



Controlled Substances Board



WISCONSIN | **ePDMP**

Report 31

2024 Quarter 4 and Year-End 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 (DSPS) about the Wisconsin Prescription Drug Monitoring Program (WI PDMP). This report is intended to satisfy that requirement for the fourth quarter of 2024 and will primarily focus on analysis of PDMP data from October 1, 2024, to December 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://dsps.wi.gov/Pages/BoardsCouncils/CSB/Reports.aspx>.

The WI PDMP was first deployed in June 2013. It is administered by DSPS pursuant to the regulations and policies established by the CSB. An enhanced system, the WI ePDMP, was launched in January 2017, allowing the WI PDMP to become a multi-faceted tool in Wisconsin's efforts to address prescription drug abuse, misuse, and diversion through clinical decision support, prescribing practice assessment, communication among disciplines, and public health surveillance. Effective April 1, 2017, prescribers are required to check the WI ePDMP prior to issuing a prescription order for a monitored prescription drug, defined as controlled 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, 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.

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. Across the four surveys in 2024, an average of 87% of survey participants are satisfied with the ePDMP, which is a 2% increase from the overall satisfaction in 2023. The satisfaction rate increases to an average of 90% 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” (80%) and “Account Registration” (77%), received the highest satisfaction rate. Among the features in the patient history report, an average of 89% of respondents acknowledged “Opioid History in the Last 60 Days Indicator” as “Helpful or Very Helpful” in informing their work as healthcare professionals, followed by “Patient History Details” (87%), “Prescriber-Reported Alerts” (81%), and “Interstate Patient Search” (79%).

For this reporting period, the survey was sent to approximately 2,000 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 350 complete responses were collected between January 10 and February 5, 2025. Approximately eighty-nine percent of respondents were Healthcare Professionals, including Prescribers (55%), Non-Prescribers (12%), Pharmacists (11%), and Delegates (11%). The remaining 11% of respondents were Pharmacies, Dispensing Practitioners, Submitters, Medical Coordinators, 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” (47%) or “Very Satisfied” (38%). Satisfaction is 85.1% for Healthcare Professional respondents who have the option to access the ePDMP via an EHR interface, and 86.9% for those who access directly via the ePDMP website.

Among the functionalities available to different types of users, 78% of respondents were “Satisfied or Very Satisfied” with “Querying Patient History” followed by “Requesting ePDMP Reports” with 72% “Satisfied or Very satisfied” (Figure 1). For functionalities available specifically for prescribing healthcare professional users, 86% 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 “Prescriber-Reported Alerts,” which 77% of respondents acknowledged as “Useful or Very Useful” (Figure 2).

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

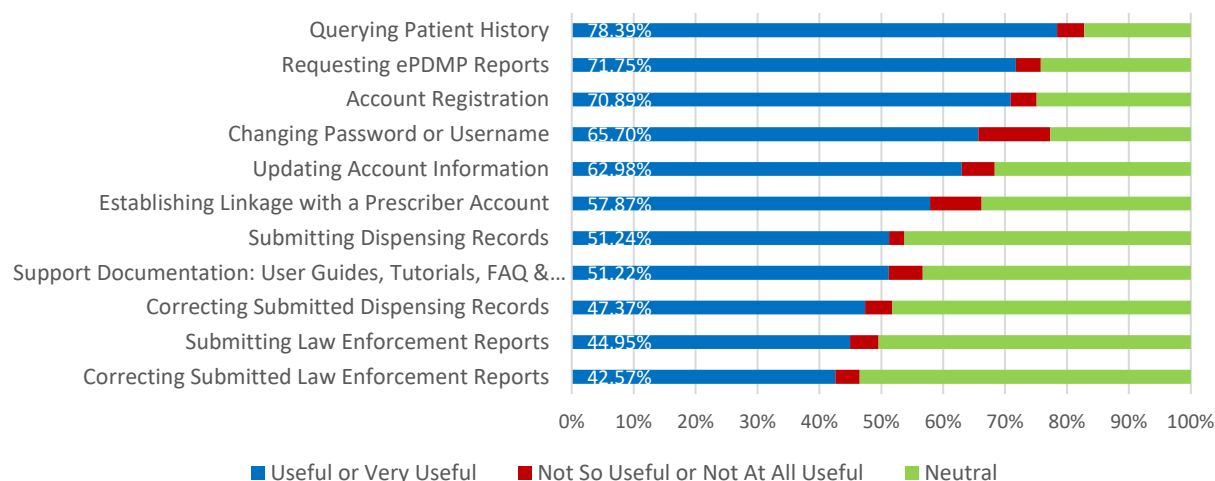
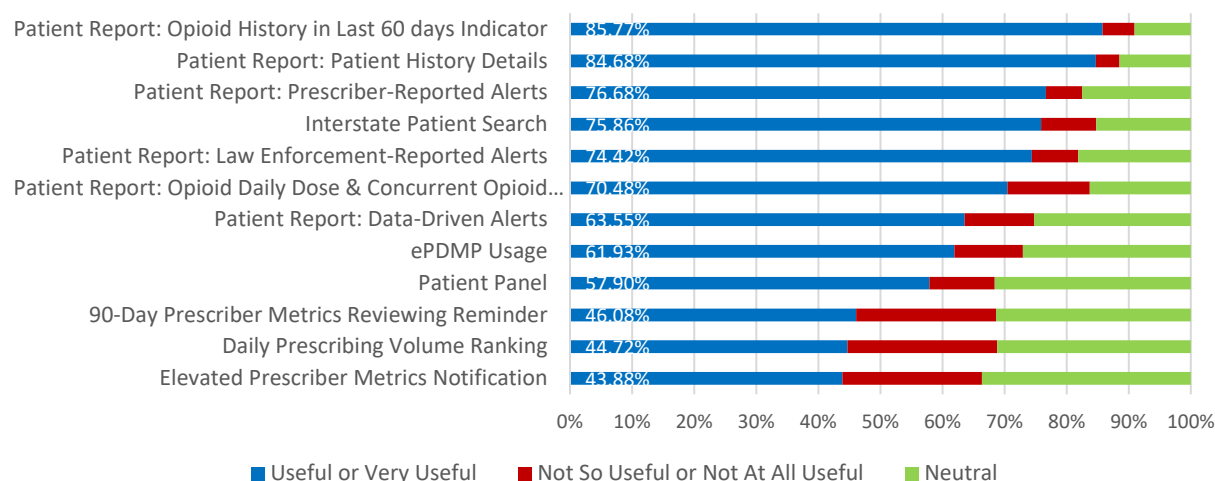


Figure 2. How useful do you find the following features in the WI ePDMP in informing your work?



Actions that prescribers reported having taken as a result of using WI ePDMP information in the past twelve months include “Confirmed that a patient was not misusing prescriptions” (70%), “Spoke with a patient about controlled substance use”(51%), “Confirmed that a patient had other prescribers that patient had not previously disclosed” (47%), “Denied or modified a prescription for a patient” (45%), and “Contacted a patient’s prescribers or pharmacies” (39%) (Table 1).

Table 1. Actions prescribers have taken in the past 12 months as a result of using WI ePDMP information	
Confirmed that a patient was not misusing prescriptions	69.8%
Spoke with a patient about controlled substance use	50.9%
Confirmed that a patient had other prescribers that patient had not previously disclosed	46.7%
Denied or modified a prescription for a patient	45.3%
Contacted a patient's prescribers or pharmacies	38.7%
Referred a patient to or recommended pain management	18.4%
Referred a patient to or recommended behavioral health treatment services	12.3%
Dismissed a patient from care	9.4%
Referred a patient to or recommended substance abuse treatment	9.4%
Contacted law enforcement regarding an event detailed in law enforcement alert	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 continued to meet in 2024 to refine the process for using PDMP data to proactively monitor license holders 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 March 2024, 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). Based on the data presented, the following actions occurred:

- Eight of the top prescribing physicians were referred to the MEB.
- Three of the top prescribing Physician Assistants (PA) were referred to the PAACB.
- One of the top prescribing Advanced Practice Nurse Prescribers (APNP) was referred to the BON.
- One of the top prescribing dentists was referred to the DEB.

The Workgroup did not meet in Q4 2024 due to on-going systemic updating of the ePDMP data analytics, and no referrals were made by the Board.

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 2025.

Monitored Prescription Drug Dispensing Trend

For 2024, 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 decreased 3.5% compared to 2023 and decreased 7.5% since 2017 (Figure 3). The breakdown of the annual dispensing by drug classes shows some promising trends for opioid and benzodiazepine whereas the increasing trend of stimulant dispensing continued (Figure 4). In the “other” drug class, a 2% decrease was also found. The “other” drug class includes gabapentin that became a new monitored prescription drug effective September 1st 2021.

Figure 3. Annual Dispensing of Monitored Prescription Drugs

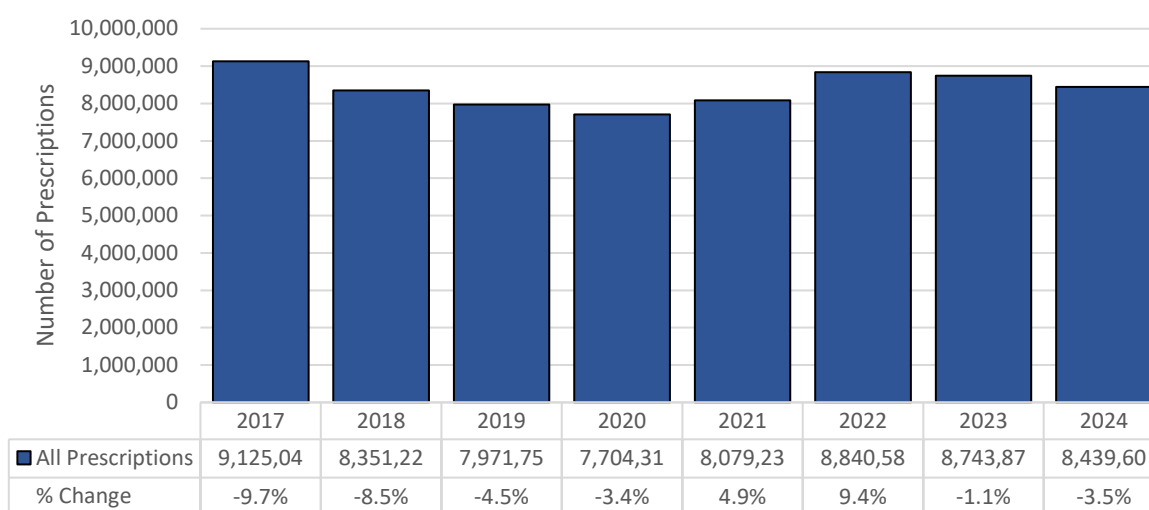
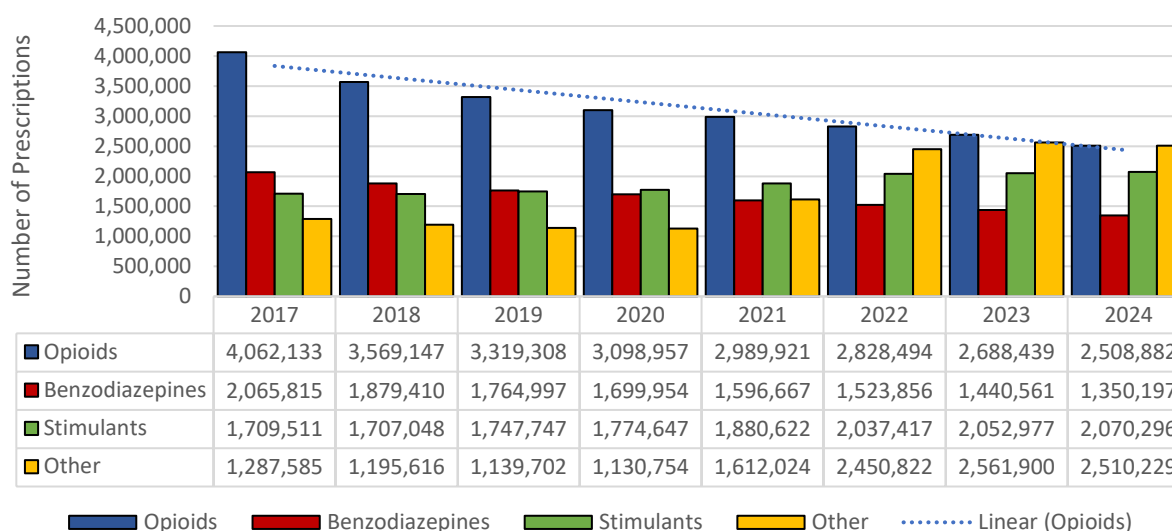
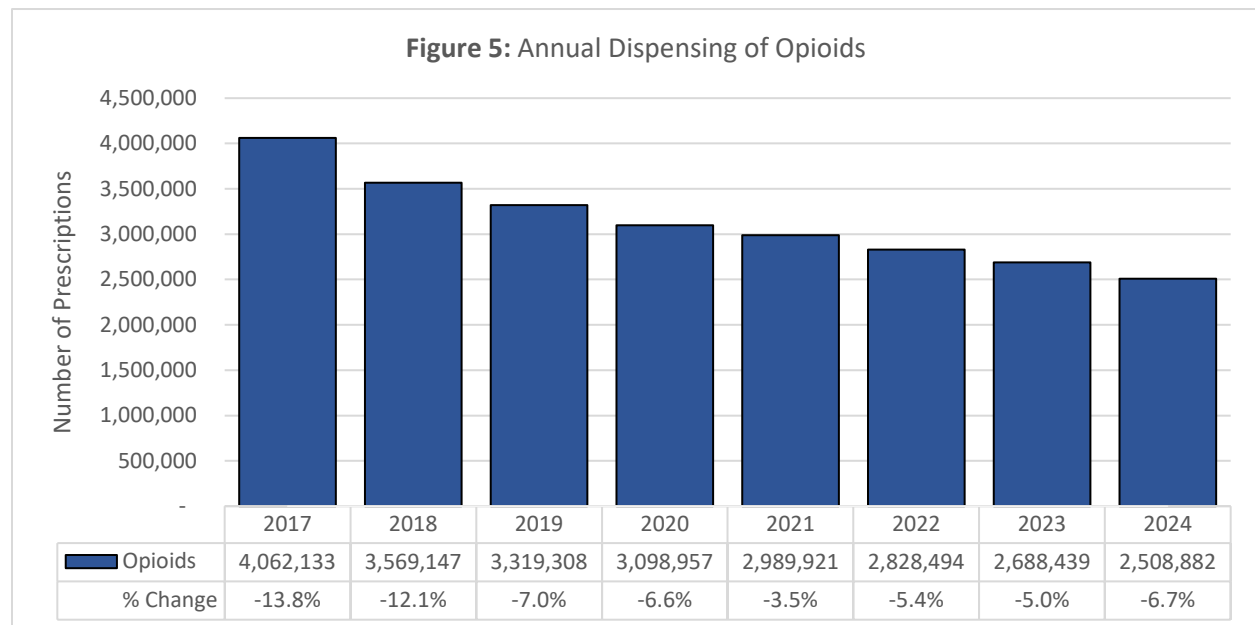


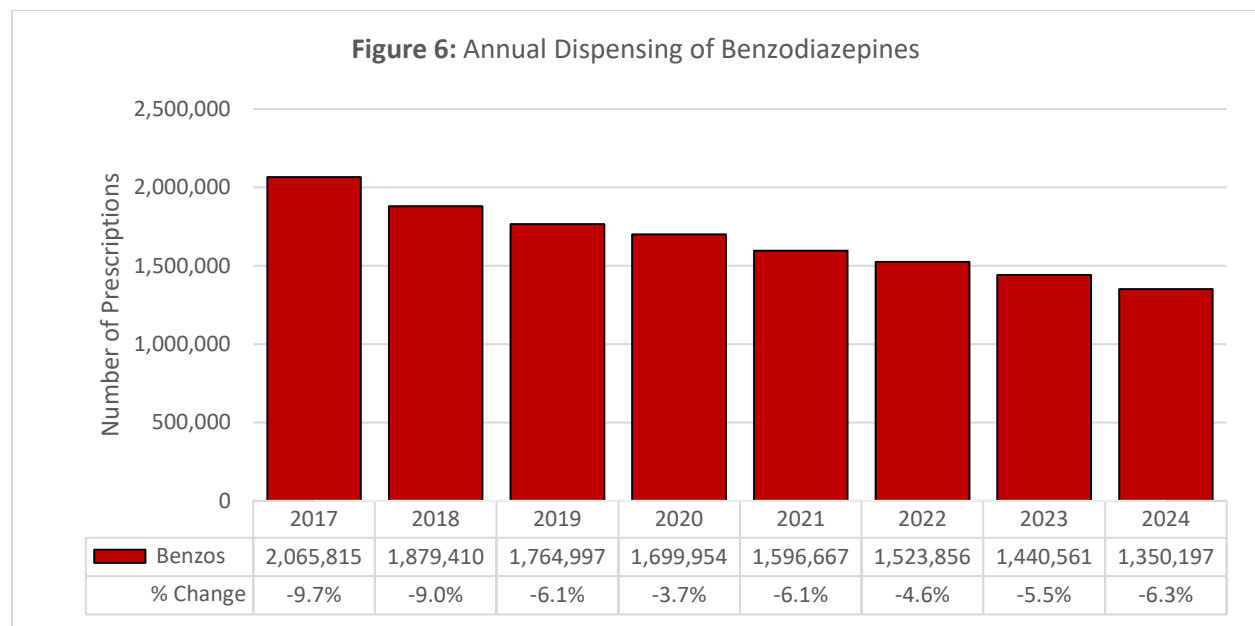
Figure 4: Dispensing of Monitored Prescriptions by Year



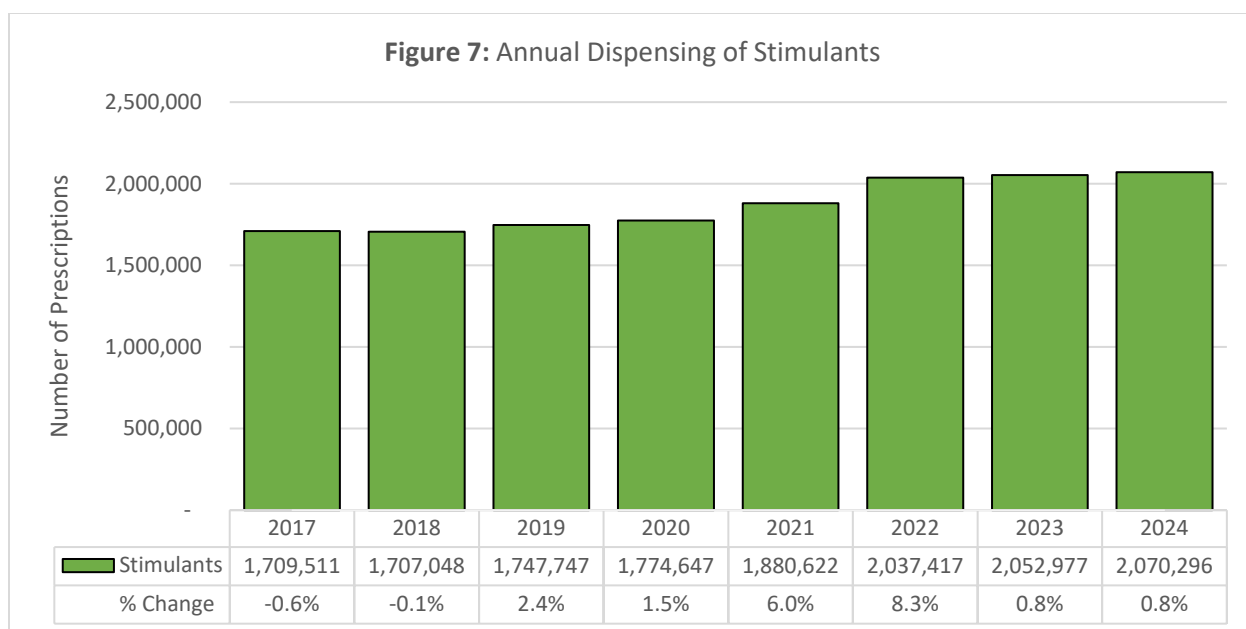
The annual dispensing of opioids decreased by 6.7% from 2023 to 2024 and 38.2% in the past seven years since 2017 (Figure 5).



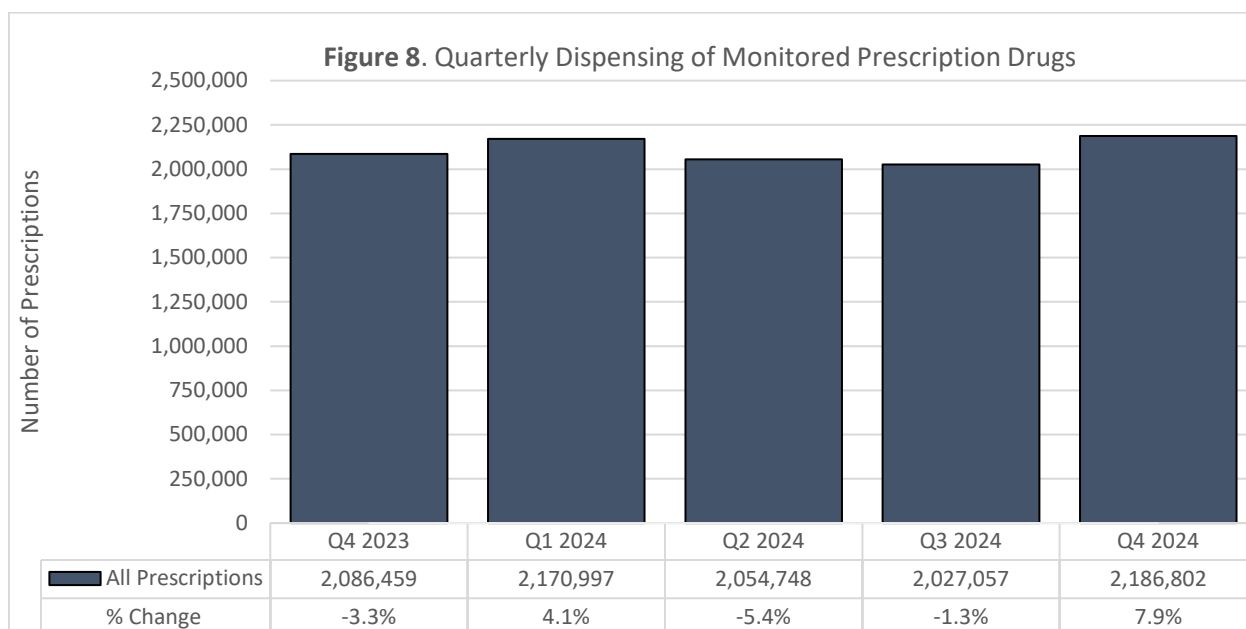
The annual dispensing of benzodiazepines decreased by 6.3% from 2023 to 2024 and 34.6% since 2017 (Figure 6).



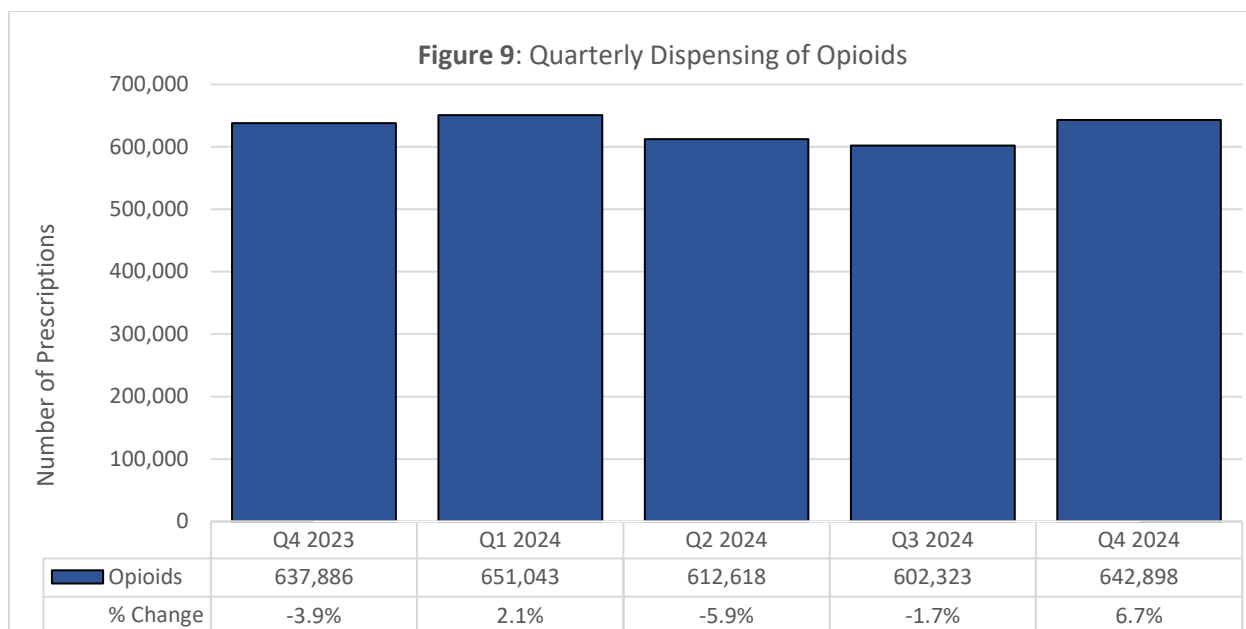
A slight increase was seen with stimulant dispensations between 2023 and 2024 by 0.8%, and 21.1% since 2017 (Figure 7).



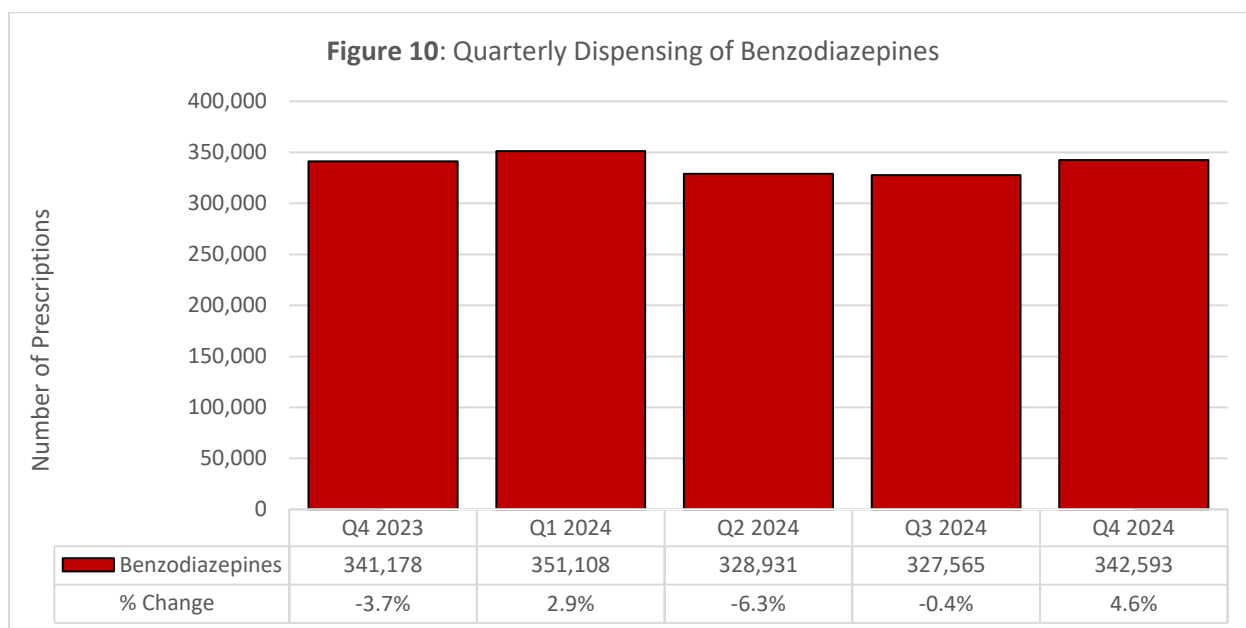
Quarterly data from the ePDMP show that dispensing of all monitored prescription drugs from Q3 to Q4 2024 increased by 7.9% (Figure 8). Increases in dispensing were seen across all drug classifications. During Q4 2024, a total of 1,137 pharmacies and 68 dispensing practitioners reported dispensing of monitored drugs to the ePDMP, including 751 in-state pharmacies, 386 out-of-state pharmacies, 28 Physician MDs, 20 Advanced Practice Nurse Prescribers, 12 Dentists, and 8 Physician Assistants.



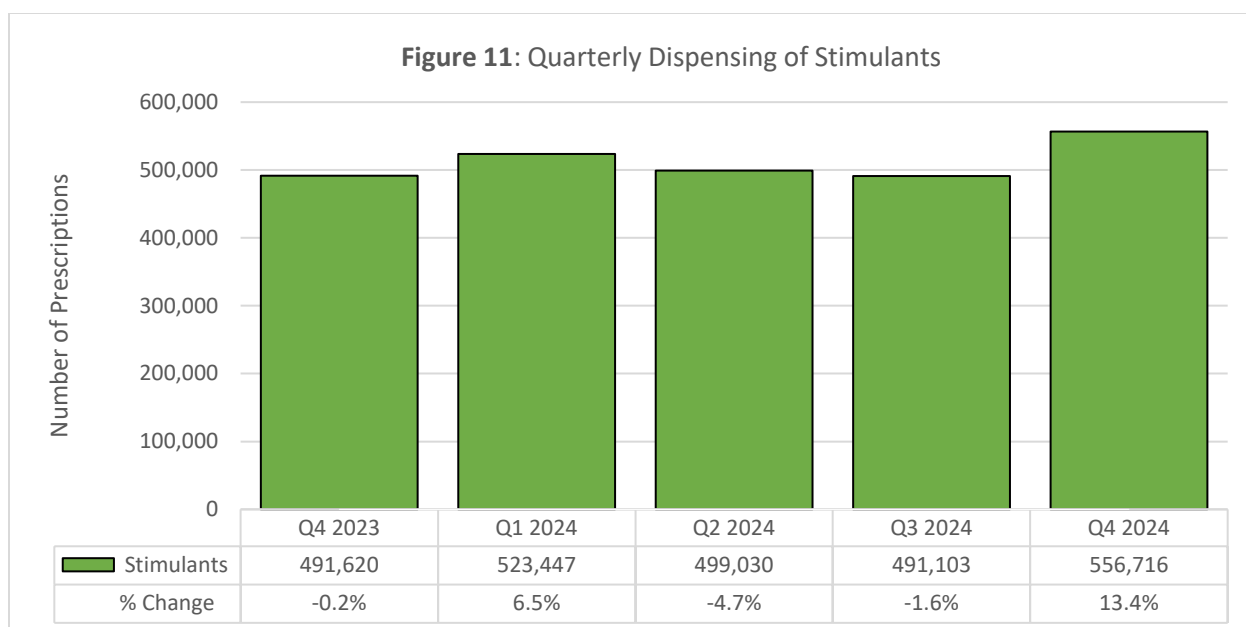
The quarterly dispensing of opioids from Q3 2024 to Q4 2024 increased by 6.7% (Figure 9). Q4 2024 equated to a 0.8% increase from the dispensing of opioids in the same quarter in 2023.



Quarterly dispensing of benzodiazepines from Q3 2024 to Q4 2024 increased by 4.6% (Figure 10). Q4 2024 dispensing equated to a 0.4% increase from the dispensing of benzodiazepines in the same quarter in 2023.



The quarterly dispensing of stimulants increased by 13.4% between Q3 2024 and Q4 2024 and by 13.2% compared to the same quarter in 2023 (Figure 11).



Top 15 Dispensed Monitored Prescription Drugs

Table 2 shows the annual top 15 most dispensed monitored prescription drugs in 2024 compared to 2023, ranked in order of the number of prescriptions dispensed in 2024. In general, the top 15 drugs have remained the same in the past two years with some changes in the ranking.

Overall dispensing of the most prescribed opioids and benzodiazepines has decreased but dispensing of stimulants and some others have increased. The largest decreases in opioid dispensing were found in morphine sulfate (28.7%), oxycodone w/ acetaminophen (9.8%), and hydrocodone-acetaminophen (8.7%). The largest increase in dispensing was found with pregabalin (4.9%), which is in the drug class “other,” whereas the other two most prescribed drugs in this class both saw a decreasing trend in dispensing including zolpidem tartrate (5.9%) and gabapentin (3.6%).

Table 2. Annual Top 15 Dispensed Monitored Prescription Drug by Dispensing

	Drug Name	Drug Class	2023 Dispensing	2024 Dispensing	Percent Change
1	Gabapentin	Other	1,388,510	1,338,382	-3.6%
2	Amphetamine- Dextroamphetamine	Stimulant	868,094	901,423	3.8%
3	Hydrocodone-Acetaminophen	Opioid	817,221	745,910	-8.7%
4	Lisdexamfetamine Dimesylate	Stimulant	530,176	541,555	2.1%
5	Oxycodone HCl	Opioid	519,925	516,510	-0.7%
6	Tramadol HCl	Opioid	522,556	489,494	-6.3%
7	Methylphenidate HCl	Stimulant	430,391	438,744	1.9%
8	Lorazepam	Benzodiazepine	460,004	434,670	-5.5%
9	Alprazolam	Benzodiazepine	416,041	386,585	-7.1%

10	Clonazepam	Benzodiazepine	381,440	358,205	-6.1%
11	Pregabalin	Other	326,487	342,337	4.9%
12	Zolpidem Tartrate	Other	363,188	341,702	-5.9%
13	Buprenorphine HCl- Naloxone HCl Dihydrate	Opioid	245,065	230,575	-5.9%
14	Oxycodone w/ Acetaminophen	Opioid	230,008	207,441	-9.8%
15	Morphine Sulfate	Opioid	148,329	105,761	-28.7%

Table 3 shows the quarterly data of the top 15 most dispensed monitored prescription drugs in Q4 2024 compared to Q3 2024, ranked in order of the number of prescriptions dispensed in Q4 2024. 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 dispensed monitored drug in Q4 2021 after joining the list in Q3 2021 for the first time. Gabapentin was also the most dispensed monitored drug of Q4 2024 but saw a decrease of 6.5% in dispensing. The top 15 drugs make up nearly 88% of the dispensing of monitored prescription drugs for any given quarter.

Each drug in the opioid classification of the top 15 drugs saw an increase in dispensing in Q4 2024. This includes oxycodone HCl (12.1%), oxycodone with acetaminophen (6.8%), hydrocodone-acetaminophen (4.9%), tramadol HCl (4.7%), and morphine sulfate (2.2%).

Buprenorphine HCl-naloxone HCl dihydrate is the 13th most dispensed monitored prescription drug in Q4 2024 with an increase (5.8%) from Q3 2024. 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 II, which was 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.

Among the Stimulant classification, increases were seen in the dispensing of lisdextroamphetamine-dimesylate (15.1%), methylphenidate HCl (14.7%), and amphetamine-dextroamphetamine (9.8%) from Q3 2024 to Q4 2024.

Table 3. Q4 2024 Top 15 Dispensed Monitored Prescription Drug by Dispensing					
	Drug Name	Drug Class	Q3 2024 Dispensing	Q4 2024 Dispensing	Percent Change
1	Gabapentin	Other	321,475	342,236	6.5%
2	Amphetamine- Dextroamphetamine	Stimulant	217,954	239,403	9.8%
3	Hydrocodone- Acetaminophen	Opioid	179,878	188,747	4.9%
4	Lisdexamfetamine Dimesylate	Stimulant	129,128	148,587	15.1%
5	Oxycodone HCl	Opioid	122,909	124,929	12.1%
6	Tramadol HCl	Opioid	118,527	120,832	4.7%
7	Methylphenidate HCl	Stimulant	102,318	117,378	14.7%

8	Lorazepam	Benzodiazepine	105,927	111,196	5.0%
9	Alprazolam	Benzodiazepine	93,494	97,390	4.2%
10	Clonazepam	Benzodiazepine	87,132	90,066	3.4%
11	Pregabalin	Other	83,936	90,048	7.3%
12	Zolpidem Tartrate	Other	83,599	86,204	3.1%
13	Buprenorphine HCl- Naloxone HCl Dihydrate	Opioid	54,652	57,833	5.8%
14	Oxycodone w/ Acetaminophen	Opioid	49,291	52,660	6.8%
15	Morphine Sulfate	Opioid	26,217	26,781	2.2%

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. 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.

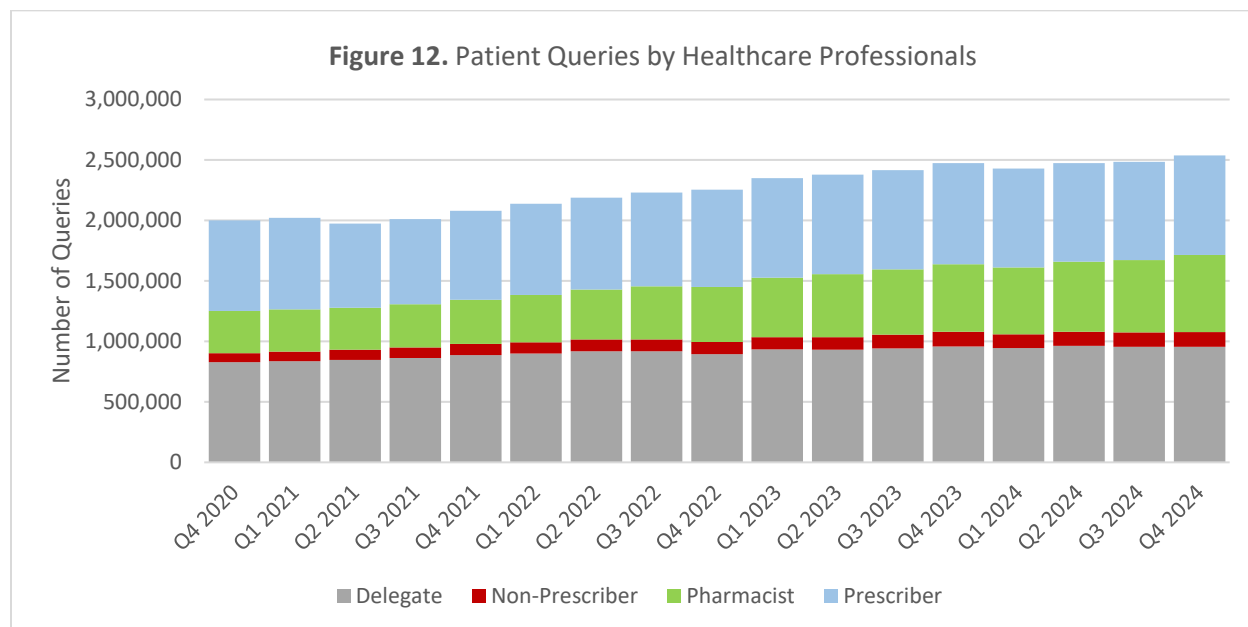
The quarterly number of concerning patient history alerts had an increase of 1.0% from Q3 2024 to Q4

2024. One notable decrease was seen in Multiple Same Day Prescriptions (6%). See Table 4 for the changes in volume and percentage of all data-driven alert types that occurred from Q3 2024 to Q4 2024.

Table 4. Concerning Patient History Alerts Listed by Volume of Alerts Generated				
	Alert Type	Q3 2024	Q4 2024	Percent Change
1	Concurrent Benzodiazepine and Opioid	34,572	34,631	0.2%
2	Early Refill	64,067	64,449	0.6%
3	High Opioid Daily Dose	24,690	25,638	3.8%
4	Long-Term Opioid Therapy	826	797	-3.5%
5	Multiple Prescribers or Pharmacies	18,374	18,563	1.0%
6	Multiple Same Day Prescriptions	1,476	1,378	-6.6%
	All Alert Types	144,005	145,456	1.0%

Disclosure of WI PDMP Data

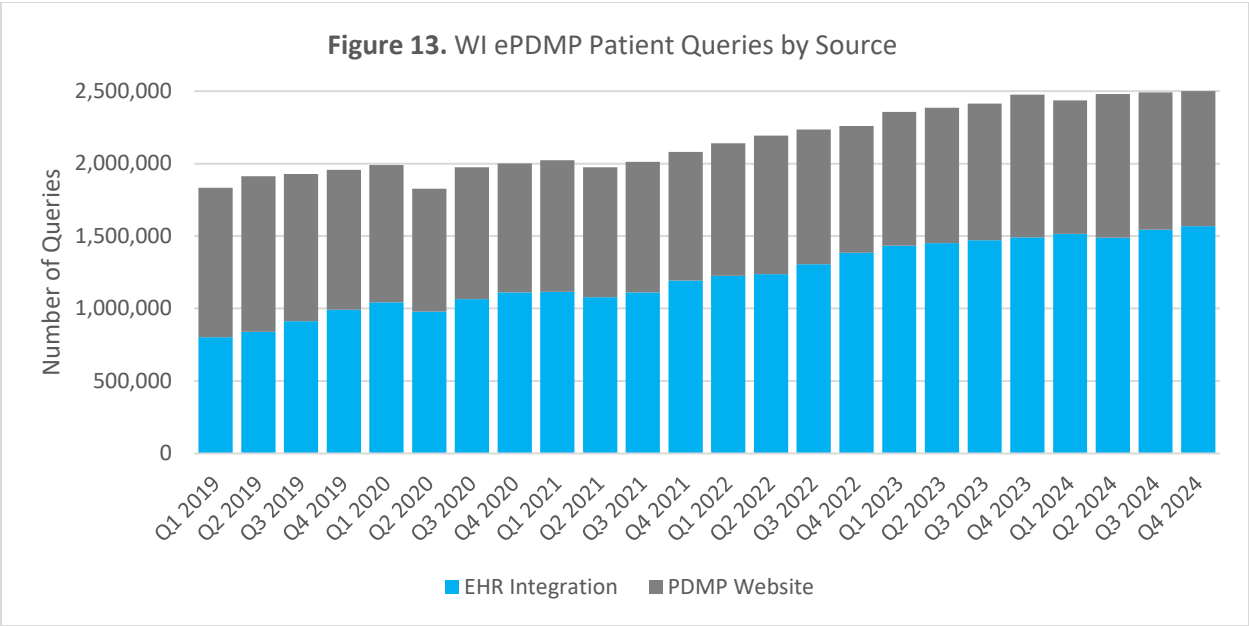
In 2024, healthcare users made 9,926,264 patient queries in the WI ePDMP, which is an increase of 3.2% compared to 2023. Between October 1 and December 31, (Q4) 2024, healthcare users made a total of 2,538,567 patient queries, a 2.2% increase compared to Q3 2024 (Figure 12). Breaking down the queries by user type shows that 38% of the queries were performed by delegates of prescribers or pharmacists, 32% were performed by prescribers, 25% by pharmacists, and 5% by other non-prescribing healthcare professionals.



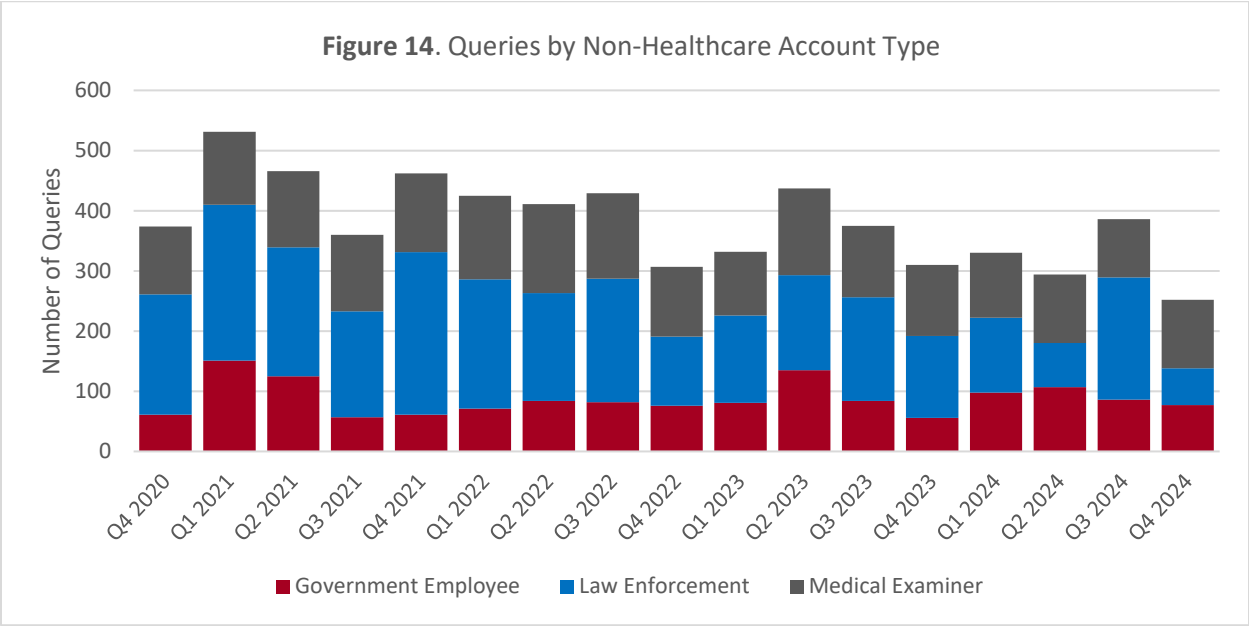
Utilizing the National Association of Boards of Pharmacy's PMP InterConnect (PMPi) and the RxCheck interstate data sharing hub, the WI ePDMP is now connected with 32 state PDMPs as well as the Military Health System. The interstate data exchange allows healthcare users to expand the WI ePDMP patient query to return results from PDMPs in other states, including Wisconsin's border states of Minnesota, Michigan, Illinois, Iowa, and Indiana.

Healthcare professionals from 29 health systems in addition to more than 35 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 13 below shows that, in Q4 2024, 61.7% 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 252 requests for PDMP data in Q4 2024, which is a 35% decrease from the previous quarter (Figure 14). Authorized medical examiner users made up the largest proportion of the total non-healthcare queries (45%).



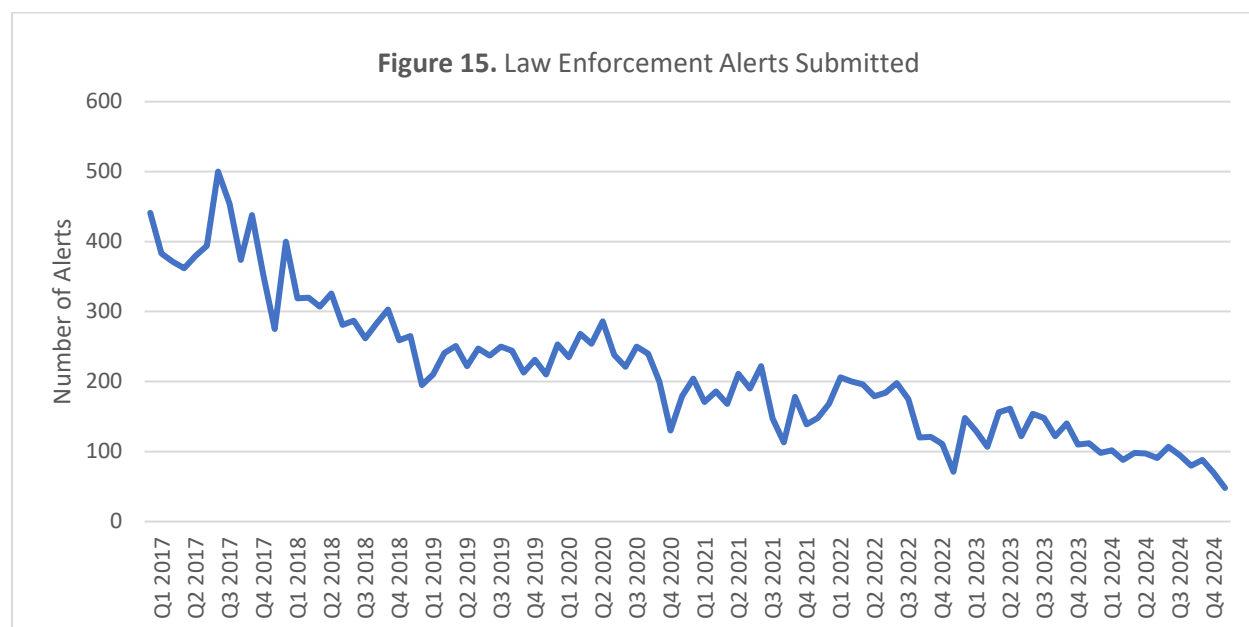
Law Enforcement Reports

During 2024, there were 1,062 events reported to the WI ePDMP by Wisconsin law enforcement agencies, which was a 34% decrease from 1,609 reported events in 2023 and a 78% decrease compared to 2017 when the data was first made available.

In Q4 2024, there were 206 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 15 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 1,062 alerts submitted by Law Enforcement entities in 2024, The distribution by report type can be seen below:

- 33% of the reports submitted were for suspected non-fatal opioid-related overdose events, which was a decrease from 43% in 2023.
- 37% of the reports submitted were reports of stolen controlled substance prescriptions, which was an increase from 30% in 2023.
- 21% 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 2024 annual dispensing of monitored prescription drugs has shown a decrease of 3.5% compared to 2023 and a 7.5% decrease since 2017. The breakdown of the drug classes shows promising trends in Wisconsin. Specifically, the annual dispensing of opioids decreased by 6.7% from 2023 to 2024, which is a notable 38.2% decrease compared to 2017 when the ePDMP was launched. The annual dispensing of benzodiazepines decreased by 6.3% and 34.6% since 2017. The increasing trend in stimulant dispensing continued in 2024 by 0.8% compared to 2023 and 21.1% in the past seven years since 2017. There was a decrease of the “other” drug class (2%). The classification includes gabapentin which became a monitored prescription drug effective September 1st, 2021 after being identified by the Board as having a substantial potential for abuse. Gabapentin continued to be the most dispensed monitored drugs in 2024; however, its dispensing decreased from 2023 to 2024 (3.6%) for the first time since gabapentin became a monitored prescription drug.

The number of patient queries performed per month has remained consistent. The number of queries made by healthcare professionals and delegates increased by 3.2% from 2023 to 2024. The result of user surveys that the DSPS conducted throughout 2024 shows that an average of 87% of survey participants are satisfied with the program, and the satisfaction rate increases to an average of 90% 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.

From Q3 2024 to Q4 2024, the quarterly dispensing of all monitored prescription drugs increased by 7.9%, which equated to an increase of 4.8% compared to the same quarter in 2023. Increases in dispensing were seen across all drug classifications including Opioids (6.7%), Benzodiazepines (4.6%), Stimulants (13.4%), and Other (6.4%). Gabapentin continued to be the top dispensed monitored drug since Q4 2021 when gabapentin first became the most dispensed monitored drug. During Q4 2024, Gabapentin saw an increase of 6.5% in dispensing from Q3 2024.

Compared to the same quarter in 2017, the overall dispensing of monitored prescription drugs in Q4 2024 had a slight increase of 0.2%. The breakdown by drug classes showed decreases in opioid and benzodiazepine dispensing and an increase in stimulants.

- The number of opioid prescriptions dispensed in Q4 2024 was notably 33%, or over 310,000 prescriptions, less than the number in Q4 2017.
- The number of benzodiazepine prescriptions dispensed in Q4 2024 was notably 31%, or around 151,000 prescriptions, less than the number in Q4 2017.
- The number of stimulant prescriptions dispensed in Q4 2024 was 31%, or around 133,000 prescriptions, more than the number in Q4 2017.

Encouraging trends found in the WI ePDMP continued in Q4 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 13th most dispensed monitored prescription drug in Q4 2024. Its dispensing in Q4 increased by 5.8% from Q3 2024, which equated to a 0% change over the past 12 months and a notable 46.8% 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 Monitored Prescription Drugs Dispensed, PDMP Utilization, and Law Enforcement Alerts.