed monitored prescription drugs in Q3 2022 compared to Q2 2022 has increased by 0.1% overall. The most notable changes to the list are the decreases in methylphenidate (2.8%) and oxycodone w/ acetaminophen (2.4) dispensings and increases to pregabalin (2.6%), gabapentin (2.3%), and buprenorphine HCl-naloxone HCl dihydrate (1.7%) dispensings.

Encouraging trends found in the WI ePDMP continued in Q3 2022.

- The dispensing of Buprenorphine HCl-naloxone HCl dihydrate is the 13th most dispensed monitored prescription drug in Q3 2022 with a 1.7% increase from Q2. 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 2.2% increase in the past 12 months and a notable 58.7% 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.