



## Controlled Substances Board



**WISCONSIN** | **ePDMP**

# Report 28 2024 Quarter 1 Summary

# Contact Information

---

## Wisconsin Controlled Substances Board

**Chairperson: Doug Englebert**

### Members:

Englebert, Doug, Chairperson	Department of Health Services Designated Member
Bloom, Alan, Vice Chairperson	Pharmacologist
Bellay, Yvonne M., Secretary	Department of Agriculture, Trade and Consumer Protection Designated Member
Barman, Subhadeep	Psychiatrist
Eberhardy, Cullen M.	Attorney General Designee
Gundersen, David	Dentistry Examining Board Representative
Kane, Amanda K.	Board of Nursing Representative
Schmeling, Gregory	Medical Examining Board Representative
Weitekamp, John G.	Pharmacy Examining Board Representative

## Wisconsin Department of Safety and Professional Services

4822 Madison Yards Way

Madison, WI 53705

608-266-2112

[DSPS@wisconsin.gov](mailto:DSPS@wisconsin.gov)

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

## Wisconsin Prescription Drug Monitoring Program

[PDMP@wisconsin.gov](mailto:PDMP@wisconsin.gov)

608-266-0011

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

# Table of Contents

---

Introduction ..... 4

User Satisfaction ..... 5

Impact on Referrals for Investigation ..... 7

Monitored Prescription Drug Dispensing Trend ..... 8

Data-Driven Alerts..... 12

Disclosure of WI PDMP Data..... 14

Law Enforcement Reports..... 16

Summary ..... 18

# 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 first quarter of 2024 and will primarily focus on analysis of PDMP data from January 1, 2024, to March 31, 2024, and the preceding 12 months. For annual analysis of the WI PDMP from 2017 through 2023, see the Q4 2023 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. The Statistics Dashboard is dynamically updated. The PDMP report is based on the snapshot data at the time when the paper was being produced. 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 the current reporting quarter not only in relation to the preceding quarter, but also in relation to the same quarter of the previous year.

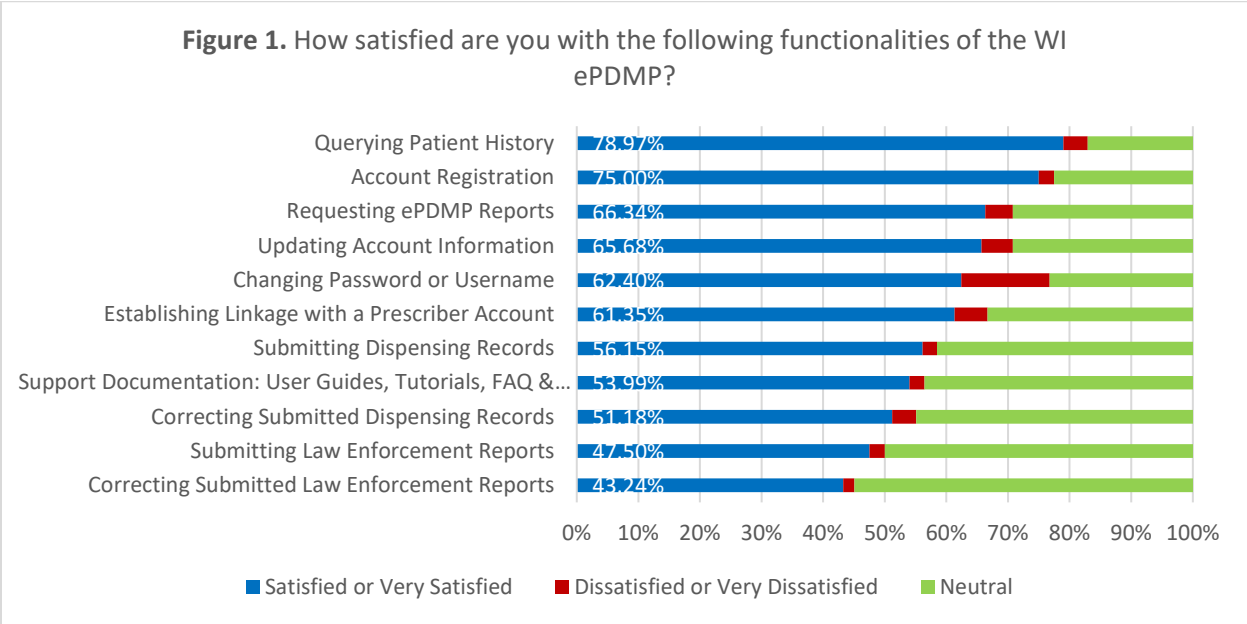
Certain information typically included in the report was not available for this reporting period including annual numbers and trends of Data-Driven Alerts by types.

# User Satisfaction

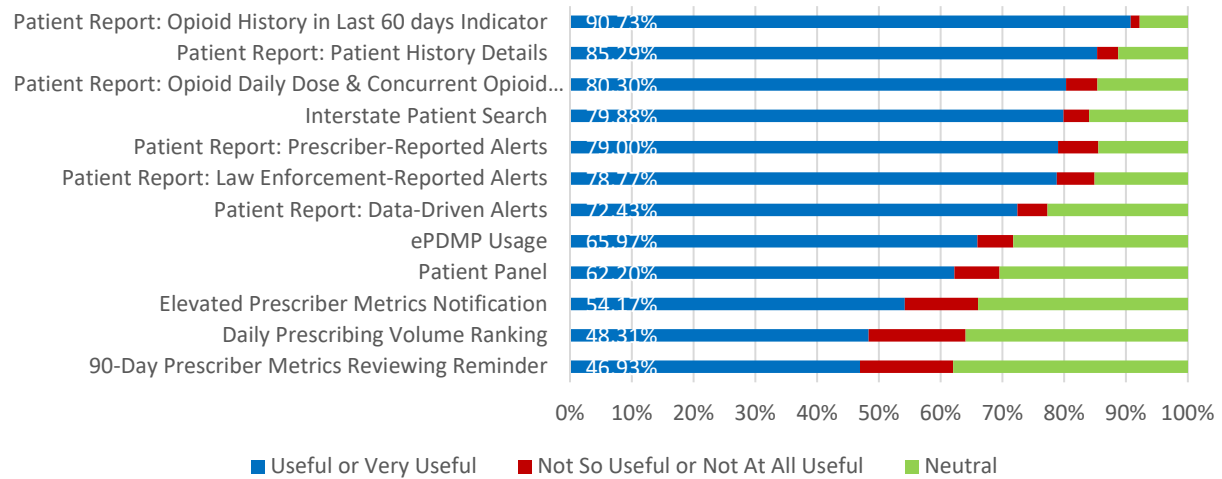
DSPS has conducted a survey of WI ePDMP users on a quarterly basis beginning the second quarter of 2021 to measure user satisfaction and inform current and future system enhancements. The Q1 2024 survey was sent to approximately 1,700 randomly selected users out of nearly 35,000 ePDMP users who were identified as “active,” or non-prescribing users who had logged into the ePDMP in the past twelve months and prescribers who had patient queries conducted by themselves or their delegates in the past twelve months. A total of 313 complete responses were collected between March 22 and April 19, 2024. Approximately ninety percent of respondents were Healthcare Professionals, including Prescribers (49.7%), Non-Prescribers (13.7%), Delegates (12.8%), Pharmacists (10.5%), and Dispensing Practitioners (3.5%). The remaining 10% of respondents were Pharmacies, Submitters, Government Employees, and Law Enforcement.

The survey indicates that most users are satisfied with the WI ePDMP. Eighty-five percent of respondents reported overall satisfaction with the WI ePDMP, providing responses of “Satisfied” (43%) or “Very Satisfied” (42%). Satisfaction is 85.9% for Healthcare Professional respondents who have the option to access the ePDMP via an EHR interface, and 89.7% for those who access directly via the ePDMP website.

Among the functionalities available to different types of users, 79% of respondents were “Satisfied or Very Satisfied” with “Querying Patient History,” followed by “Account Registration” with 75% “Satisfied or Very Satisfied” (Figure 1). For functionalities available specifically for prescribing healthcare professional users, 91% of respondents acknowledged “Opioid History in the Last 60 Days Indicator” as “Useful or Very Useful” in informing their work, followed by “Patient History Details,” which 85% of respondents acknowledged as “Useful or Very Useful,” and “Opioid Daily Dose & Concurrent Opioid and Benzodiazepine Graph,” which more than 80% of respondents acknowledged as “Useful or Very Useful” (Figure 2).



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



Actions that prescribers reported having taken as a result of using WI ePDMP information in the past twelve months included “Confirmed that a patient was not misusing prescriptions” (73%), “Spoke with a patient about controlled substance use”(51%), “Denied or modified a prescription for a patient” (45%), “Contacted a patient's prescribers or pharmacies” (41%), and “Confirmed that a patient had other prescribers that patient had not previously disclosed” (36%) (Table 1).

**Table 1. Actions prescribers have taken in the past 12 months as a result of using WI ePDMP information**

<b>Confirmed that a patient was not misusing prescriptions</b>	72.6%
<b>Spoke with a patient about controlled substance use</b>	50.5%
<b>Denied or modified a prescription for a patient</b>	44.6%
<b>Contacted a patient's prescribers or pharmacies</b>	41.4%
<b>Confirmed that a patient had other prescribers that patient had not previously disclosed</b>	35.5%
<b>Referred a patient to or recommended pain management</b>	17.7%
<b>Referred a patient to or recommended behavioral health treatment services</b>	9.1%
<b>Dismissed a patient from care</b>	5.4%
<b>Referred a patient to or recommended substance abuse treatment</b>	4.8%
<b>Contacted law enforcement regarding an event detailed in law enforcement alert</b>	0.5%

# Impact on Referrals for Investigation

---

Pursuant to s. 961.385 (2) (f) and (3) (c), Wis. Stats., the CSB may disclose PDMP data to a licensing or regulatory board and refer for discipline a pharmacist, pharmacy, or practitioner who fails to comply with the rules of the Prescription Drug Monitoring Program or if circumstances indicate suspicious or critically dangerous conduct or practices of a pharmacy, pharmacist, practitioner, or patient. In 2018, the CSB Referral Criteria Workgroup was formed to develop recommendations for how the CSB could define suspicious or critically dangerous conduct or practices.

The CSB Referral Criteria Workgroup continues to meet to refine the process for using PDMP data to proactively monitor licensees and their prescribing practices for suspicious or critically dangerous conduct or practices and to determine when such activity should result in a referral to the appropriate examining board. Results of the current investigations will also be used by the CSB Referral Criteria Workgroup to guide the process of proactive monitoring and referrals.

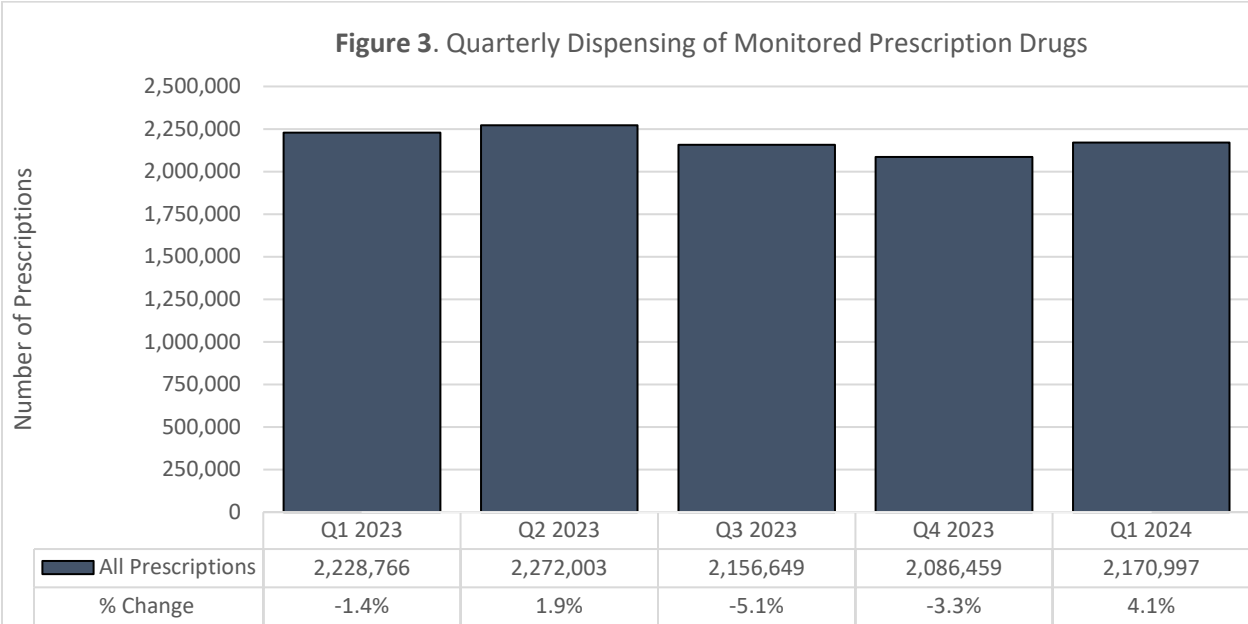
In Q1 2024, based on the Workgroup recommendations, the Controlled Substances Board made the following referrals:

- Eight of the top prescribing physicians were referred to the Medical Examining Board (MEB).
- Three of the top prescribing Physician Assistants (PA) were referred to the Physician Assistant Affiliated Credentialing Board (PAACB).
- One of the top prescribing Advanced Practice Nurse Prescribers (APNP) was referred to the Board of Nursing (BON).
- One of the top prescribing dentists was referred to the Dentistry Examining Board (DEB).

Additionally, the CSB conducts audits of dispensers who are required 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 2025.

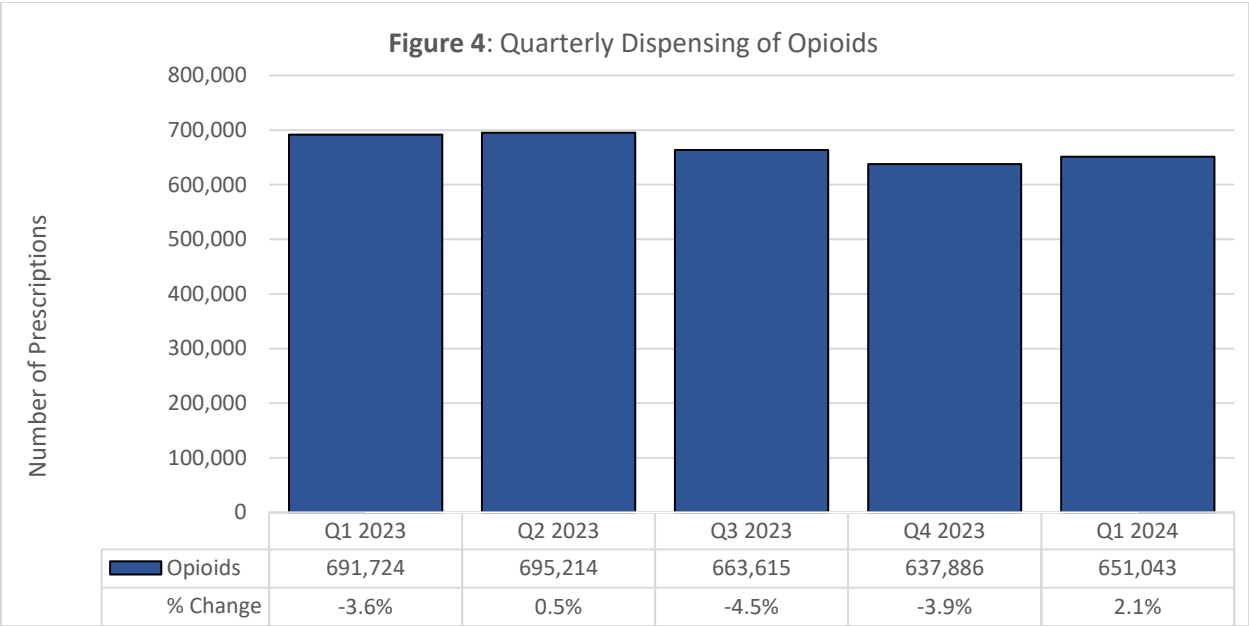
# Monitored Prescription Drug Dispensing Trend

Quarterly data from the ePDMP show that dispensing of all monitored prescription drugs from Q4 2023 to Q1 2024 increased by 4.1% (Figure 3). Increases in dispensing were seen across all drug classifications. During Q1 2024, a total of 1,130 pharmacies and 58 dispensing practitioners reported dispensing of monitored drugs to the ePDMP, including 757 in-state pharmacies, 373 out-of-state pharmacies, 27 Physician MDs, 13 Dentists, 8 Advanced Practice Nurse Prescribers, 8 Physician Assistants, and 2 Physician DOs.

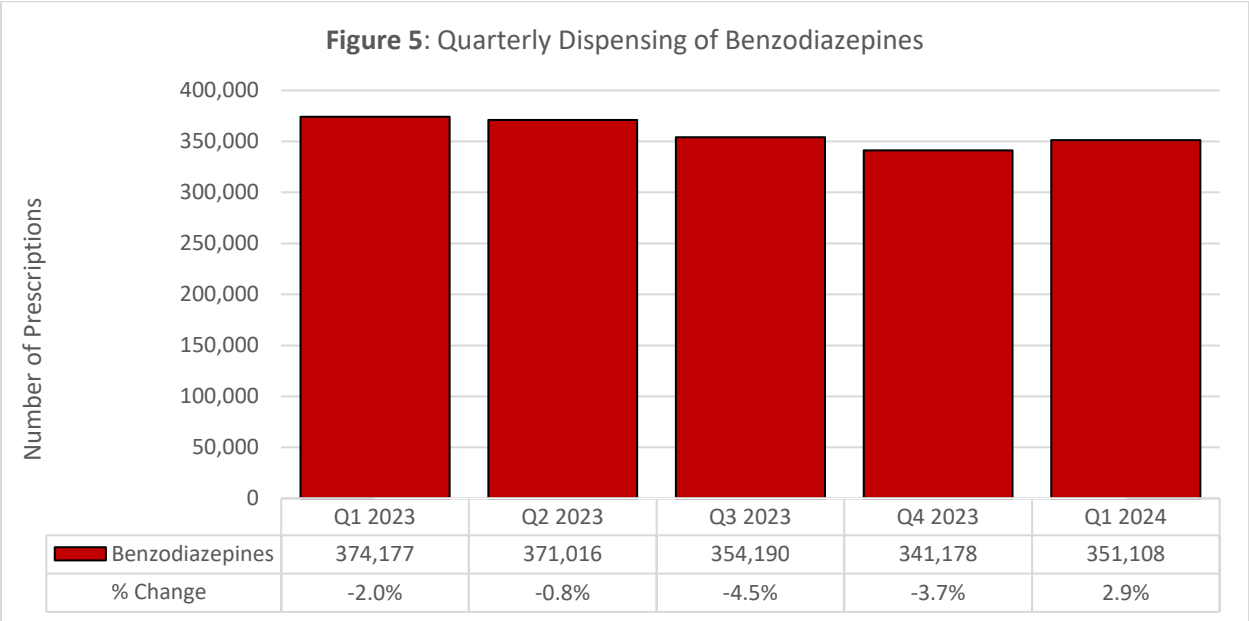


Quarterly dispensing of opioids from Q4 2023 to Q1 2024 increased by 2.1% (Figure 4). Q1 2024 dispensing equated to a 5.9% reduction from the dispensing of opioids in the same quarter in 2023. In Q1 2024, a total of 264,985 individuals were prescribed opioids with a Daily Morphine Milligram Equivalents (MME) value greater than 0. Among them, most or a total of 151,287 patients received MME between 20 and 49 milligrams, 58,456 patients received 1-19 milligrams, 38,315 patients received 50-99 milligrams, and 16,927 patients received greater than 100 milligrams.

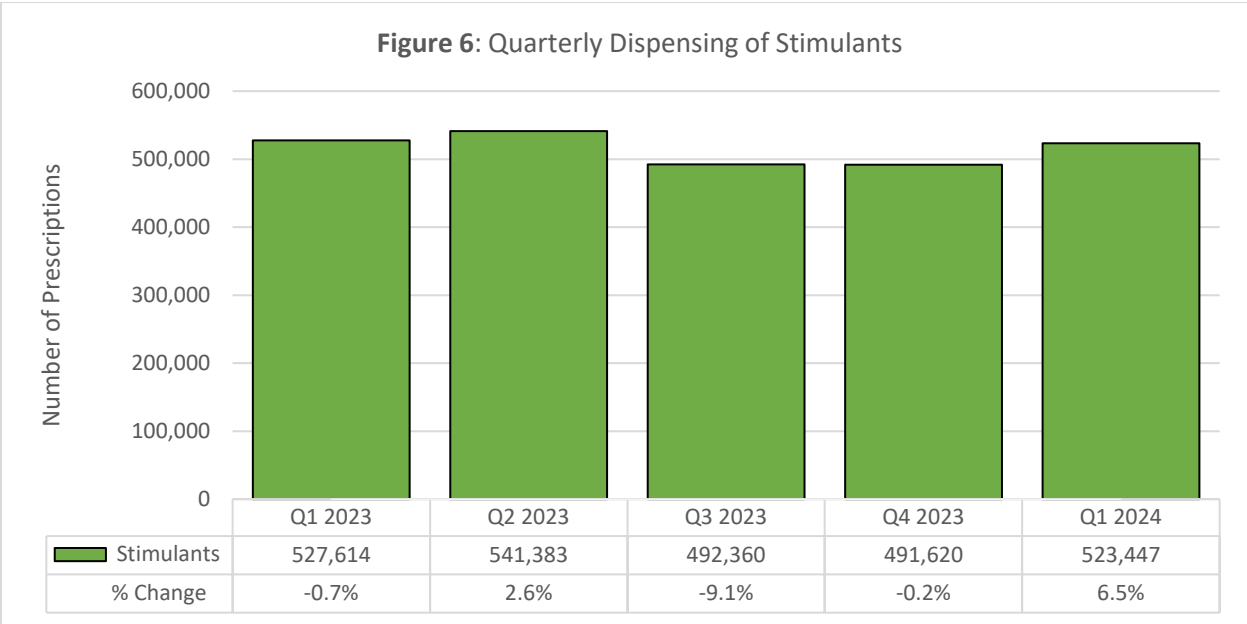




Quarterly dispensing of benzodiazepines from Q4 2023 to Q1 2024 increased by 2.9% (Figure 5). Q1 2024 dispensing equated to a 6.2% reduction from the dispensing of benzodiazepines in the same quarter in 2023.



The quarterly dispensing of stimulants increased by 6.5% between Q4 2023 and Q1 2024 and decreased slightly by 0.8% compared to the same quarter in 2023 (Figure 6).



**Top 15 Dispensed Monitored Prescription Drugs**

The top 15 drugs make up nearly 88% of the dispensing of monitored prescription drugs for any given quarter. Table 2 shows the quarterly data of the top 15 most dispensed monitored prescription drugs in Q1 2024 compared to Q4 2023, ranked in order of the number of prescriptions dispensed in Q1 2024. The order of the top 15 drugs dispensed in recent quarters has been consistent overall. Gabapentin, the most prescribed monitored drug of Q1 2024, saw an increase of 4.6% in dispensing. Gabapentin has been the most dispensed monitored drug since Q4 2021 after being identified by the Board in September 2021 as having a substantial potential for abuse.

Each drug in the Opioid classification of the top 15 drugs saw an increase in dispensing in Q1 2024 with the exception of oxycodone with acetaminophen, which saw a slight decrease (less than 1%). The top prescribed opioids that increased in dispensing were oxycodone HCl (3.3%), morphine sulfate (2.9%), tramadol HCl (1.0%), and hydrocodone-acetaminophen (less than 1%).

Buprenorphine HCl-naloxone HCl dihydrate is the 13<sup>th</sup> most dispensed monitored prescription drug in Q1 2024 with an increase (6.6%) from Q4 2023. Buprenorphine HCl-naloxone HCl dihydrate is one of the medications commonly used as part of Medication-Assisted Treatment (MAT) for opioid use disorder. Note that this does not include dispensing that occurs at most opioid treatment programs due to federal regulation 42 CFR Part 2, which has been revised in 2022 to permit federally funded opioid treatment programs to report dispensing data to state PDMPs pending patient consent in writing and mandates to report pursuant to the state statutes.

During Q1 2024, all top prescribed stimulants saw an increase in dispensing. This includes methylphenidate HCl (8.3%), amphetamine-dextroamphetamine (7.0%), and lisdexamfetamine dimesylate (3.1%), .

**Table 2. Q1 2024 Top 15 Dispensed Monitored Prescription Drug by Dispensing**

	<b>Drug Name</b>	<b>Drug Class</b>	<b>Q4 2023 Dispensing</b>	<b>Q1 2024 Dispensing</b>	<b>Percent Change</b>
<b>1</b>	Gabapentin	Other	330,389	345,512	4.6%
<b>2</b>	Amphetamine- Dextroampheta mine	Stimulant	210,264	225,009	7.0%
<b>3</b>	Hydrocodone- Acetaminophen	Opioid	193,720	194,156	0.2%
<b>4</b>	Lisdexamfetami ne Dimesylate	Stimulant	131,357	135,368	3.1%
<b>5</b>	Oxycodone HCl	Opioid	126,656	130,841	3.3%
<b>6</b>	Tramadol HCl	Opioid	124,773	126,053	1.0%
<b>7</b>	Methylphenidat e HCl	Stimulant	104,518	113,224	8.3%
<b>8</b>	Lorazepam	Benzodiazepine	108,135	112,344	3.9%
<b>9</b>	Alprazolam	Benzodiazepine	99,789	101,326	1.5%
<b>10</b>	Clonazepam	Benzodiazepine	91,452	92,849	1.5%
<b>11</b>	Zolpidem Tartrate	Other	87,698	87,962	0.3%
<b>12</b>	Pregabalin	Other	80,961	85,682	5.8%
<b>13</b>	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	57,833	61,675	6.6%
<b>14</b>	Oxycodone w/ Acetaminophen	Opioid	54,846	54,491	-0.6%
<b>15</b>	Morphine Sulfate	Opioid	26,518	27,291	2.9%

# Data-Driven Alerts

---

The WI ePDMP application performs sophisticated data analytics on a patient's prescription history to assess the patient's monitored prescription drug history and to alert WI ePDMP users to potential indications of abuse or diversion, such as early refills and multiple prescribers or dispensers, or factors that increase overdose risk, such as high morphine milligram equivalent (MME) doses and overlapping benzodiazepine and opioid prescriptions. Data-driven alerts are presented on the patient report to call attention to specific detail from the dispensing data.

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

1. **Concurrent Benzodiazepine and Opioid Prescription Alert**, which indicates when a patient's active current prescriptions include both an opioid and a benzodiazepine, a combination that significantly increases the patient's risk of overdose.
2. **Long-Term Opioid Therapy with Multiple Prescribers Alert**, which indicates when a patient has been prescribed at least one opioid prescription from two or more prescribers for 90 or more days. This does not include prescriptions of buprenorphine commonly used to treat opioid use disorder starting July 2022. Multiple prescribers may be associated with the same clinic, practice, or location.
3. **High Daily Dose of Opioids Alert**, which indicates when a patient's active current prescriptions are estimated to provide a daily dose of opioids that exceeds 90 MME, thereby increasing the patient's risk of overdose.
4. **Early Refill Alert**, which indicates when a patient has refilled a controlled substance prescription two or more days earlier than the expected refill date based on the estimated duration of the prescription calculated and reported by the pharmacy.
5. **Multiple Prescribers or Pharmacies Alert**, which indicates that the patient has obtained prescriptions from at least five prescribers or five pharmacies within the previous 90 days. The five prescribers or dispensers may be associated with the same clinic, practice or location, but the WI ePDMP still views them as separate prescribers/dispensers. This alert is not a direct indication of doctor shopping; it is simply a flag for further inspection of the dispensing history.
6. **Multiple Same Day Prescriptions Alert**, which indicates when a patient has received the same controlled substance drug from multiple prescribers or pharmacies on the same day.

Enhancements were made to the data processing in October 2023, which provides a more accurate reflection of concerning patient history alerts. With this systemic change of fundamental patient matching and data analytics, statistics generated from the previous system are not longitudinally comparable with statistics created with the new data solution.

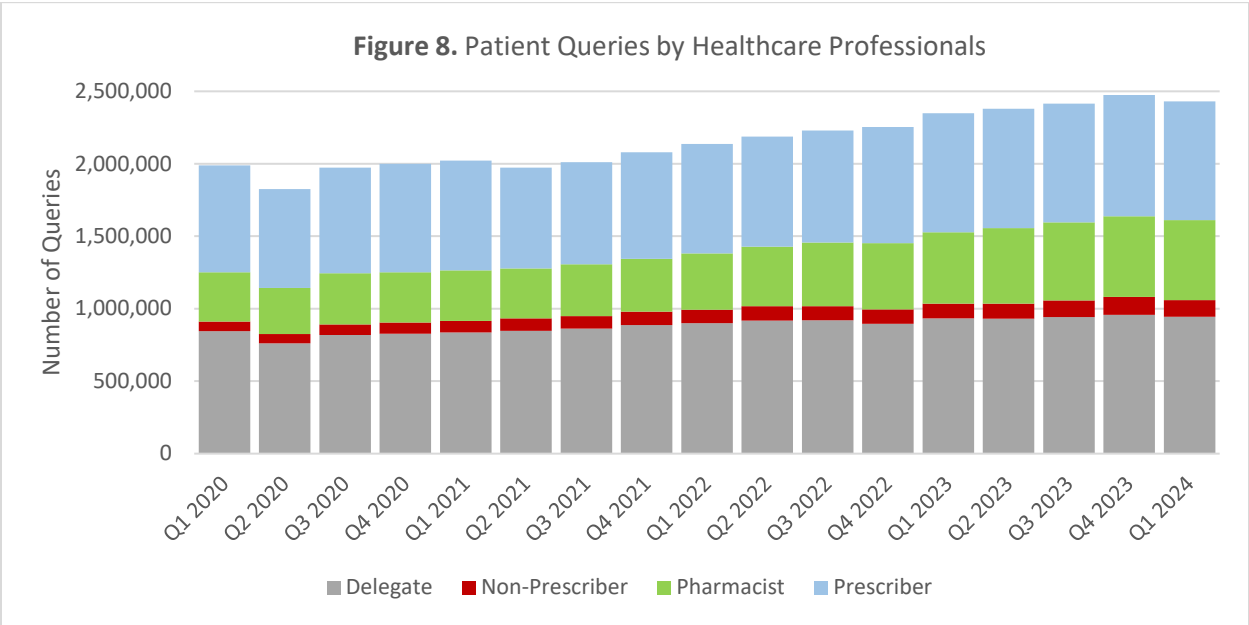
The quarterly number of concerning patient history alerts had a decrease of 6% from Q4 2023 to Q1

2024. Most notable were the decreases in Multiple Same Day Prescriptions (24.7%), Long Term Opioid Therapy (9.6%), and Early Refill (8.3%). See Table 3 for the changes in volume and percentage of all data-driven alert types that occurred from Q4 2023 to Q1 2024.

<b>Table 3. Concerning Patient History Alerts Listed by Volume of Alerts Generated</b>			
<b>Alert Type</b>	<b>Q4 2023</b>	<b>Q1 2024</b>	<b>Percent Change</b>
1 Concurrent Benzodiazepine and Opioid	34,601	34,397	-0.6%
2 Early Refill	70,095	64,251	-8.3%
3 High Opioid Daily Dose	23,829	25,479	6.9%
4 Long-Term Opioid Therapy	859	777	-9.5%
5 Multiple Prescribers or Pharmacies	18,774	17,697	-5.7%
6 Multiple Same Day Prescriptions	3,035	2,285	-24.7%
<b>All Alert Types</b>	<b>154,193</b>	<b>144,886</b>	<b>-6.0%</b>

# Disclosure of WI PDMP Data

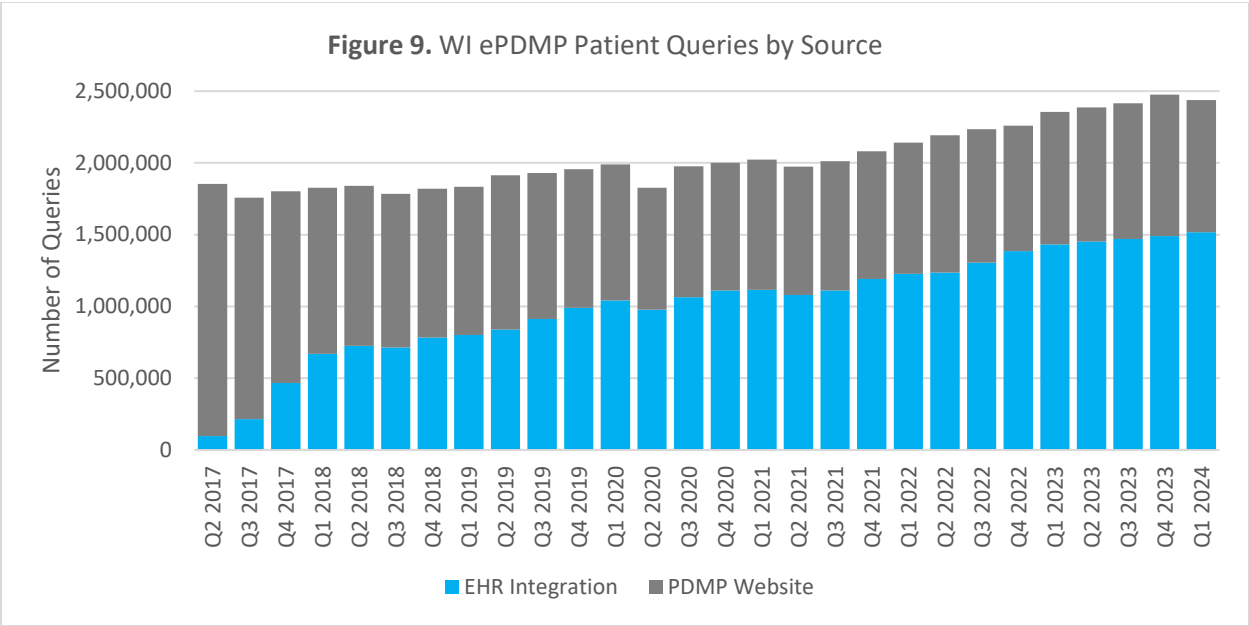
Between January 1 and March 31, (Q1) 2024, healthcare users made a total of 2,429,704 patient queries, a 1.8% decrease compared to Q4 2023 (Figure 8). Breaking down the queries by user type shows that 39% of the queries were performed by delegates of prescribers or pharmacists, 34% were performed by prescribers, 23% by pharmacists, and 5% by other non-prescribing healthcare professionals.



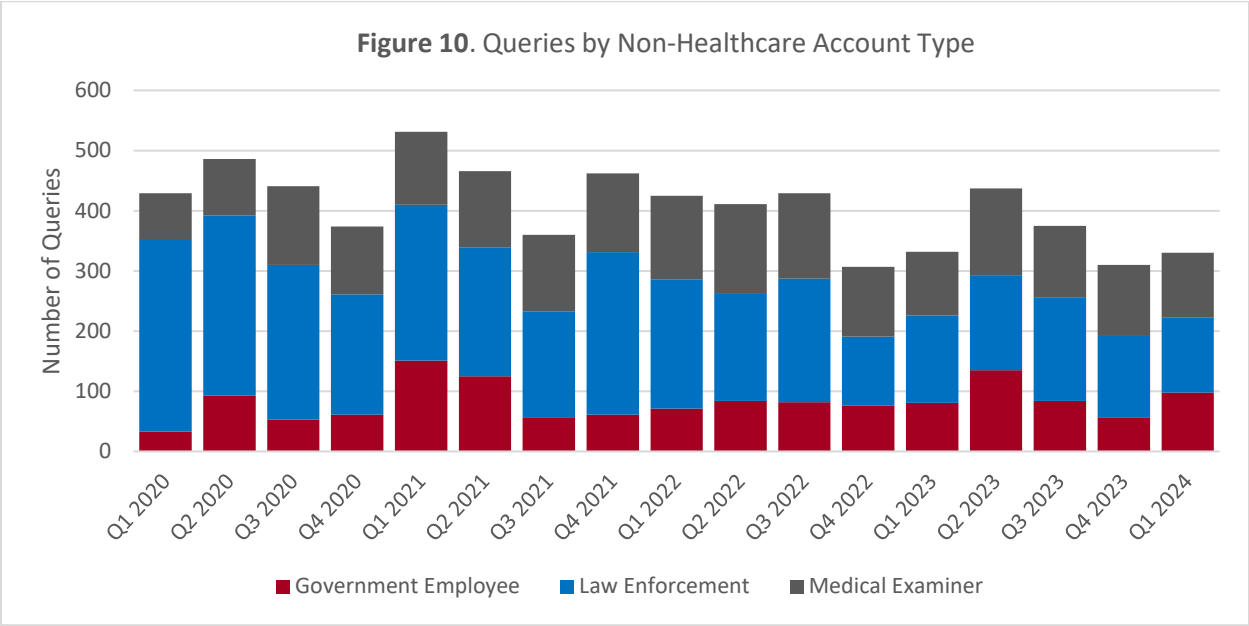
Utilizing the National Association of Boards of Pharmacy’s PMP InterConnect (PMPi) and the RxCheck interstate data sharing hub, the WI ePDMP is now connected with 29 state PDMPs as well as the Military Health System. The interstate data exchange allows healthcare users to expand the WI ePDMP patient query to return results from PDMPs in other states, including Wisconsin’s border states of Minnesota, Michigan, Illinois, Iowa, and Indiana.

Healthcare professionals from 25 health systems in addition to more than 30 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 DSPS began to allow healthcare organizations to access ePDMP data via electronic health record (EHR) without the payment of monthly subscription fees. This will continue to greatly benefit under-resourced and rural healthcare facilities.

Figure 9 below shows that, in Q1 2024, 62.2% of patient queries were through 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 330 requests for PDMP data in Q1 2024, which is a 6% increase from the previous quarter (Figure 10). Authorized law enforcement users made up the largest proportion of the total non-healthcare queries (38%).

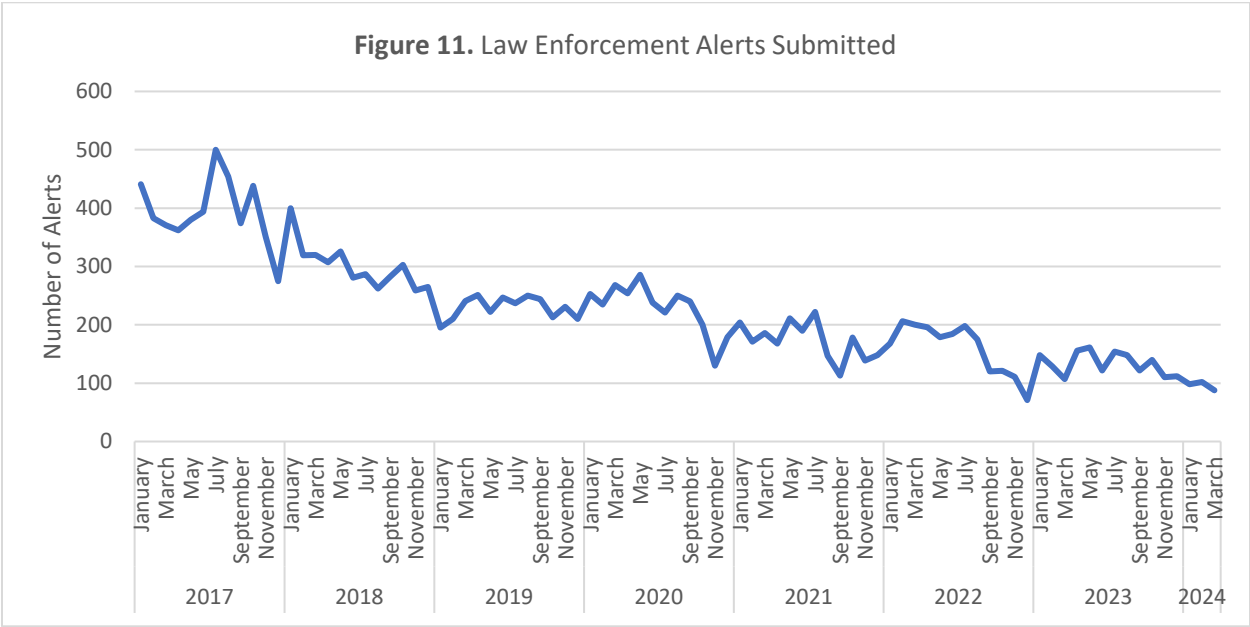


# Law Enforcement Reports

In Q1 2024, there were 288 events reported to the WI ePDMP by Wisconsin law enforcement agencies as required by s. 961.37 (3) (a), Wis. Stat. The law requires the agencies to submit a report in each of the following situations:

1. When a law enforcement officer receives a report of a stolen controlled substance prescription.
2. When a law enforcement officer reasonably suspects that a violation of the Controlled Substances Act involving a prescribed drug is occurring or has occurred.
3. When a law enforcement officer believes someone is undergoing or has immediately prior experienced an opioid-related drug overdose.
4. When a law enforcement officer believes someone died as a result of using a narcotic drug.

Prescribers of patients associated with these events receive a proactive email notice from the WI ePDMP, in addition to the event being captured as an alert on the patient report in the WI ePDMP. Figure 11 shows the number of law enforcement reports submitted to the WI ePDMP by month since the WI ePDMP was launched. There is no statutory requirement for law enforcement agencies to submit their reports within a certain timeframe after the date of the event, and outreach efforts continue to emphasize the value that law enforcement reporting brings for healthcare clinical decision making.



The distribution of submission by report type remains fairly consistent from one quarter to the next. The 2024 year-to-date distribution by report type can be seen below:

- 35% of the reports submitted were for suspected non-fatal opioid-related overdose events, which was a decrease from 43% in 2023.
- 35% of the reports submitted were reports of stolen controlled substance prescriptions, which was an increase from 30% in 2023.



- 22% of the reports submitted were for suspected violations of the Controlled Substances Act, which was an increase from 16% in 2023.
- 9% of the reports submitted were for suspected narcotic-related deaths, which was a decrease from 11% in 2023.

# Summary

---

The dispensing of all monitored prescription drugs in the first quarter of 2024 increased by 4.1% from the preceding quarter Q4 2023, which was a decrease of 2.6% compared to the same quarter of the previous year or Q1 2023. Increases in dispensing were seen across all drug classifications including Opioids (2.1%), Benzodiazepines (2.9%), Stimulants (6.5%), and Other (4.8%). Gabapentin has continued to be the top dispensed monitored drug since Q4 2021 when gabapentin first became the most dispensed monitored drug. Gabapentin became a monitored prescription drug on September 1, 2021, after being identified by the Board as having a substantial potential for abuse. During Q1 2024, Gabapentin saw an increase of 4.6% in dispensing from Q4 2023.

Compared to the same quarter in 2017, the overall dispensing of monitored prescription drugs in Q1 2024 had a decrease of 11.8%. The breakdown by drug classes showed decreases in opioid and benzodiazepine dispensing and an increase in stimulants.

- The number of opioid prescriptions dispensed in Q1 2024 was notably 41%, or over 455,000 prescriptions, less than the number in Q1 2017.
- The number of benzodiazepine prescriptions dispensed in Q1 2024 was 37%, or around 207,000 prescriptions, less than the number in Q1 2017.
- The number of stimulant prescriptions dispensed in Q1 2024 was 17%, or around 75,000 prescriptions, more than the number in Q1 2017.

Encouraging trends found in the WI ePDMP continued in Q1 2024:

- 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, was the 13<sup>th</sup> most dispensed monitored prescription drug in Q1 2024. Its dispensing in Q1 had an increase (6.6%) from Q4 2023 which equated to a decrease of 2.5% over the past 12 months and a notable 56.6% increase since Q3 2018, the first quarter it moved into the top 15 dispensed monitored prescription drugs.

Additional details about the WI ePDMP data, including county-level charts, can be found on the WI ePDMP Public Statistics Dashboard (<https://pdmp.wi.gov/statistics>), under the corresponding tabs of Monitored Prescription Drugs Dispensed, PDMP Utilization, and Law Enforcement Alerts.