Wisconsin Department of Safety and Professional Services
Division of Policy Development
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Scott Walker, Governor
Laura Gutiérrez, Secretary

CONTROLLED SUBSTANCES BOARD
Room N208, 4822 Madison Yards Way, 2nd Floor, Madison
Contact: Erin Karow (608) 266-2112
September 14, 2018

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Board.

AGENDA

9:30 A.M.

OPEN SESSION - CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-3)

B. Approval of Minutes of August 8, 2018 (4)

C. Administrative Matters - Discussion and Consideration

1. Staff Updates
2. Board Members
   a. Yvonne Bellay – Dept. of Agriculture, Trade, and Consumer Protection Designee
   b. Alan Bloom – Pharmacologist
   c. Doug Englebert – Dept. of Health Services Designee
   d. Philip Trapskin – Pharmacy Examining Board Designee
   e. Subhadeep Barman – Psychiatrist
   f. Peter Kallio – Board of Nursing Designee
   g. Leonardo Huck – Dentistry Examining Board Designee
   h. Timothy Westlake – Medical Examining Board Designee

D. Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration (5)

1. **WI ePDMP Operations Update**
   a. Recent and Upcoming Releases
   b. Status of Grants
   c. Electronic Health Record (EHR) Integration Status
   d. Prioritization of Future Enhancements
2. **WI ePDMP Events (6-8)**
3. **Quarterly Report Update**
   a. Q2 2018 Report, Including User Survey Results **(9-28)**
   b. Q3 2018 Report Status Update

4. **Referral Workgroup**
    a. 8/15 Medical Examining Board Report **(11-45)**
    b. 9/5 Dentistry Examining Board Report **(46-52)**
    c. 9/13 Board of Nursing Report **(53-70)**
    d. Pharmacy Examining Board Report Details

E. Legislation and Rule Matters – Discussion and Consideration (71)

1. Adopt CR 17-085 Relating to Scheduling AB-CHMINACA, AB-PINACA and THJ-2201 **(72-74)**
2. Adopt CR 17-086 Relating to Scheduling MAB-CHMINACA **(75-77)**
3. Adopt CR 17-087 Relating to Scheduling 4-MePPP and a-PBP **(78-80)**
4. Adopt CR 17-088 Relating to Scheduling Synthetic Cannabinoids **(81-83)**
5. Adopt CR 17-089 Relating to Scheduling 4-Fluroroisobutyryl Fentanyl **(84-86)**
6. Review Clearinghouse Comments for CR 18-055 Relating to Oral Solutions Containing Dronabinol **(87-93)**
7. CSB 2.61 Relating to Scheduling MT-45 **(94-96)**
8. CSB 2.62 Relating to Scheduling Para-chloroisobutyryl Fentanyl **(97-99)**
9. CSB 2.63 Relating to Scheduling NM2201, 5F-AB-PINACA, 4-CN-CUMYL-BUTINACA, MMB-CHMICA and 5F-CUMYL-P7AICA **(100-101)**
10. Affirmative Action Scheduling N-Ethylpentylone **(102)**
11. CSB 5 Relating to Approval of Pharmacies and Physicians That May Dispense Cannabidiol **(103)**
12. Update on Executive Order 228 Law Enforcement Public Hearing
13. 2017 Wisconsin Act 262
14. Update on Legislation and Pending and Possible Rulemaking Projects

F. Controlled Substances Board Annual Report – Discussion and Consideration

G. Board Member Reports

1. Governor's Task Force on Opioid Abuse– Timothy Westlake
2. Wisconsin State Coalition for Prescription Drug Abuse Reduction – Timothy Westlake
3. Medical Examining Board – Timothy Westlake
4. Dentistry Examining Board – Leonardo Huck
5. Board of Nursing – Peter Kallio
6. Pharmacy Examining Board – Philip Trapskin

H. Special Use Authorizations – Discussion and Consideration

I. Discussion and Consideration of Items Received After Preparation of the Agenda:

1. Introductions, Announcements, and Recognition
2. Informational Item(s)
3. Disciplinary Matters
4. Education Matters
5. Credentialing Matters
6. Practice Questions
7. Legislation and Rule Matters
8. Liaison Report(s)
9. Speaking Engagement(s), Travel, or Public Relations Request(s)

10. Consulting with Legal Counsel

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), 440.205 and 961.385(2)(c) Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

J. Special Use Authorizations – Discussion and Consideration

K. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

L. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

M. Open Session Items Noticed Above Not Completed in the Initial Open Session

N. Public Comments

ADJOURNMENT

NEXT MEETING: NOVEMBER 9, 2018

****

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.

961.385(2)(c) Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

J. Special Use Authorizations – Discussion and Consideration

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TELECONFERENCE/VIRTUAL
CONTROLLED SUBSTANCES BOARD
MEETING MINUTES
AUGUST 8, 2018

PRESENT: *(all members via teleconference)* Yvonne Bellay, Alan Bloom, Doug Englebert, Leonardo Huck, Peter Kallio, Philip Trapskin, Tina Virgil

EXCUSED: Subhadeep Barman and Timothy Westlake

STAFF: Erin Karow, Executive Director; Sharon Henes, Administrative Rules Coordinator; Kate Stolarzyk, Bureau Assistant; and other DSPS Staff

CALL TO ORDER

Doug Englebert called the meeting to order at 9:05 a.m. A quorum of seven (7) members was confirmed.

ADOPTION OF AGENDA

MOTION: Peter Kallio moved, seconded by Alan Bloom, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF MAY 11, 2018

MOTION: Peter Kallio moved, seconded by Yvonne Bellay, to approve the minutes of May 11, 2018 as published. Motion carried unanimously.

LEGISLATION AND RULE MATTERS

Affirmative Action to Schedule NM2201; 5F-AB-PINACA; 4-CN-CUMYI-BUTINACA; MMB-CHMICA and 5F-CUMYL-P7AICA2

MOTION: Peter Kallio moved, seconded by Alan Bloom, to authorize the Chair to affirm the scheduling of NM2201; 5F-AB-PINACA; 4-CN-CUMYI-BUTINACA; MMB-CHMICA; and 5F-CUMYL-P7AICA2 as Schedule I, once the 30 days since the federal order has elapsed. Motion carried unanimously.

ADJOURNMENT

MOTION: Peter Kallio moved, seconded by Alan Bloom, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:12 a.m.

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Andrea Magermans and Sarah Bradley	09/4/2018 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:
Controlled Substances Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
09/14/18	☒ Yes ☐ No	Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration

7) Place Item in:	8) Is an appearance before the Board being scheduled?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session	☒ Yes, by PDMP Staff ☐ No	

10) Describe the issue and action that should be addressed:

1. WI ePDMP Operations Update
    a. Recent and Upcoming Releases
    b. Status of Grants
    c. EHR Integration Status
    d. Prioritization of Future Enhancements
2. WI ePDMP Events
3. Quarterly Report Update
    a. Q2 2018 Report, including User Survey Results
    b. Q3 2018 Report Status Update
4. Referral workgroup
    a. 8/15 MEB Report
    b. 9/5 DEB Report
    c. 9/13 BON Report
    d. PEB Report Details
5. Miscellaneous

11) Authorization

Signature of person making this request **Date**

Andrea Magermans 9/4/18

Supervisor (if required) **Date**

Executive Director signature (indicates approval to add post agenda deadline item to agenda) **Date**

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

2018 – WI ePDMP Outreach Calendar

	April	May	June
1			SCAODA Meeting
2	National Rx Abuse Summit		
3	National Rx Abuse Summit		
4	National Rx Abuse Summit		
5			
6			
7			NAMSDL PDMP Resource Group
8		DSPS Secretary's Office PDMP Roundtable (Manitowoc)	NAMSDL PDMP Resource Group
9			
10			
11			
12	DHS Opioid Forum		
13			
14			
15			
16			
17			
18		DSPS Secretary's Office Platteville Optimist Club	
19			
20			DSPS Secretary's Office PDMP Roundtable (Eau Claire)
21		1. CDC Grantee Meeting 2. WNA Jail Health Conference	
22		1. CDC Grantee Meeting 2. DSPS Secretary's Office PDMP Roundtable (Dodgeville)	Northwoods Coalition Annual Meeting
23			
24	DOJ DCI Narcotics Investigators School	DHS Bureau of Benefit Management Meeting	
25			
26	Janesville Mobilizing for Change Opioid Panel		
27			
28			
29			
30			
31			

2018 – WI ePDMP Outreach Calendar

	JULY	AUGUST	SEPTEMBER
1			
2			
3			
4			
5			
6			
7			
8			
9		DSPS Secretary's Office PDMP Roundtable (Black River Falls)	
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21		1. Dane County Medical Examiners Training 2. Medical Examiners PDMP National Workgroup (DC)	
22		DSPS Secretary's Office PDMP Roundtable (Monroe)	
23		Hope Consortium Conference	
24	NABP PMPi Steering Committee	PSW Annual Meeting Opioid Session	
25	NABP PMPi Steering Committee		
26			Coroner Medical Examiners Usergroup
27			DSPS Secretary's Office PDMP Roundtable (Ladysmith)
28			
29			WI Association of Nurse Anesthetists
30			
31			

2018 – WI ePDMP Outreach Calendar

	October	November	December
1			
2			
3			
4	Greater Milwaukee Dental Association		
5			
6			
7			
8			
9			
10			
11			
12		DSPS Secretary's Office PDMP Roundtable (Platteville)	
13			
14			
15			
16	PDMP North Regional Meeting		
17	PDMP North Regional Meeting		
18			
19			
20			
21			
22			
23	DOJ Opioid/Meth Forum		
24	DOJ Opioid/Meth Forum		
25			
26			
27			
28			
29			
30			
31			

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Scott Walker, Governor
Laura Gutiérrez, Secretary

FOR IMMEDIATE RELEASE
July 30, 2018
Contact: Matt Censky

PDMP Report Shows Continued Decline in Controlled Substances Dispensed

29.7% Decrease in Opioid Prescriptions Dispensed Since Quarter 1 2015

Madison, WI – The report released today by the Controlled Substances Board at the Department of Safety and Professional Services (DSPS), shows in Quarter 2 (Q2) of 2018 there were 903,612 opioid prescriptions dispensed, a 29.7% decrease from Quarter 1 (Q1) of 2015 when 1,285,943 opioid prescriptions were dispensed. The report analyzes Wisconsin Prescription Drug Monitoring Program (PDMP) data from Q2 of 2018 (April 1, 2018 – June 30, 2018) as part of the controlled substance dispensing trends.

"Wisconsin is tackling the opioid epidemic head on, with prescribers and law enforcement working hand in hand to address the problem," Governor Walker stated. "It is great to see the continued success of the Wisconsin PDMP program."

In addition to the decrease in opioid prescriptions since Q1 2015, the report also highlights:
- A 23% decrease in the total number of monitored prescriptions dispensed or 626,405 fewer prescriptions.
- A 20.6% decrease in benzodiazepine prescriptions dispensed or 123,061 fewer prescriptions.

In the past 12 months the report shows:
- A 17% decrease in the total number of data-driven concerning patient history alerts generated.
- A 32% decrease in doctor shopping alerts.

"The data clearly shows that the PDMP is working for patients and prescribers alike," said Wisconsin DSPS Secretary Laura Gutiérrez. "We continue to travel across the state to hear from users on ways we can build on this success and make our PDMP a model for the nation."

The report also includes information on the number of requests for data made by health care professionals about their patients as well as the results of a recent user satisfaction survey administered by the DSPS.

The Wisconsin PDMP was deployed in June 2013 and is administered by DSPS. Since its inception, the PDMP has primarily been a tool to help healthcare professionals make more informed decisions about prescribing and dispensing controlled substance prescriptions to patients. It also discloses data as authorized by law to governmental and law enforcement agencies. It stores over 54 million prescription records submitted by over 2,000 pharmacies and dispensing practitioners, with an average of over 20,000 queries performed each day between April 1 and June 30, 2018.

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Click here for a copy of the CSB report.

Controlled Substances Board

WISCONSIN | ePDMP

Report 5

April 1 – June 30, 2018

Analysis of Monitored Prescription Drug Dispensings: MD/DO

Prepared for:

Medical Examining Board August 2018 Meeting

The following report, prepared by the Wisconsin Department of Safety and Professional Services, is being provided as the result of the Controlled Substances Board Workgroup's effort to identify potentially suspicious or critically dangerous conduct or practices of a practitioner prescribing monitored prescription drugs.

Unless otherwise stated, the data in the report covers dispensing data submitted to the Wisconsin Prescription Drug Monitoring Program (PDMP) from December 1, 2017 – May 31, 2018.

Section 1: Prescribing of Opioids by MD and DO

Profession: Physician - MD and DO	
Total Number of Monitored Prescription Drugs Dispensed:	2,880,365
Total Number of Opioid Dispensings:	1,110,843
Total Number of Unique DEA Numbers Associated with Opioid Dispensings:	15,521

Figure 1: Opioid Prescribing Distribution - MD and DO

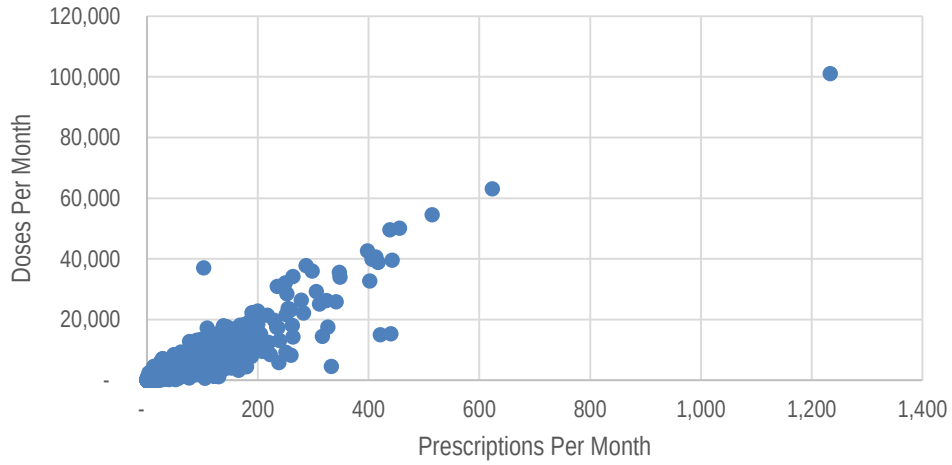
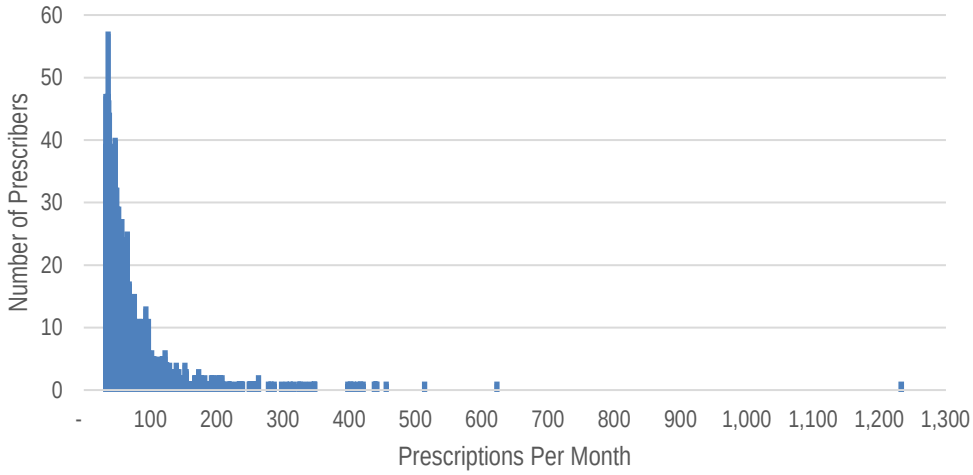


Figure 2: 90th Percentile Opioid Prescribing - MD and DO*



*Top 10% of MD/DO prescribers, based on average number of prescriptions filled/month. n = 1,525. Average of ≥ 33 opioid prescription dispensings/month.

Section 2: Detail on Top Percentile

Top 23 MD/DO prescribers based on opioid prescriptions filled per month, December 1st, 2017 to May 31st, 2018, cutoff at average of approximately 300 opioid prescription dispensings/month.

Table 1: Top Percentile MD/DO

	Prescriber Detail		Monthly Average				
	Profession	Specialty	Opioid Orders	Percentile	Opioid Doses	Percentile	Avg Doses/ Opioid Script
1.	MD	Anesthesiology	1,233.7	100.00%	101,137.5	100.00%	82.0
2.	MD	Physical Medicine/Rehabilitation	623.3	99.99%	63,150.2	99.99%	101.3
3.	MD	Pain Management	514.8	99.98%	54,592.2	99.98%	106.0
4.	MD	Pain Management	456.2	99.98%	50,098.5	99.98%	109.8
5.	MD	Pain Management	442.5	99.97%	39,627.3	99.94%	89.6
6.	MD	Family Practice	440.3	99.96%	15,348.2	99.60%	34.9
7.	MD	Physical Medicine/Rehabilitation	438.7	99.96%	49,663.7	99.97%	113.2
8.	DO	Pain Management	421.5	99.95%	15,055.2	99.56%	35.7
9.	MD	Pain Management	417.0	99.94%	38,839.7	99.94%	93.1
10.	MD	Surgery- Neurological	413.3	99.94%	40,682.0	99.96%	98.4
11.	MD	Family Practice	406.5	99.93%	39,923.8	99.95%	98.2
12.	MD	Orthopedics	402.2	99.92%	32,736.0	99.89%	81.4
13.	MD	Physical Medicine/Rehabilitation	398.3	99.92%	42,638.3	99.96%	107.0
14.	MD	Pain Management	348.3	99.91%	33,982.0	99.90%	97.6
15.	MD	Orthopedics	347.3	99.90%	35,618.5	99.91%	102.5
16.	MD	Internal Medicine	341.7	99.90%	25,854.2	99.85%	75.7
17.	MD	Internal Medicine	333.2	99.89%	4,552.5	95.93%	13.7
18.	MD	Addiction Medicine	326.8	99.89%	17,575.0	99.67%	53.8
19.	MD	Pain Management	324.2	99.88%	26,292.2	99.85%	81.1
20.	MD	Oncology (including radiation oncology)	316.7	99.87%	14,533.5	99.53%	45.9
21.	MD	Rheumatology	311.7	99.87%	25,119.7	99.84%	80.6
22.	MD	Pain Management	305.5	99.86%	29,228.7	99.87%	95.7
23.	MD	Physical Medicine/Rehabilitation	298.5	99.85%	36,065.5	99.92%	120.8

Section 3: Specialty Detail

Detail for four specialty groups based on the top prescribers presented in Section 2: Family Practice, Physical Medicine/Rehabilitation, Pain Management, and Anesthesiology. Specialty is a self-reported field.

Table 2: Specialty

MD/DO: Specialty	WI ePDMP Profile (self reported)
Family Practice	2584
Internal Medicine	1787
Emergency Medicine	955
OBGYN	554
Surgery- General	502
Orthopedics	456
Oncology (including radiation oncology)	349
Pediatrics	318
Psychiatry	259
Neurology	188
Physical Medicine/Rehabilitation	167
Otolaryngology	167
Urology	165
Gastroenterology	126
Optometry/Ophthalmology	108
Surgery- Plastic and Reconstructive	100
Pain Management	99
Cardiology	94
Pulmonology	94
Rheumatology	88
Dermatology	82
Surgery- Neurological	77
Surgery- Orthopedic	59
Hospice/Palliative Medicine	59
Anesthesiology	57
Nephrology	53
Radiology	40
Surgery- Vascular	36
Occupational Medicine	34
Addiction Medicine	31
Endocrinology	21
Surgery- Cardiac	21
Surgery- Hand	19
Surgery- Colorectal (Proctology)	17
Preventive Medicine	11
Surgery- Thoracic	9

Allergy/Immunology	9
Neuromuscular/Osteopathic Manipulative	3
Surgery- Maxillofacial	2
Dentistry-Surgery	1

Section 3A: Family Practice Specialty Detail

MD/DO opioid prescribers with Family Practice, n = 2,584. 86% have an average of 50 or fewer prescriptions per month. State truncated mean for specialty = 25.8 prescriptions/month. State median for specialty = 14 prescriptions/month.

Figure 3: Opioid Prescribing Distribution
Family Practice

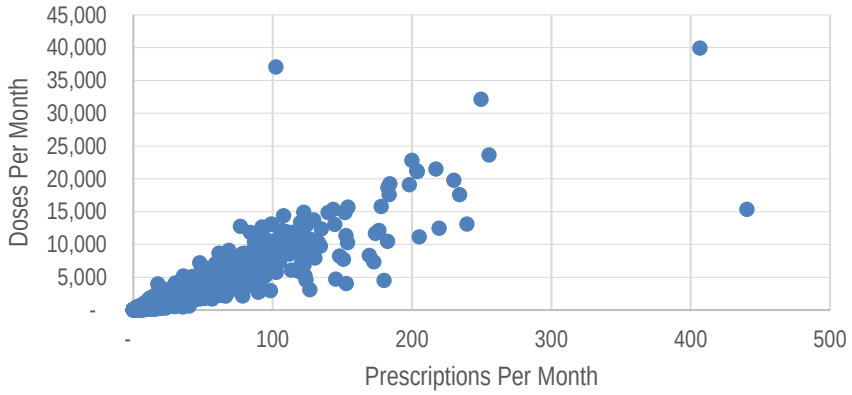
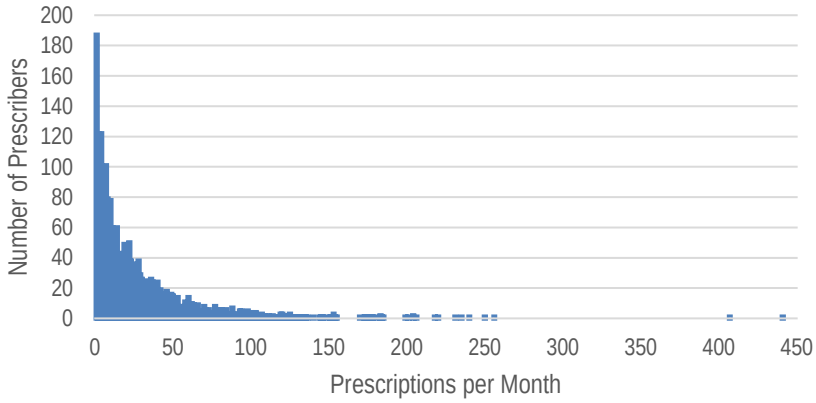


Figure 4: Overall Volume Opioid Prescribing
Family Practice

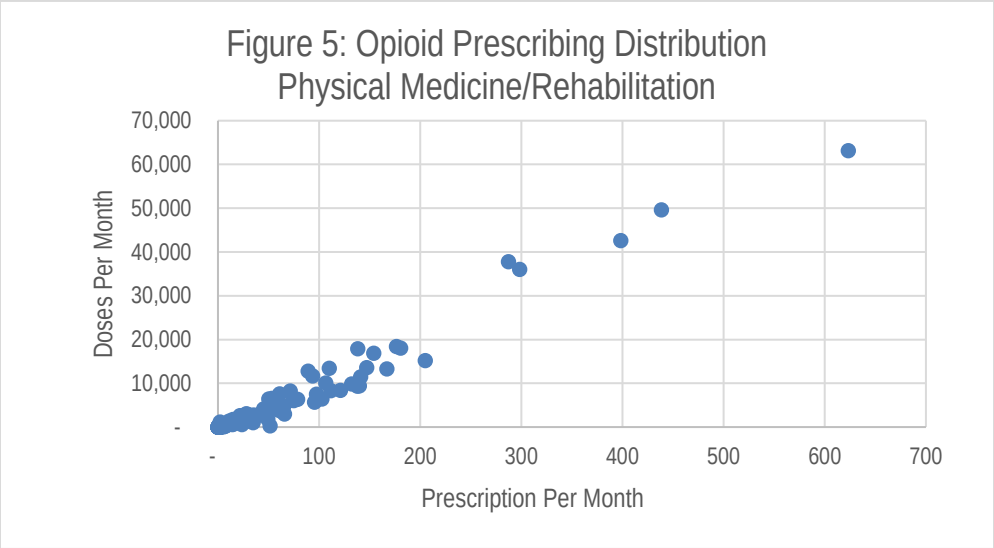


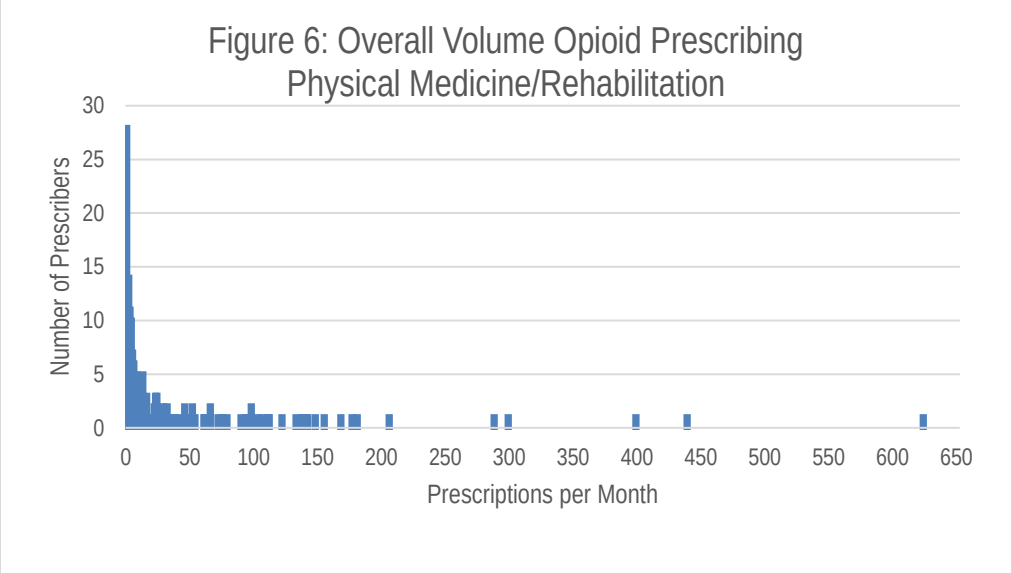
MD/DO: Family Practice

	Profession	Prescriptions/Month		Doses/Month		Doses/Prescription
State Median	**MD/DO**	**14**		**1,861.1**		
State Mean (Truncated)	**MD/DO**	**25.8**		**1,847.1**		
State-Level Dose/Prescription Ratio						**73.34**
Prescriber Detail	**Profession**	**Prescriptions/Month**	**Percentile**	**Doses/Month**	**Percentile**	**Doses/Prescription**
1	MD	440.3	100.00%	15,348.2	99.38%	34.9
2	MD	406.5	99.96%	39,923.8	100.00%	98.2
3	MD	255.2	99.92%	23,640.2	99.88%	92.6
4	MD	249.5	99.88%	32,119.0	99.92%	128.7
5	MD	239.5	99.84%	13,070.5	98.99%	54.6
6	MD	234.0	99.80%	17,595.7	99.53%	75.2
7	MD	230.0	99.76%	19,760.2	99.69%	85.9
8	MD	219.5	99.72%	12,481.0	98.76%	56.9
9	MD	217.2	99.69%	21,464.7	99.80%	98.8
10	DO	205.2	99.65%	11,154.7	98.25%	54.4

Section 3B: Physical Medicine/Rehabilitation Specialty Detail

MD/DO opioid prescribers with Physical Medicine/Rehabilitation specialty, n = 167. 37% recorded, on average, one or fewer prescriptions per month. State truncated mean for specialty = 38.69 prescriptions/month. State median for specialty = 7.5 prescriptions/month.



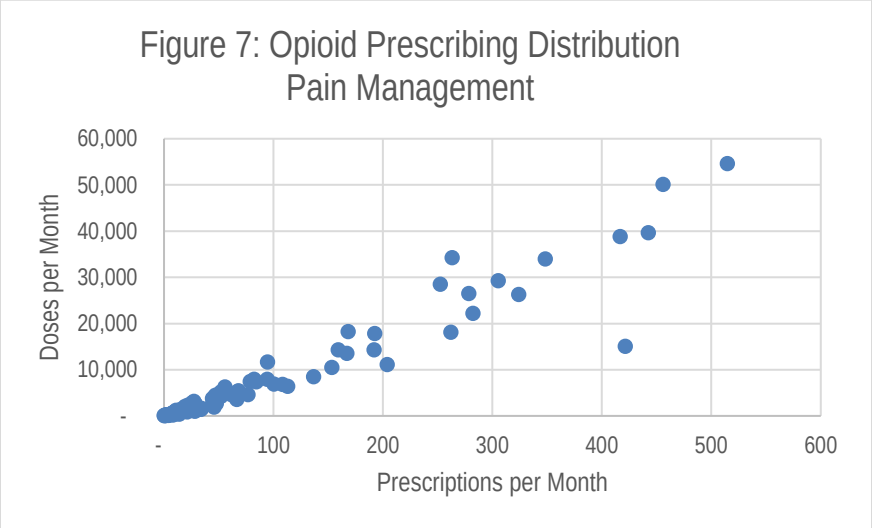


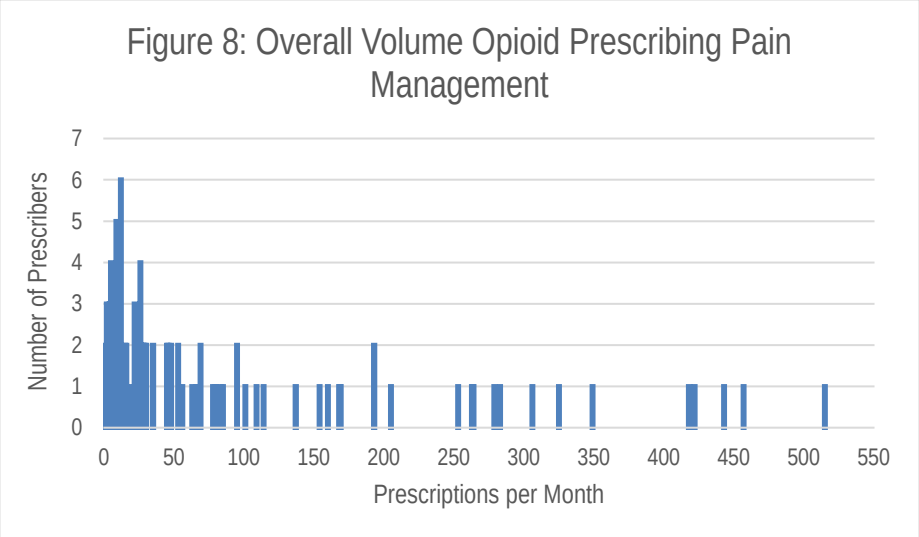
MD/DO: Physical Medicine/Rehab

	Profession	Prescriptions/Month		Doses/Month		Doses/Prescription
State Median	**MD/DO**	**7.50**		**519.83**		
State Mean (Truncated)	**MD/DO**	**38.69**		**3,401.46**		
State-Level Dose/Prescription Ratio						**91.62**
Prescriber Detail	Profession	Prescriptions/Month	Percentile	Doses/Month	Percentile	Doses/Prescription
1	MD	623.33	100.00%	63,150.17	100.00%	101.31
2	MD	438.67	99.39%	49,663.67	99.39%	113.22
3	MD	398.33	98.79%	42,638.33	98.79%	107.04
4	MD	298.50	98.19%	36,065.50	97.59%	120.82
5	MD	287.17	97.59%	37,772.50	98.19%	131.54
6	MD	205.00	96.98%	15,239.33	94.57%	74.34
7	MD	180.67	96.38%	18,038.50	96.38%	99.84
8	MD	176.50	95.78%	18,404.00	96.98%	104.27
9	MD	167.17	95.18%	13,333.33	92.77%	79.76
10	MD	154.17	94.57%	16,927.33	95.18%	109.80

Section 3C: Pain Management Specialty Detail

MD/DO opioid prescribers with Pain Management specialty, n = 99. State truncated mean for specialty = 80.06 prescriptions/month. State median for specialty = 28.33 prescriptions/month.



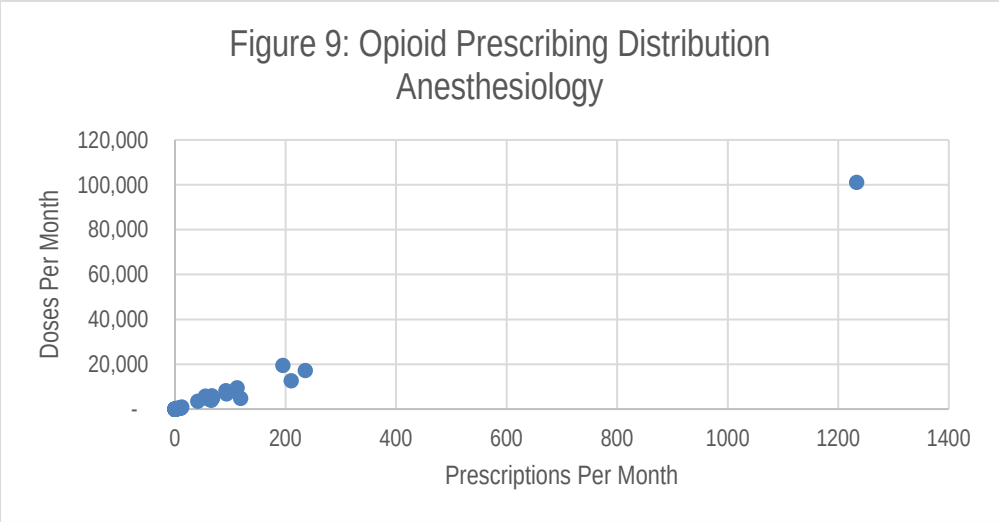


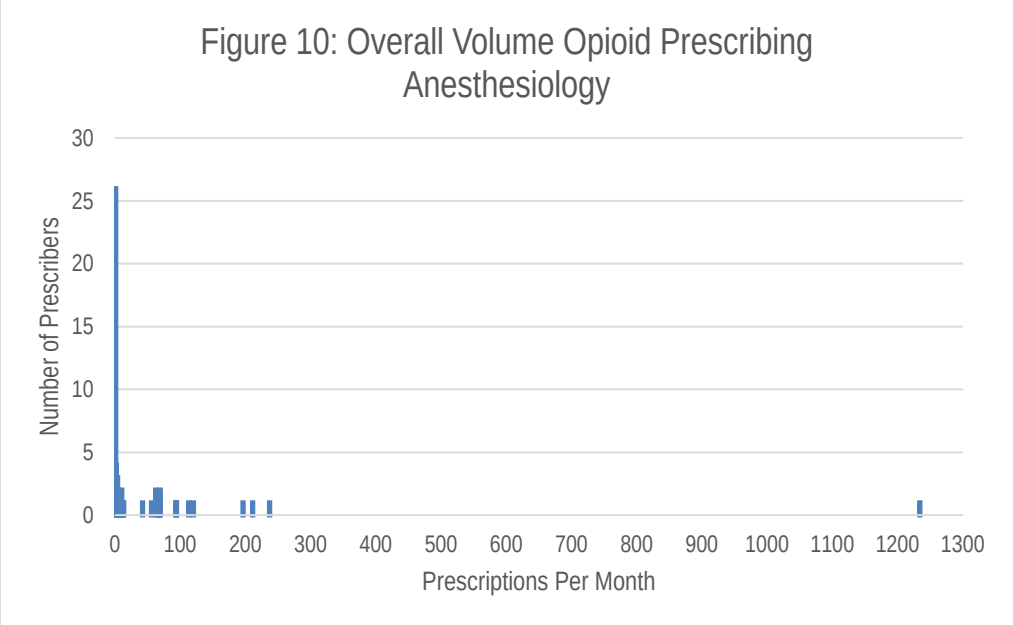
MD/DO: Pain Management

	Profession	Prescription/Month		Doses/Month		Doses/Prescription
State Median	**MD/DO**	**28.33**		**2,211.93**		
State Mean Truncated	**MD/DO**	**80.06**		**6666.73**		
State-Level Dose/Prescription Ratio	**MD/DO**					**84.69**
Prescriber Detail	**Profession**	**Prescription/Month**	**Percentile**	**Doses/Month**	**Percentile**	**Doses/Prescription**
1	MD	514.83	100.00%	54,592.17	100.00%	106.04
2	MD	456.17	98.97%	50,098.50	98.97%	109.82
3	MD	442.50	97.95%	39,627.33	97.95%	89.55
4	DO	421.50	96.93%	15,055.17	85.71%	35.72
5	MD	417.00	95.91%	38,839.67	96.93%	93.14
6	MD	348.33	94.89%	33,982.00	94.89%	97.56
7	MD	324.17	93.87%	26,292.17	90.81%	81.11
8	MD	305.50	92.85%	29,228.67	93.87%	95.67
9	MD	282.50	91.83%	22,187.67	89.79%	78.54
10	MD	278.50	90.81%	26,452.00	91.83%	94.98

Section 3D: Anesthesiology Specialty Detail

MD/DO opioid prescribers with Anesthesiology specialty, n = 57. 45% have one or fewer average prescriptions per month. State truncated mean for specialty = 40.88 prescriptions/month. State median for specialty = 1.17 prescriptions/month.





MD/DO: Anesthesiology

	Profession	Prescription/Month		Doses/Month		Doses/Prescription
State Median	**MD/DO**	**1.17**		**124.7**		
State Mean Truncated	**MD/DO**	**40.88**		**2,248.46**		
State-Level Dose/Prescription Ratio						**78.29**
Prescriber Detail	**Profession**	**Prescription/Month**	**Percentile**	**Doses/Month**	**Percentile**	**Doses/Prescription**
1	MD	1,233.67	100.00%	101,137.50	100.00%	82.05
2	MD	236.33	98.21%	17,311.83	96.42%	73.33
3	MD	210.33	96.42%	12,681.28	94.64%	60.06
4	MD	195.50	94.64%	19,569.50	98.21%	100.06
5	DO	119.33	92.85%	4,830.17	78.57%	40.44
6	MD	112.50	91.07%	9,592.67	92.85%	85.36
7	MD	93.83	89.28%	6,869.33	89.28%	73.57
8	MD	92.33	87.50%	8,215.17	91.07%	88.90
9	MD	68.00	83.92%	5,122.67	82.14%	75.45
10	MD	68.00	83.92%	4,842.83	80.35%	71.31

Section 4: Prescriber Detail

Prescriber A

Profession:	MD	Registered with the WI ePDMP:	Yes
Specialty (self-reported):	Anesthesiology	Estimated ePDMP Usage:	89.1%

Prescribing Summary: 12/1/2017 - 5/31/2018

Dispensing Data	# of scripts	% of overall		
Opioids (includes buprenorphine)	7,912	93.98%	Number of Patients Prescribed Opioids by Prescriber:	1,137
Stimulants	N/A	N/A		
Benzodiazepines	39	0.46%		
Other	468	5.56%		

Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	1,233.67	100%	1.17	40.88	
Avg. Opioid Doses/Month	101,137.5	100%	124.17	2,248	
Avg. Doses/Prescription	82.05				78.29

	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days
Days Supply Opioid Orders	TBD	TBD	TBD	TBD

	Drug Name	Number of Dispensing	% of all Dispensing
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Oxycodone HCl	6,139	72.92%
	Morphine Sulfate	908	10.79%
	Pregabalin	457	5.43%
	Buprenorphine HCl-Naloxone HCl Dihydrate	328	3.9%
	Hydrocodone Bitartrate	328	3.9%

Data Driven Alerts: As of 6/1/2018 (preceding 100 days)

	Alert Type	Number of Alerts
Concerning Patient History	Concurrent Opioid/Benzo	51
	High MME	824

Prescriber B

Profession:	MD	Registered with the WI ePDMP:	Yes
Specialty (self-reported):	Physical Medicine/Rehabilitation	Estimated ePDMP Usage:	77.7%

Prescribing Summary: 12/1/2017 - 5/31/2018

Dispensing Data	# of scripts	% of overall		
Opioids (includes buprenorphine)	3,960	94.35%	Number of Patients Prescribed Opioids by Prescriber:	723
Stimulants	4	4.79%		
Benzodiazepines	32	0.76%		
Other	201	0.1%		

Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	623.33	100%	7.5	38.69	
Avg. Opioid Doses/Month	63,150	100%	519.83	3,401.46	
Avg. Doses/Prescription	101.31				91.62

	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days
Days Supply Opioid Orders	TBD	TBD	TBD	TBD

	Drug Name	Number of Dispensing	% of all Dispensing
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Oxycodone HCl	1,952	46.5%
	Hydrocodone-Acetaminophen	419	10%
	Morphine Sulfate	389	9.3%
	Oxycodone w/ Acetaminophen	372	8.9%
	Tramadol HCl	183	4.4%

Data Driven Alerts: As of 6/1/2018 (preceding 100 days)

	Alert Type	Number of Alerts
Concerning Patient History	Concurrent Opioid/Benzo	133
	High MME	330

Prescriber C

Profession:	MD	Registered with the WI ePDMP:	Yes
Specialty (self-reported):	Pain Management	Estimated ePDMP Usage:	49.1%

Prescribing Summary: 12/1/2017 - 5/31/2018

Dispensing Data	# of scripts	% of overall		
Opioids (includes buprenorphine)	3,278	81.5%	Number of Patients Prescribed Opioids by Prescriber:	346
Stimulants	66	1.64%		
Benzodiazepines	438	10.89%		
Other	240	5.97%		

Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	514.83	100%	28.33	80.06	
Avg. Opioid Doses/Month	54,592.17	100%	2,211.93	6,666.73	
Avg. Doses/Prescription	106.04				84.69

	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days
Days Supply Opioid Orders	TBD	TBD	TBD	TBD

Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Drug Name	Number of Dispensing	% of all Dispensing
	Oxycodone HCl	1,038	25.81%
	Morphine Sulfate	617	15.34%
	Oxycodone w/ Acetaminophen	582	14.47%
	Hydrocodone-Acetaminophen	313	7.78%
	Alprazolam	194	4.82%

Data Driven Alerts: As of 6/1/2018 (preceding 100 days)

	Alert Type	Number of Alerts
Concerning Patient History	Concurrent Opioid/Benzo	139
	High MME	233

Prescriber D

Profession:	MD	Registered with the WI ePDMP:	Yes
Specialty (self-reported):	Pain Management	Estimated ePDMP Usage:	0.07

Prescribing Summary: 12/1/2017 - 5/31/2018

Dispensing Data	# of scripts	% of overall		
Opioids (includes buprenorphine)	2,876	93.62%	Number of Patients Prescribed Opioids by Prescriber:	501
Stimulants	N/A	N/A		
Benzodiazepines	91	2.96%		
Other	105	3.42%		

Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	456.17	98.97%	28.33	80.06	
Avg. Opioid Doses/Month	50,098.50	98.97%	2,211.73	6,666.73	
Avg. Doses/Prescription	109.82				84.69

	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days
Days Supply Opioid Orders	TBD	TBD	TBD	TBD

	Drug Name	Number of Dispensing	% of all Dispensing
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Oxycodone HCl	1,441	46.91%
	Methadone HCl	295	9.6%
	Hydrocodone-Acetaminophen	229	7.45%
	Tramadol HCl	223	7.26%
	Morphine Sulfate	201	3.42%

Data Driven Alerts: As of 6/1/2018 (preceding 100 days)

	Alert Type	Number of Alerts
Concerning Patient History	Concurrent Opioid/Benzo	99
	High MME	220

Prescriber E

Profession:	MD	Registered with the WI ePDMP:	Yes
Specialty (self-reported):	Pain Management	Estimated ePDMP Usage:	100%

Prescribing Summary: 12/1/2017 - 5/31/2018

Dispensing Data	# of scripts	% of overall		
Opioids (includes buprenorphine)	2,820	83.75%	Number of Patients Prescribed Opioids by Prescriber:	1,355
Stimulants	N/A	N/A		
Benzodiazepines	149	4.43%		
Other	398	11.82%		

Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	442.5	97.95%	28.33	80.06	
Avg. Opioid Doses/Month	39,627.33	97.95%	2,211.93	6,666.73	
Avg. Doses/Prescription	89.55				84.69

	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days
Days Supply Opioid Orders	TBD	TBD	TBD	TBD

Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Drug Name	Number of Dispensing	% of all Dispensing
	Oxycodone HCl	1,736	51.56%
	Morphine Sulfate	252	7.48%
	Pregabalin	219	6.5%
	Oxycodone w/ Acetaminophen	156	4.63%
	Tramadol HCl	151	4.48%

Data Driven Alerts: As of 6/1/2018 (preceding 100 days)

	Alert Type	Number of Alerts
Concerning Patient History	Concurrent Opioid/Benzo	797
	High MME	213

Contact Information

Wisconsin Controlled Substances Board
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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
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Huck, Leonardo	Dentistry Board Representative
Kallio, Peter J.	Board of Nursing Representative
Trapskin, Philip	Pharmacy Board Representative
Virgil, Tina	Attorney General Designee
Westlake, Timothy W.	Medical Board Representative

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Wisconsin Prescription Drug Monitoring Program

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Table of Contents

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 (PDMP). This report is intended to satisfy that requirement for the second quarter of 2018 and will primarily focus on analysis of PDMP data from Q2 2018 and the preceding 12 months.

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 on January 17, 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 substance prescription drugs in Schedules II-V.

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 the ability to obtain county-level detail.

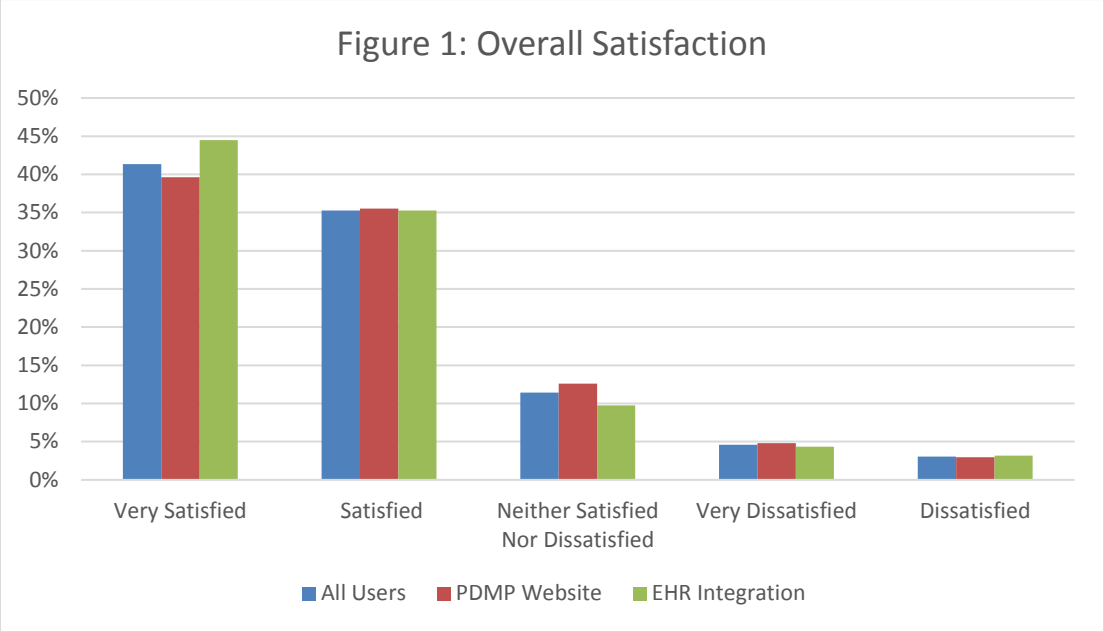
User Satisfaction

DSPS conducted a survey of WI ePDMP users in April 2018 to measure user satisfaction and collect user feedback on current and future system enhancements. The survey was sent to approximately 30,000 registered healthcare professionals and had a response rate of 20%, with responses from over 6,000 users. Half of the survey respondents indicated that they were users of the previous WI PDMP. The distribution of responses across professions, seen in Table 1 below, was consistent with WI ePDMP registration by profession. Survey respondents were asked to identify their primary access route to the WI ePDMP, either via the WI ePDMP website or via a single sign on through an electronic health record (EHR) integration. The majority of respondents, 59.5%, indicated that their primary access route to the WI ePDMP was direct log in using the WI ePDMP website.

Table 1: Survey Participation by Profession	
Physician - MD/DO	44.57%
Advanced Practice Nurse Prescriber	18.39%
Pharmacist	15.31%
Physician Assistant	7.96%
Dentist	7.58%
Registered Nurse	3.16%
Podiatrist	0.88%
Substance Abuse Treatment Professional	0.57%
Resident (Educational License)	0.49%
Optometrist	0.44%
Anesthesiologist Assistant	0.05%

Overall Satisfaction

The survey indicates that most users are satisfied with the WI ePDMP. Seventy-seven percent of respondents reported overall satisfaction with the WI ePDMP, providing responses of either "Satisfied" or "Very Satisfied." Eleven percent reported being "Neither Satisfied nor Dissatisfied," and 8% reported being "Dissatisfied" or "Very Dissatisfied" with the WI ePDMP. Satisfaction rates are slightly higher for those who are accessing the WI ePDMP via EHR integration, with close to 45% of EHR integration users indicating that they are "Very Satisfied" with the WI ePDMP, compared to 40% of those accessing the PDMP via the website.



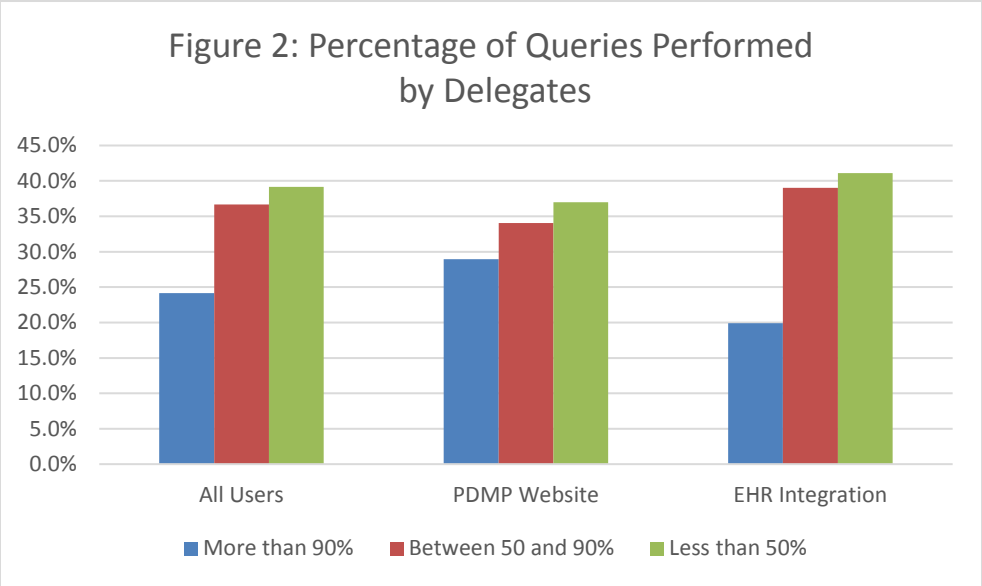
Electronic Health Record Integration

EHR integration allows the user single sign on access to the WI ePDMP from within a patient record, eliminating the need for a user to log in and manually populate the patient search criteria for a patient query. However, certain WI ePDMP features, such as interstate queries, prescriber self-assessment metrics reports, delegate management, and account management require direct sign-in via the WI ePDMP website. Over 33% of survey respondents using EHR integration indicated that they do not access the WI ePDMP outside of the EHR integration. Thirty percent of survey respondents using EHR integration indicated that they access the WI ePDMP outside of the EHR integration in order to use additional WI ePDMP features up to 3 times per week. Twelve percent access the additional features 1 – 3 times per month and 24% less than once a month. This indicates that the primary focus of those accessing the WI ePDMP is to view patient reports and that there is an opportunity to educate users about the additional beneficial features of the WI ePDMP system.

Use of Delegates

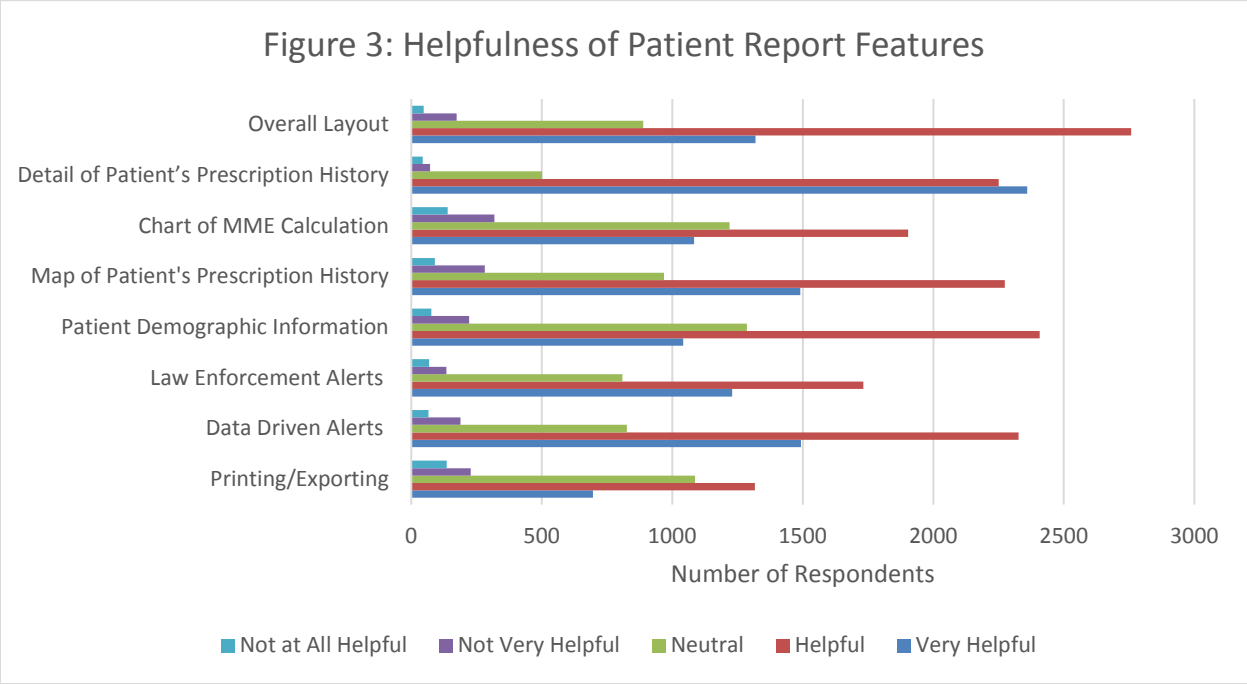
Overall, 37% of survey respondents indicated that they have authorized delegate users to perform patient queries on their behalf, but the largest portion of survey respondents, 39%, indicated that they use delegates less than 50% of the time. Those with EHR integration indicated that they are less likely to use a delegate to fulfill their patient query needs, with only 20% of EHR integration respondents indicating their delegates perform more than 90% of their queries. In many cases, the availability of

PDMP patient reports via a single sign on EHR integration makes PDMP patient report access quicker and easier, thereby eliminating the need for delegates to perform patient queries on a user's behalf.



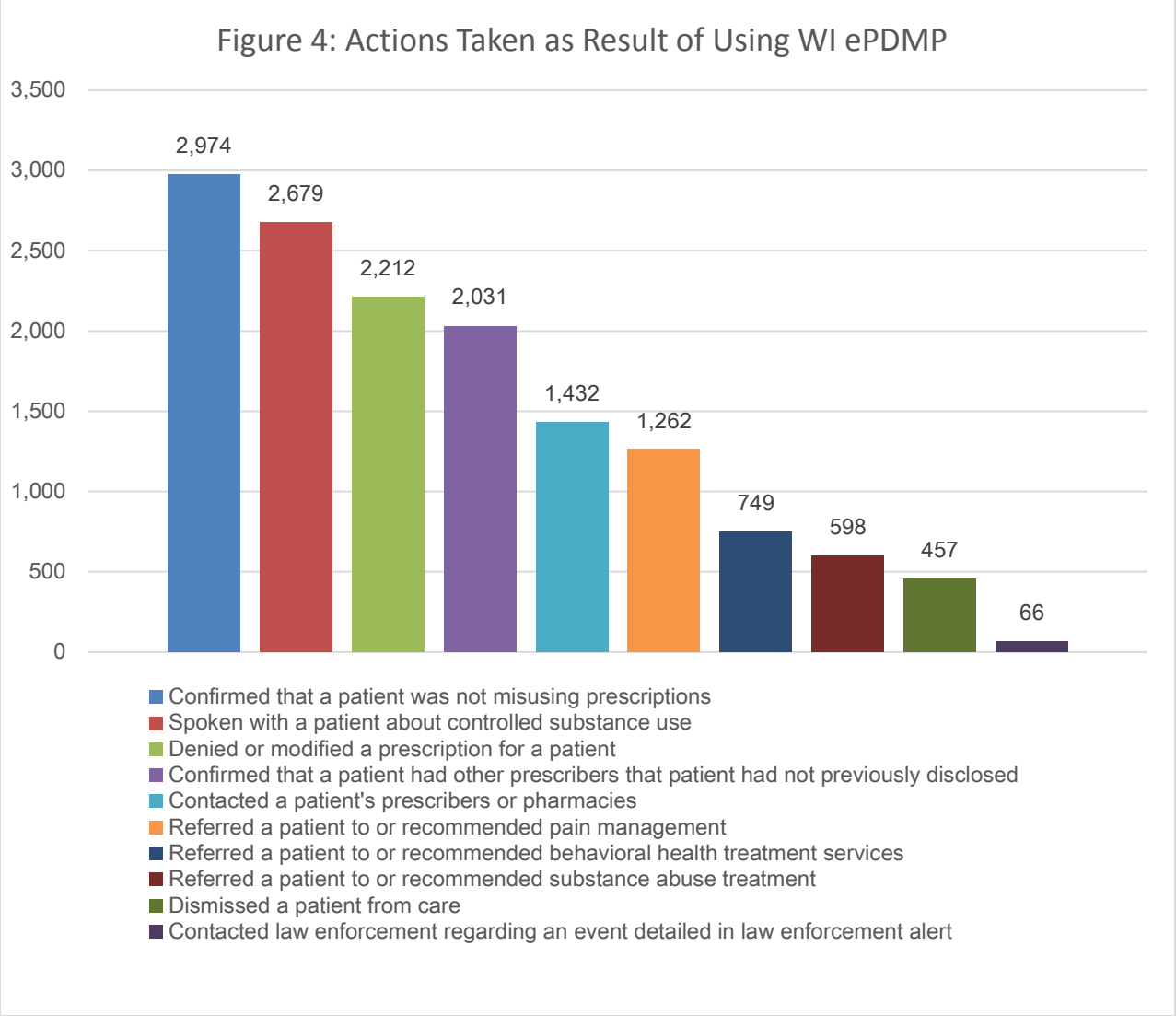
Usability of the WI ePDMP

The majority of survey respondents indicated that user account functions of the WI ePDMP are "Easy" or "Very Easy" to use. Responses were similar for the rating of the information presented in the Patient Report, with most users indicating that the information was "Helpful" or "Very Helpful." The most important enhanced features of the Patient Report are the data driven concerning patient history alerts and the map of the prescription history, with 69% of users indicating that the data driven alerts are helpful and 68% of users indicating that the map is helpful. Even with the enhanced analytics and visualizations, however, the vast majority of users rely heavily on the full prescription history detail, with 83% finding the prescription history detail helpful.



Action Taken

Survey results suggest that using the WI ePDMP is influencing the behavior of healthcare professionals. Out of the 6,000 survey respondents, 44% indicated that, after reviewing information in the PDMP, they had spoken with a patient about controlled substance use, and 37% of respondents indicated that they had denied or modified a patient's prescription. Only 8% of respondents indicated that they had dismissed a patient from care, but 10% to 21% of respondents indicated that they had referred a patient for substance abuse treatment, behavioral health treatment, or pain management. Twenty-four percent of respondents indicated that they had contacted a patient's other healthcare professionals after they had reviewed the patient's PDMP report. In some cases, the PDMP presented unexpected information about a patient's controlled substance prescription history or prescribers, and 34% of respondents indicated that the PDMP report confirmed that patients had prescription information that had not been disclosed. The most common action, however, reported by nearly 50% of respondents, was that the PDMP confirmed that patients were not misusing prescriptions. All of the responses show, therefore, how valuable the information in the WI ePDMP can be in supporting healthcare professionals in their decision whether to prescribe or dispense controlled substances.



Impact on Referrals for Investigation

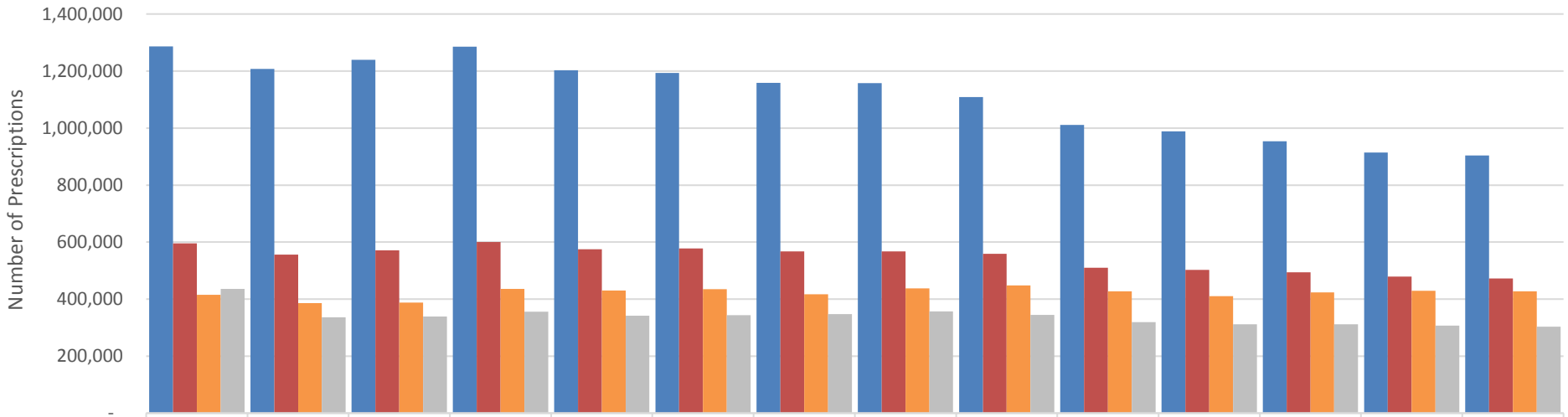
Pursuant to s. 961.385 (2) (f) and (3) (c), Wis. Stats., the CSB may refer to the appropriate licensing or regulatory board for discipline a pharmacist, pharmacy, or practitioner who fails to comply with the rules of the Prescription Drug Monitoring Program and may disclose PDMP data to relevant state boards and agencies if circumstances indicate suspicious or critically dangerous conduct or practices of a pharmacy, pharmacist, practitioner, or patient. The CSB Referral Criteria Workgroup, which met for the first time on May 11, 2018, is tasked with developing recommendations for how the CSB could define suspicious or critically dangerous conduct or practices, compliance with the PDMP, and the process for referring pharmacist, pharmacy, or practitioners to the appropriate licensing board. The Referral Criteria Workgroup is scheduled to present their initial recommendations at the September 2018 CSB meeting.

Monitored Prescription Drug Dispensing Trend

Overall, the trend of decreased dispensing of monitored prescription drug continues in Wisconsin. Beginning in Q1 2016, the dispensing of opioids has decreased each quarter. A similar pattern can be seen with the dispensing of benzodiazepines, which have decreased each quarter starting in Q1 2017. Dispensing of stimulants continues to be variable by quarter, with some quarters seeing decreased dispensing and others an increase in dispensing.

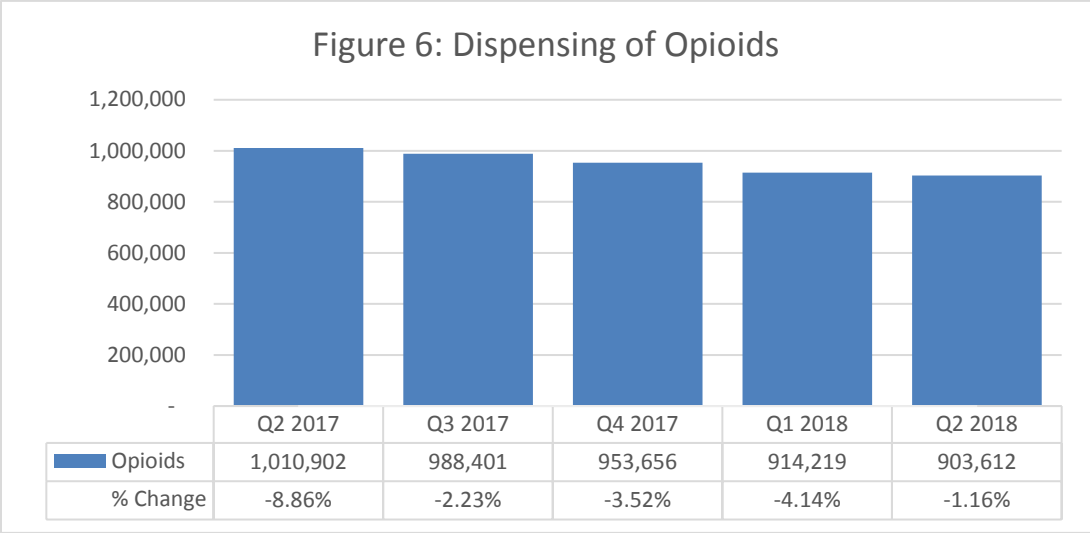
From Q1 2018 to Q2 2018 specifically, there was a 1% reduction in the number of monitored prescription drugs dispensed, which equates to an overall 5% reduction over the past 12 months. The percentage decrease per quarter can be seen in figure 6, on the following page.

Figure 5: Dispensing of Monitored Prescription Drugs by Quarter 2015 - 2018



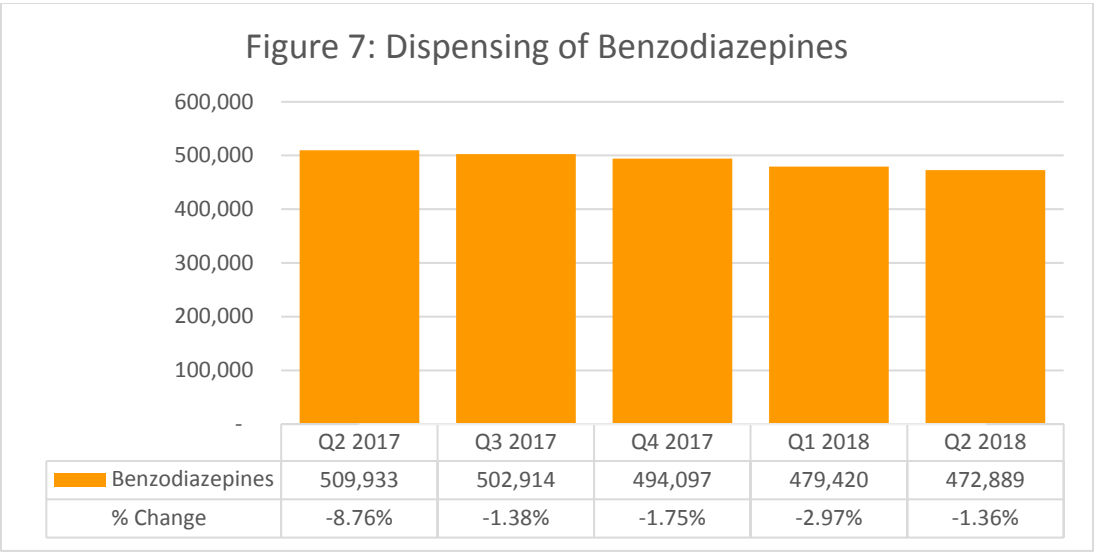
	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018
Opioids	1,285,943	1,206,997	1,239,255	1,285,552	1,202,285	1,193,103	1,158,941	1,157,781	1,109,174	1,010,902	988,401	953,656	914,219	903,612
Benzodiazepines	595,950	556,010	571,522	600,715	575,101	577,962	567,547	567,624	558,871	509,933	502,914	494,097	479,420	472,889
Stimulants	415,433	385,819	388,063	436,020	430,501	434,564	417,011	438,113	448,399	427,241	410,466	423,405	429,693	427,100
Other	435,778	336,557	338,879	355,567	341,891	343,934	347,077	356,648	344,727	318,897	312,178	311,783	306,883	303,098

For opioids in particular, there was a 1% reduction in the number of prescriptions dispensed from Q1 2018 to Q2 2018, for a total 9% reduction over the past 12 months.



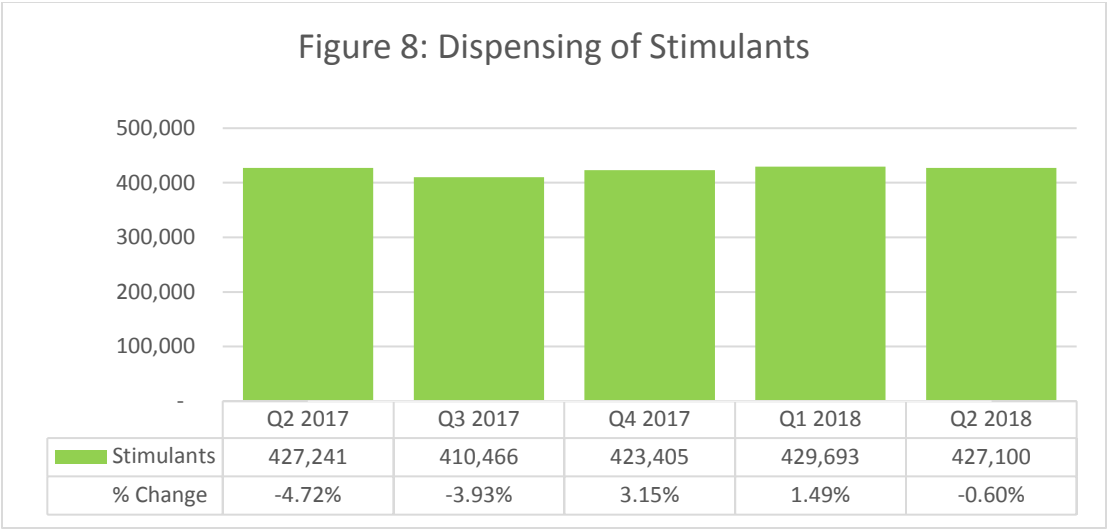
	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018
Opioids	1,010,902	988,401	953,656	914,219	903,612
% Change	-8.86%	-2.23%	-3.52%	-4.14%	-1.16%

For benzodiazepines, there was a 1% reduction in the number of prescriptions dispensed from Q1 2018 to Q2 2018, for a total reduction of 6% over the past 12 months.



	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018
Benzodiazepines	509,933	502,914	494,097	479,420	472,889
% Change	-8.76%	-1.38%	-1.75%	-2.97%	-1.36%

Stimulants continue to fluctuate between increased and decreased dispensing. Q2 2018 was the first quarter in which the dispensing of stimulants decreased since Q3 2017, with a slight decrease of 0.6%. Overall, there was a 4% increase in the number of stimulant prescriptions dispensed over the past 12 months.



There continues to be no change to the drugs that fall under the 15 most dispensed monitored prescription drugs. Table 2 below shows the top 15 most dispensed monitored prescription drugs in Q2 2018 compared to Q1 2018, ranked in order of the volume of prescriptions dispensed in Q2 2018. For the second consecutive quarter, the top 5 monitored drugs dispensed no longer included Oxycodone HCl, resulting in only 2 opioids in the top 5 monitored drugs. The top 15 monitored prescription drugs dispensed make up 88% of the dispensing records for any given quarter.

Table 2: Top 15 Dispensed Monitored Prescription Drug by Dispensing

	Drug Name	Drug Class	Q2 2018 Dispensing	Q1 2018 Dispensing	Percent Change
1	Hydrocodone-Acetaminophen	Opioid	302,404	306,539	-1.3%
2	Amphetamine-Dextroamphetamine	Stimulant	200,080	199,829	0.1%
3	Tramadol HCl	Opioid	177,301	175,025	1.3%
4	Lorazepam	Benzodiazepine	147,578	149,663	-1.4%
5	Alprazolam	Benzodiazepine	144,683	147,215	-1.7%
6	Oxycodone HCl	Opioid	142,469	145,049	-1.8%
7	Clonazepam	Benzodiazepine	123,401	125,006	-1.3%
8	Zolpidem Tartrate	Other	118,841	120,857	-1.7%
9	Oxycodone w/ Acetaminophen	Opioid	99,705	102,369	-2.6%
10	Methylphenidate HCl	Stimulant	96,624	99,788	-3.2%
11	Lisdexamfetamine Dimesylate	Stimulant	92,954	92,792	0.2%
12	Pregabalin	Other	61,079	60,282	1.3%
13	Diazepam	Benzodiazepine	50,704	52,109	-2.7%
14	Morphine Sulfate	Opioid	47,594	49,444	-3.7%
15	Acetaminophen w/ Codeine	Opioid	38,297	38,866	-1.5%

Table 3 below shows the top 15 most dispensed monitored prescription drugs in Q2 2018 compared to Q1 2018, ranked in order of total quantity of pills dispensed in Q2 2018, rather than number of prescription orders filled. The order of the top 15 monitored drugs based on number of pills shows no change from Q1 2018 to Q2 2018. Even though Oxycodone HCl fell out of the top 5 monitored drugs

dispensed starting in Q1 2018, it remains in the top 3 monitored drugs dispensed based on number of pills dispensed, and the top 3 drugs dispensed based on number of pills are all opioids.

Table 3: Top 15 Dispensed Monitored Prescription Drug by Pill Volume

	Drug Name	Drug Class	Q2 2018 Pills	Q1 2018 Pills	Percent Change
1	Hydrocodone-Acetaminophen	Opioid	15,644,994	15,956,031	-1.9%
2	Tramadol HCl	Opioid	12,151,554	12,205,582	-0.4%
3	Oxycodone HCl	Opioid	10,626,154	11,086,773	-4.2%
4	Amphetamine-Dextroamphetamine	Stimulant	9,504,935	9,511,828	-0.1%
5	Alprazolam	Benzodiazepine	8,083,704	8,268,147	-2.2%
6	Clonazepam	Benzodiazepine	7,103,065	7,250,097	-2.0%
7	Lorazepam	Benzodiazepine	6,856,844	7,016,369	-2.3%
8	Oxycodone w/ Acetaminophen	Opioid	6,593,367	6,846,131	-3.7%
9	Pregabalin	Other	4,483,321	4,434,181	1.1%
10	Methylphenidate HCl	Stimulant	4,419,971	4,591,575	-3.7%
11	Zolpidem Tartrate	Other	3,947,508	4,000,072	-1.3%
12	Lisdexamfetamine Dimesylate	Stimulant	2,900,347	2,893,531	0.2%
13	Morphine Sulfate	Opioid	2,782,590	2,890,053	-3.7%
14	Diazepam	Benzodiazepine	2,038,674	2,122,985	-4.0%
15	Acetaminophen w/ Codeine	Opioid	1,609,476	1,613,197	-0.2%

Data-Driven Alerts

The WI ePDMP application uses sophisticated data analytics to assess a patient's monitored prescription drug history. Analytics are performed on the prescription history to identify and alert WI ePDMP users to potential indications of abuse, diversion, or overdose risk, such as high morphine milligram equivalent doses, overlapping benzodiazepine and opioid prescriptions, and multiple prescribers or dispensers.

The 6 types of concerning patient history alerts are:

1. ***Multiple Prescribers or Pharmacies Alert***, which indicates that the patient has obtained prescriptions from at least 5 prescribers or 5 pharmacies within the previous 90 days. The 5 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, simply a flag for further inspection of the dispensing history.
2. ***Long-Term Opioid Therapy with Multiple Prescribers Alert***, which indicates when a patient has been prescribed at least 1 opioid prescription from 2 or more prescribers for 90 or more days.

3. ***Early Refill Alert***, which indicates when a patient has refilled a controlled substance prescription 2 or more days earlier than the expected refill date based on the estimated duration of the prescription calculated and reported by the pharmacy.
4. ***High Current 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 morphine milligram equivalent (MME).
5. ***Concurrent Benzodiazepine and Opioid Prescription Alert***, which indicates when a patient's active current prescriptions include both an opioid and a benzodiazepine.
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.

Overall, there was a 17% reduction in the number of concerning patient history alerts over the last 12 months. Significant declines continue for four of the alert types: Multiple Prescribers or Pharmacies Alerts, a potential indication of doctor shopping, decreased by 21% in the last quarter, for an overall decrease of 32% over the last 12 months; Long Term Opioid Therapy Alerts decreased by 9%, for an overall decrease of 19% over the last 12 months; High Opioid Daily Dose Alerts decreased by 7%, for an overall decrease of 18% over the past 12 months; and Concurrent Benzodiazepine and Opioid Prescription Alerts decreased by 3%, for an overall decrease of 13% over the past 12 months.

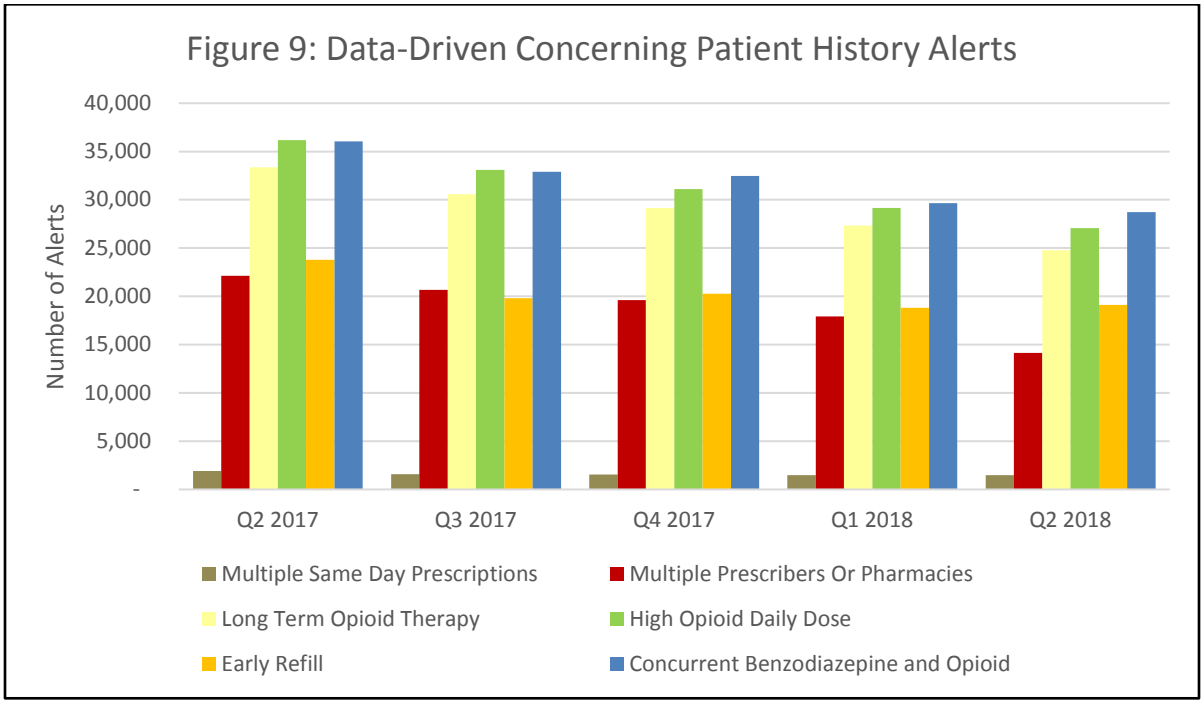
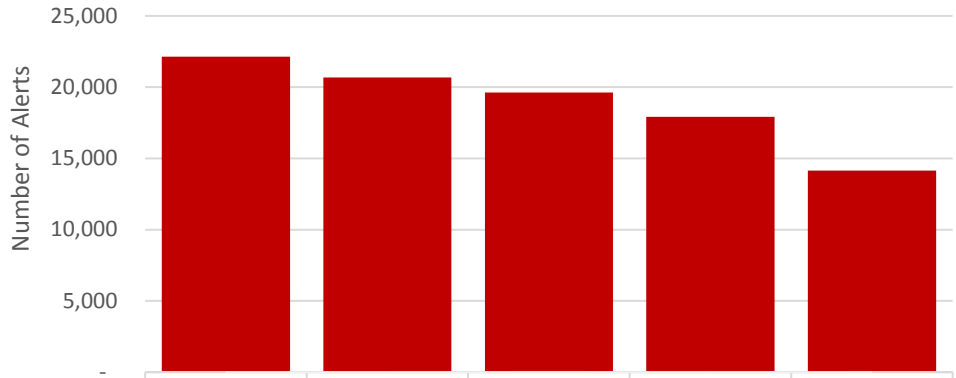
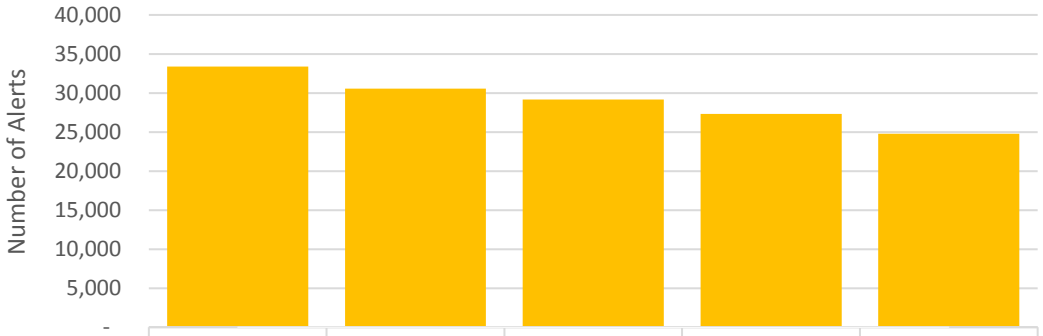


Figure 10: Multiple Prescribers Or Pharmacies



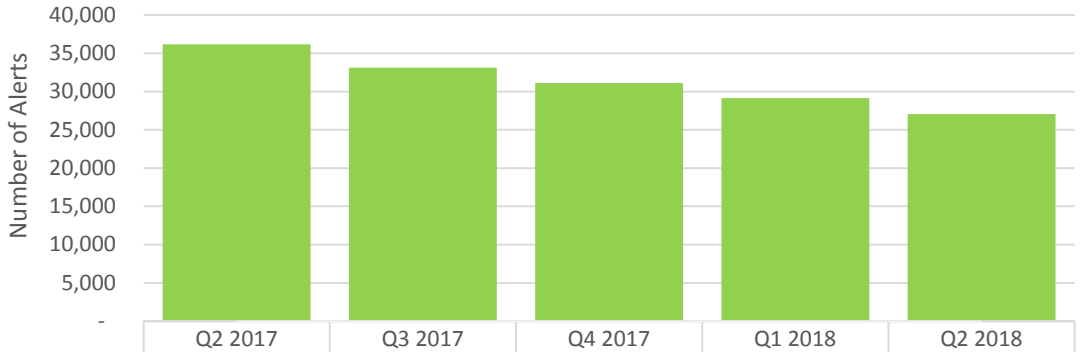
	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018
Multiple Prescribers Or Pharmacies	22,142	20,677	19,613	17,911	14,141
% Change	-9.1%	-6.6%	-5.1%	-8.7%	-21.0%

Figure 11: Long Term Opioid Therapy



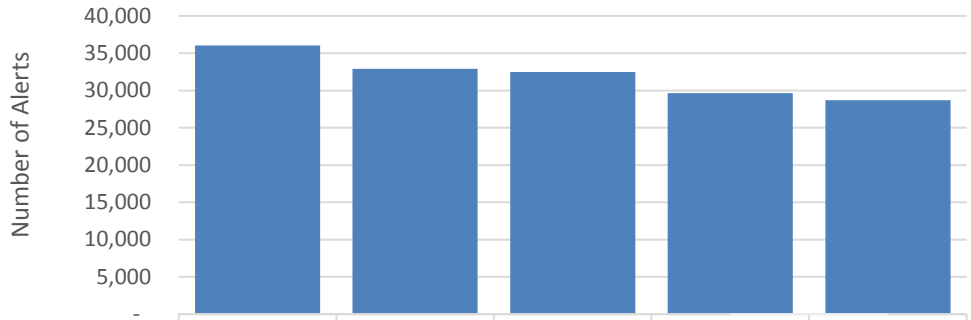
	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018
Long Term Opioid Therapy	33,368	30,564	29,165	27,314	24,793
% Change	-3.7%	-8.4%	-4.6%	-6.3%	-9.2%

Figure 12: High Opioid Daily Dose



	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018
High Opioid Daily Dose	36,162	33,110	31,102	29,152	27,048
% Change	-8.9%	-8.4%	-6.1%	-6.3%	-7.2%

Figure 13: Concurrent Benzodiazepine and Opioid

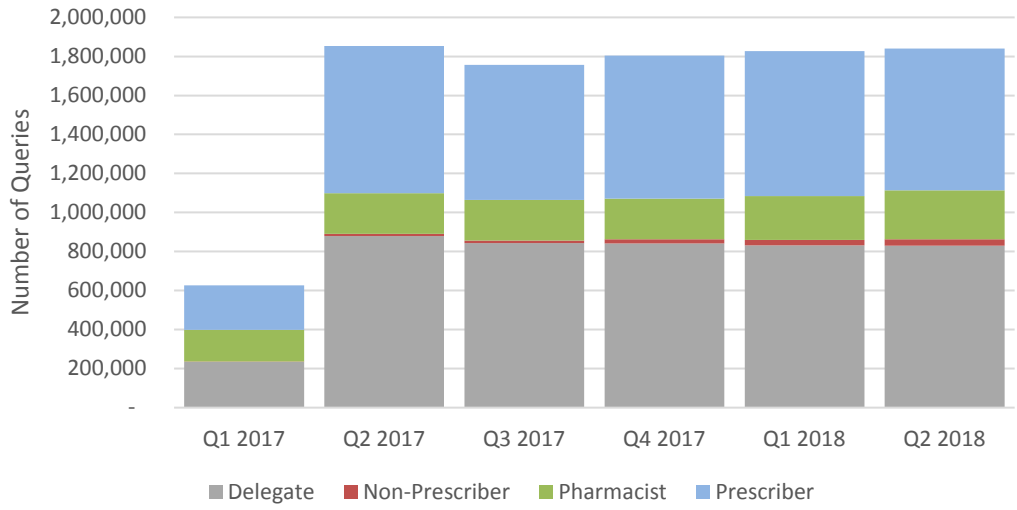


	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018
Concurrent Benzodiazepine and Opioid	36,029	32,906	32,477	29,635	28,710
% Change	-6.27%	-8.67%	-1.30%	-8.75%	-3.12%

Disclosure of PDMP Data

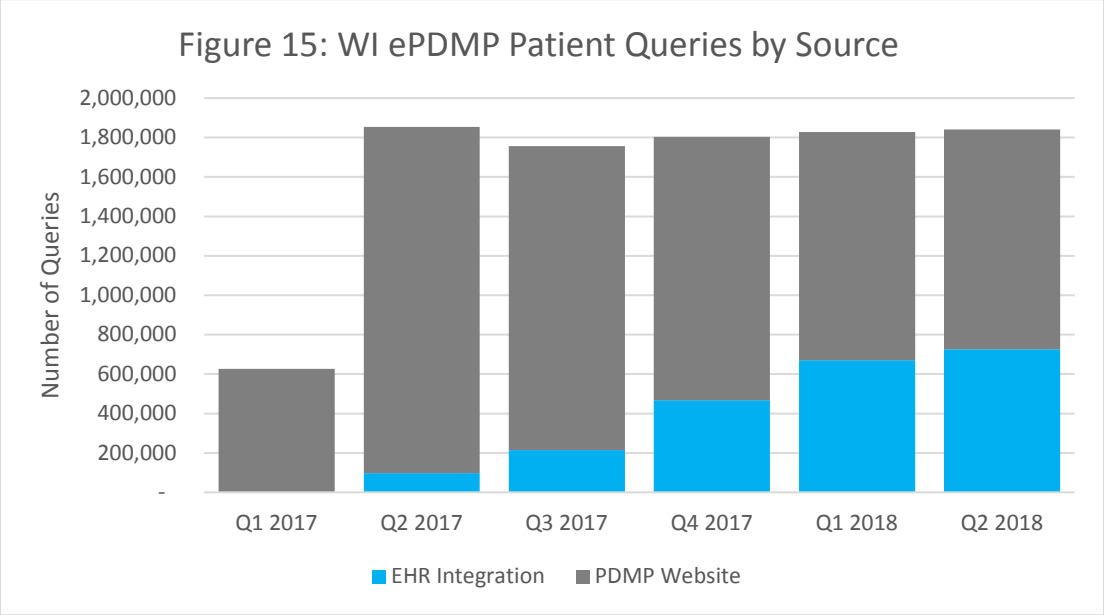
Between April 1 and June 30, 2018, healthcare users made a total of 1,840,289 patient queries, which is consistent with the level of queries performed in the previous quarter. Breaking down the queries by user type shows that 45% of the queries were performed by delegates of prescribers or pharmacists, 39% were performed by prescribers, 14% by pharmacists, and 2% by other non-prescribing healthcare professionals.

Figure 14: Patient Queries by Healthcare Professionals

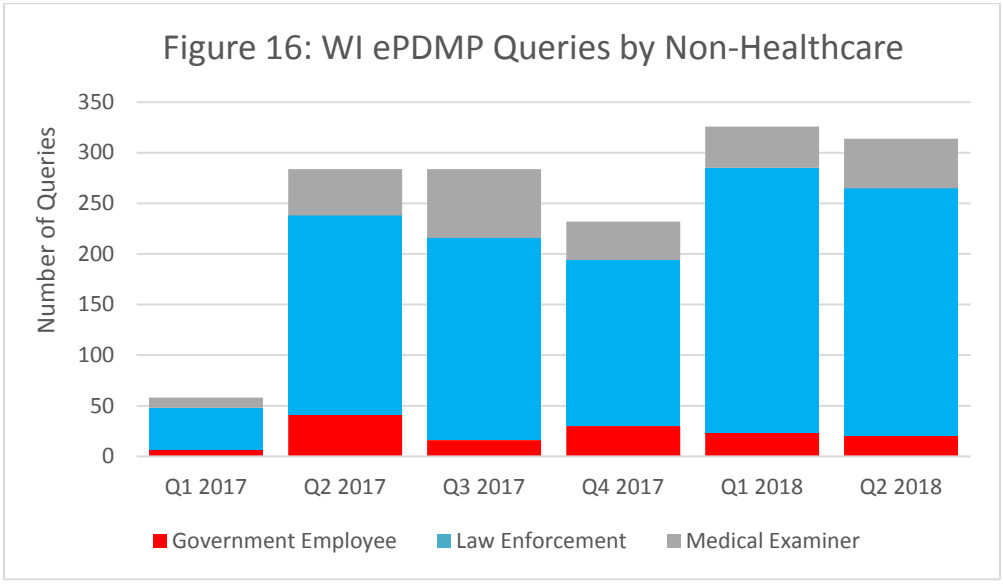


As of June 30, 2018, healthcare professionals from thirteen health systems in Wisconsin have one-click access to the PDMP from within their EHR platform. In Q2 of 2018, 40% of patient queries were through the direct EHR integration, compared to 36% in the previous quarter. As indicated in the 2018 WI

ePDMP user survey, those who utilize EHR integration for conducting patient queries are more likely to perform the patient query without the use of a delegate and have slightly higher satisfaction rates with the WI ePDMP.



Authorized individuals from non-healthcare groups made 314 requests for PDMP data in Q2 of 2018, which was a slight decline from the 326 requests made in Q1 2018.

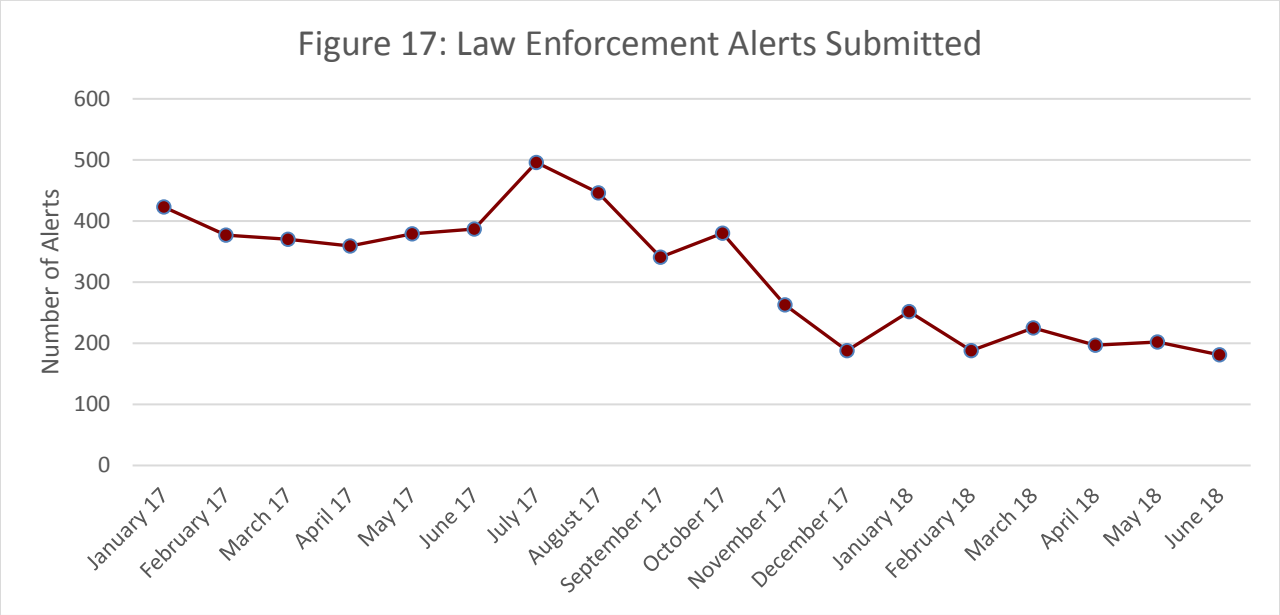


Law Enforcement Reports

Between April 1 and June 30, 2018, Wisconsin law enforcement agencies reported 580 events to the WI ePDMP 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.

There is no requirement for law enforcement agencies to submit their reports within a certain timeframe after the date of the event. Outreach for law enforcement agencies is ongoing as part of an effort to increase awareness of the requirement to submit to the PDMP and the value of the PDMP notifying the prescribers of the events for patients to whom they prescribe.



In 2018 the distribution of submission by report type remains consistent with the 2017 report type distribution:

- 38% of the reports submitted were reports of stolen controlled substance prescriptions
- 30% of the reports submitted were suspected violations of the Controlled Substances Act
- 27% of the reports submitted were suspected non-fatal opioid-related overdose events, and
- 5% of the reports submitted were suspected narcotic-related deaths.

Summary

The second quarter of 2018 shows a continuation of the encouraging decline in the number of monitored prescription drug dispensing and data-driven alert trends, as noted in the Controlled Substances Board's Q1 2018 PDMP report. The dispensing of opioids and benzodiazepines continues to decline each quarter, as does the number of data-driven alerts for concerning patient histories involving multiple prescribers or pharmacies, long term opioid therapy, and high opioid daily dose.

Some items of note for the WI PDMP over the past year are:

- 5% decrease in the total number of monitored prescription drugs dispensed in the past 12 months
    - 9% decrease in the number of opioid prescriptions dispensed
    - 6% decrease in the number of benzodiazepine prescriptions dispensed
- 17% decrease in the total number of data-driven concerning patient history alerts generated in the past 12 months
    - 32% decrease in multiple prescribers or pharmacies alerts, which is a potential indication of doctor shopping
    - 19% decrease in long term opioid therapy alerts
    - 18% decrease in high opioid daily dose alerts, which is a daily dose of opioids that exceeds 90 morphine milligram equivalents
    - 13% decrease in the concurrent benzodiazepine and opioid prescription alerts

The 2018 WI ePDMP user survey shows a high level of user satisfaction with the features and information available in the PDMP. Responses to the action taken section of the survey confirm that the patient WI ePDMP dispensing histories are supporting better informed decisions by prescribers of monitored prescription drugs in Wisconsin.

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.

Analysis of Monitored Prescription Drug Dispensings: Dentistry

Prepared for:

Dentistry Examining Board

September 2018 Meeting

The following report, prepared by the Wisconsin Department of Safety and Professional Services, is being provided as the result of the Controlled Substances Board Workgroup's effort to identify potentially suspicious or critically dangerous conduct or practices of a practitioner prescribing monitored prescription drugs.

Unless otherwise stated, the data in the report covers dispensing data submitted to the Wisconsin Prescription Drug Monitoring Program (PDMP) from December 1, 2017 – May 31, 2018.

Section 1: Prescribing of Opioids - Dentistry

Profession: Dentistry	
Total Number of Monitored Prescription Drugs Dispensed:	104,309
Total Number of Opioid Dispensings:	96,385
Total Number of Unique DEA Numbers Associated with Opioid Dispensings:	3,011

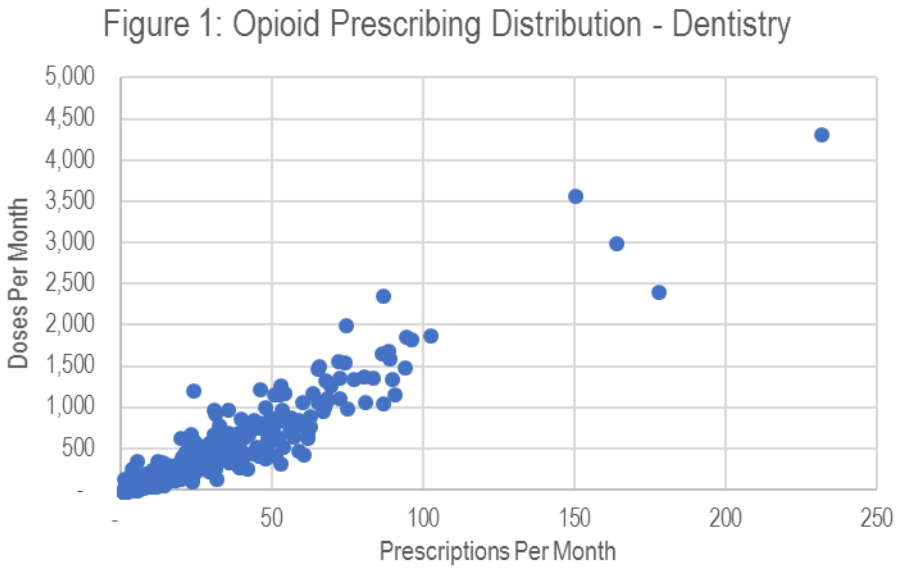


Figure 1: Opioid Prescribing for all dentistry prescribers. n = 3,011.

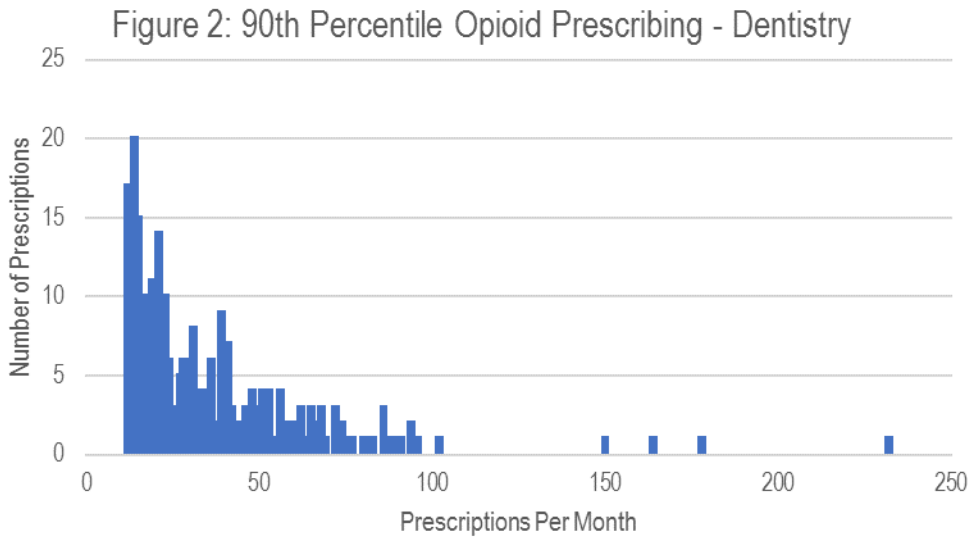


Figure 2: Top 10% of dentistry prescribers, based on average number of prescriptions filled/month. n = 312. Top 5% n = 147. Top 1% n = 31.

Section 2: Detail on Top Percentile

Top 1% of dentistry prescribers based on opioid prescriptions filled per month, December 1st, 2017 to May 31st, 2018, cutoff at average of approximately 66 opioid prescription dispensings/month.

Table 1: Top Percentile Dentistry							
	All Dentistry Prescribers		Monthly Average				
			Opioid Orders		Opioid Doses		Avg Doses/ Opioid Script
	State Median		1.3		20.3		
	State Mean (Truncated)*		9		84.6		
	Avg Doses/Opioid Script						16
	Prescriber Detail Top 1%		Monthly Average				
	Profession	Specialty	Opioid Orders	Percentile	Opioid Doses	Percentile	Avg Doses/ Opioid Script
1.	Dentistry		231.0	100.00%	4,341.3	100.00%	18.8
2.	Dentistry	Dentistry-Surgery	177.3	99.96%	2,432.5	99.90%	13.7
3.	Dentistry	Dentistry-Surgery	163.3	99.93%	3,013.8	99.93%	18.5
4.	Dentistry	Dentistry-Surgery	149.7	99.90%	3,592.7	99.96%	24.0
5.	Dentistry	Surgery- Maxillofacial	101.7	99.86%	1,893.3	99.80%	18.6
6.	Dentistry		95.2	99.83%	1,842.8	99.73%	19.4
7.	Dentistry	Dentistry-Surgery	93.5	99.80%	1,876.7	99.76%	20.1
8.	Dentistry	Dentistry-Surgery	93.2	99.76%	1,502.8	99.50%	16.1
9.	Dentistry	Dentistry-Surgery	90.0	99.73%	1,186.2	99.03%	13.2
10.	Dentistry	Dentistry-Surgery	89.2	99.70%	1,368.7	99.30%	15.3
11.	Dentistry	Surgery- Maxillofacial	88.3	99.66%	1,619.5	99.63%	18.3
12.	Dentistry	Dentistry-Surgery	87.7	99.63%	1,707.0	99.70%	19.5
13.	Dentistry	Dentistry-Surgery	85.8	99.56%	2,379.5	99.86%	27.7
14.	Dentistry	Dentistry-General	85.8	99.56%	1,071.7	98.73%	12.5
15.	Dentistry	Surgery- Maxillofacial	85.7	99.53%	1,678.3	99.66%	19.6
16.	Dentistry	Dentistry-Surgery	82.5	99.50%	1,388.8	99.40%	16.8
17.	Dentistry	Dentistry-Surgery	80.2	99.46%	1,095.0	98.83%	13.7
18.	Dentistry	Dentistry-Surgery	79.5	99.43%	1,396.7	99.43%	17.6
19.	Dentistry	Dentistry-Surgery	76.2	99.40%	1,369.3	99.33%	18.0
20.	Dentistry	Surgery- Maxillofacial	74.0	99.36%	1,009.8	98.63%	13.6
21.	Dentistry	Dentistry-Surgery	73.7	99.33%	2,027.0	99.83%	27.5
22.	Dentistry	Surgery- Maxillofacial	73.2	99.30%	1,569.5	99.56%	21.5
23.	Dentistry		71.7	99.26%	1,379.3	99.36%	19.2
24.	Dentistry	Dentistry-General	71.5	99.23%	1,141.0	98.93%	16.0
25.	Dentistry	Dentistry-Surgery	71.0	99.20%	1,589.0	99.60%	22.4
26.	Dentistry		68.5	99.16%	1,295.5	99.23%	18.9
27.	Dentistry	Dentistry-Surgery	67.3	99.13%	1,097.7	98.87%	16.3
28.	Dentistry	Surgery- Maxillofacial	67.2	99.10%	1,140.7	98.90%	17.0
29.	Dentistry	Dentistry-General	67.0	99.06%	1,347.5	99.26%	20.1
30.	Dentistry	Surgery- Maxillofacial	66.3	99.03%	1,026.0	98.70%	15.5
31.	Dentistry	Surgery- Maxillofacial	66.2	99.00%	973.7	98.50%	14.7

*State Mean (Truncated) eliminates the highest volume prescriber and all prescribers with a monthly average of 1 or fewer opioid orders.

Section 3: Prescriber Detail

Prescriber A					
Profession:	Dentistry		Registered with the WI ePDMP:	No	
Specialty (self-reported):	N/A		Estimated ePDMP Usage:	0.0%	
Prescribing Summary: 12/1/2017 - 5/31/2018					
Dispensing Data	# of scripts	% of overall			
Opioids (includes buprenorphine)	1,465	99.93%	Number of Patients Prescribed Opioids by Prescriber:	1,367	
Stimulants	N/A	N/A			
Benzodiazepines	N/A	N/A			
Other	1	0.07%			
Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	231	100%	1.3	9	
Avg. Opioid Doses/Month	4,341.3	100%	20.3	84.6	
Avg. Doses/Prescription	18.8				16
	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days	
Days Supply Opioid Orders	1,241	220	4	0	

Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Drug Name	Number of Dispensing	% of all Dispensing
	Acetaminophen w/ Codeine	1,095	74.69%
	Hydrocodone-Acetaminophen	183	12.48%
	Loratadine & Pseudoephedrine	164	11.19%
	Oxycodone HCl	21	1.43%
	Oxycodone w/ Acetaminophen	2	0.14%

Data Driven Alerts: As of 6/1/2018 (preceding 100 days)		
	Alert Type	Number of Alerts
Concerning Patient History	Concurrent Opioid/Benzo	63
	High MME	41

Prescriber B

Profession:	Dentistry	Registered with the WI ePDMP:	Yes
Specialty (self-reported):	Dentistry-Surgery	Estimated ePDMP Usage:	0.0%

Prescribing Summary: 12/1/2017 - 5/31/2018

Dispensing Data	# of scripts	% of overall		
Opioids (includes buprenorphine)	1,313	99.77%	Number of Patients Prescribed Opioids by Prescriber:	1,209
Stimulants	N/A	N/A		
Benzodiazepines	3	0.23%		
Other	N/A	N/A		

Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	177.3	99.96%	1.3	9	
Avg. Opioid Doses/Month	2,432.5	99.90%	20.3	84.6	
Avg. Doses/Prescription	13.7				16

	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days
Days Supply Opioid Orders	1,238	76	2	0

	Drug Name	Number of Dispensing	% of all Dispensing
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Hydrocodone-Acetaminophen	603	45.82%
	Acetaminophen w/ Codeine	532	40.43%
	Oxycodone w/ Acetaminophen	176	13.37%
	Diazepam	3	0.23%
	Tramadol HCl	1	0.08%

Data Driven Alerts: As of 6/1/2018 (preceding 100 days)

	Alert Type	Number of Alerts
Concerning Patient History	Concurrent Opioid/Benzo	11
	High MME	39

Prescriber C

Profession:	Dentistry	Registered with the WI ePDMP:	Yes
Specialty (self-reported):	Dentistry-Surgery	Estimated ePDMP Usage:	0.0%

Prescribing Summary: 12/1/2017 - 5/31/2018

Dispensing Data	# of scripts	% of overall		
Opioids (includes buprenorphine)	1,032	99.81%	Number of Patients Prescribed Opioids by Prescriber:	960
Stimulants	N/A	N/A		
Benzodiazepines	2	0.19%		
Other	N/A	N/A		

Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	163.3	99.93%	1.3	9	
Avg. Opioid Doses/Month	3,013.8	99.93%	20.3	84.6	
Avg. Doses/Prescription	18.5				16

	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days
Days Supply Opioid Orders	908	124	1	1

	Drug Name	Number of Dispensing	% of all Dispensing
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Hydrocodone-Acetaminophen	577	55.80%
	Oxycodone w/ Acetaminophen	424	41.01%
	Acetaminophen w/ Codeine	27	2.61%
	Diazepam	2	0.19%
	Oxycodone HCl	2	0.19%

Data Driven Alerts: As of 6/1/2018 (preceding 100 days)

	Alert Type	Number of Alerts
Concerning Patient History	Concurrent Opioid/Benzo	30
	High MME	33

Prescriber D

Profession:	Dentistry	Registered with the WI ePDMP:	Yes
Specialty (self-reported):	Dentistry-Surgery	Estimated ePDMP Usage:	0.0%

Prescribing Summary: 12/1/2017 - 5/31/2018

Dispensing Data	# of scripts	% of overall		
Opioids (includes buprenorphine)	1,042	99.43%	Number of Patients Prescribed Opioids by Prescriber:	993
Stimulants	N/A	N/A		
Benzodiazepines	5	0.48%		
Other	1	0.10%		

Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	149.7	99.90%	1.3	9	
Avg. Opioid Doses/Month	3,592.7	99.96%	20.3	84.6	
Avg. Doses/Prescription	24.0				16

	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days
Days Supply Opioid Orders	981	56	11	0

	Drug Name	Number of Dispensing	% of all Dispensing
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Hydrocodone-Acetaminophen	755	72.04%
	Acetaminophen w/ Codeine	266	25.38%
	Tramadol HCl	13	1.24%
	Oxycodone w/ Acetaminophen	8	0.76%
	Alprazolam	3	0.29%

Data Driven Alerts: As of 6/1/2018 (preceding 100 days)

	Alert Type	Number of Alerts
Concerning Patient History	Concurrent Opioid/Benzo	23
	High MME	11

Analysis of Monitored Prescription Drug Dispensings: APNP

Prepared for:

Board of Nursing September 2018 Meeting

The following report, prepared by the Wisconsin Department of Safety and Professional Services, is being provided as the result of the Controlled Substances Board Workgroup's effort to identify potentially suspicious or critically dangerous conduct or practices of a practitioner prescribing monitored prescription drugs.

Unless otherwise stated, the data in the report covers dispensing data submitted to the Wisconsin Prescription Drug Monitoring Program (PDMP) from December 1, 2017 – May 31, 2018.

Section 1: Prescribing of Opioids by APNP

Profession: Nursing - APNP	
Total Number of Monitored Prescription Drug Dispensings:	696,777
Total Number of Opioid Dispensings:	292,732
Total Number of Unique DEA Numbers Associated with Opioid Dispensings:	3,669

Figure 1: Opioid Prescribing Distribution - APNP

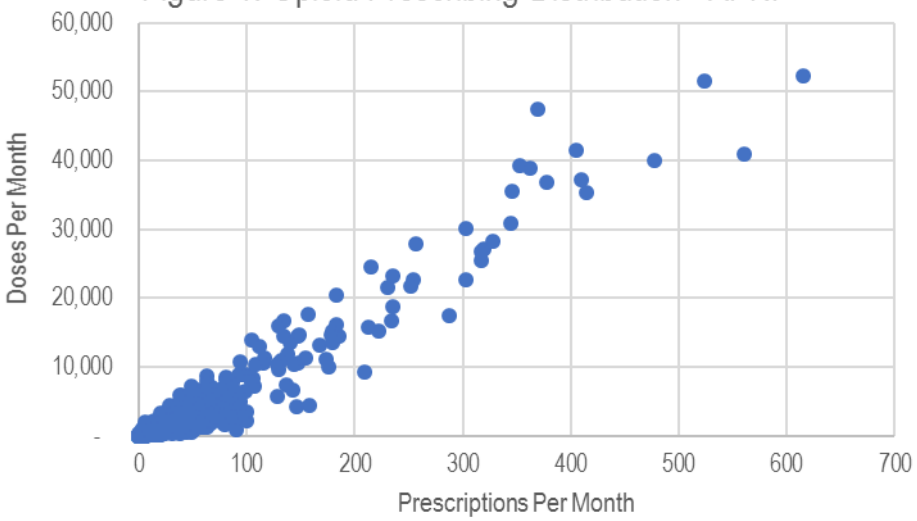
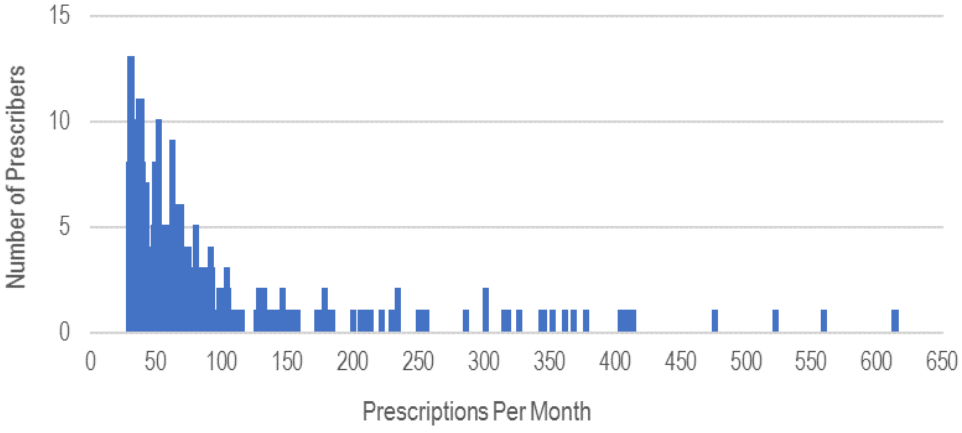


Figure 2: 90th Percentile Opioid Prescribing - APNP*



*Top 10% of APNP prescribers, based on average number of prescriptions filled/month. n = 361. Average of ≥ 30 opioid prescription dispensings/month.

Section 2: Detail on Top Percentile

Top 0.5% of APNP prescribers based on opioid prescriptions filled per month, December 1st, 2017 to May 31st, 2018.

Table 1: Top Percentile APNP							
	All APNP Prescribers		Monthly Average				
			Opioid Orders		Opioid Doses		Avg Doses/ Opioid Script
	State Median		3		106.8		
	State Mean (Truncated)*		19.68		879.71		
	Avg Doses/Opioid Script						66.54
	Prescriber Detail		Monthly Average				
	Profession	Specialty	Opioid Orders	Percentile	Opioid Doses	Percentile	Avg Doses/ Opioid Script
1.	APNP	Pain Management	614.7	100.00%	52,244.0	100.00%	85.0
2.	APNP	Family Practice	560.2	99.97%	40,971.9	99.89%	73.1
3.	APNP	Family Practice	523.3	99.94%	51,645.2	99.97%	98.7
4.	APNP	Pain Management	477.7	99.91%	40,088.0	99.86%	83.9
5.	APNP	Pain Management	414.5	99.89%	35,323.3	99.70%	85.2
6.	APNP	Pain Management	409.3	99.86%	37,315.0	99.78%	91.2
7.	APNP	Pain Management	405.5	99.83%	41,485.2	99.91%	102.3
8.	APNP	Pain Management	378.0	99.80%	36,776.2	99.75%	97.3
9.	APNP	Pain Management	369.8	99.78%	47,465.3	99.94%	128.3
10.	APNP	Pain Management	362.0	99.75%	38,872.7	99.80%	107.4
11.	APNP	Pain Management	353.0	99.72%	39,366.0	99.83%	111.5
12.	APNP	Physical Medicine/Rehabilitation	346.0	99.70%	35,591.7	99.72%	102.9
13.	APNP	Pain Management	344.2	99.67%	30,913.7	99.67%	89.8
14.	APNP	Pain Management	327.7	99.64%	28,348.2	99.61%	86.5
15.	APNP	Pain Management	319.5	99.61%	27,160.0	99.56%	85.0
16.	APNP	Pain Management	317.2	99.59%	25,459.0	99.50%	80.3
17.	APNP	Physical Medicine/Rehabilitation	316.7	99.56%	26,842.3	99.53%	84.8
18.	APNP	Family Practice	302.8	99.50%	30,212.8	99.64%	99.8
19.	APNP	Pain Management	302.8	99.50%	22,627.7	99.40%	74.7

*State Mean (Truncated) eliminates the highest volume prescriber and all prescribers with a monthly average of 1 or fewer opioid orders.

Section 3: Specialty Detail

Specialty is a self-reported field in the WI ePDMP. Section 3 provides detail for the top two specialty groups based on the top prescribers presented in Section 2.

Table 2: Specialty	
APNP: Specialty	WI ePDMP Profile (self reported)
Family Practice	1,248
Internal Medicine	402
OBGYN	159
Emergency Medicine	140
Oncology (including radiation oncology)	131
Surgery- General	93
Pain Management	88
Hospice/Palliative Medicine	79
Orthopedics	79
Cardiology	71
Neurology	58
Pediatrics	55
Psychiatry	49
Surgery- Neurological	41
Urology	35
Surgery- Cardiac	34
Gastroenterology	34
Occupational Medicine	29
Otolaryngology	21
Pulmonology	20
Surgery- Vascular	19
Physical Medicine/Rehabilitation	18
Radiology	14
Surgery- Orthopedic	13
Surgery- Thoracic	11
Nephrology	7
Surgery- Plastic and Reconstructive	7
Rheumatology	6
Preventive Medicine	6
Surgery- Colorectal (Proctology)	5
Endocrinology	4
Addiction Medicine	4
Podiatry	2
Dermatology	2
Anesthesiology	1
Surgery- Hand	1
Allergy/Immunology	1

Section 3A: Family Practice Specialty Detail

APNP opioid prescribers with Family Practice as specialty, n = 1,248. State truncated mean for APNP Family Practice = 15.8 prescriptions/month. State median for APNP Family Practice = 5 prescriptions/month.

Figure 3: Opioid Prescribing Distribution APNP- Family Practice

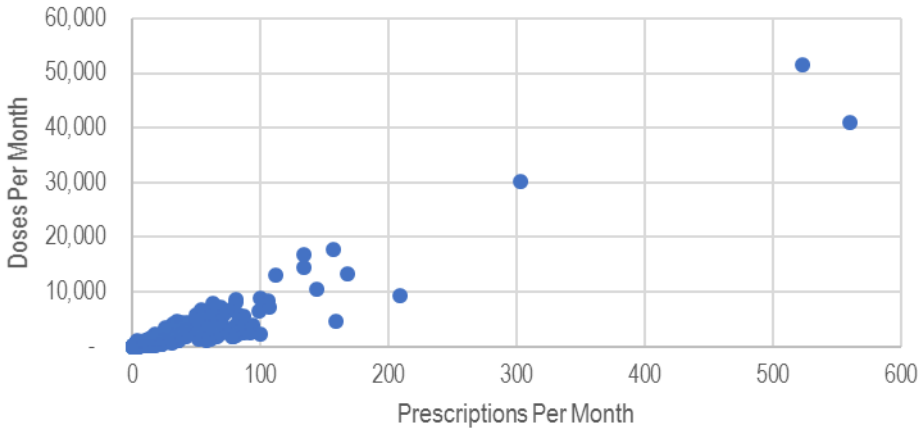
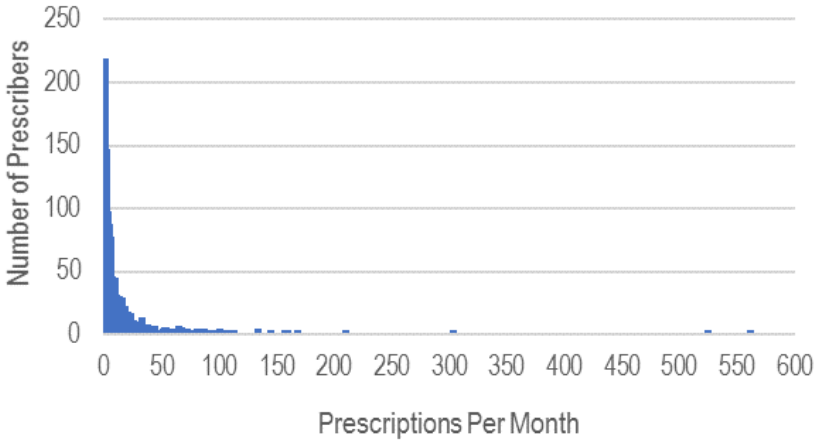


Figure 4: Overall Volume Opioid Prescribing APNP - Family Practice



APNP: Family Practice						
	Profession	Prescriptions/Month		Doses/Month		Doses/Prescription
State Median	**APNP**	**5**		**212.8**		
State Mean (Truncated)	**APNP**	**15.8**		**830.4**		
State-Level Dose/Prescription Ratio						**66.0**
Prescriber Detail	**Profession**	**Prescriptions/Month**	**Percentile**	**Doses/Month**	**Percentile**	**Doses/Prescription**
1	APNP	560.2	100.00%	40,971.9	99.91%	73.1
2	APNP	523.3	99.91%	51,645.2	100.00%	98.7
3	APNP	302.8	99.83%	30,212.8	99.83%	99.8
4	APNP	209.0	99.75%	9,204.8	99.27%	44.0
5	APNP	167.7	99.67%	13,222.5	99.51%	78.9
6	APNP	156.5	99.51%	17,681.3	99.75%	113.0
7	APNP	143.5	99.43%	10,392.3	99.35%	72.4
8	APNP	133.8	99.27%	16,785.0	99.67%	125.4
9	APNP	133.8	99.27%	14,462.7	99.59%	108.1
10	APNP	111.3	99.19%	13,071.8	99.43%	117.4

Section 3B: Pain Management Specialty Detail

APNP opioid prescribers with Pain Management as a specialty, n = 88. State truncated mean for APNP Pain Management = 152.6 prescriptions/month. State median for APNP Pain Management =107.7 prescriptions/month.

Figure 5: Opioid Prescribing Distribution APNP - Pain Management

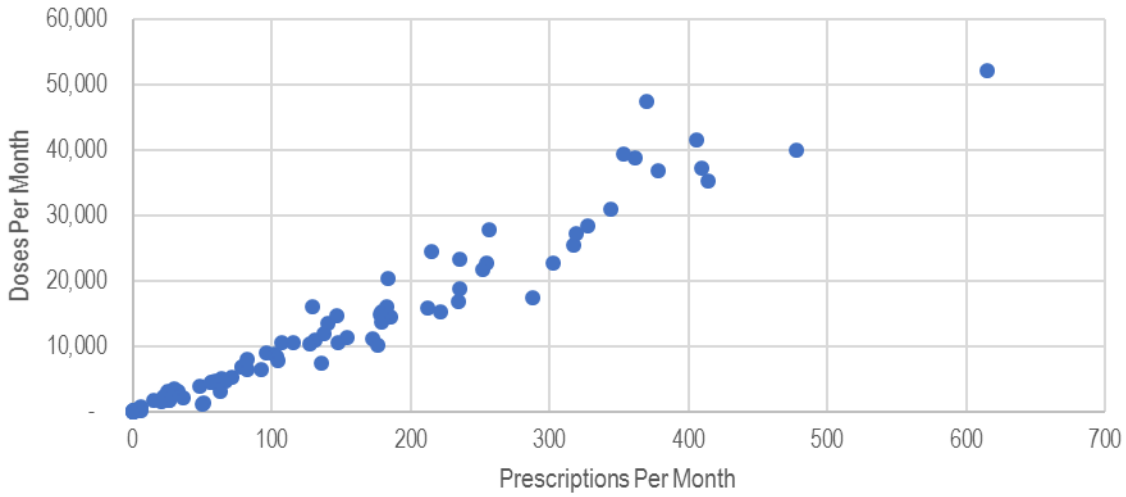
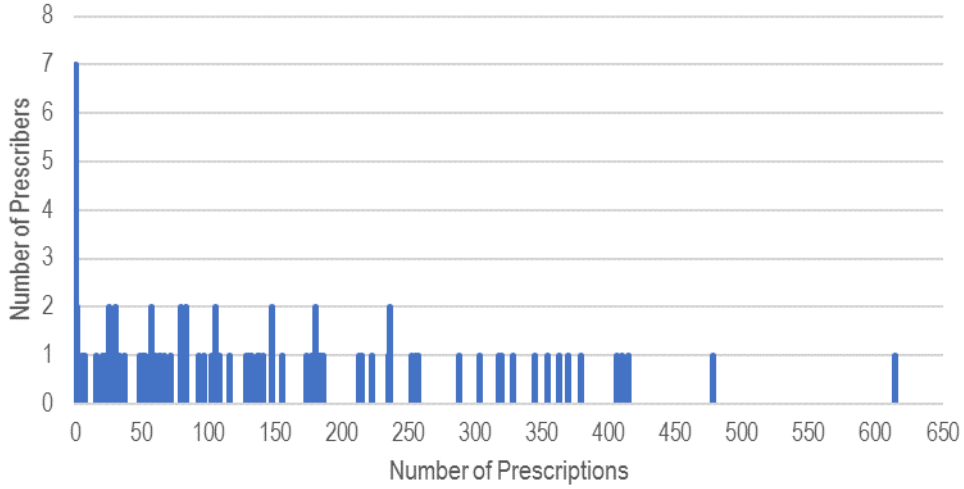


Figure 6: Overall Volume Opioid Prescribing APNP - Pain Management



APNP: Pain Management

	Profession	Prescriptions/Month		Doses/Month		Doses/Prescription
State Median	**APNP**	**107.7**		**9,003.2**		
State Mean (Truncated)	**APNP**	**152.6**		**12,370.3**		
State-Level Dose/Prescription Ratio						**87.1**
Prescriber Detail	Profession	Prescriptions/Month	Percentile	Doses/Month	Percentile	Doses/Prescription
1	APNP	614.7	100.00%	52,244.0	100.00%	85.0
2	APNP	477.7	98.83%	40,088.0	96.51%	83.9
3	APNP	414.5	97.67%	35,323.3	90.69%	85.2
4	APNP	409.3	96.51%	37,315.0	93.02%	91.2
5	APNP	405.5	95.34%	41,485.2	97.67%	102.3
6	APNP	378.0	94.18%	36,776.2	91.86%	97.3
7	APNP	369.8	93.02%	47,465.3	98.83%	128.3
8	APNP	362.0	91.86%	38,872.7	94.18%	107.4
9	APNP	353.0	90.69%	39,366.0	95.34%	111.5
10	APNP	344.2	89.53%	30,913.7	89.53%	89.8

Section 4: Prescriber Detail

Prescriber A

Profession:	APNP	Registered with the WI ePDMP:	Yes
Specialty (self-reported):	Pain Management	Estimated ePDMP Usage:	19.8%

Prescribing Summary: 12/1/2017 - 5/31/2018

Dispensing Data	# of scripts	% of overall		
Opioids (includes buprenorphine)	3,924	92.13%	Number of Patients Prescribed Opioids by Prescriber:	679
Stimulants	4	0.09%		
Benzodiazepines	23	0.54%		
Other	308	7.23%		

Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	614.7	100%	107.7	152.6	
Avg. Opioid Doses/Month	52,244	100%	9,003.2	12,370.3	
Avg. Doses/Prescription	85				87.1

	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days
Days Supply Opioid Orders	14	281	3,591	38

	Drug Name	Number of Dispensing	% of all Dispensing
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Hydrocodone-Acetaminophen	1,009	23.69%
	Oxycodone w/ Acetaminophen	787	18.48%
	Oxycodone HCl	576	13.52%
	Morphine Sulfate	404	9.49%
	Tramadol HCl	376	8.83%

Data Driven Alerts: As of 6/1/2018 (preceding 100 days)

	Alert Type	Number of Alerts
Concerning Patient History	Concurrent Opioid/Benzo	182
	High MME	184

Prescriber B

Profession:	APNP	Registered with the WI ePDMP:	Yes
Specialty (self-reported):	Family Practice	Estimated ePDMP Usage:	45.4%

Prescribing Summary: 12/1/2017 - 5/31/2018

Dispensing Data	# of scripts	% of overall		
Opioids (includes buprenorphine)	3,622	91.12%	Number of Patients Prescribed Opioids by Prescriber:	594
Stimulants	25	0.63%		
Benzodiazepines	102	2.57%		
Other	226	5.69%		

Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	560.2	100%	5	15.8	
Avg. Opioid Doses/Month	40,971.92	99.91%	212.8	830.4	
Avg. Doses/Prescription	73.1				66

	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days
Days Supply Opioid Orders	6	135	3,072	409

	Drug Name	Number of Dispensing	% of all Dispensing
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Oxycodone HCl	816	20.55%
	Oxycodone w/ Acetaminophen	550	13.85%
	Morphine Sulfate	472	11.89%
	Hydrocodone-Acetaminophen	465	11.71%
	Hydromorphone HCl	448	11.28%

Data Driven Alerts: As of 6/1/2018 (preceding 100 days)

	Alert Type	Number of Alerts
Concerning Patient History	Concurrent Opioid/Benzo	141
	High MME	201

Prescriber C

Profession:	APNP	Registered with the WI ePDMP:	Yes
Specialty (self-reported):	Family Practice	Estimated ePDMP Usage:	100%

Prescribing Summary: 12/1/2017 - 5/31/2018

Dispensing Data	# of scripts	% of overall		
Opioids (includes buprenorphine)	3,366	94.31%	Number of Patients Prescribed Opioids by Prescriber:	346
Stimulants	N/A	N/A		
Benzodiazepines	9	0.25%		
Other	194	5.44%		

Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	523.3	99.91%	5	15.8	
Avg. Opioid Doses/Month	51,645.2	100%	212.8	830.4	
Avg. Doses/Prescription	98.7				66

	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days
Days Supply Opioid Orders	20	71	3,261	14

Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Drug Name	Number of Dispensing	% of all Dispensing
	Hydrocodone-Acetaminophen	1,818	50.94%
	Morphine Sulfate	823	23.06%
	Oxycodone w/ Acetaminophen	244	6.84%
	Oxycodone HCl	201	5.63%
	Pregabalin	149	4.17%

Data Driven Alerts: As of 6/1/2018 (preceding 100 days)

	Alert Type	Number of Alerts
Concerning Patient History	Concurrent Opioid/Benzo	69
	High MME	89

Prescriber D

Profession:	APNP	Registered with the WI ePDMP:	Yes
Specialty (self-reported):	Pain Management	Estimated ePDMP Usage:	31.7%

Prescribing Summary: 12/1/2017 - 5/31/2018

Dispensing Data	# of scripts	% of overall		
Opioids (includes buprenorphine)	2,658	90.53%	Number of Patients Prescribed Opioids by Prescriber:	535
Stimulants	N/A	N/A		
Benzodiazepines	20	0.68%		
Other	258	8.79%		

Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	477.7	98.83%	107.7	152.6	
Avg. Opioid Doses/Month	40,088	96.51%	9,003.2	12,370.3	
Avg. Doses/Prescription	83.9				87.1

	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days
Days Supply Opioid Orders	13	62	2,466	117

Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Drug Name	Number of Dispensing	% of all Dispensing
	Hydrocodone-Acetaminophen	919	31.30%
	Oxycodone w/ Acetaminophen	764	26.02%
	Oxycodone HCl	266	9.06%
	Pregabalin	239	8.14%
	Morphine Sulfate	219	7.46%

Data Driven Alerts: As of 6/1/2018 (preceding 100 days)

	Alert Type	Number of Alerts
Concerning Patient History	Concurrent Opioid/Benzo	142
	High MME	207

How Policymakers Can Confront the Opioid Crisis: A Wisconsin Lawmaker's View

The state legislative process can provide support for patients

ARTICLE August 21, 2018 Topics: Health Care & U.S. Policy Projects: Substance Use Prevention and Treatment Initiative Read time: 5 min

After his election in 2006, Wisconsin State Representative John Nygren thought his legislative focus would be on taxes. But substance use disorder—especially involving opioids—would soon become a critical component of his work. In 2017, The Pew Charitable Trusts started working with Wisconsin officials, including Rep. Nygren, as they grappled with the worsening problem.

In this Q&A, the Republican from Marinette reflects on how the opioid crisis has hit his district in northeastern Wisconsin and his own home, and on the range of policies that states can pursue to improve their treatment systems.

Q: When did you realize that the Wisconsin State Assembly needed to do something about opioid use disorder?

A: It began when my small town of Marinette was named a "heroin town" by some major newspapers, due to the amount of overdose deaths and crime activity. That was tough enough to hear as a legislator, but drug use also affected my own daughter, starting when she was in high school. Since then, she's gone to treatment several times and relapsed every time. She had an overdose event in 2010 and has spent time in prison. This brought the issue not only to my community, but my family's living room.

Initially, we dealt with it privately. Drug use, in general, was not publicly talked about at that time. It was thought to be a law enforcement issue, and there was not pressure at the legislative level yet.

Then I began to see obituaries two or three times a week about young people who had died at home, or died unexpectedly. My friend was a funeral director and could hear the whispers. Talking with law enforcement and medical professionals, it became clear we needed to act. We thought our community was unique, but it was foretelling what was to come across the country.

With the encouragement of my daughter and my staff, we began working on the Heroin, Opiate Prevention and Education (HOPE) Agenda. Five years later, the legislation and work has continued.

Q: What new laws have been part of the HOPE Agenda?

A: Our first round of bills in 2013 and 2014 was really about harm reduction. At that point, we thought it was about people dying in small towns of heroin overdoses. We didn't realize the big role of prescription opioids.

In 2014, we passed the "911 Good Samaritan" law, which gives a person immunity from prosecution if they call to report an overdose. We expanded naloxone availability for first responders so they could reverse overdoses. We expanded access to treatment in rural areas and improved our drug disposal operation.

For the next round of bills, we identified that prescription drugs were the entry point for most people developing opioid use disorder. We passed improvements to our prescription drug monitoring program, which I think is really the best tool, because it gives doctors all the information in front of them.

We've also continued to expand access to medication-assisted treatment (MAT) in more nuanced ways. We lowered barriers to licensure for prescribing MAT drugs, which we learned other states didn't have, and increased our number of social workers and drug counselors.

This past legislative session, 29 out of the 30 bills passed unanimously, and the other one got only two "no" votes. This shows, first, that the issue is not partisan in any way, shape, or form. Both parties have brought ideas. Second, it's not just about my part of the state—it's everywhere.

Q: What successes are you seeing on the ground? Where does progress still need to be made?

A: Doctor shopping [the practice of visiting multiple physicians to obtain the same or similar drugs in a short time span] is now down 32 percent since 2015. Prescriptions are

down about 30 percent as well, but emergency room visits are up. That tells me that health care providers are probably reducing the supply of prescription painkillers to their patients, but illicit fentanyl has come into greater use and changed the game.

It also tells me that providers are not always referring their patients to treatment. That's why treatment is the number one focus for us, and why the hub and spoke model—which treats patients at the "hub" and continues care through their local primary care doctors—is going to be very important for us.

But one of the biggest successes is not any one bill that's passed, but the amount of attention the opioid crisis has gotten. People have come up to me and said that their son tore up his knee, and when the doctor offered him a prescription opioid, they asked for alternatives. That's great to hear.

Q: What do you wish policymakers and the public better understood about opioid use disorder?

A: Stigma is still a big problem. Many people still don't understand that about 80 percent of people with opioid use disorder started with prescription drugs, many times legally prescribed. I can see how somebody would take that prescription and think it wasn't dangerous.

So I do think some of my colleagues still see opioid use disorder as a moral failing rather than a medical condition. But they're coming along; we all are.

Another issue is the ripple effect that opioid use disorder has on communities. Many children have been left behind. The number of children in foster care has spiked 20 percent in Wisconsin over the last few years, mostly attributed to the opioid crisis. That's something we didn't realize would happen at the outset.

Q: How do you respond to concerns that opioid laws will keep chronic pain patients from receiving treatment?

A: We take great pride in the fact that Wisconsin has seen a reduction in opioid prescriptions without any law that limits prescribing. There is misinformation out there that we "cut off" medication for pain patients, but we have been careful *not* to do that.

In my opinion, it's a danger that some people believe that. Public perception of what we've done is just as important as what we've actually done, because if the public doesn't accept it, we may not be able to move the ball forward.

Ultimately, we want doctors and patients to make the decisions that are right for them. But we also want to understand why a pill is prescribed versus other forms of treatment—maybe insurance covers it or it's cheap. So right now we're looking at Medicaid and private insurance coverage for physical therapy, acupuncture, chiropractic care, and other nonaddictive forms of treatment.

Studies even show that opioids aren't effective long-term. If that's what science is saying, then there has to be some other form of treatment for pain patients. We can't just say, "Live with it."

Q: Where should future legislative efforts focus?

A: We need to keep expanding access to treatment, including by connecting people to treatment that already exists. Technology can play an important role, such as a bed tracker system that will allow doctors to find where treatment is available in real time. Such a thing already exists for mental health, but we should have the same for substance use disorder. We should engage primary care providers, as they are often the first people who can recommend treatment.

On that note, mental health treatment needs to be more easily accessible. Dual diagnosis for mental illness and substance use disorders is through the roof—it's clear that some people use drugs and alcohol to treat mental pain they're going through. Policymakers are slowly coming to grips with that and realizing that if we treat mental health, down the road, health care costs would be way lower.

Q: What advice would you give legislators in other states seeking to address the opioid crisis?

A: One thing we've learned is to build a treatment infrastructure and support system that can address opioids but also whatever drug crisis might be next.

Don't presuppose that you know what's happening. There is still a significant amount of underreporting of opioid deaths. Initially some Wisconsin counties said they didn't have the problem; they did, and either didn't identify it or nobody wanted to talk about it.

I would add that personal stories matter. I know they exist among legislators, but constituent stories about the straight-A valedictorian or state track champion that overdosed in college, those stories help personalize government.

So meet with the people you're trying to regulate, and collaborate across the aisle. Everyone should feel like they're at the table. That's how you get unanimous votes.

RELATED EXPERTS

Josh Rising
Director
Health Care Programs

MEDIA CONTACT

Erin Davis

Associate manager, Communications

202.540.6677

RELATED

Topics	Health Care, U.S. Policy
Projects	Substance Use Prevention and Treatment Initiative
Experts	Josh Rising
Places	Wisconsin

State of Wisconsin
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AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Sharon Henes Administrative Rules Coordinator	24 August 2018 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:

Controlled Substances Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
14 September 2018	☐ Yes ☐ No	Legislation and Rule Matters – Discussion and Consideration 1. Adopt CR 17-085 Relating to Scheduling AB-CHMINACA, AB-PINACA and THJ-2201 2. Adopt CR 17-086 Relating to Scheduling MAB-CHMINACA 3. Adopt CR 17-087 Relating to Scheduling 4-MePPP and a-PBP 4. Adopt CR 17-088 Relating to Scheduling Synthetic Cannabinoids 5. Adopt CR 17-089 Relating to Scheduling 4-Fluroroisobutyryl Fentanyl 6. Review Clearinghouse Comments for CR 18-055 Relating to Oral Solutions Containing Dronabinol 7. CSB 2.61 Relating to Scheduling MT-45 8. CSB 2.62 Relating to Scheduling Para-chloroisobutyryl Fentanyl 9. CSB 2.63 Relating to Scheduling NM2201, 5F-AB-PINACA, 4-CN-CUMYL-BUTINACA, MMB-CHMICA and 5F-CUMYL-P7AICA 10. Affirmative Action Scheduling N-Ethylpentylone 11. CSB 5 Relating to Approval of Pharmacies and Physicians That May Dispense Cannabidiol 12. Update on EO 228 Law Enforcement Public Hearing 13. 2017 Wisconsin Act 262 14. Update on Legislation and Pending and Possible Rulemaking Projects

7) Place Item in:	8) Is an appearance before the Board being scheduled?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes (Fill out Board Appearance Request) ☐ No	

10) Describe the issue and action that should be addressed:

11) Authorization

Sharon Henes

Signature of person making this request — Date

Supervisor (if required) — Date

Executive Director signature (indicates approval to add post agenda deadline item to agenda) — Date

Directions for including supporting documents:

1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

Revised 8/13

STATE OF WISCONSIN
CONTROLLED SUBSTANCES BOARD

IN THE MATTER OF RULE-MAKING PROCEEDINGS BEFORE THE CONTROLLED SUBSTANCES BOARD	:	ORDER OF THE CONTROLLED SUBSTANCES BOARD ADOPTING RULES (CLEARINGHOUSE RULE 17-085)

ORDER

An order of the Controlled Substances Board to create CSB 2.50 relating to scheduling of AB-CHMINACA, AB-PINACA and THJ-2201.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 961.14, Stats.

Statutory authority: ss. 961.11(1) and (4), Stats.

Explanation of agency authority:

If a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30−day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2). [s. 961.11(4), Stats.]

Related statute or rule: s. 961.14, Stats.

Summary of, and comparison with, existing or proposed federal regulation:

On January 30, 2015, the Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing AB-CHMINACA, AB-PINACA and THJ-2201 into Schedule I of the federal Controlled Substances Act.

Plain language analysis:

The Controlled Substances Board did not receive an objection to treating AB-CHMINACA, AB-PINACA and THJ-2201 as schedule I controlled substances under ch. 961, Stats. based upon the federal scheduling. The Controlled Substances Board took affirmative action on March 23, 2017 to similarly treat AB-CHMINACA, AB-PINACA and THJ-2201 under chapter 961 effective March 27, 2017 to allow for publication in the Administrative Register. The Affirmative Action Order will expire upon promulgation of a final rule.

This rule creates s. 961.14 (4) (tb) 34., 35. and 36., Stats. which adds AB-CHMINACA, AB-PINACA and THJ-2201 to schedule I.

Comparison with rules in adjacent states:

Illinois: Illinois scheduled AB-CHMINACA, AB-PINACA and THJ-2201 as schedule I controlled substances.

Iowa: Iowa scheduled AB-CHMINACA, AB-PINACA and THJ-2201 as schedule I controlled substances.

Michigan: Michigan has not scheduled these substances.

Minnesota: Minnesota scheduled AB-CHMINACA, AB-PINACA and THJ-2201 as schedule I controlled substances.

Summary of factual data and analytical methodologies:

The methodology was to schedule AB-CHMINACA, AB-PINACA and THJ-2201 to conform with the federal Controlled Substances Act.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

This rule schedules drugs and does not have an effect on small business.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Kirsten.Reader@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

SECTION 1. CSB 2.50 is created to read:

CSB 2.50 Addition of AB-CHMINACA, AB-PINACA and THJ-2201 to schedule I. Sections 961.14 (4)(tb)34., 35. and 36., Stats., are created to read:

961.14(4)(tb)34. N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide, commonly known as AB-CHMINACA.

35. N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide, commonly known as AB-PINACA.

36. [1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone, commonly known as THJ-2201.

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

_____

Chair
Controlled Substances Board

STATE OF WISCONSIN
CONTROLLED SUBSTANCES BOARD

IN THE MATTER OF RULE-MAKING PROCEEDINGS BEFORE THE CONTROLLED SUBSTANCES BOARD	:	ORDER OF THE CONTROLLED SUBSTANCES BOARD ADOPTING RULES (CLEARINGHOUSE RULE 17-086)

ORDER

An order of the Controlled Substances Board to create CSB 2.51 relating to scheduling of MAB-CHMINACA.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 961.14, Stats.

Statutory authority: ss. 961.11 (1) and (4), Stats.

Explanation of agency authority:

If a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30−day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2). [s. 961.11(4), Stats.]

Related statute or rule: s. 961.14, Stats.

Summary of, and comparison with, existing or proposed federal regulation:

On February 5, 2016, the Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing MAB-CHMINACA into Schedule I of the federal Controlled Substances Act.

Plain language analysis:

The Controlled Substances Board did not receive an objection to treating MAB-CHMINACA as a schedule I controlled substance under ch. 961, Stats. based upon the federal scheduling. The Controlled Substances Board took affirmative action on March 23, 2017 to similarly treat MAB-CHMINACA under chapter 961 effective March 27, 2017 to allow for publication in the Administrative Register. The Affirmative Action Order will expire upon promulgation of a final rule.

This rule creates s. 961.14 (4) (tb) 37., Stats. which adds MAB-CHMINACA to schedule I.

Comparison with rules in adjacent states:

Illinois: Illinois has not scheduled MAB-CHMINACA.

Iowa: Iowa scheduled MAB-CHMINACA as a schedule I controlled substance.

Michigan: Michigan has not scheduled MAB-CHMINACA.

Minnesota: Minnesota scheduled MAB-CHMINACA as a schedule I controlled substance.

Summary of factual data and analytical methodologies:

The methodology was to schedule MAB-CHMINACA to conform with the federal Controlled Substances Act.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

This rule schedules a drug and does not have an effect on small business.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Kirsten.Reader@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

SECTION 1. CSB 2.51 is created to read:

CSB 2.51 Addition of MAB-CHMINACA to schedule I. Section 961.14(4)(tb)37., Stats., is created to read:

961.14(4)(tb) 37. *N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide, commonly known as MAB-CHMINACA or ADB-CHMINACA.*

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____ _____

Chair
Controlled Substances Board

STATE OF WISCONSIN
CONTROLLED SUBSTANCES BOARD

IN THE MATTER OF RULE-MAKING PROCEEDINGS BEFORE THE CONTROLLED SUBSTANCES BOARD	:	ORDER OF THE CONTROLLED SUBSTANCES BOARD ADOPTING RULES (CLEARINGHOUSE RULE 17-087)

ORDER

An order of the Controlled Substances Board to create CSB 2.52 relating to scheduling of 4-MePPP and a-PBP.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 961.14, Stats.

Statutory authority: ss. 961.11 (1) and (4), Stats.

Explanation of agency authority:

If a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30−day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2). [s. 961.11(4), Stats.]

Related statute or rule: s. 961.14, Stats.

Summary of, and comparison with, existing or proposed federal regulation:

On March 1, 2017, the Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing 4-MePPP and a-PBP into Schedule I of the federal Controlled Substances Act.

Plain language analysis:

The Controlled Substances Board did not receive an objection to treating 4-MePPP and a-PBP as schedule I controlled substances under ch. 961, Stats. based upon the federal scheduling. The Controlled Substances Board took affirmative action on April 4, 2017 to similarly treat 4-MePPP and a-PBP under chapter 961 effective April 10, 2017 to allow for publication in the Administrative Register. The Affirmative Action Order will expire upon promulgation of a final rule.

This rule creates s. 961.14 (7) (L) 32. and 33., Stats. which adds 4-MePPP and a-PBP to schedule I.

Comparison with rules in adjacent states:

Illinois: Illinois scheduled 4-MePPP and a-PBP as schedule I controlled substances.

Iowa: Iowa scheduled 4-MePPP and a-PBP as schedule I controlled substances.

Michigan: Michigan has not scheduled these substances.

Minnesota: Minnesota scheduled 4-MePPP has a schedule I controlled substance. Minnesota has not scheduled a-PBP.

Summary of factual data and analytical methodologies:

The methodology was to schedule 4-MePPP and a-PBP to conform with the federal Controlled Substances Act.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

This rule schedules drugs and does not have an effect on small business.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Kirsten.Reader@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

SECTION 1. CSB 2.52 is created to read:

CSB 2.52 Addition of 4-MePPP and a-PBP to schedule I. Section 961.14(7)(L)32. and 33., Stats., are created to read:

961.14(7)(L)32. 4-methyl-alpha-pyrrolidinopropiophenone, commonly known as 4-MePPP.
33. Alpha-pyrrolidinobutiophenone, commonly known as a-PBP.

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

_____
Chair
Controlled Substances Board

STATE OF WISCONSIN
CONTROLLED SUBSTANCES BOARD

IN THE MATTER OF RULE-MAKING PROCEEDINGS BEFORE THE CONTROLLED SUBSTANCES BOARD	:	ORDER OF THE CONTROLLED SUBSTANCES BOARD ADOPTING RULES (CLEARINGHOUSE RULE 17-088)

ORDER

An order of the Controlled Substances Board to create CSB 2.55 relating to scheduling of 5F-ADB, 5F-AMB, ADB-FUBINACA, MDMB-CHMICA and MDMB-FUBINACA.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 961.14, Stats.

Statutory authority: **s**s. 961.11 (1) and (4), Stats.

Explanation of agency authority:

If a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30−day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2). [s. 961.11(4), Stats.]

Related statute or rule: s. 961.14, Stats.

Summary of, and comparison with, existing or proposed federal regulation:

On April 10, 2017, the Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing 5F-ADB, 5F-AMB, ADB-FUBINACA, MDMB-CHMICA and MDMB-FUBINACA into Schedule I of the federal Controlled Substances Act.

Plain language analysis:

The Controlled Substances Board did not receive an objection to treating 5F-ADB, 5F-AMB, ADB-FUBINACA, MDMB-CHMICA and MDMB-FUBINACA as schedule I controlled substances under ch. 961, Stats. based upon the federal scheduling. The Controlled Substances Board took affirmative action on May 12, 2017 to similarly treat 5F-ADB, 5F-AMB, ADB-FUBINACA, MDMB-CHMICA and MDMB-FUBINACA under chapter 961 effective May 15, 2017 to allow for publication in the Administrative Register. The Affirmative Action Order will expire upon promulgation of a final rule.

This rule creates s. 961.14 (4) (tb) 38., 39., 40., 41., and 42., Stats. which adds 5F-ADB, 5F-AMB, ADB-FUBINACA, MDMB-CHMICA and MDMB-FUBINACA to schedule I controlled substances.

Comparison with rules in adjacent states:

Illinois: Illinois has not scheduled these substances.

Iowa: Iowa has not scheduled these substances.

Michigan: Michigan has not scheduled these substances.

Minnesota: Minnesota has not scheduled these substances.

Summary of factual data and analytical methodologies:

The methodology was to schedule 5F-ADB, 5F-AMB, ADB-FUBINACA, MDMB-CHMICA and MDMB-FUBINACA to conform with the federal Controlled Substances Act.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

This rule schedules drugs and does not have an effect on small business.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Kirsten.Reader@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

SECTION 1. CSB 2.55 is created to read:

CSB 2.55 Addition of 5F-ADB, 5F-AMB, ADB-FUBINACA, MDMB-CHMICA and MDMB-FUBINACA to schedule I. Section 961.14 (4) (tb) 38., 39., 40., 41., and 42., Stats., is created to read:

961.14 (4) (tb) 38. Methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate, commonly known as 5F-ADB.

39. Methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3-methylbutanoate, commonly known as 5F-AMB.

40. N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide, commonly known as ADB-FUBINACA.

41. Methyl 2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate commonly known as MDMB-CHMICA.

42. Methyl 2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate, commonly known as MDMB-FUBINACA.

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

_____
Chair
Controlled Substances Board

STATE OF WISCONSIN
CONTROLLED SUBSTANCES BOARD

IN THE MATTER OF RULE-MAKING PROCEEDINGS BEFORE THE CONTROLLED SUBSTANCES BOARD	:	ORDER OF THE CONTROLLED SUBSTANCES BOARD ADOPTING RULES (CLEARINGHOUSE RULE 17-089)

ORDER

An order of the Controlled Substances Board to create CSB 2.56 relating to scheduling of 4-Fluoroisobutyryl fentanyl.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 961.14, Stats.

Statutory authority: ss. 961.11 (1) and (4), Stats.

Explanation of agency authority:

If a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30−day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2). [s. 961.11(4), Stats.]

Related statute or rule: s. 961.14, Stats.

Summary of, and comparison with, existing or proposed federal regulation:

On May 3, 2017, the Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing 4-Fluoroisobutyryl fentanyl into Schedule I of the federal Controlled Substances Act.

Plain language analysis:

The Controlled Substances Board did not receive an objection to treating 4-Fluoroisobutyryl fentanyl as a schedule I controlled substance under ch. 961, Stats. based upon the federal scheduling. The Controlled Substances Board took affirmative action on June 5, 2017 to similarly treat 4-Fluoroisobutyryl fentanyl under chapter 961 effective June 12, 2017 to allow for publication in the Administrative Register. The Affirmative Action Order will expire upon promulgation of a final rule.

This rule creates s. 961.14 (2) (nc), Stats. which adds 4-Fluoroisobutyryl fentanyl to schedule I.

Comparison with rules in adjacent states:

Illinois: Illinois has not scheduled 4-Fluoroisobutyryl fentanyl.

Iowa: Iowa has not scheduled 4-Fluoroisobutyryl fentanyl.

Michigan: Michigan has not scheduled 4-Fluoroisobutyryl fentanyl.

Minnesota: Minnesota has not scheduled 4-Fluoroisobutyryl fentanyl.

Summary of factual data and analytical methodologies:

The methodology was to schedule 4-Fluoroisobutyryl fentanyl to conform with the federal Controlled Substances Act.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

This rule schedules a drug and does not have an effect on small business.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Kirsten.Reader@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

SECTION 1. CSB 2.56 is created to read:

CSB 2.56 Addition of 4-fluoroisobutyryl fentanyl to schedule I. Section 961.14(2)(nd)10t., Stats., is created to read:

*961.14(2)(nd)10t. 4-fluoroisobutyryl fentanyl (*N-*(4-fluorophenyl)*-N-*(1-phenethylpiperidin-4-yl)isobutyramide);*

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

_____
Chair
Controlled Substances Board

STATE OF WISCONSIN
CONTROLLED SUBSTANCES BOARD

IN THE MATTER OF RULE-MAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	CONTROLLED SUBSTANCES BOARD
CONTROLLED SUBSTANCES BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Controlled Substances Board to create CSB 2.54 relating to scheduling of oral solutions containing dronabinol.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 961.16, Stats.

Statutory authority: **s**s. 961.11 (1) and (4), Stats.

Explanation of agency authority:

The controlled substances board shall administer this subchapter and may add substances to or delete or reschedule all sustances listed in the schedules in ss. 961.14, 961.16, 961.18, 961.20 and 961.22 pursuant to the rule-making procedures of ch. 227. [s. 961.11 (1), Stats.]

If a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30−day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2). [s. 961.11 (4), Stats.]

Related statute or rule: s. 961.14, Stats.

Summary of, and comparison with, existing or proposed federal regulation:

On March 23, 2017, the Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing Food and Drug Administration approved products of oral solutions containing dronabinol into Schedule II of the federal Controlled Substances Act.

Plain language analysis:

The Controlled Substances Board did not receive an objection to treating Food and Drug Administration approved products of oral solutions containing dronabinol as a schedule II controlled substance under ch. 961, Stats. based upon the federal scheduling. The Controlled Substances Board took affirmative action on May 12, 2017 to similarly treat Food and Drug Administration approved products of oral solutions containing dronabinol under chapter 961 effective May 15, 2017 to allow for publication in the Administrative Register. The Affirmative Action Order will expire upon promulgation of a final rule.

This rule creates s. 961.16 (10) (a), Stats. which adds Food and Drug Administration approved products of oral solutions containing dronabinol to schedule II.

Comparison with rules in adjacent states:

Illinois: Illinois has not scheduled Food and Drug Administration approved products of oral solutions containing dronabinol.

Iowa: Iowa has not scheduled Food and Drug Administration approved products of oral solutions containing dronabinol.

Michigan: Michigan has not scheduled Food and Drug Administration approved products of oral solutions containing dronabinol.

Minnesota: Minnesota has not scheduled Food and Drug Administration approved products of oral solutions containing dronabinol.

Summary of factual data and analytical methodologies:

The methodology was to schedule Food and Drug Administration approved products of oral solutions containing dronabinol to conform with the federal Controlled Substances Act.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

This rule schedules a drug and does not have an effect on small business.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Kirsten.Reader@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, WI 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received by August 22, 2018 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. CSB 2.54 is created to read:

CSB 2.54 Addition of Oral Solutions containing dronabinol to schedule II. Section 961.16 (10) (a), Stats., is created to read:

961.16 (10) (a) Dronabinol [(-)-delta-9-trans-tetrahydrocannabinol (delta-9-THC)] in an oral solution in a drug product approved by the U.S. food and drug administration.

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R09/2016)

DIVISION OF EXECUTIVE BUDGET AND FINANCE
101 EAST WILSON STREET, 10TH FLOOR
P.O. BOX 7864
MADISON, WI 53707-7864
FAX: (608) 267-0372

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis
☒ Original ☐ Updated ☐ Corrected

2. Date
July 17, 2018

3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable)
CSB 2.54

4. Subject
Scheduling oral solutions containing dronabinol

5. Fund Sources Affected
☐ GPR ☐ FED ☐ PRO ☐ PRS ☐ SEG ☐ SEG-S

6. Chapter 20, Stats. Appropriations Affected

7. Fiscal Effect of Implementing the Rule
☒ No Fiscal Effect ☐ Increase Existing Revenues ☐ Increase Costs ☐ Decrease Costs
☐ Indeterminate ☐ Decrease Existing Revenues ☐ Could Absorb Within Agency's Budget

8. The Rule Will Impact the Following (Check All That Apply)
☐ State's Economy
☐ Local Government Units
☐ Specific Businesses/Sectors
☐ Public Utility Rate Payers
☐ Small Businesses **(if checked, complete Attachment A)**

9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1).
$0.00

10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be $10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)?
☐ Yes ☐ No

11. Policy Problem Addressed by the Rule
The United States Department of Justice, Drug Enforcement Administration scheduled oral solutions containing dronabinol as schedule II controlled substances effective March 23, 2017. The Wisconsin Controlled Substances Board took affirmative action on May 12, 2017 to similarly treat oral solutions containing dronabinol as a schedule II controlled substance effective May 15, 2017. The Board is currently promulgating a final rule.

12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments.
This rule was posted for economic comments and not none were received.

13. Identify the Local Governmental Units that Participated in the Development of this EIA.
None

14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)
This rule schedules a prescription drug as a controlled substance and will not have any economic impact.

15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule
The benefit is for the federal and state controlled substances acts to be in conformity and alleviate confusion. In addition, it is in the best interest of Wisconsin citizens to appropriately schedule drugs approved by the Food and Drug Administration.

16. Long Range Implications of Implementing the Rule
Oral solutions containing dronabinol will be treated as schedule II controlled substances.

17. Compare With Approaches Being Used by Federal Government
The federal government has scheduled oral solutions containing dronabinol as schedule II controlled substances.

18. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R09/2016)

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101 EAST WILSON STREET, 10TH FLOOR
P.O. BOX 7864
MADISON, WI 53707-7864
FAX: (608) 267-0372

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

19. Contact Name	20. Contact Phone Number
Sharon Henes	(608) 261-2377

This document can be made available in alternate formats to individuals with disabilities upon request.

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R09/2016)

DIVISION OF EXECUTIVE BUDGET AND FINANCE
101 EAST WILSON STREET, 10TH FLOOR
P.O. BOX 7864
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ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?
☐ Less Stringent Compliance or Reporting Requirements
☐ Less Stringent Schedules or Deadlines for Compliance or Reporting
☐ Consolidation or Simplification of Reporting Requirements
☐ Establishment of performance standards in lieu of Design or Operational Standards
☐ Exemption of Small Businesses from some or all requirements
☐ Other, describe:

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)
☐ Yes ☐ No

WISCONSIN LEGISLATIVE COUNCIL
RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Margit Kelley
Clearinghouse Assistant Director

Terry C. Anderson
Legislative Council Director

Jessica Karls-Ruplinger
Legislative Council Deputy Director

CLEARINGHOUSE RULE 18-055

Comments

[NOTE: All citations to "Manual" in the comments below are to the Administrative Rules Procedures Manual, prepared by the Legislative Reference Bureau and the Legislative Council Staff, dated December 2014.]

5. Clarity, Grammar, Punctuation and Use of Plain Language

The department should use all lower case letters in the term "Oral Solutions" in the title of the rule. The term "oral solutions" appears in lower case letters in its current form CSB 2.54. In addition, the use of lower case letters comports with how other terms are capitalized in this chapter of the Wisconsin Administrative Code.

STATE OF WISCONSIN
CONTROLLED SUBSTANCES BOARD

IN THE MATTER OF RULE-MAKING PROCEEDINGS BEFORE THE CONTROLLED SUBSTANCES BOARD	:	PROPOSED ORDER OF THE CONTROLLED SUBSTANCES BOARD ADOPTING RULES (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Controlled Substances Board to create CSB 2.61 relating to scheduling of MT-45.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 961.14, Stats.

Statutory authority: **s**s. 961.11 (1) and (4), Stats.

Explanation of agency authority:

The controlled substances board shall administer this subchapter and may add substances to or delete or reschedule all sustances listed in the schedules in ss. 961.14, 961.16, 961.18, 961.20 and 961.22 pursuant to the rule-making procedures of ch. 227. [s. 961.11 (1), Stats.]

If a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30−day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2). [s. 961.11 (4), Stats.]

Related statute or rule: s. 961.14, Stats.

Summary of, and comparison with, existing or proposed federal regulation:

On December 13, 2017, the Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing MT-45 into Schedule I of the federal Controlled Substances Act.

Plain language analysis:

The Controlled Substances Board did not receive an objection to treating MT-45 as a schedule I controlled substance under ch. 961, Stats. based upon the federal scheduling. The Controlled Substances Board took affirmative action on January 22, 2018 to similarly treat MT-45 under chapter 961 effective January 22, 2018 to allow for publication in the Administrative Register. The Affirmative Action Order will expire upon promulgation of a final rule.

This rule creates s. 961.14 (2) (rk), Stats. which adds MT-45 to schedule I.

Comparison with rules in adjacent states:

Illinois: Illinois has not scheduled MT-45.

Iowa: Iowa has not scheduled MT-45.

Michigan: Michigan has not scheduled MT-45.

Minnesota: Minnesota has not scheduled MT-45.

Summary of factual data and analytical methodologies:

The methodology was to schedule MT-45 to conform with the federal Controlled Substances Act.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

This rule schedules a drug and does not have an effect on small business.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Nathaniel.Ristow@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received by October 30, 2018 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. CSB 2.61 is created to read:

CSB 2.61 Addition of MT-45 to schedule I. Section 961.14 (2) (rk) Stats., is created to read:

961.14 (2) (rk) MT-45 (1-cyclohexyl-4-(1,2-diphenylethyl)piperazine)

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

STATE OF WISCONSIN
CONTROLLED SUBSTANCES BOARD

IN THE MATTER OF RULE-MAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	CONTROLLED SUBSTANCES BOARD
CONTROLLED SUBSTANCES BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Controlled Substances Board to create CSB 2.62 relating to scheduling of para-chloroisobutyryl fentanyl.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 961.14, Stats.

Statutory authority: **s**s. 961.11 (1) and (4), Stats.

Explanation of agency authority:

The controlled substances board shall administer this subchapter and may add substances to or delete or reschedule all sustances listed in the schedules in ss. 961.14, 961.16, 961.18, 961.20 and 961.22 pursuant to the rule-making procedures of ch. 227. [s. 961.11 (1), Stats.]

If a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30−day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2). [s. 961.11 (4), Stats.]

Related statute or rule: s. 961.14, Stats.

Summary of, and comparison with, existing or proposed federal regulation:

On February 1, 2018, the Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing para-chloroisobutyryl fentanyl into Schedule I of the federal Controlled Substances Act.

Plain language analysis:

The Controlled Substances Board did not receive an objection to treating para-chloroisobutyryl fentanyl as a schedule I controlled substance under ch. 961, Stats. based upon the federal scheduling. The Controlled Substances Board took affirmative action on March 12, 2018 to similarly treat para-chloroisobutyryl fentanyl under chapter 961 effective March 12, 2018 to allow for publication in the Administrative Register. The Affirmative Action Order will expire upon promulgation of a final rule.

This rule creates s. 961.14 (2) (nd)16s., Stats. which adds para-chloroisobutyryl fentanyl to schedule I.

Comparison with rules in adjacent states:

Illinois: Illinois has not scheduled para-chloroisobutyryl fentanyl.

Iowa: Iowa has scheduled para-chloroisobutyryl fentanyl as a Schedule I controlled substance.

Michigan: Michigan has not scheduled para-chloroisoburyryl fentanyl.

Minnesota: Minnesota has not scheduled para-chloroisobutyryl fentanyl.

Summary of factual data and analytical methodologies:

The methodology was to schedule para-chloroisobutyryl fentanyl to conform with the federal Controlled Substances Act.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

This rule schedules a drug and does not have an effect on small business.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Nathaniel.Ristow@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 8366, Madison, WI 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received by October 30, 2018 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. CSB 2.62 is created to read:

CSB 2.62 Addition of para-chloroisobutyryl fentanyl to schedule I. Section 961.14 (2) (nd) 16s., Stats., is created to read:

961.14 (2) (nd) 16s. Para-chloroisobutyryl fentanyl (N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

STATEMENT OF SCOPE

Controlled Substances Board

Rule No.: CSB 2.63

Relating to: Scheduling of NM2201, 5F-AB-PINACA, 4-CN-CUMYL-BUTINACA, MMB-CHMICA and 5F-CUMYL-P7AICA

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only): N/A

2. Detailed description of the objective of the proposed rule:

The objective of the rule is to schedule NM2201, 5F-AB-PINACA, 4-CN-CUMYL-BUTINACA, MMB-CHMICA and 5F-CUMYL-P7AICA as Schedule I controlled substances. The Controlled Substances Board determines the scheduling of NM2201, 5F-AB-PINACA, 4-CN-CUMYL-BUTINACA, MMB-CHMICA and 5F-CUMYL-P7AICA as Schedule I controlled substances is in the best interest of the citizens of Wisconsin.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

On July 10, 2018, the United States Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing NM2201, 5F-AB-PINACA, 4-CN-CUMYL-BUTINACA, MMB-CHMICA and 5F-CUMYL-P7AICA into Schedule I of the federal Controlled Substances Act. The scheduling action was effective July 10, 2018. The Controlled Substances Board did not receive an objection to similarly treat NM2201, 5F-AB-PINACA, 4-CN-CUMYL-BUTINACA, MMB-CHMICA and 5F-CUMYL-P7AICA as Schedule I controlled substances under ch. 961, Stats within 30 days of the date of publication in the Federal Register of the final order designating NM2201, 5F-AB-PINACA, 4-CN-CUMYL-BUTINACA, MMB-CHMICA and 5F-CUMYL-P7AICA as controlled substances.

Pursuant to s. 961.11 (4), Stats., the Controlled Substances Board took affirmative action to similarly treat NM2201, 5F-AB-PINACA, 4-CN-CUMYL-BUTINACA, MMB-CHMICA and 5F-CUMYL-P7AICA under ch. 961, Stats. by creating the following:

Pursuant to s. 961.11(4), Stats., the Controlled Substances Board by affirmative action similarly treats NM2201, 5F-AB-PINACA, 4-CN-CUMYL-BUTINACA, MMB-CHMICA and 5F-CUMYL-P7AICA under chapter 961, Stats. by creating the following:

CSB 2.63 Addition of NM2201, 5F-AB-PINACA, 4-CN-CUMYL-BUTINACA, MMB-CHMICA and 5F-CUMYL-P7AICA to schedule I*. Section 961.14(4) (tb) 44., 45., 46., 47., and 48., Stats., are created to read:*

961.14(4)(tb) 44. Naphthalen-1-yl 1-(5-fluoropentyl)-1H-indole-3-carboxylate, commonly known as NM2201.
45. N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide, commonly known as 5F-AM-PINACA.
46. 1-(4-cyanobutyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide, commonly known as 4-CN-CUMYL-BUTINACA.
47. Methyl 2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3-methylbutanoate, commonly known as MMB-CHMICA.

48. 1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-pyrrolo[2,3-b]pyridine-3-carboxamide, commonly known as 5F-CUMYL-P7AICA.

The Affirmative Action order, dated August 10, 2018, took effect on August 13, 2018 to allow for publication in the Administrative Register and expires upon promulgation of a final rule.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

961.11 (1) The controlled substances board shall administer this subchapter and may add substances to or delete or reschedule all substances listed in the schedules in ss. 961.14, 961.16, 961.18, 961.20 and 961.22 pursuant to the rule-making procedures of ch. 227.

961.11(4) If a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30−day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2).

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

25 hours

6. List with description of all entities that may be affected by the proposed rule:

Law enforcement, district attorney offices, Dept of Justice, state courts and the Controlled Substances Board

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

On July 10, 2018, the United States Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing NM2201, 5F-AB-PINACA, 4-CN-CUMYL-BUTINACA, MMB-CHMICA and 5F-CUMYL-P7AICA into Schedule I of the federal Controlled Substances Act. The scheduling action was effective on July 10, 2018.

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

None to minimal. It is not likely to have a significant economic impact on small businesses.

Contact Person: Sharon Henes, Administrative Rules Coordinator, (608) 261-2377

_____
Authorized Signature

_____
Date Submitted

STATE OF WISCONSIN
CONTROLLED SUBSTANCES BOARD

IN THE MATTER OF RULE-MAKING PROCEEDINGS BEFORE THE CONTROLLED SUBSTANCES BOARD	:	AFFIRMATIVE ACTION ORDER OF THE CONTROLLED SUBSTANCES BOARD

FINDINGS

1. On August 31, 2018, the Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing N-Ethylpentylone into schedule I of the federal Controlled Substances Act. The scheduling action is effective August 31, 2018.

2. The Controlled Substances Board did not receive an objection to similarly treating N-Ethylpentylone as a schedule I under ch. 961, Stats. within 30 days of the date of publication in the federal register of the final order designating N-Ethylpentylone as a controlled substance.

3. The Controlled Substances Board will promulgate a final rule, without making the determinations or findings required by ss. 961.11(1), (1m), (1r) and (2) or s. 961.19 and omitting the notice of proposed rule making, designating N-Ethylpentylone as a schedule I controlled substance.

ORDER

Pursuant to s. 961.11(4), Stats., the Controlled Substances Board by affirmative action similarly treats N-Ethylpentylone under chapter 961, Stats. by creating the following:

CSB 2.64 Addition of N-Ethylpentylone to schedule I. Section 961.14 (7) (L) 34., Stats., is created to read:

961.14 (7) (L) 34. N-Ethylpentylone, commonly known as ephylone.

This order shall take effect on October 1, 2018 to allow for publication in the Administrative Register. The order expires upon promulgation of a final rule.

Dated _____

_____
Doug Englebert, Chair
Controlled Substances Board

TEXT OF RULE

SECTION 1. CSB 5.01 and 5.02 are created to read:

CSB 5.01 If the federal food and drug administration issues an investigational drug permit for cannabidiol to a physician, the following pharmacies and physicians may dispense cannabidiol to patients:

(1) A pharmacy licensed under ch. 450, Stats.
(2) A physician licensed under ch. 448, Stats.

CSB 5.02 If cannabidiol is removed from the list of controlled substances, or if cannabidiol is determined not to be a controlled substance, under schedule I of 21 USC 812 (c),m the following pharmacies and physicians may dispense cannabidiol to patients:

(1) A pharmacy licensed under ch. 450, Stats.
(2) A physician licensed under ch. 448, Stats.

SECTION ?. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)
