



Controlled Substances Board



WISCONSIN | **ePDMP**

Report 23

2022 Quarter 4 and Year-End Summary

Contact Information

Wisconsin Controlled Substances Board

Chairperson: Doug Englebert

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Barman, Subhadeep	Psychiatrist
Ferguson, Kris	Medical Examining Board Representative
Koresch, Sandy M.	Attorney General Designee
Weinman, Robert W.	Board of Nursing Representative
Weitekamp, John G.	Pharmacy Board Representative

Wisconsin Department of Safety and Professional Services

4822 Madison Yards Way

Madison, WI 53705

608-266-2112

DSPS@wisconsin.gov

Website: <https://dsps.wi.gov>

Wisconsin Prescription Drug Monitoring Program

PDMP@wisconsin.gov

608-266-0011

Website: <https://pdmp.wi.gov/>

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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 fourth quarter of 2022 and will primarily focus on analysis of PDMP data from Q4 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. Across the four surveys in 2022, an average of 78% of survey participants are satisfied with the ePDMP, which is a 2% increase from the overall satisfaction in 2021. The satisfaction rate increases to an average of 80% for respondents who have the option to access the ePDMP via an Electronic Health Record (EHR) interface. Two of the ePDMP functionalities, “Querying Patient History” (74%) and “Account Registration” (62%), received the highest satisfaction rate. Among the features in the patient history report, an average of 87% of respondents acknowledged “Opioid History in the Last 60 Days Indicator” as “Extremely or Very Helpful” in informing their work as healthcare professionals, followed by “Patient History Details” (79%), “Prescriber-Reported Alerts” (78%), and “Law Enforcement-Reported Alerts” (76%).

The Q4 2022 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. A total of 326 complete responses were collected between January 3, 2023 and January 23, 2023. Eighty-seven percent of respondents were Healthcare Professionals, including Prescribers (55%), Pharmacists (3%), Delegates (12%), and Non-Prescribers (14%). The remaining 16% 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-nine percent of respondents reported overall satisfaction with the WI ePDMP, providing responses of “Very Satisfied” (48.5%) or “Extremely Satisfied” (30.7%). Satisfaction increased to 88% for respondents who have the option to access the ePDMP via an EHR interface.

Among the functionalities available to different types of users, 75% of respondents were “Extremely or Very Satisfied” with “Querying Patient History” followed by “Requesting ePDMP Reports” with 64% “Extremely or Very satisfied.” (Figure 1). For functionalities specifically for prescribing healthcare professional users, 87% of respondents acknowledged “Opioid History in the Last 60 Days Indicator” as “Extremely or Very Helpful” in informing their work, followed by “Law Enforcement-Reported Alerts” and “Patient History Details,” both of which 79% of respondents acknowledged as “Extremely or Very Useful” (Figure 2).

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

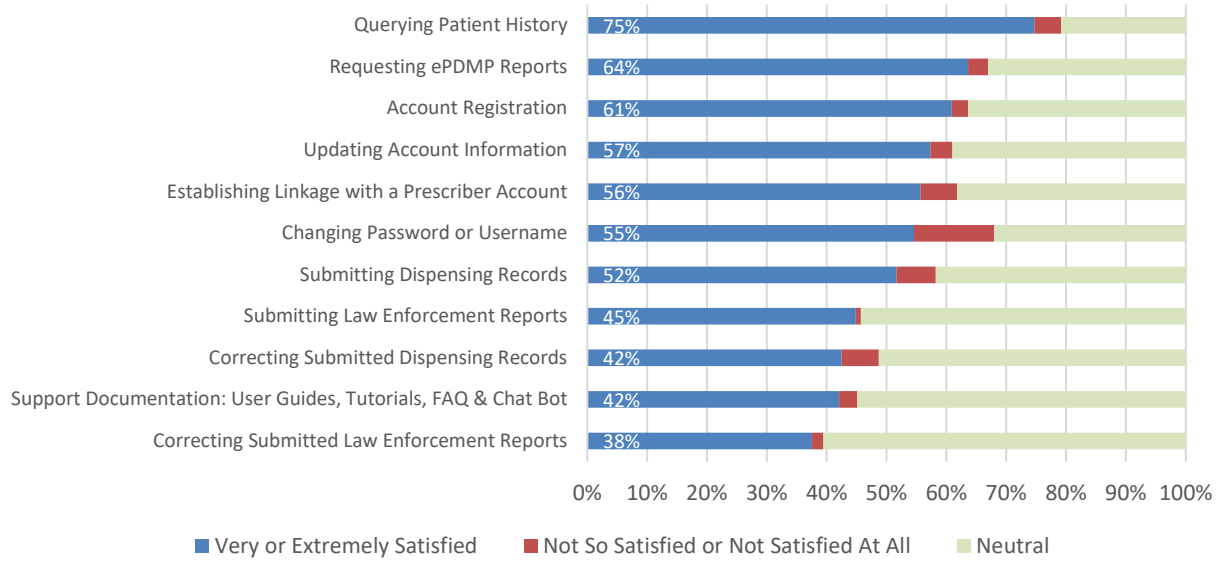
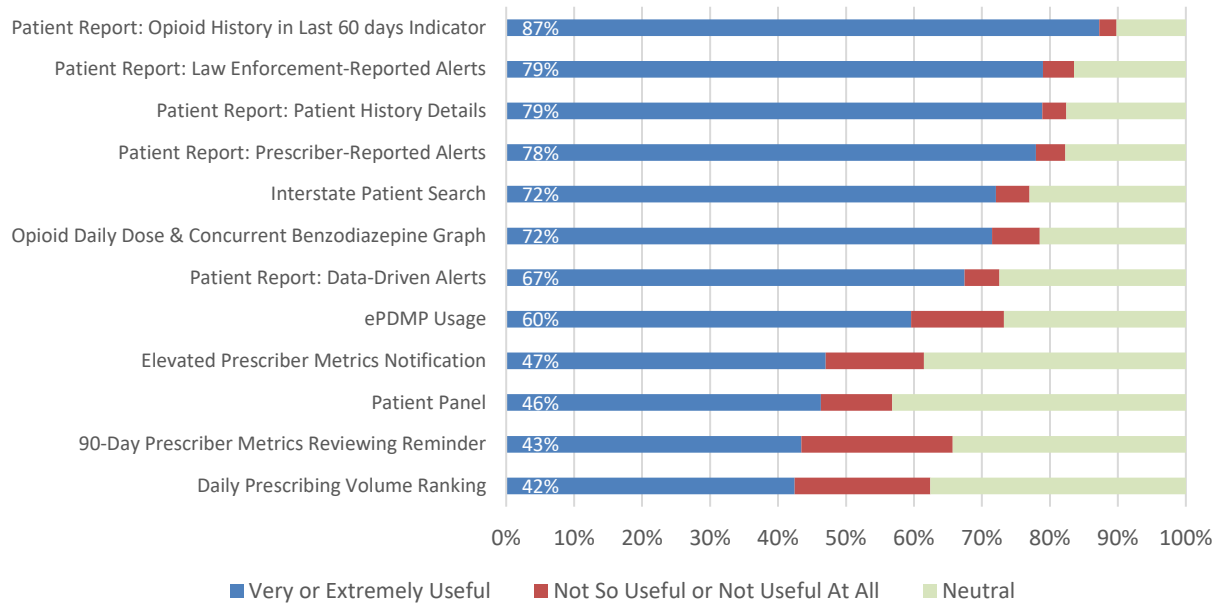


Figure 2: How useful do you find the following features in the WI ePDMP in informing your work?



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 continued to meet in 2022 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 2022, the CSB Workgroup reviewed summaries of the PDMP dispensing data specific to professionals associated with the Wisconsin Medical Examining Board (MEB), Physician Assistant Affiliated Credentialing Board (PAACB), Dentistry Examining Board (DEB), and Board of Nursing (BON) in January, March, May, July, September, and November. Based on the data presented, the following actions occurred:

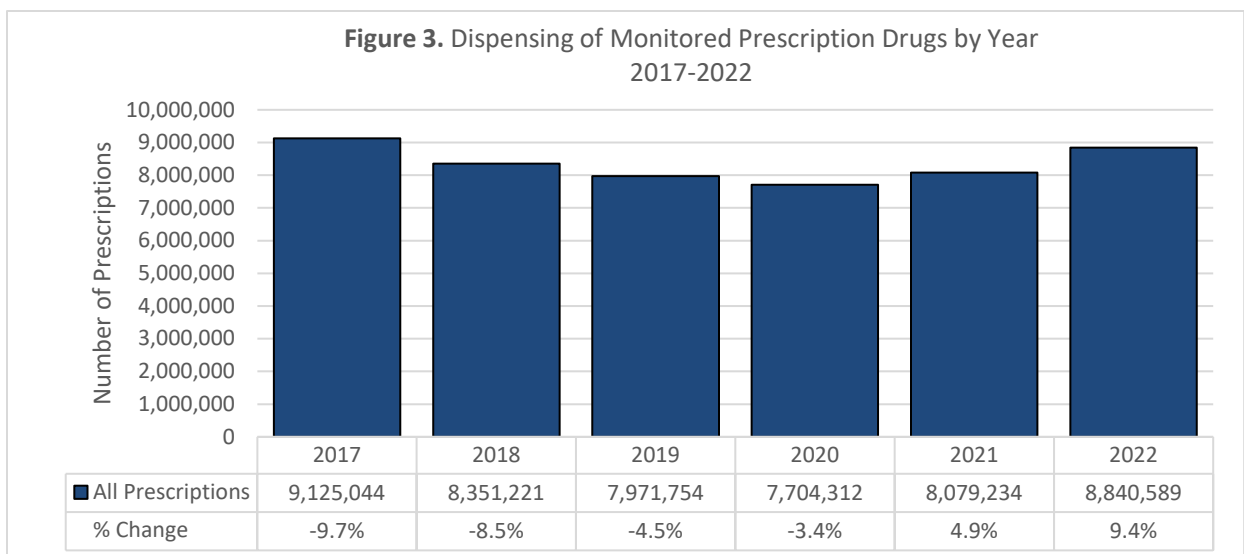
- Thirty-six of the top prescribing physicians were referred to the MEB.
- Five of the top prescribing Physician Assistants (PA) were referred to the PAACB.
- Seven of the top prescribing Advanced Practice Nurse Prescribers (APNP) were referred to the BON.
- Three of the top prescribing dentists were referred to the DEB and an additional fifteen dentists were referred for their lack of ePDMP usage prior to issuing a controlled substance prescription.

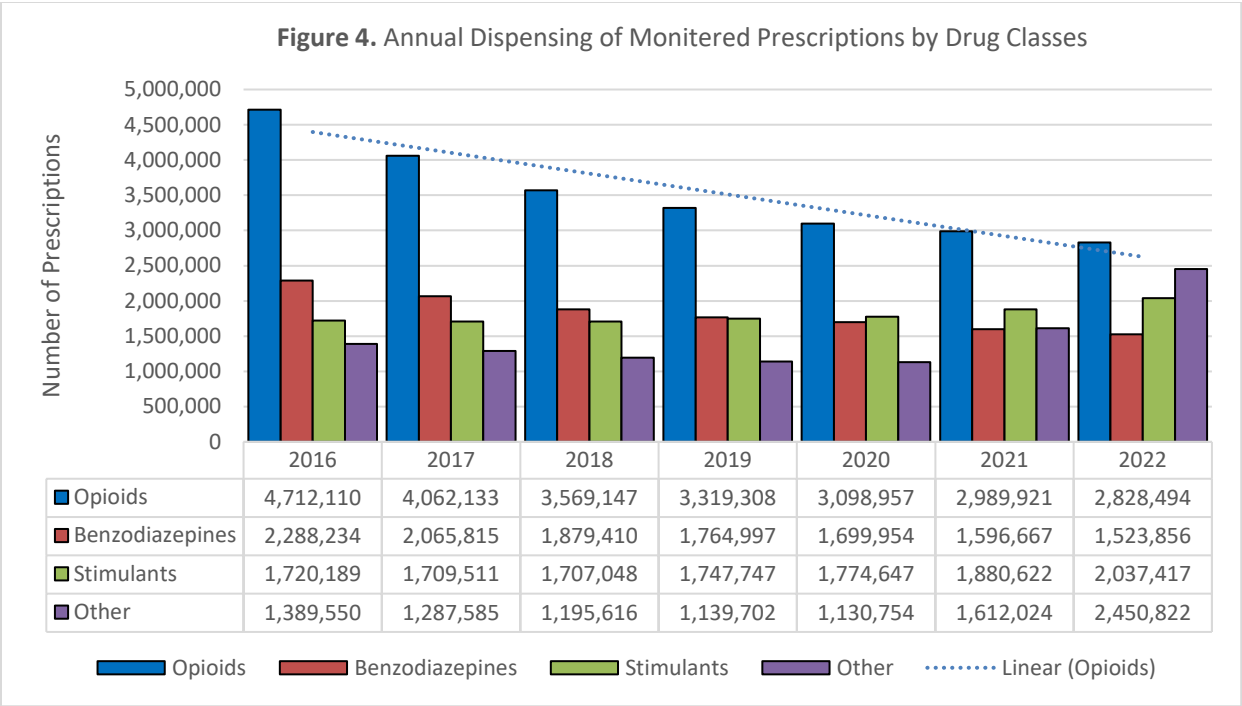
In Q4 2022, based on the Workgroup recommendations, the Controlled Substances Board made referrals to the BON in their meeting in November. Three prescribers were referred to the BON Based on opioid prescribing practices.

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.

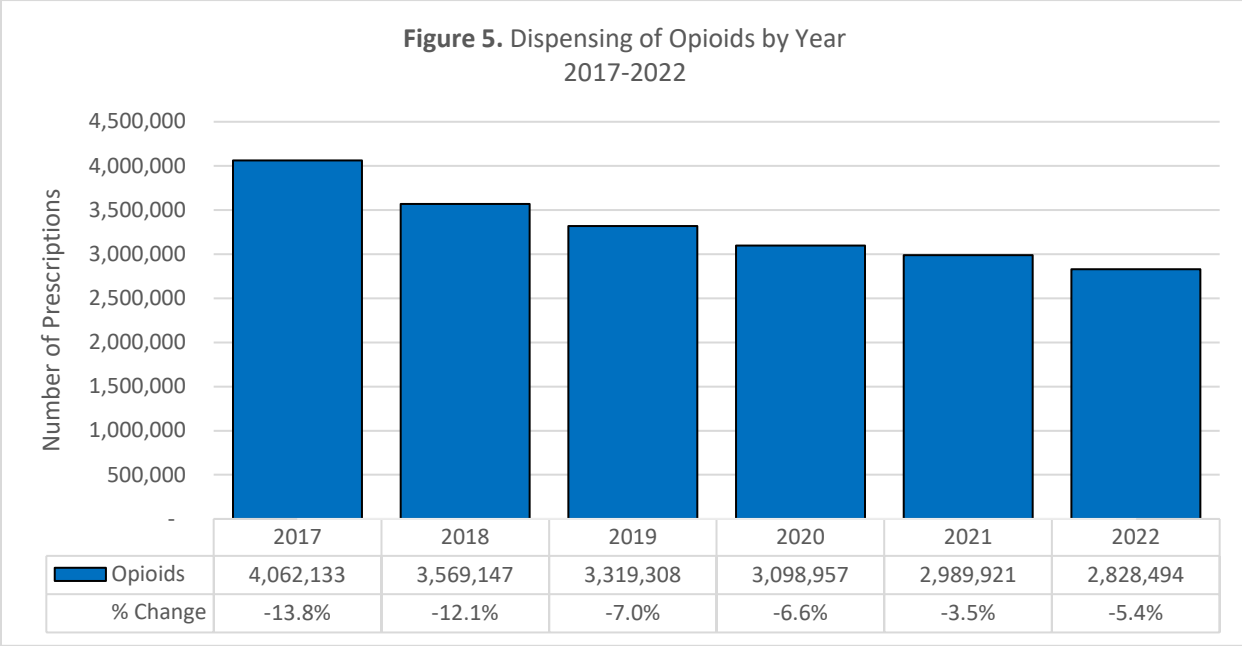
Monitored Prescription Drug Dispensing Trend

For 2022, the annual dispensing of monitored prescription drugs, defined as controlled substances in Schedules II-V or drugs identified by the Board as having a substantial potential for abuse, has an increase of 9.4% compared to 2021 and a 3.1% decrease since 2017 (Figure 3). The breakdown of the annual dispensing by drug classes shows some promising trends in the decrease of opioid and benzodiazepine whereas the increasing trend of stimulant dispensing continued and a notable increase was found in the “other” drug class which included the newly monitored drug gabapentin (Figure 4). The 845,443 increase of gabapentin dispensings from 2021 to 2022 was more than the 761,335 overall increase in all monitored prescription drugs dispensings.

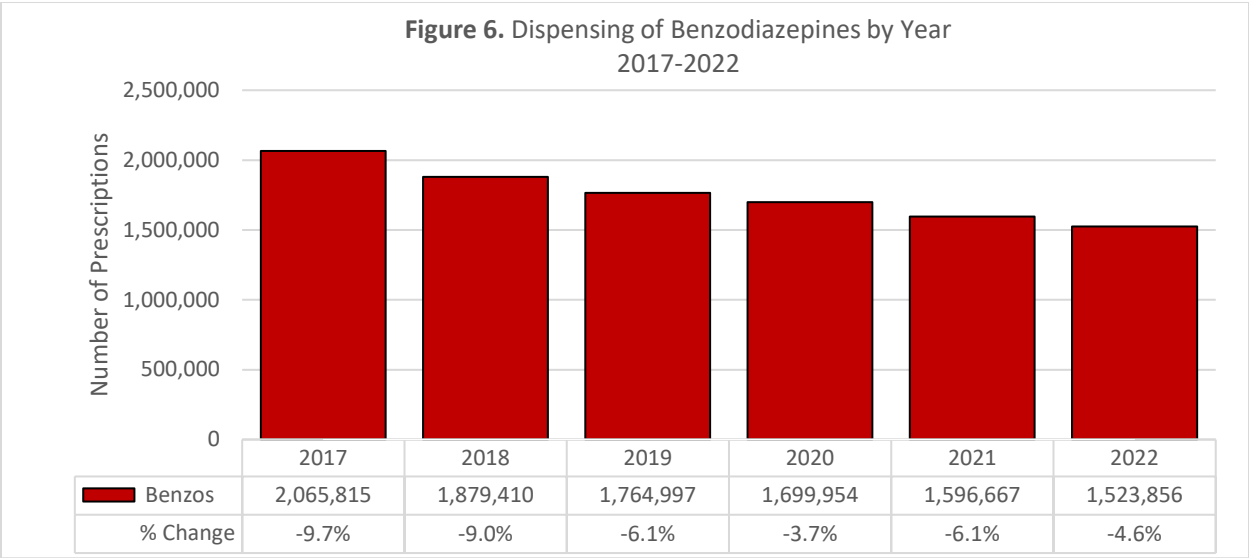




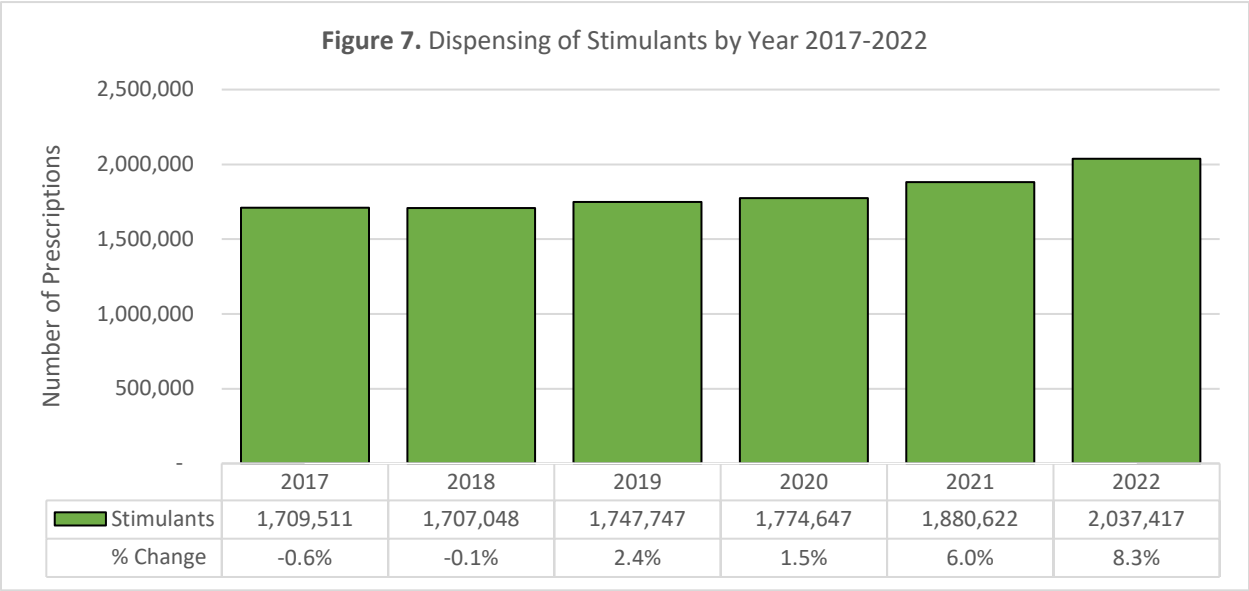
The annual dispensing of opioids decreased by 5.4% from 2021 to 2022 and 30.4% in the past six years since 2017 (Figure 5).



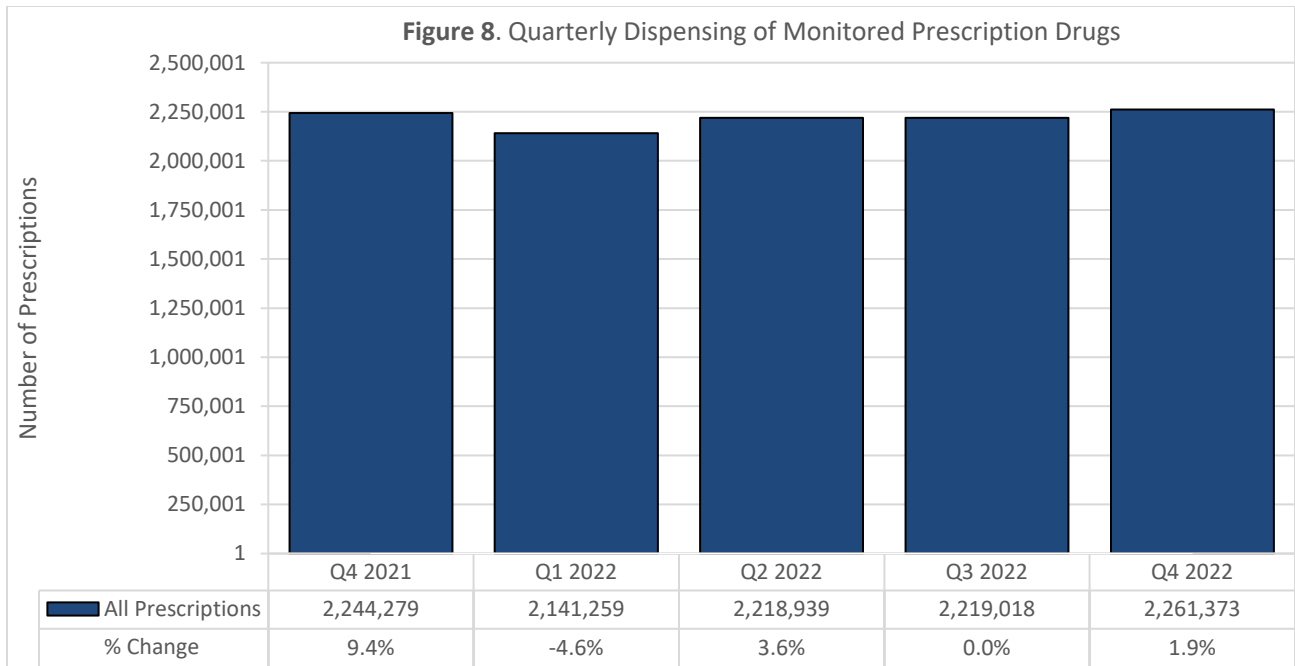
The annual dispensing of benzodiazepines decreased by 4.6% from 2021 to 2022 and 26.2% since 2017 (Figure 6).



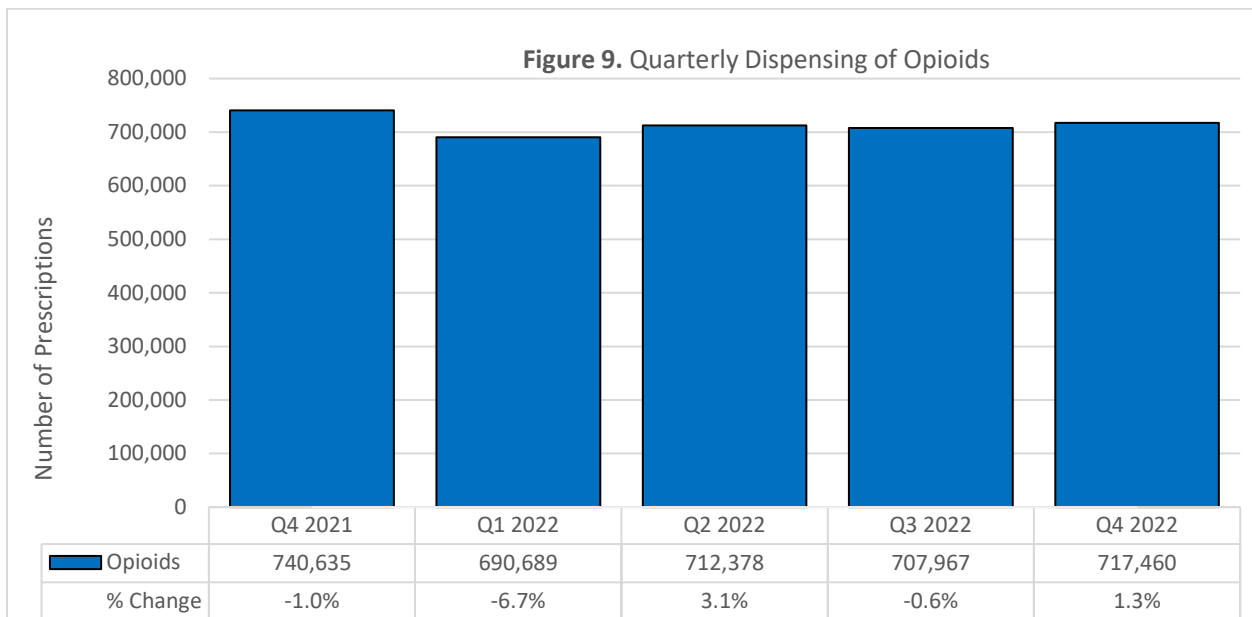
The increasing trend of stimulant dispensing continued between 2021 and 2022 by 8.3%, and 19.2% since 2017 (Figure 7).



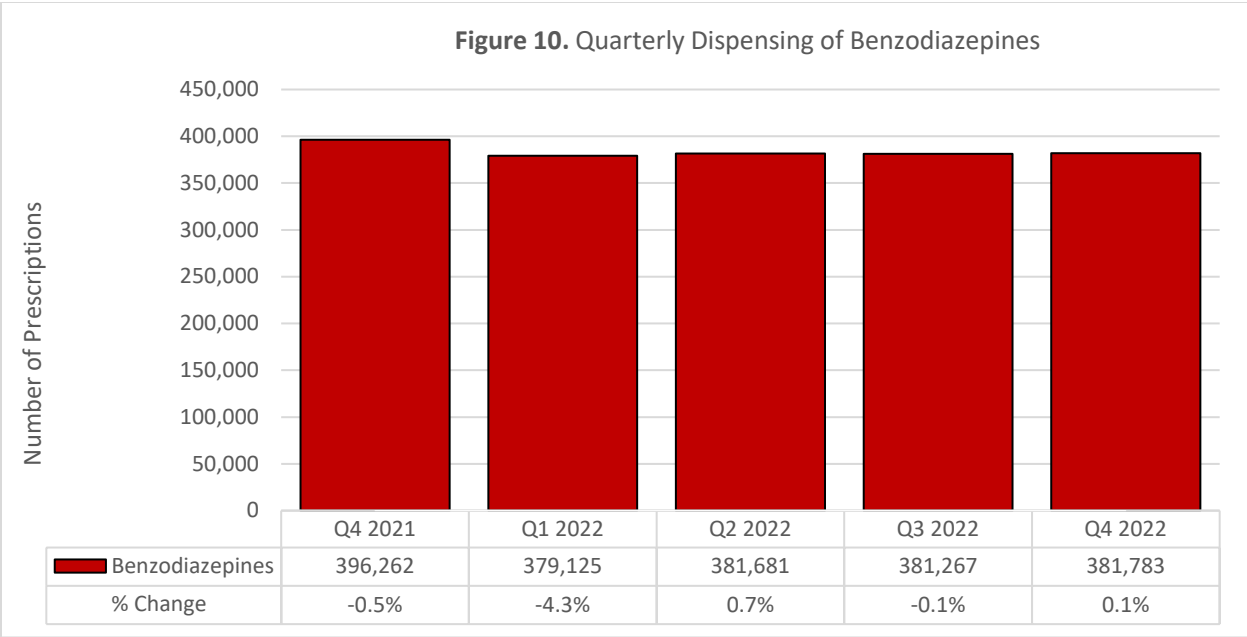
Quarterly data from the ePDMP show that dispensing of all monitored prescription drugs from Q3 to Q4 2022 increased by 1.9%. Compared to the same quarter in 2021, dispensing in Q4 2022 increased by 0.8% (Figure 8).



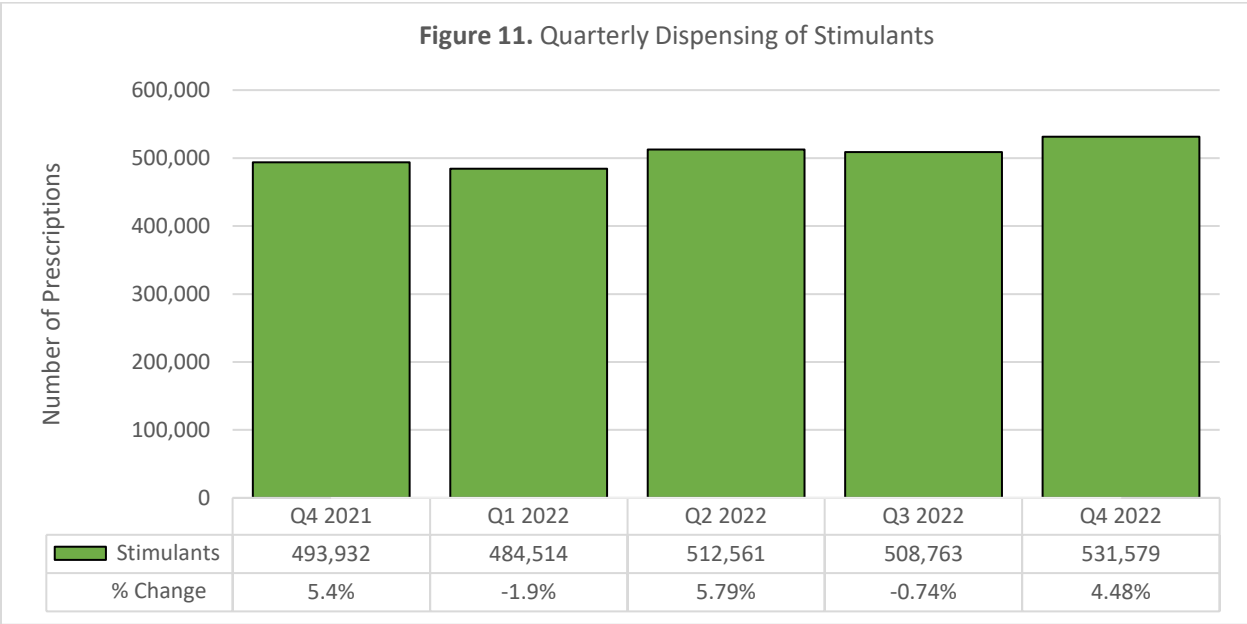
Quarterly dispensing of Opioid from Q3 to Q4 2022 increased by 1%, and decreased by 3.1% compared to the same quarter in 2021 (Figure 9).



Quarterly dispensing of benzodiazepines from Q3 2022 to Q4 2022 increased slightly by 0.1% (Figure 10). Q4 dispensing equates to a 3.7% reduction from the dispensing levels of the same quarter in 2021.



The quarterly dispensing of stimulants increased by 4.5% between Q3 and Q4 2022 and by 7.6% compared to the same quarter in 2021 (Figure 11).



Top 15 Dispensed Monitored Prescription Drugs

Table 1 shows the annual top 15 most dispensed monitored prescription drugs in 2022 compared to 2021, ranked in order of the number of prescriptions dispensed in 2022. In general, the top 15 drugs have remained the same in the past two years with some changes in the ranking with the exception of gabapentin, which joined to the list in 2021 for the first time. Gabapentin became a monitored prescription drug on September 1, 2021, after being identified by the Board as having a substantial potential for abuse.

Overall dispensing of the most prescribed opioids and benzodiazepines has decreased but dispensing of stimulants and others has increased notably. The largest decreases were found in oxycodone w/ acetaminophen (9.8%), tramadol HCl (5.9%), and alprazolam (5.4%). The largest increase in dispensing was found with gabapentin (172%) which has continued to be the most dispensed monitored drug since Q4 2021 after becoming a newly monitored drug in Q3 2021. The three listed stimulants all saw a continued increasing trend in dispensing, most notably lisdexamphetamine- dimesylate (10.0%), followed by methylphenidate HCl (8.8%), and amphetamine-dextroamphetamine (8.0%).

Table 1. Top 15 Dispensed Monitored Prescription Drug by Dispensing by Year					
	Drug Name	Drug Class	2021 Dispensing	2022 Dispensing	Percent Change
1	Gabapentin	Other	491,217	1,336,660	172.1%
2	Amphetamine-Dextroamphetamine	Stimulant	867,410	937,068	8.0%
3	Hydrocodone-Acetaminophen	Opioid	950,631	881,352	-7.3%
4	Tramadol HCl	Opioid	593,752	558,614	-5.9%
5	Oxycodone HCl	Opioid	506,653	510,944	0.8%
6	Lisdexamfetamine Dimesylate	Stimulant	440,610	484,825	10.0%
7	Lorazepam	Benzodiazepine	504,522	484,277	-4.0%
8	Alprazolam	Benzodiazepine	473,804	448,422	-5.4%
9	Methylphenidate HCl	Stimulant	404,093	439,692	8.8%
10	Clonazepam	Benzodiazepine	426,007	405,993	-4.7%
11	Zolpidem Tartrate	Other	400,369	383,638	-4.2%
12	Pregabalin	Other	279,518	302,242	8.1%
13	Oxycodone w/ Acetaminophen	Opioid	278,317	251,055	-9.8%
14	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	243,284	247,453	1.7%
15	Diazepam	Benzodiazepine	165,676	159,020	-4.0%

Table 2 shows the quarterly data of top 15 most dispensed monitored prescription drugs in Q4 2022 compared to Q3 2022, ranked in order of the number of prescriptions dispensed in Q4 2022. 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 making the list in Q3 2021 for the first time. The top 15 drugs make up nearly 88% of the dispensing of monitored prescription drugs for any given quarter.

The most dispensed opioid, hydrocodone-acetaminophen, saw a decrease of 0.8%. Among the stimulant classification, dispensing of methylphenidate HCl (6.6%), lisdextroamphetamine-dimesylate (6.1%), and amphetamine-dextroamphetamine (1.7%) all saw increases from Q3 to Q4 2022.

The dispensing of buprenorphine HCl-naloxone HCl dihydrate is the 13th most dispensed monitored prescription drug in Q4 2022 with a slight increase (1.1%) from Q3. 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 dispensings that occur 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 an increase of 1.7% in the past 12 months and a notable 58.7% increase since Q3 2018, the first quarter buprenorphine HCl-naloxone HCl dihydrate moved into the top 15 dispensed monitored prescription drugs.

	Drug Name	Drug Class	Q3 2022 Dispensing	Q4 2022 Dispensing	Percent Change
1	Gabapentin	Other	338,049	345,909	2.3%
2	Amphetamine-Dextroamphetamine	Stimulant	236,464	240,590	1.7%
3	Hydrocodone-Acetaminophen	Opioid	221,194	219,527	-0.8%
4	Tramadol HCl	Opioid	139,588	140,365	0.6%
5	Oxycodone HCl	Opioid	126,996	135,728	6.9%
6	Lisdexamfetamine Dimesylate	Stimulant	120,442	127,832	6.1%
7	Lorazepam	Benzodiazepine	121,319	122,483	1.0%
8	Methylphenidate HCl	Stimulant	107,421	114,526	6.6%
9	Alprazolam	Benzodiazepine	111,599	111,001	-0.5%
10	Clonazepam	Benzodiazepine	101,159	101,351	0.2%
11	Zolpidem Tartrate	Other	96,111	95,642	-0.5%
12	Pregabalin	Other	76,545	79,308	3.6%
13	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	62,595	63,283	1.1%
14	Oxycodone w/ Acetaminophen	Opioid	61,961	62,509	0.9%
15	Diazepam	Benzodiazepine	39,785	39,560	-0.6%

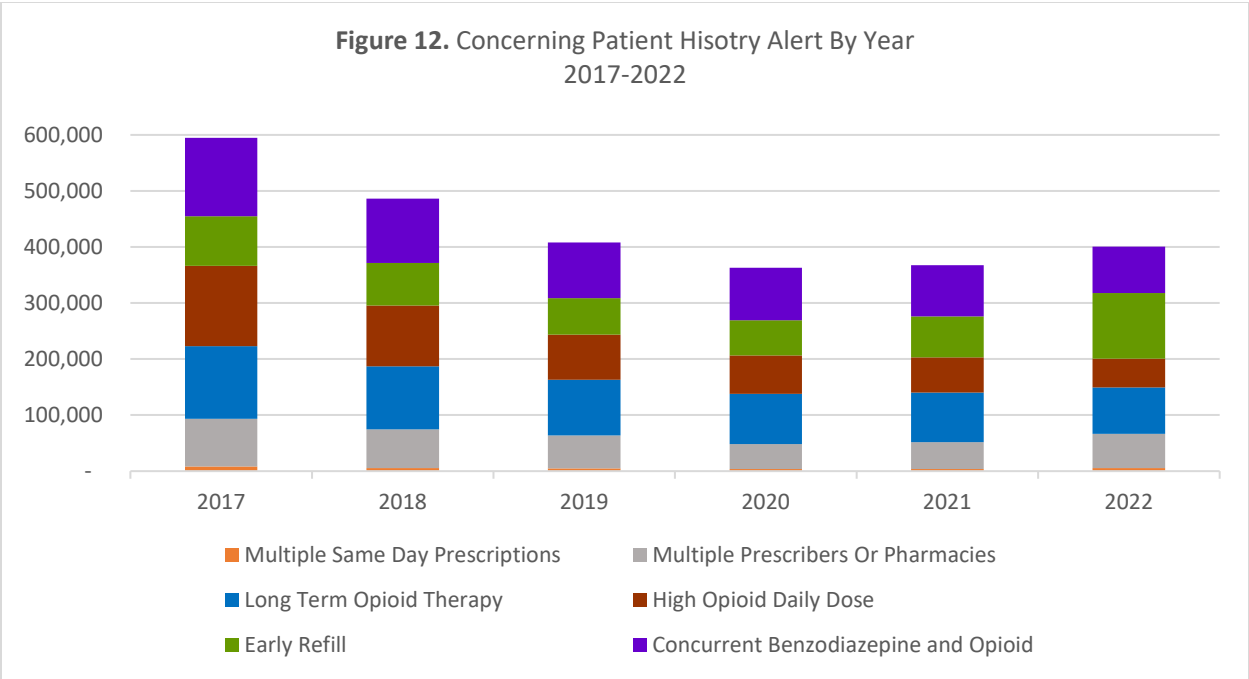
Data-Driven Alerts

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 annual number of concerning patient history alerts generated by analytics of the dispensing data has seen an increase from 2021 to 2022 after a decreasing trend over four years since 2017. In 2022, the total alerts increased by 9% from 2021 and a 33% decrease since 2017 (Figure 12). There were notable increases in the Early Refill (60.8%), Multiple Same Day Prescriptions alert (40.7%), and Multiple Prescribers or Pharmacies alert (27.8%) compared to 2020 while a decreasing trend continued for all the other alert types. The most notable decreases were found in High Opioid Daily Dose (18.1%) and Long-Term Opioid Therapy (9.4%).



The quarterly number of concerning patient alerts has a decrease of 3.4% from Q3 2022 to Q4 2022. Most notable are the decrease in Long Term Opioid Therapy (11.5%), Multiple Same Day Prescription (3.2%) and Early Refill (3.1%) (Figure 13).

Among the most frequently occurring alerts, Early Refill Alert, the number of occurrences in Q4 2022 was 23% higher than the same quarter in 2021 and 18% 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 since.

See Table 3 for the percent changes of all data-driven alert types that occurred from Q1 2017 to Q4 2022.

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 Q4 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 which the alerts were presented to WI ePDMP users.

Figure 13. Quarterly Data-Driven Concerning Patient History Alerts

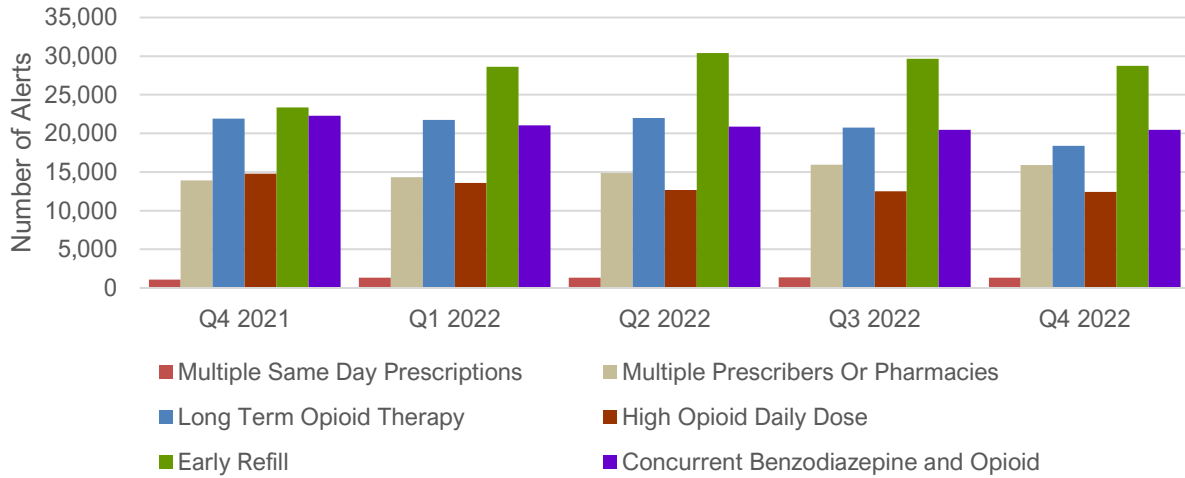
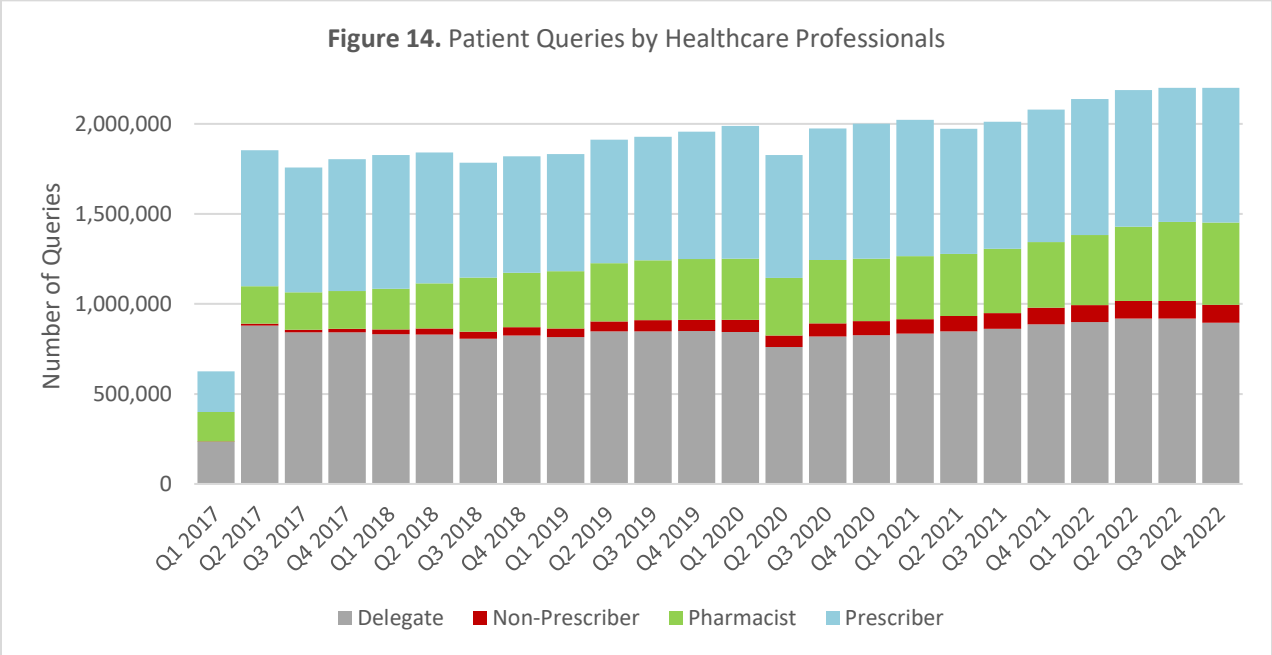


Table 3. Concerning Patient History Alerts Listed by Volume of Alerts Generated

	Alert Type	Q1 2017	Q4 2022	Percent Change
1	Concurrent Benzodiazepine and Opioid	38,446	20,458	-46.8%
2	Early Refill	24,354	28,759	18.1%
3	High Opioid Daily Dose	40,005	12,433	-68.9%
4	Long-Term Opioid Therapy	34,819	18,375	-47.2%
5	Multiple Prescribers or Pharmacies	24,379	15,927	-34.7%
6	Multiple Same Day Prescriptions	3,009	1,314	-56.3%
	All Alert Types	165,012	97,266	-41.1%

Disclosure of WI PDMP Data

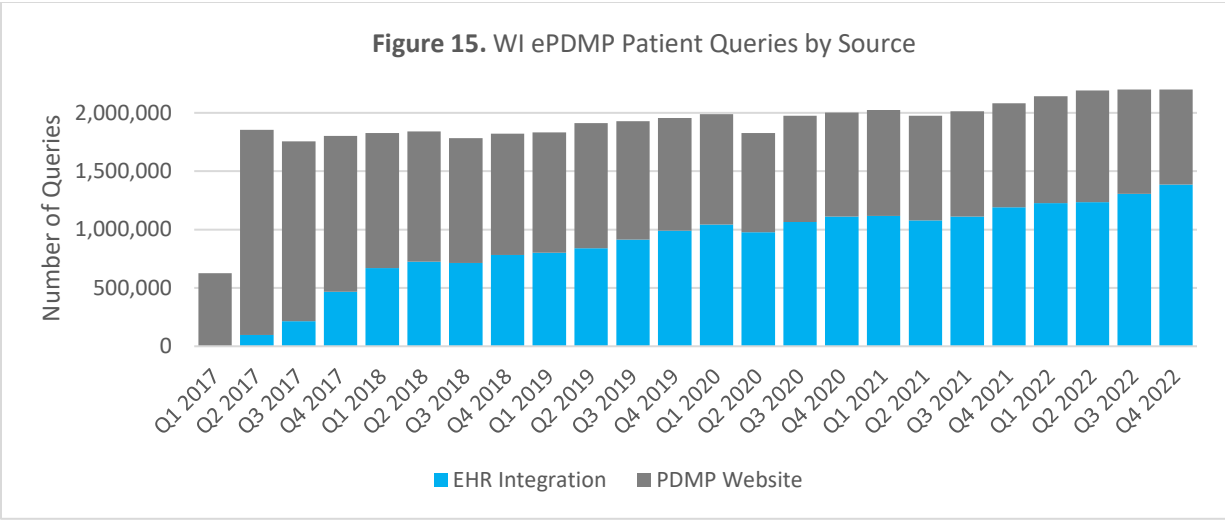
In 2022, healthcare users made 8,811,329 patient queries in the WI ePDMP, which is an increase of 9% compared to 2021. Between October 1 and December 31 (Q4), 2022, healthcare users made a total of 2,254,545 patient queries, a slight increase compared to Q3 2022 by 1.1% (Figure 14). Breaking down the queries by user type shows that 40% of the queries were performed by delegates of prescribers or pharmacists, 36% were performed by prescribers, 20% by pharmacists, and 4% by other non-prescribing healthcare professionals.



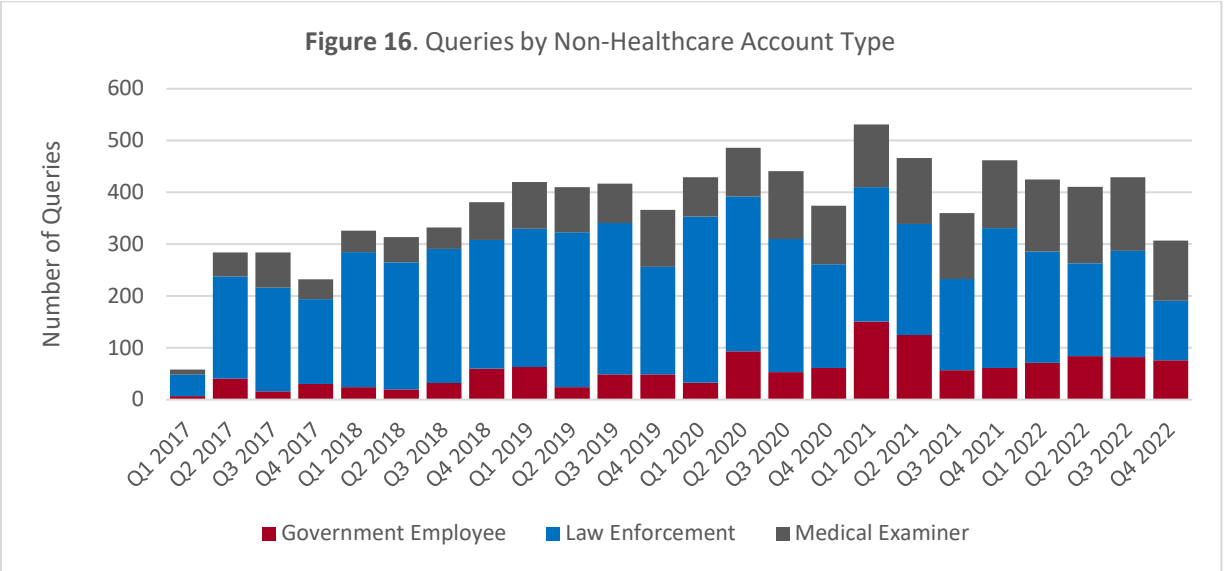
Utilizing the National Association of Boards of Pharmacy’s PMP InterConnect (PMPi) and the RxCheck interstate data sharing hub, the WI ePDMP is now connected with 27 state PDMPs as well as the Military Health System. The interstate data exchange allows healthcare users to expand the WI ePDMP patient 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 15 below shows that, in Q4 2022, over 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 307 requests for PDMP data in Q4 2022, which is a 28% decrease over the previous quarter (Figure 16). Authorized medical examiners and make up the largest proportion of the total non-healthcare queries (38%).



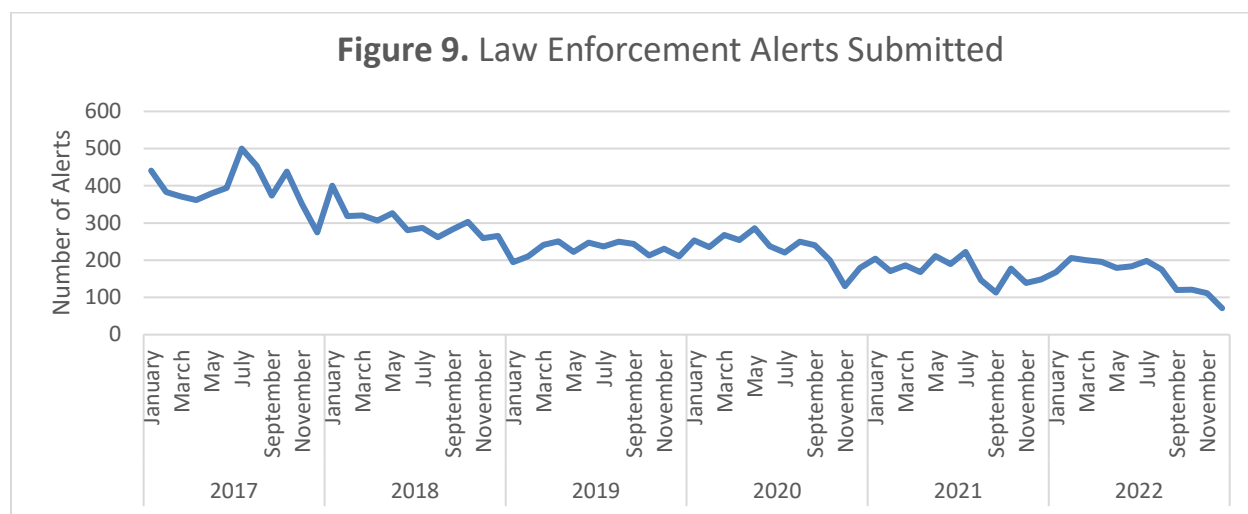
Law Enforcement Reports

During 2022, there were 1,929 events reported to the WI ePDMP by Wisconsin law enforcement agencies, which was a 15% decrease from 2,261 reported event in 2021 and a 59% decrease compared to 2017 when the data was first made available.

In Q4 2022, there were 303 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 14 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. Among the total 1,929 alerts submitted by Law Enforcement entities in 2022, The distribution by report type can be seen below:

- 50% of the reports submitted were for suspected non-fatal opioid-related overdose events, which was an increase from 47% in 2021. In 2022, a total of 958 events were reported to the ePDMP, which was 107 less than 2021.

- 29% of the reports submitted were reports of stolen controlled substance prescriptions, which was a slight increase from 27% in 2021.
- 15% of the reports submitted were for suspected violations of the Controlled Substances Act, which was a slight decrease from 17% in 2021.
- 9% of the reports submitted were for suspected narcotic-related deaths, which was the same as 2021.

Summary

The 2022 annual dispensing of monitored prescription drugs has an increase of 9.4% compared to 2021 and a 3.1% decrease since 2017. The breakdown of the drug classes show some promising trends in Wisconsin. Specifically, the annual dispensing of opioids decreased by 5.4% from 2021 to 2022 and a notable 30.4% decrease in the past six years since 2017. The annual dispensing of benzodiazepines decreased by 4.6% and 26.2% since 2017. The increasing trend in stimulant dispensing continued in 2022 by 8.3% compared to 2021 and 19.2% in the past six years since 2017. There is a notable increase of the “other” drug class which includes gabapentin that became a new monitored prescription drug effective September 1st 2021. The 845,443 increase of gabapentin dispensings from 2021 to 2022 was more than the 761,335 overall increase in all monitored prescription drugs dispensings.

The number of opioid prescriptions dispensed in 2022 decreased by 5.4% compared to the previous year.

- The number of benzodiazepine prescriptions dispensed in 2022 decreased by 4.6% compared to the previous year.
- The number of stimulants prescriptions dispensed in 2021 increased by 8.3% compared to the previous year.

The number of patient queries performed per month has remained consistent. The number of queries made by healthcare professionals and delegates increased by 9% from 2021 to 2022. The result of user surveys that the DSPS conducted throughout 2022 shows an average of 78% survey participants are satisfied with the program and the satisfaction rate increases to an average of 80% for respondents who have the option to access the ePDMP via an EHR interface. This indicates that the WI ePDMP continues to be a valuable tool to support safe prescribing, treatment, and dispensing decisions.

The fourth quarter of 2022 shows a continuation of increasing trend in dispensing of monitored prescription drugs. From Q3 to Q4 2022, the quarterly dispensing of all monitored prescription drugs increased by 1.9% and 0.8% compared to the same quarter in 2021.

The overall dispensing of monitored prescription drugs in Q4 2022 has a decrease of 3.6% 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 Q4 2022 was notably 25%, or over 236,000 prescriptions, lower than the number in Q4 2017.
- The number of benzodiazepine prescriptions dispensed in Q4 2022 was notably 20%, or around 112,000 prescriptions, lower than the number in Q4 2017.
- The number of stimulant prescriptions dispensed in Q4 2022 was nearly 17%, or 108,000 prescriptions, more than the number in Q4 2017.

Encouraging trends found in the WI ePDMP continued in 2022:

- Overall dispensings of the most prescribed opioids and benzodiazepine have decreased. The largest decreases were found in oxycodone w/ acetaminophen (9.8%), hydrocodone-acetaminophen (7.3%), and tramadol HCl (5.9%).
- 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 Q4 2022. Its dispensing in Q4 has a slight increase (1.1%) from Q3, which equates to an increase of 1.7% over the past 12 months and a notable 58.7 % 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 Controlled Substance Dispensing, PDMP Utilization, and Law Enforcement Alerts.