



CONTROLLED SUBSTANCES BOARD
Room N208, 4822 Madison Yards Way, 2nd Floor, Madison
Contact: Yolanda Y. McGowan (608) 266-2112
March 15, 2019

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

10:00 A.M.

OPEN SESSION - CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-3)

B. Approval of Minutes of January 11, 2019 (4-9)

C. Administrative Matters - Discussion and Consideration

1. Staff Updates
2. Introductions, Announcements, and Recognition
3. 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. John Weitekamp – Pharmacy Examining Board Designee
 - e. Subhadeep Barman – Psychiatrist
 - f. Elizabeth Smith Houskamp – Board of Nursing Designee
 - g. Leonardo Huck – Dentistry Examining Board Designee
 - h. Vacant – Attorney General Designee
 - i. Timothy Westlake – Medical Examining Board Designee

D. Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration (10)

1. WI ePDMP Operations Update
 - a. Statistics
 - b. Recent and Upcoming Releases (11)
 - c. Interstate Data Sharing (12)
 - d. Status of Grants
 - e. Electronic Health Record (EHR) Integration Status
2. Outreach
 - a. Communication Plan
 - b. Outreach Calendar (13-14)
3. Quarterly Report Q4 2018 (15-38)

4. Referral Workgroup Update
5. Dispenser Compliance Audit Update

E. Legislative and Administrative Rule Matters – Discussion and Consideration (39)

1. Clearinghouse Report for CSB 2.63 Relating to Scheduling NM2201, 5F-AB-PINACA, 4-CN-CUMYL-BUTINACA, MMB-CHMICA, and 5F-CUMYL-P7AICA
2. Clearinghouse Report for CSGB 2.64 Relating to Scheduling N-Ethylpentylone
3. Clearinghouse Report for CSB 2.65 Relating to Scheduling FDA Approved Cannabidiol Drugs
4. CSB 3 Relating to Special Use Authorization
5. CSB 4 Relating to Operation of Prescription Drug Monitoring Program
6. Industrial Hemp Update
7. Follow-up on Law Enforcement Hearing – Discussion on Emerging Threats
8. Updates on Legislation and Pending or Possible Rulemaking Projects

F. Informational Items (40)

1. Article – Does Opioid Use in Pets Create Higher Risk for Abuse in Humans? **(41-43)**
2. Press Releases:
 - a. U.S. Attorney’s Office: U.S. Attorneys Issue Warnings to Opioid Prescribers **(44-45)**
 - b. Wisconsin Medical Society and Wisconsin Society of Addiction Medicine: Physician Groups Express Concerns Over Recent Department of Justice (DOJ) Letters **(46-47)**

G. Controlled Substances Board Annual Report – Discussion and Consideration (48-52)

H. Board Member Reports

1. Medical Examining Board – Timothy Westlake
2. Dentistry Examining Board – Leonardo Huck
3. Board of Nursing – Elizabeth Smith Houskamp
4. Pharmacy Examining Board – John Weitekamp

I. Liaison Reports

1. SCAODA Liaison – Subhadeep Barman
2. SUA Liaisons – Yvonne Bellay and Alan Bloom

J. Special Use Authorizations – Discussion and Consideration

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

1. Introductions, Announcements, and Recognition
2. Administrative Matters
3. Election of Officers
4. Appointment of Liaisons and Alternates
5. Delegation of Authorities
6. Informational Items
7. Division of Legal Services and Compliance (DLSC) Matters
8. Education and Examination Matters
9. Credentialing Matters
10. Practice Matters

- 11. Legislative and Administrative Rule Matters
- 12. Liaison Reports
- 13. Appearances from Requests Received or Renewed
- 14. Speaking Engagements, Travel, or Public Relations Requests, and Reports
- 15. Consulting with Legal Counsel

L. Public Comments

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.).

M. Special Use Authorizations – Discussion and Consideration

N. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

ADJOURNMENT

NEXT MEETING: MAY 10, 2019

 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.

**CONTROLLED SUBSTANCES BOARD
MEETING MINUTES
JANUARY 11, 2019**

PRESENT: Subhadeep Barman (*arrived at 9:56 a.m./excused at 12:12 p.m.*), Yvonne Bellay, Alan Bloom (*arrived at 9:42 a.m./excused at 12:12 p.m.*), Doug Englebort, Peter Kallio, Ryan Shogren, Philip Trapskin, Timothy Westlake (*via Skype/excused at 11:25 a.m.*)

EXCUSED: Leonardo Huck

STAFF: Andrea Magermans, Managing Director; Amber Cardenas, Legal Counsel; Sharon Henes, Administrative Rules Coordinator; Kimberly Wood, Program Assistant Supervisor-Adv.; and other DSPS Staff

CALL TO ORDER

Doug Englebort, Chair, called the meeting to order at 8:36 a.m. A quorum of six (6) members was confirmed.

ADOPTION OF AGENDA

Amendments to the Agenda:

- Open Session: under item “F. Legislative and Administrative Rule Matters” **REMOVE:** “4. Affirmative Action Relating to Excluding from Scheduling Industrial Hemp”

MOTION: Philip Trapskin moved, seconded by Peter Kallio, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF NOVEMBER 9, 2018

MOTION: Philip Trapskin moved, seconded by Peter Kallio, to approve the minutes of November 9, 2018 as published. Motion carried unanimously.

ADMINISTRATIVE MATTERS

Election of Officers

Chairperson

NOMINATION: Philip Trapskin nominated Doug Englebort for the Office of Chairperson.

Andrea Magermans, Managing Director, called for nominations three (3) times.

Doug Englebort was elected as Chairperson by unanimous consent.

Vice Chairperson

NOMINATION: Peter Kallio nominated Alan Bloom for the Office of Vice Chairperson.

Andrea Magermans, Managing Director, called for nominations three (3) times.

Alan Bloom was elected as Vice Chairperson by unanimous consent.

Secretary

NOMINATION: Philip Trapskin nominated Yvonne Bellay for the Office of Secretary.

Andrea Magermans, Managing Director, called for nominations three (3) times.

Yvonne Bellay was elected as Secretary by unanimous consent.

(Alan Bloom joined the meeting at 9:42 a.m.)

2019 ELECTION RESULTS	
Chairperson	Doug Englebert
Vice Chairperson	Alan Bloom
Secretary	Yvonne Bellay

Appointment of Liaisons and Alternates

2019 LIAISON APPOINTMENTS	
Special Use Authorization Liaison(s)	Alan Bloom, Yvonne Bellay
SCAODA Representative	Subhadeep Barman
Legislative Liaison(s)	Timothy Westlake <i>Alternate: Doug Englebert</i>
PDMP Liaison(s)	Timothy Westlake <i>Alternates: Subhadeep Barman, Philip Trapskin-Pharmacy Issues</i>
Referral Criteria Workgroup	Doug Englebert, Peter Kallio, Timothy Westlake, Philip Trapskin

Delegation of Authorities

Document Signature Delegations

MOTION: Philip Trapskin moved, seconded by Yvonne Bellay, to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to sign documents on behalf of the Board. In order to carry out duties of the Board, the Chair, chief presiding officer, or longest serving member of the Board. Motion carried unanimously.

MOTION: Philip Trapskin moved, seconded by Yvonne Bellay, in order to carry out duties of the Board, the Chairperson, chief presiding officer, or longest serving board member, has the ability to delegate signature authority for purposes of facilitating the completion of assignments during or between meetings. The members of the Board hereby delegate to the Executive Director or DPD Division Administrator, the authority to sign on behalf of a board member as necessary. Motion carried unanimously.

Delegated Authority for Urgent Matters

MOTION: Philip Trapskin moved, seconded by Yvonne Bellay, that in order to facilitate the completion of urgent matters between meetings, the Board delegates its authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

Special Use Authorization Liaison Delegation

MOTION: Philip Trapskin moved, seconded by Peter Kallio, to authorize the Special Use Authorization (SUA) liaison(s) to review and make approval decisions regarding SUA applications and approve required training or credentialing on behalf of the Board. Furthermore, the Board authorizes DSPS staff to sign SUA permits on behalf of the Board. Motion carried unanimously.

MOTION: Philip Trapskin moved, seconded by Peter Kallio, to authorize the Special Use Authorization (SUA) liaison(s) to make all decisions related to Special Use Authorizations. Motion carried unanimously.

Quarterly Report Delegation

MOTION: Philip Trapskin moved, seconded by Yvonne Bellay, to authorize the Chair to approve all PDMP Quarterly Reports. Motion carried unanimously.

Legislative Liaison Delegation

MOTION: Philip Trapskin moved, seconded by Yvonne Bellay, to delegate authority to the Legislative Liaison(s) to address Board issues related to legislative matters excluding media requests. Motion carried unanimously.

SCAODA Representative Delegation

MOTION: Philip Trapskin moved, seconded by Yvonne Bellay, to authorize the SCAODA representative to vote on behalf of the Board at the State Council on Alcohol and Other Drug Abuse meetings. Motion carried unanimously.

PDMP Liaison Delegation

MOTION: Yvonne Bellay moved, seconded by Philip Trapskin, to authorize PDMP Liaisons to make individual decisions on behalf of the Board when waiting for a Board meeting would unreasonably delay the development, testing, deployment, or operation of the PDMP. The Board also grants the PDMP liaison the authority to suspend access to the PDMP pursuant to CSB § 4.09 (3). Motion carried unanimously.

WISHIN'S INTEGRATION OF PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) DATA

MOTION: Peter Kallio moved, seconded by Subhadeep Barman, to acknowledge and thank Steven Rottmann, COO, WISHIN, for his presentation to the Board. Motion carried unanimously.

(Subhadeep Barman joined the meeting at 9:56 a.m.)

PDMP UPDATE

WI ePDMP Operations Update

Recent and Upcoming Releases

MOTION: Peter Kallio moved, seconded by Yvonne Bellay, to designate DSPS staff to approve requests for PDMP data exchange with other states PDMPs. Motion carried unanimously.

LEGISLATIVE AND ADMINISTRATIVE RULE MATTERS

CSB 2.63, Relating to Scheduling NM2201, 5F-AB-PINACA, 4-CN-CUMYL-BUTINACA, MMB-CHMICA and 5F-CUMYL-P7AICA

MOTION: Philip Trapskin moved, seconded by Peter Kallio, to approve the preliminary rule draft of CSB 2.63, Relating to Scheduling NM2201, 5F-AB-PINACA, 4-CN-CUMYL-BUTINACA, MMB-CHMICA and 5F-CUMYL-P7AICA, for posting for economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

CSB 2.64, Relating to Scheduling N-Ethylpentylone

MOTION: Philip Trapskin moved, seconded by Peter Kallio, to approve the preliminary rule draft of, CSB 2.64, Relating to Scheduling N-Ethylpentylone, for posting for economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

CSB 2.65, Relating to Scheduling FDA Approved Cannabidiol Drugs

MOTION: Philip Trapskin moved, seconded by Peter Kallio, to approve the preliminary rule draft of, CSB 2.65, Relating to Scheduling FDA Approved Cannabidiol Drugs, for posting for economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

Affirmative Action Relating to Scheduling 5F-EDMB-PINACA, 5F-MDMB-PICA, FUB-AKB48, 5F-CUMYL-PINAC, and FUB-144

MOTION: Philip Trapskin moved, seconded by Alan Bloom, to authorize the Chair to affirm the scheduling of 5F-EDMB-PINACA, 5F-MDMB-PICA, FUB-AKB48, 5F-CUMYL-PINAC, and FUB-144 as Schedule I, once the 30 days since the federal order has elapsed. Motion carried unanimously.

(Timothy Westlake was excused at 11:25 a.m.)

CSB 5, Relating to Pharmacies and Physicians Dispensing Cannabidiol

MOTION: Alan Bloom moved, seconded by Yvonne Bellay, to authorize the Chair to approve the preliminary rule draft of CSB 5, relating to pharmacies and physicians dispensing cannabidiol, for posting for economic impact comments and submission to the Clearinghouse. Motion carried. Opposed: Philip Trapskin

(Subhadeep Barman and Alan Bloom were excused at 12:12 p.m.)

CONVENE TO CLOSED SESSION

MOTION: Peter Kallio moved, seconded by Yvonne Bellay, 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.). Doug Englebert, Chair, read aloud the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Yvonne Bellay-yes; Doug Englebert-yes; Peter Kallio-yes; Ryan Shogren-yes; Philip Trapskin-yes. Motion carried unanimously.

The Board convened to Closed Session at 12:13 p.m.

RECONVENE TO OPEN SESSION

MOTION: Peter Kallio moved, seconded by Yvonne Bellay, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 12:21 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Philip Trapskin moved, seconded by Peter Kallio, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the Closed Session motions stand for the purposes of the affirmation vote.)

DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Case Closings

17 CSB 001 – W. & G.S.D.

MOTION: Philip Trapskin moved, seconded by Peter Kallio, to close DLSC Case Number 17 CSB 001, against W. & G.S.D., for Prosecutorial Discretion (P2). Motion carried unanimously.

ADJOURNMENT

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

The meeting adjourned at 12:21 p.m.

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Andrea Magermans and Sarah Bradley		2) Date When Request Submitted: 3/5/2019 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>																			
3) Name of Board, Committee, Council, Sections: Controlled Substances Board																					
4) Meeting Date: 3/15/2019	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration																			
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes, by PDMP Staff <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:																			
10) Describe the issue and action that should be addressed: 1. WI ePDMP Operations Update <ul style="list-style-type: none"> a. Statistics b. Recent and Upcoming Releases c. Interstate data sharing d. Status of Grants e. EHR Integration Status 2. Outreach <ul style="list-style-type: none"> a. Communication plan b. Outreach calendar 3. Quarterly Report Q4 2018 4. Referral workgroup update 5. Dispenser Compliance Audit Update																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">11) Signature of person making this request</td> <td style="width: 20%; text-align: center;">Authorization</td> <td style="width: 20%; text-align: center;">Date</td> </tr> <tr> <td>Andrea Magermans 3/5/19</td> <td></td> <td></td> </tr> <tr> <td>Supervisor (if required)</td> <td></td> <td style="text-align: center;">Date</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</td> <td style="text-align: center;">Date</td> </tr> <tr> <td colspan="2"></td> <td></td> </tr> </table>				11) Signature of person making this request	Authorization	Date	Andrea Magermans 3/5/19			Supervisor (if required)		Date				Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date			
11) Signature of person making this request	Authorization	Date																			
Andrea Magermans 3/5/19																					
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.																					

Wisconsin ePDMP

2019 Development and Release Summary

updated 3.5.2019

	Description
<p>Proposed 2019 Development</p>	<p>All Users</p> <ul style="list-style-type: none"> • Updated layout and design of Patient Report including alerts and dispensing details, based on user feedback • Annual acceptance of Term and Conditions of the WI ePDMP <p>Healthcare Prescriber User</p> <ul style="list-style-type: none"> • Additional data elements for Patients Panel • MME calculator • Renewal process for Medical Coordinator access to metrics • Periodic review of linked delegates <p>Delegate Users</p> <ul style="list-style-type: none"> • Better access to history of recent Patient Reports <p>Pharmacy Users</p> <ul style="list-style-type: none"> • Improvements to workflow for error corrections/void • Display of Date Sold, if provided in the submission <p>Law Enforcement Users</p> <ul style="list-style-type: none"> • Additional data element on overdose alerts to capture administration of Naloxone

Subject: From the Defense Health Agency regarding Military Health System PMP



NEWS RELEASE
Defense Health Agency
Media Operations Office
7700 Arlington Boulevard, Falls Church, VA 22042
703-681-1770
www.Health.mil

February 6, 2019

MEDIA ADVISORY

Defense Health Agency Launches Bi-Directional Military Health System Prescription Drug Monitoring Program

FALLS CHURCH, Virginia – The Defense Health Agency launched the Military Health System Prescription Drug Monitoring Program (MHS PDMP) to help providers and pharmacists identify potential drug abuse and prevent drug diversion. Prescription drug monitoring programs track the number of controlled substance prescriptions a patient receives and the quantity and strength of each medication.

The Department of Defense began sharing controlled substance prescription information through the National Association of Boards of Pharmacy's Prescription Monitoring Program Interconnect System on Dec. 20, 2018. Civilian providers will be able to see information for patients who received their controlled substance medications at a military hospital, clinic or pharmacy.

"Our launch of MHS PDMP will give the Military Health System and civilian sector alike a powerful tool for opioid safety that also meets our unique requirements for operational security," said Vice Adm. Raquel C. Bono, director of the Defense Health Agency. "The PDMP will allow civilian and military providers to review patient opioid prescription histories to ensure there are no overlapping opioid prescriptions that can worsen an opioid use disorder or cause an overdose. We'd like to thank Congress for giving us this valuable tool to protect our patients from the dangers of opioid disorders."

There are currently twenty-two states and territories who have signed on to begin the prescription data sharing process with the Military Health System. DHA is negotiating agreements with additional states at this time. The DHA's intent is to have all states connected to the network in the near future.

-###-

Sign up for Military Health System e-mail updates at www.health.mil/subscriptions.

2019 - WI ePDMP Outreach Calendar

JANUARY		FEBRUARY		MARCH	
1		1		1	
2		2		2	
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10		10		10	
11		11		11	
12		12		12	
13		13		13	1. PSW Legislative Day 2. WHA Physician Leaders Council
14	Platteville Roundtable	14		14	
15		15		15	
16		16		16	
17		17		17	
18		18		18	DHS OTP Business Meeting
19		19		19	1. DHS Opioid Forum 2. DOJ DCI Narcotics Investigators School
20		20		20	DHS Opioid Forum
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22		22		22	
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2019 - WI ePDMP Outreach Calendar

APRIL		MAY		JUNE	
1		1		1	
2		2	RxCheck Meeting-Washington, DC	2	
3		3	RxCheck Meeting-Washington, DC	3	
4	Law Enforcement Training-M Marshfield	4		4	
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21		21	Waukesha County Heroin Task Force presentation	21	
22	Rx Abuse Summit - Atlanta	22		22	
23	Rx Abuse Summit - Atlanta	23		23	
24	Rx Abuse Summit - Atlanta	24		24	
25	Rx Abuse Summit - Atlanta	25		25	Harold Rogers National PDMP Meeting-Washington, DC
26		26		26	Harold Rogers National PDMP Meeting-Washington, DC
27		27		27	
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		30		30	
		31			



Controlled Substances Board



WISCONSIN | **ePDMP**

Report 7

2018 Quarter 4 and Year-End Summary

Contact Information

Wisconsin Controlled Substances Board

Chairperson: Doug Englebert

Members:

Englebert, Doug, Chairperson	Department of Health Services Designated Member
Bloom, Alan, Vice Chairperson	Pharmacologist
Bellay, Yvonne M., Secretary	Department of Agriculture, Trade and Consumer Protection Designated Member
Barman, Subhadeep	Psychiatrist
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

Wisconsin Department of Safety and Professional Services

4822 Madison Yards Way

Madison, WI 53705

608-266-2112

DSPS@wisconsin.gov

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

Wisconsin Prescription Drug Monitoring Program

PDMP@wisconsin.gov

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

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Monitored Prescription Drug Dispensing Trend	6
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Introduction

This report is being provided pursuant to ss. 961.385 (5) – (6), Wis. Stats., which requires the Controlled Substances Board (CSB) to submit a quarterly report to the Wisconsin Department of Safety and Professional Services (DPS) about the Wisconsin Prescription Drug Monitoring Program (PDMP). This report is intended to satisfy that requirement for the fourth quarter of 2018.

The WI PDMP was first deployed in June 2013. It is administered by DPS pursuant to the regulations and policies established by the CSB. An enhanced system, the WI ePDMP, was launched 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

A WI ePDMP user satisfaction survey was conducted in April 2018, and detailed results of the survey were provided in the Q2 2018 report. In brief, the survey was sent to approximately 30,000 registered healthcare professionals and had responses from over 6,000 users, a response rate of 20%. The survey indicated that most users are satisfied with the WI ePDMP, with 77% percent of respondents providing responses of either "Satisfied" or "Very Satisfied."

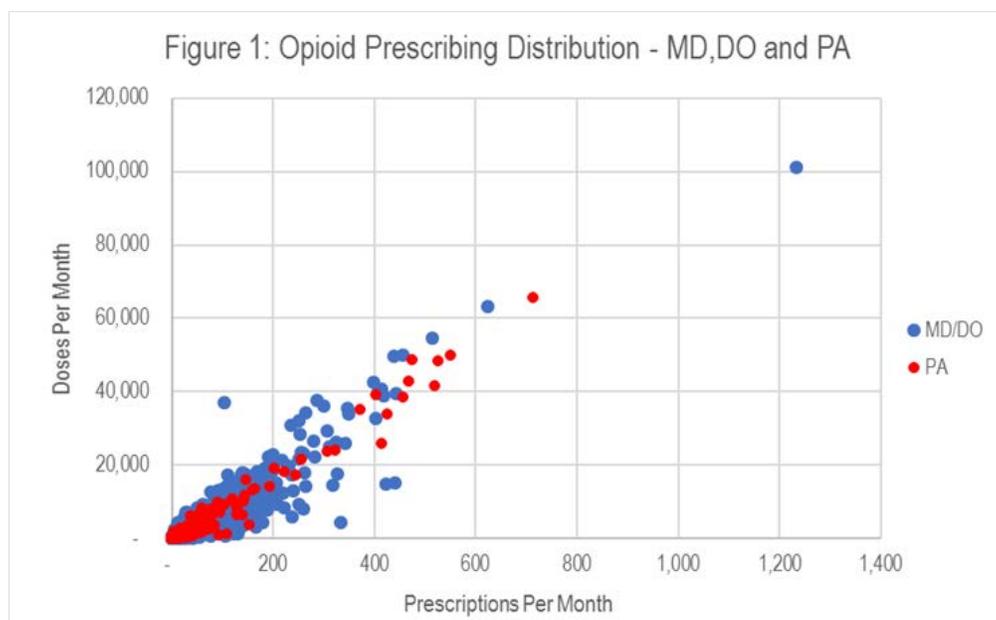
Ideas proposed in the WI ePDMP survey responses helped inform a follow-up survey, scheduled for January 2019. The 2019 user survey solicits feedback about specific enhancements and will also be used to identify focus group participants. Priorities and details collected from the focus groups will then determine future enhancements for the WI ePDMP and will be included in future reports.

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. In 2018, the CSB Referral Criteria Workgroup developed recommendations for how the CSB could define suspicious or critically dangerous conduct or practices and presented their recommendations to the full Board.

Based on the recommendations, the Wisconsin Medical Examining Board (MEB), Dentistry Examining Board (DEB), and Board of Nursing (BON) received summaries of the PDMP dispensing data specific to their professions at their August and September 2018 meetings. The data focused on opioid dispensing volume for the six-month time period of December 1, 2017 through May 31, 2018.

The data presented to the MEB resulted in the referral of the top seven physician prescribers based on opioid dispensing volume out of the approximately 15,000 opioid prescribers in the profession. The initial report presented to the MEB did not include physician assistant (PA) prescribers, so an updated report including all physician and PA prescribers was produced, which resulted in the referral of seven PAs. Figure 1 below plots the distribution of physician and PA prescribers, based on the average number of opioid prescriptions per month and the average number of opioid doses per month for the six-month period.



The data presented to the DEB resulted in the referral of the top four dentistry prescribers based on opioid dispensing volume out of the approximately 3,000 opioid prescribers in the profession. Recognizing that opioid prescribing by dentists is unique and often falls within the exception to the requirement to review patient data in the PDMP for prescriptions lasting three days or less, the DEB also considered the WI ePDMP usage for prescribers who had prescriptions for an estimated duration of over three days. Among the highest 1% of opioid prescribers in the profession, those who had written prescriptions for over three days but who had no indication of use of the WI ePDMP were also identified, which resulted in the referral of an additional 12 licensees.

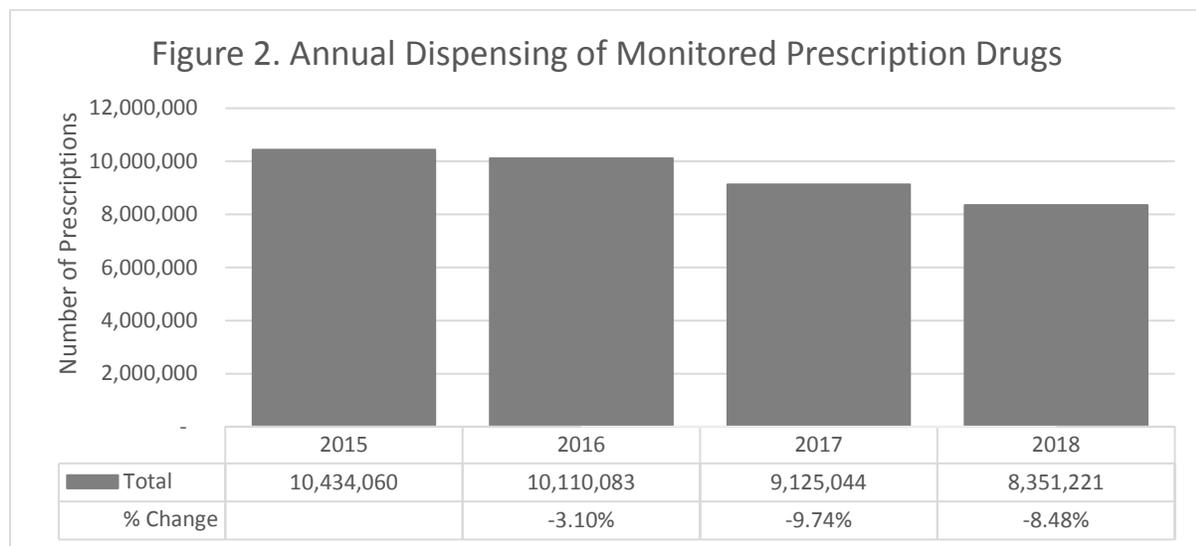
The data presented to the BON resulted in the referral of the top four Advanced Practice Nurse Prescribers (APNP) based on opioid dispensing volume out of the approximately 3,700 APNPs who prescribed opioids during the six-month time period of the report. The BON further requested additional targeted outreach for APNPs with an estimated WI ePDMP usage of less than 50% to educate these prescribers about the use of the PDMP and the tools available in the PDMP that can help promote safe

prescribing practices. The request generated over 800 outreach letters, which were sent at the end of Q4 2018.

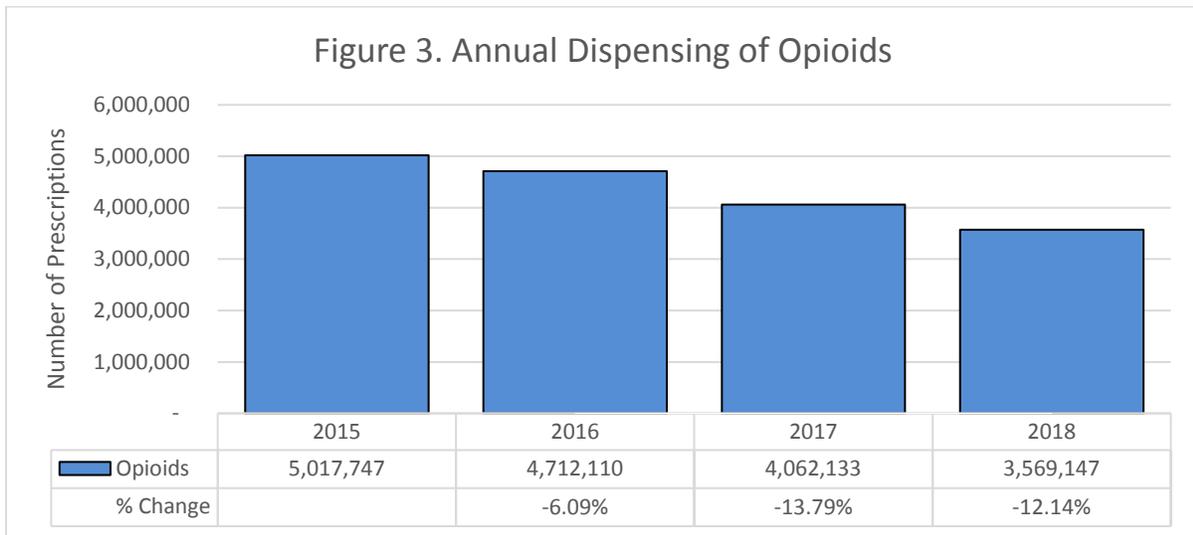
The investigation of the referred prescribers is ongoing, with letters issued to the medical, dentistry, and nursing licensees at the end of Q4 2018 or scheduled to be issued in Q1 2019. The DSPS Division of Legal Services and Compliance expects responses from all referred licensees, which will provide details to further the investigations. Results of the investigations will help inform the CSB’s referral process going forward.

Monitored Prescription Drug Dispensing Trend

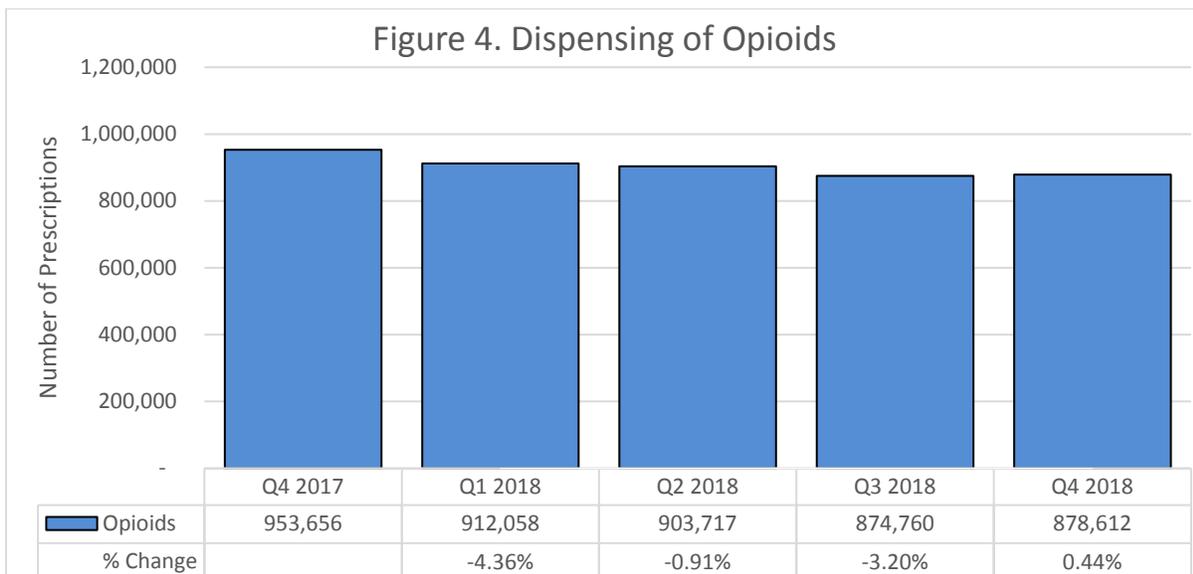
The total annual amount of monitored prescription drugs dispensed in Wisconsin has declined 20% from 2015 to 2018, a difference of over 2,080,000 prescriptions. Figure 2 shows the continued decrease, with both 2017 and 2018 having the most significant declines in the past 4 years. These significant decreases coincide with the timing of some of the State’s most concerted efforts to address the opioid epidemic, including controlled substance prescribing guidelines, requirements for prescribers to have additional education on opioid prescribing, mandatory use of the WI PDMP, and enhancements to the WI PDMP system.



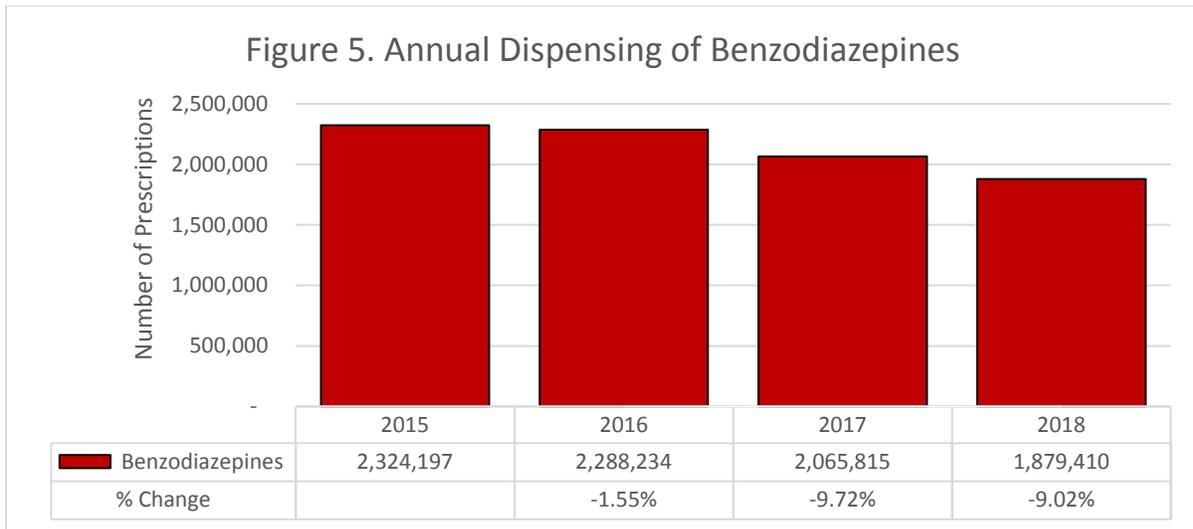
When evaluating the annual total number of dispensings of specific drug classes of monitored prescription drugs from 2015 to 2018, there has been a 29% decrease in opioid dispensing from 2015 to 2018, a difference of over 1,448,000 prescriptions. The most significant decline of 14% occurred in 2017, just slightly higher than the 2018 decrease of 12%, as shown in Figure 3.



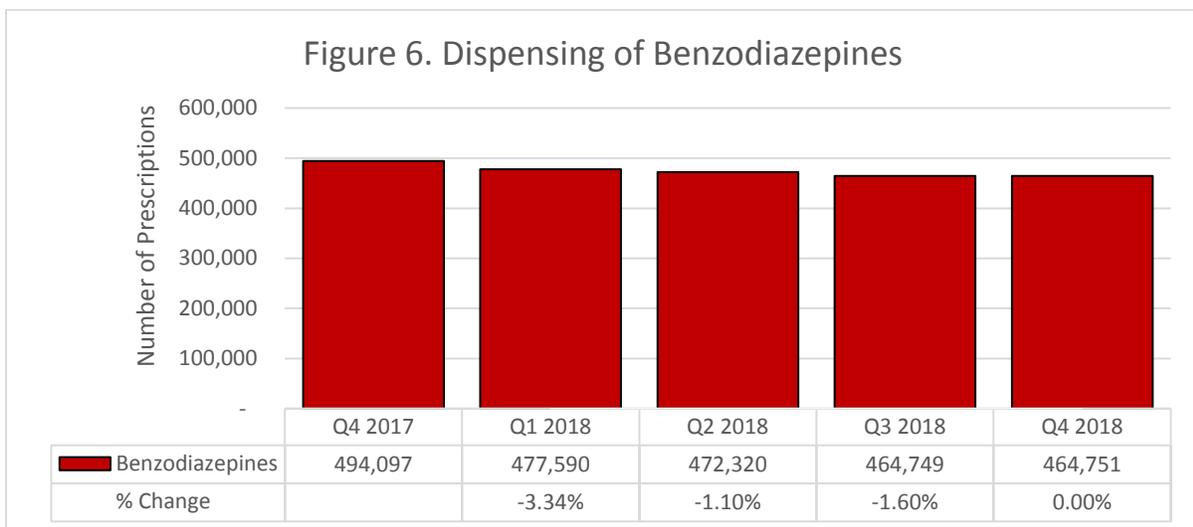
When considering the dispensing of monitored prescription drugs during 2018 by quarter, the most significant decrease for opioid dispensing occurred in Q1 2018, with minimal change in Q4 2018, as shown in Figure 4. Overall, the number of opioid prescription dispensings in Q4 2018 decreased by 8% when compared to the number of dispensings in Q4 2017. The number of opioid prescriptions dispensed in Q4 2018 was 3,569,147 prescriptions, which is 32%, lower than the number of opioid prescriptions dispensed in Q1 2015 – the highest quarter for opioid prescription dispensing in the past four years.



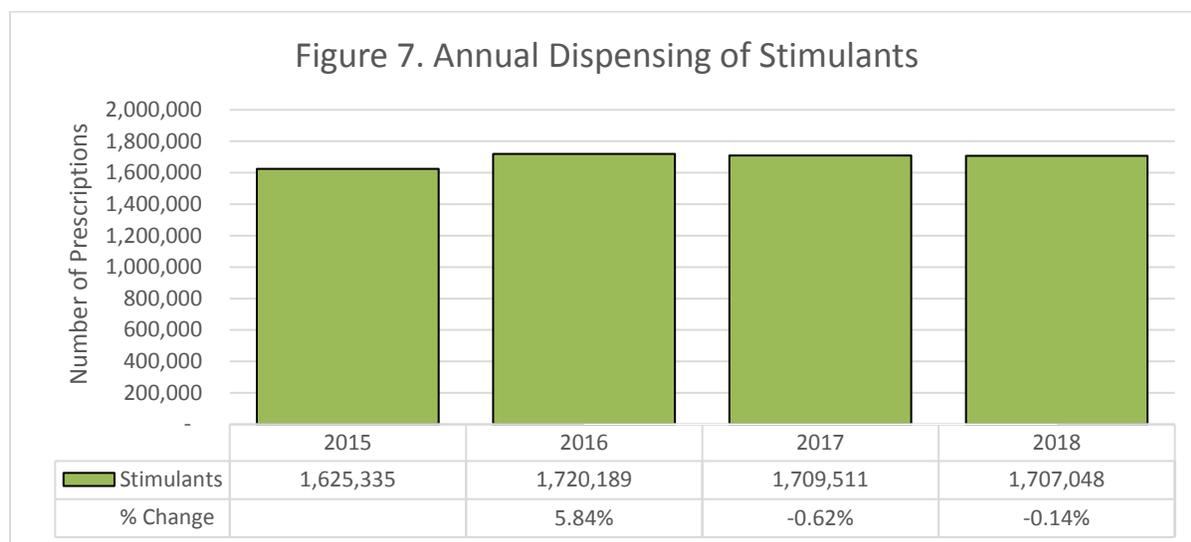
Benzodiazepine dispensing decreased by over 444,700 prescriptions, or 19%, from 2015 to 2018, with the most significant declines of 10% and 9% occurring in 2017 and 2018, respectively, as shown below in Figure 5.



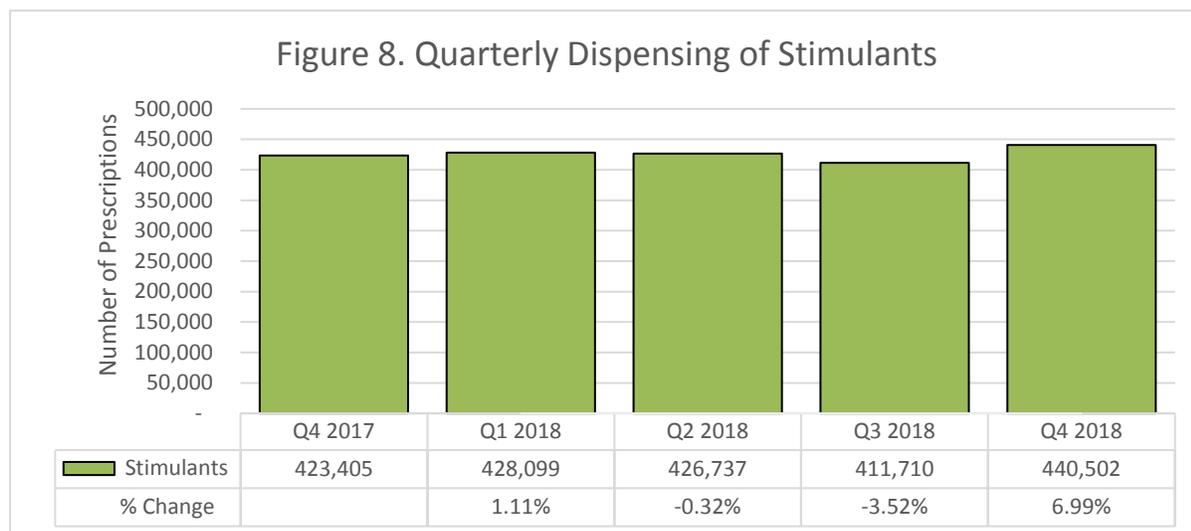
Similar to the quarterly trends noted for opioids, the most significant quarterly decrease for benzodiazepine dispensing occurred in Q1 2018, with minimal change in Q4 2018, as shown in Figure 6. Overall, the number of benzodiazepine prescriptions dispensed in Q4 2018 decreased by 6% when compared to the number of dispensings in Q4 2017.



Consistent with dispensing trends occurring at the national level, the dispensing of stimulants increased between 2015 and 2018 by over 81,700 prescriptions, or 5%. As shown in Figure 7, the increase primarily occurred in 2016, with minimal change to the overall dispensing of stimulants in both 2017 and 2018.



In 2018, the dispensing of stimulants fluctuated between increased dispensing in Q1 and Q4, then decreased dispensing in Q2 and Q3, which is consistent with quarterly dispensing trends from previous years. As shown in Figure 8, the most notable increase of 7% occurred in Q4 2018, which accounted for much of the overall annual increase of 4% when compared to the number of stimulant prescription dispensed in Q4 2017.



Top 15 Dispensed Monitored Prescription Drugs

A noteworthy change to the 15 most dispensed monitored prescription drugs was highlighted in Q3 2018. Acetaminophen with Codeine was surpassed by Buprenorphine HCl-Naloxone HCl Dihydrate (Suboxone®) as the 15th most dispensed monitored prescription drug. This was noteworthy for two reasons. First, previous years had not shown any change to the drugs that fall under the 15 most dispensed monitored prescription drugs. Second, buprenorphine products are one of three FDA approved medications utilized to treat opioid use disorder as part of Medication-Assisted Treatment (MAT).

Not only has Buprenorphine HCl-Naloxone HCl Dihydrate remained in the top 15 monitored prescription drugs dispensed in Q4 2018, but there was also a 10% increase in dispensing from Q3 2018 to Q4 2018. This is representative of Buprenorphine HCl-Naloxone HCl Dihydrate that is dispensed by a pharmacy and does not include dispensings that occur at an opioid treatment program due to federal regulation 42 CFR Part 2, which prohibits federally funded opioid treatment programs from submitting dispensing data to state PDMPs.

Another notable change that occurred in 2018 is that the top five monitored prescription drugs dispensed no longer included Oxycodone HCl, resulting in only two opioids in the top five monitored prescription drugs.

Table 1 shows the top 15 most dispensed monitored prescription drugs in Q4 2018 compared to Q3 2018, ranked in order of the number of prescriptions dispensed in Q4 2018. The top 15 monitored prescription drugs dispensed make up almost 88% of the dispensing records for any given quarter.

	Drug Name	Drug Class	Q4 2018 Dispensing	Q3 2018 Dispensing	Percent Change
1	Hydrocodone-Acetaminophen	Opioid	291,570	291,990	-0.1%
2	Amphetamine-Dextroamphetamine	Stimulant	203,054	195,811	3.7%
3	Tramadol HCl	Opioid	173,385	173,433	-0.03%
4	Lorazepam	Benzodiazepine	145,444	145,357	0.1%
5	Alprazolam	Benzodiazepine	141,635	141,650	-0.01%
6	Oxycodone HCl	Opioid	139,873	136,760	2.3%
7	Clonazepam	Benzodiazepine	121,287	120,946	0.3%
8	Zolpidem Tartrate	Other	116,571	116,097	0.4%
9	Methylphenidate HCl	Stimulant	100,589	90,497	11.2%
10	Lisdexamfetamine Dimesylate	Stimulant	98,069	89,695	9.3%
11	Oxycodone w/ Acetaminophen	Opioid	94,529	93,862	0.7%
12	Pregabalin	Other	61,558	60,395	1.9%
13	Diazepam	Benzodiazepine	49,857	49,514	0.7%
14	Morphine Sulfate	Opioid	45,087	45,516	-0.9%
15	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	43,122	39,374	9.5%

Table 2 below shows the top 15 most dispensed monitored prescription drugs in Q4 2018 compared to Q3 2018, ranked in order of total quantity of pills, or doses, dispensed in Q4 2018, rather than number of prescription orders filled.

Buprenorphine HCl-Naloxone HCl Dihydrate surpassed Acetaminophen with Codeine in Q4 2018 as the 15th top dispensed monitored prescription drugs when measured by total quantity of pills, or doses, dispensed.

Table 2: Top 15 Dispensed Monitored Prescription Drug by Pill (Dose) Volume					
	Drug Name	Drug Class	Q4 2018 Pill (Dose)	Q3 2018 Pill (Dose)	Percent Change
1	Hydrocodone-Acetaminophen	Opioid	14,965,935	15,012,191	-0.3%
2	Tramadol HCl	Opioid	11,682,290	11,761,855	-0.7%
3	Oxycodone HCl	Opioid	9,827,267	9,916,310	-0.9%
4	Amphetamine-Dextroamphetamine	Stimulant	9,614,784	9,343,160	2.9%
5	Alprazolam	Benzodiazepine	7,833,691	7,877,611	-0.6%
6	Clonazepam	Benzodiazepine	6,897,058	6,820,059	1.1%
7	Lorazepam	Benzodiazepine	6,584,221	6,598,163	-0.2%
8	Oxycodone w/ Acetaminophen	Opioid	6,165,772	6,201,914	-0.6%
9	Pregabalin	Other	4,563,222	4,440,822	2.8%
10	Methylphenidate HCl	Stimulant	4,543,997	4,183,438	8.6%
11	Zolpidem Tartrate	Other	3,900,323	3,877,500	0.6%
12	Lisdexamfetamine Dimesylate	Stimulant	3,061,118	2,807,524	9.0%
13	Morphine Sulfate	Opioid	2,556,091	2,626,289	-2.7%
14	Diazepam	Benzodiazepine	1,953,973	1,956,016	-0.1%
15	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	1,365,001	1,281,850	6.5%

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 patient's 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. Data-driven alerts are presented on the patient report as way to call attention to specific detail from the dispensing data.

The 6 types of data-driven concerning patient history alerts are:

1. **Multiple Prescribers or Pharmacies Alert**, which indicates that the patient has obtained prescriptions from at least five prescribers or five pharmacies within the previous 90 days. The five prescribers or dispensers may be associated with the same clinic, practice or location, but the WI ePDMP still views them as separate prescribers/dispensers. This alert is not a direct indication of doctor shopping; it is simply a flag for further inspection of the dispensing history.
2. **Long-Term Opioid Therapy with Multiple Prescribers Alert**, which indicates when a patient has been prescribed at least one opioid prescription from two or more prescribers for 90 or more days.
3. **Early Refill Alert**, which indicates when a patient has refilled a controlled substance prescription two or more days earlier than the expected refill date based on the estimated duration of the prescription calculated and reported by the pharmacy.
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), thereby increasing the patient's risk of overdose.
5. **Concurrent Benzodiazepine and Opioid Prescription Alert**, which indicates when a patient's active current prescriptions include both an opioid and a benzodiazepine, a combination that significantly increases the patient's risk of overdose.
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 34% reduction in the number of concerning patient history alerts generated by analytics of the dispensing data from Q1 2017, when the alerts were first available in the WI ePDMP, to Q4 2018. Specifically, alerts for Multiple Same Day Prescriptions decreased by 66%, and alerts for Multiple Prescribers or Pharmacies decreased by 44%. Both of these alerts may be an indication of "doctor shopping." High Opioid Daily Dose alerts decreased by 37%, and Concurrent Benzodiazepine and Opioid alerts decreased by 28%. See Table 3 for detail on the overall volume of alerts by alert type as well as the percent change that occurred from Q1 2017 to Q4 2018.

Table 3: Concerning Patient History Alerts Listed by Volume of Alerts Generated in Q4 2018				
	Alert Type	Q4 2018	Q1 2017	Percent Change
1	Concurrent Benzodiazepine and Opioid	27,742	38,446	-28%
2	High Opioid Daily Dose	25,094	40,005	-37%
3	Long Term Opioid Therapy	23,588	34,819	-32%
4	Early Refill	17,988	24,354	-26%
5	Multiple Prescribers or Pharmacies	13,645	24,379	-44%
6	Multiple Same Day Prescriptions	1,038	3,009	-66%
	All Alert Types	109,095	165,012	-34%

A significant reduction in almost all alert types occurred in Q3 2017, the first full quarter after the requirement for prescribers to check the WI ePDMP prior to issuing a prescription order for a monitored prescription drug went into effect. Depending on the alert type, most alerts showed a second significant decrease in either Q1 2018 (Concurrent Benzodiazepine and Opioid and Early Refill) or Q2 2018 (High Opioid Daily Dose, Long Term Opioid Therapy, and Multiple Prescribers or Pharmacies). The Multiple Same Day Prescriptions alert is the one exception as that alert type had the most significant declines in Q2 2017 and Q3 2018.

When evaluating the reduction in alerts from Q3 2018 to Q4 2018, alerts decreased by 1-4% from the previous quarter. See Figures 9–14 for detail on each alert type by quarter.

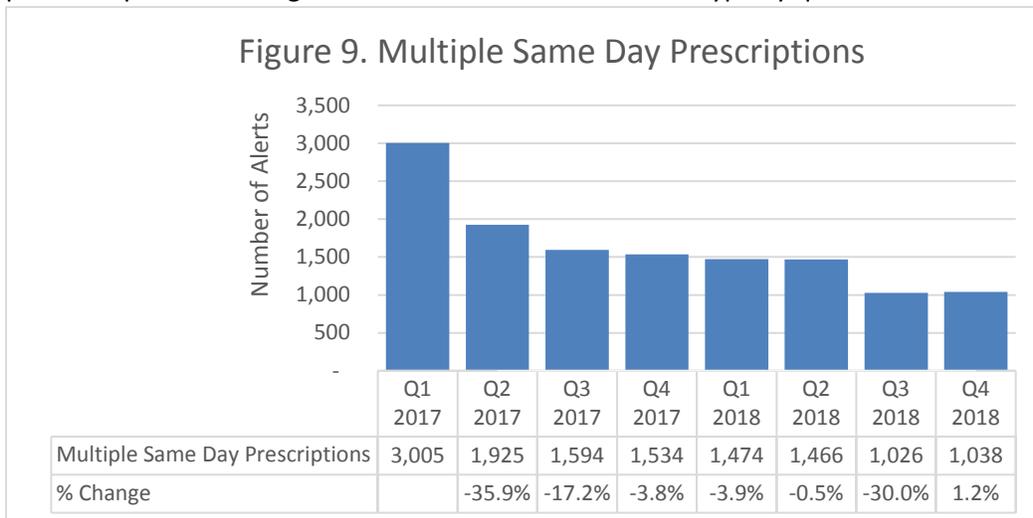


Figure 10. Multiple Prescribers Or Pharmacies



Figure 11. High Opioid Daily Dose

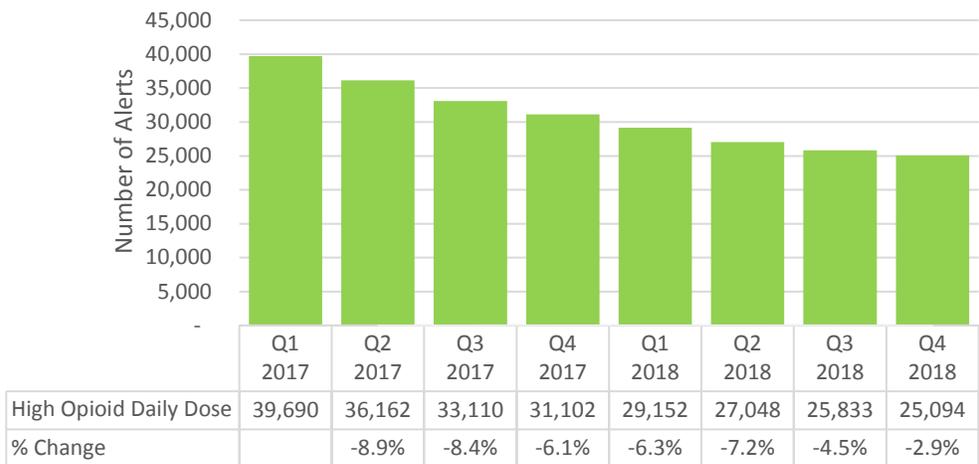


Figure 12. Long Term Opioid Therapy

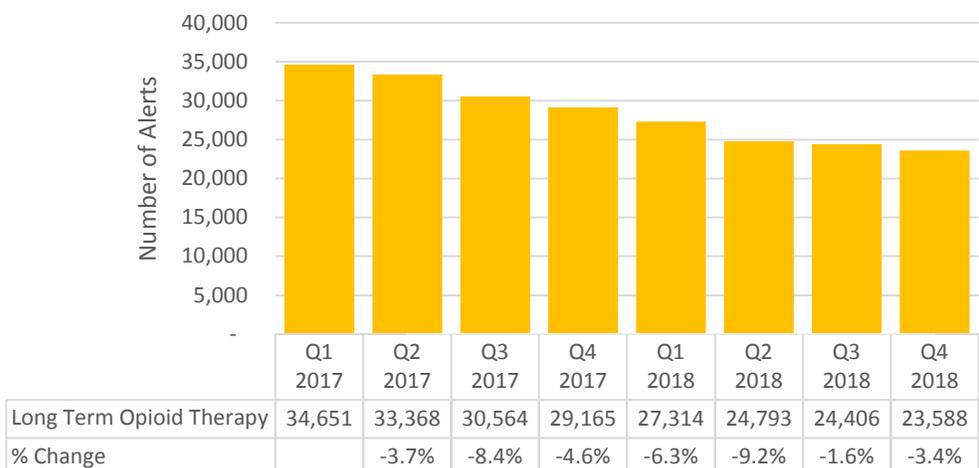


Figure 13. Concurrent Benzodiazepine and Opioid

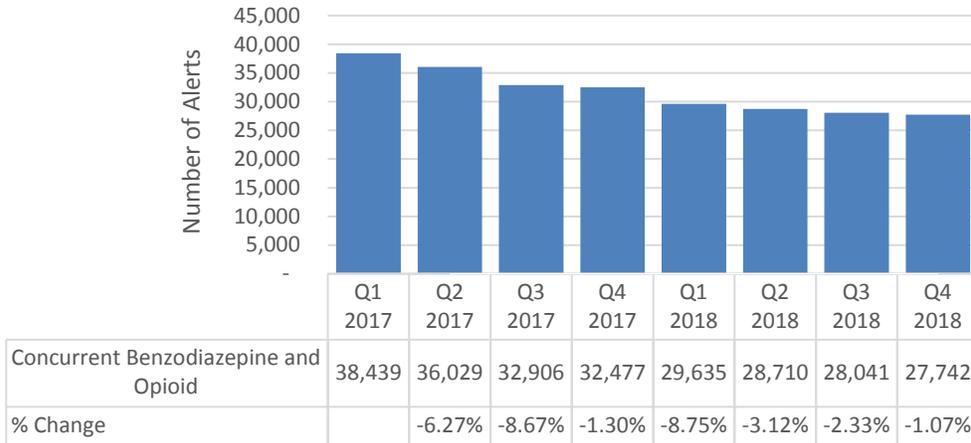
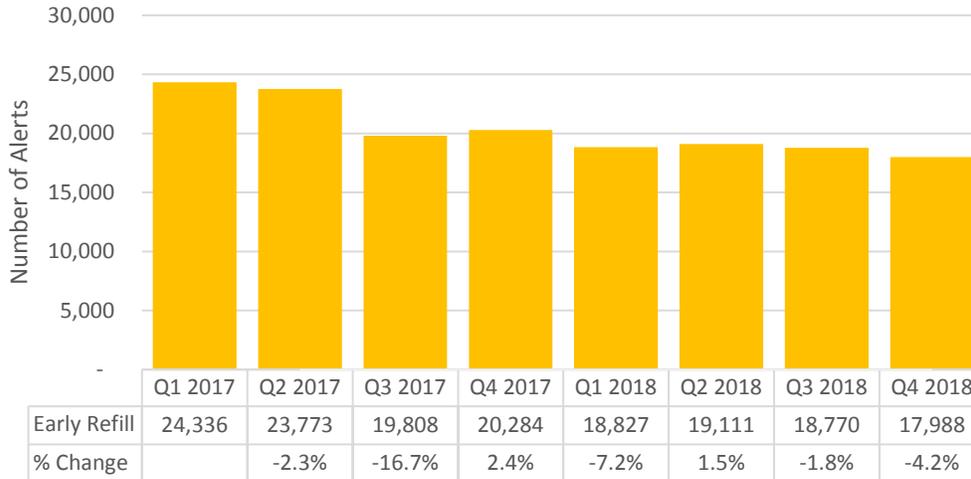


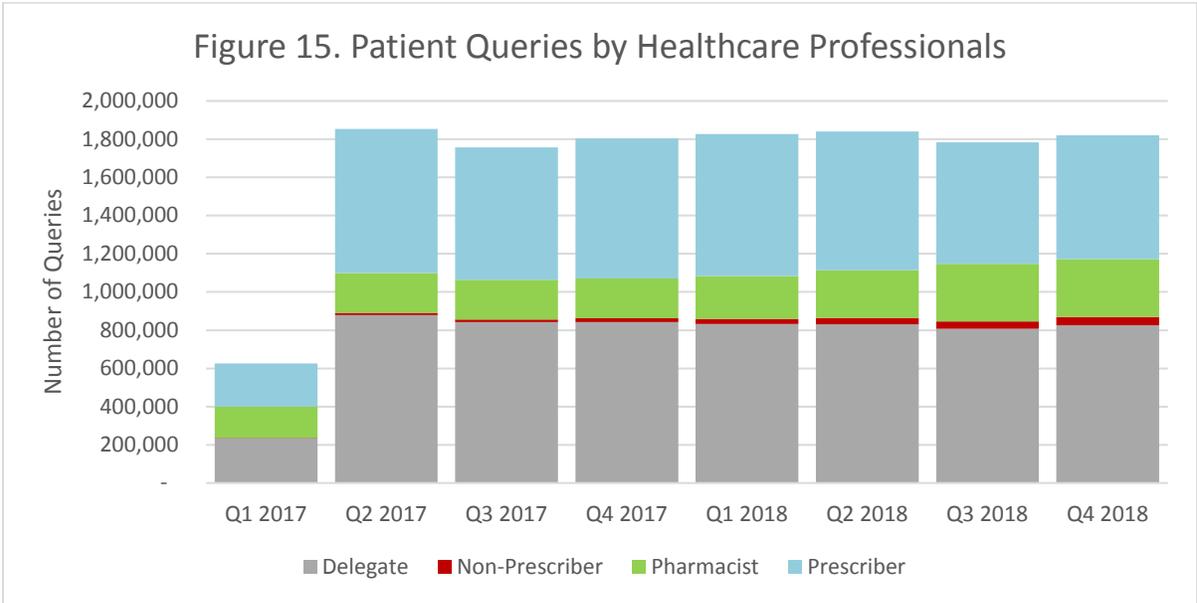
Figure 14. Early Refill



Disclosure of PDMP Data

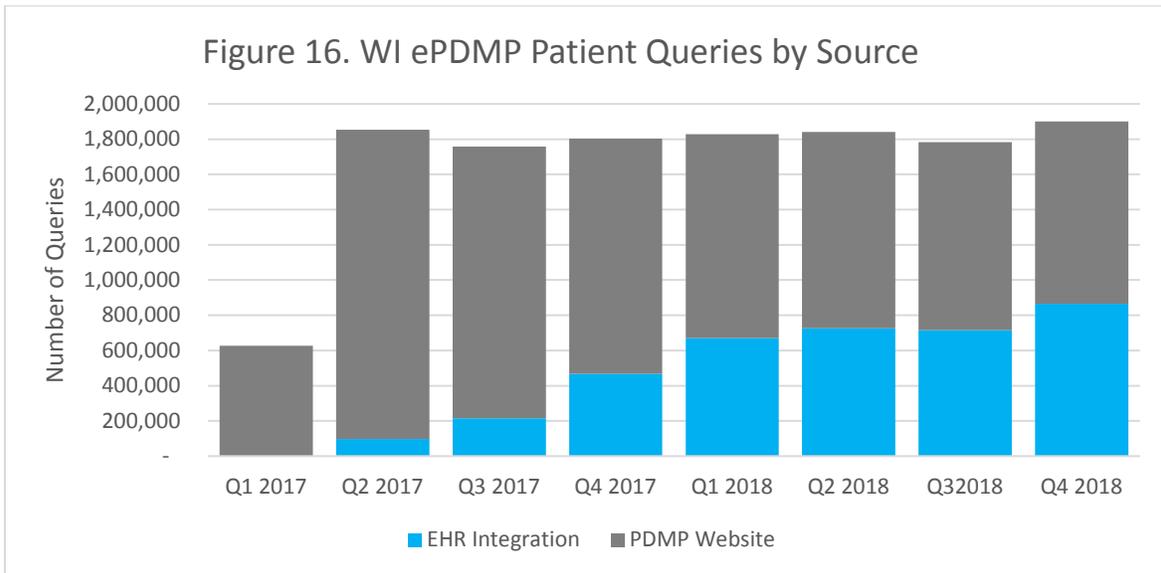
In 2018, healthcare users made over 7.2 million patient queries in the WI ePDMP. This is 1.2 million queries more than in 2017 or a 20% increase. The most significant increase occurred in Q2 2017, which coincided with the requirement for prescribers to review patient records in the PDMP going into effect. The number of patient queries has remained consistently high since then, with around 600,000 queries per month.

Breaking down the queries by user type shows that 45% of the queries were performed by delegates of prescribers or pharmacists, 38% were performed by prescribers, 15% by pharmacists, and 2% by other non-prescribing healthcare professionals, such as substance abuse counselors. See Figure 15 for quarterly data of patient queries performed by healthcare professionals.

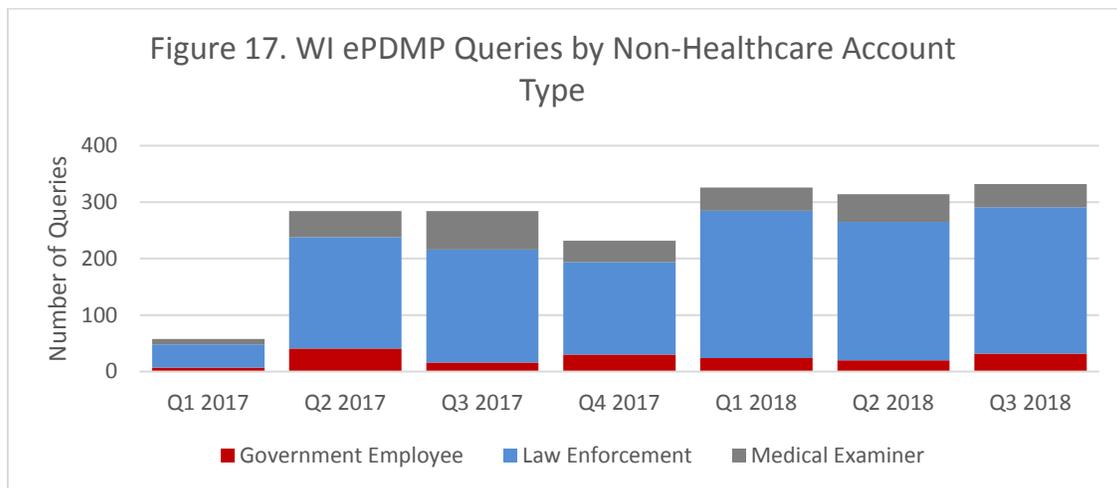


The WI ePDMP is currently connected to 15 other state PDMPs via the National Association of Boards of Pharmacy’s PMP InterConnect. This allows healthcare users to expand the WI ePDMP patient query to return results from other state’s PDMP, including border states such as Minnesota, Michigan, Illinois, Iowa and Indiana.

As of December 31, 2018, healthcare professionals from fourteen health systems in Wisconsin have one-click access to the PDMP from within their EHR platform. In Q4 2018, 45% of patient queries were through the direct EHR integration, a 5% increase from Q3 2018.



Authorized individuals from non-healthcare groups made a total of 1,353 requests for PDMP data in 2018. In Q4 2018, 381 requests were made for PDMP reports, an increase of 15% over the previous quarter.

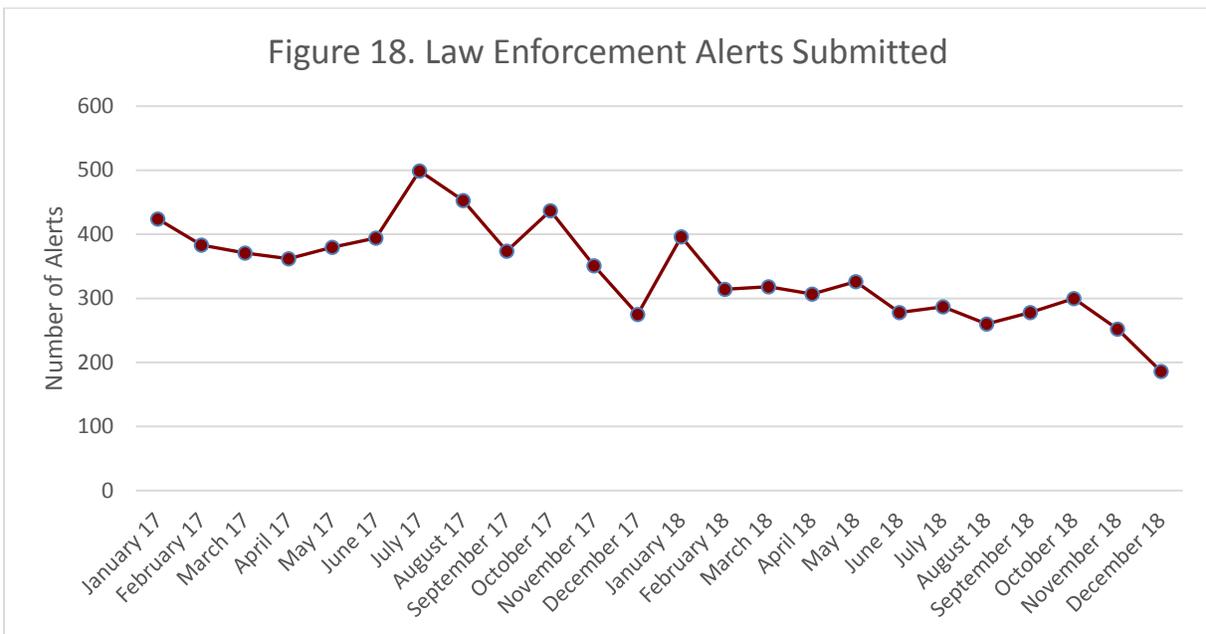


Law Enforcement Reports

During 2018 there were 3,502 events reported to the WI ePDMP by Wisconsin law enforcement agencies as required by s. 961.37 (3) (a), Wis. Stat. The law requires the agencies to submit a report in each of the following situations:

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

Prescribers of patients associated with these events receive a proactive email notice from the WI ePDMP, in addition to the event being captured as an alert on the patient report in the WI ePDMP. Figure 18 shows the number of law enforcement reports submitted to the WI ePDMP by month for the past two years. There is no statutory requirement for law enforcement agencies to submit their reports within a certain timeframe after the date of the event, so the numbers for the late months of 2018 may continue to increase in the coming months.



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

- 39% of the reports submitted were reports of stolen controlled substance prescriptions
- 26% of the reports submitted were suspected violations of the Controlled Substances Act
- 31% of the reports submitted were suspected non-fatal opioid-related overdose events, and
- 4% of the reports submitted were suspected narcotic-related deaths.

Summary

Year-end data from the WI ePDMP in 2018 confirm a continued decline in the number of monitored prescription drugs being dispensed in Wisconsin over the past three years. These significant decreases coincide with the timing of some of the State's most concerted efforts to address the opioid epidemic, including controlled substance prescribing guidelines, requirements for prescribers to have additional education on opioid prescribing, mandatory use of the WI PDMP, and enhancements to the WI PDMP system.

Controlled substance prescription dispensings in 2018 compared to 2015 show the following trends:

- 20% decrease in the total number of monitored prescription drugs dispensed, over 2 million fewer prescriptions
 - 29% decrease in the number of opioid prescriptions dispensed in the past three years, almost 1.5 million fewer prescriptions
 - 19% decrease in the number of benzodiazepine prescriptions dispensed in the past three years, over 444,000 fewer prescriptions
 - There has been no increase in the number of stimulant prescriptions dispensed since 2016, yet overall annual dispensing of stimulant prescriptions remains 5% higher than 2015 dispensing

The WI ePDMP uses data-driven alerts to call attention to potential concerning patient activity. Data-driven alerts became available in January of 2017 as part of the WI ePDMP patient report to assist the healthcare professionals accessing the system. The frequency of alert generation has declined quarter over quarter for the past two years.

Data-driven alerts in Q4 2018 compared to Q1 2017 show the following declines:

- 34% decrease in the total number of data-driven alerts generated by the WI ePDMP
 - 66% decrease in the number of alerts for multiple same day prescriptions in the past two years
 - 44% decrease in the number of alerts for multiple prescribers or pharmacies in the past two years
 - 37% decrease in the number of alerts for high opioid daily dose in the past two years
 - 28% decrease in the number of alerts for concurrent benzodiazepine and opioid prescriptions in the past two years

Data show increased dispensing of Buprenorphine HCl-Naloxone HCl Dihydrate in 2018:

- Buprenorphine HCl-Naloxone HCl Dihydrate (Suboxone®) became the 15th top monitored prescription drug dispensed in Wisconsin in both Q3 and Q4 of 2018, surpassing Acetaminophen with Codeine. Buprenorphine products are one of three medications commonly used as part of Medication-Assisted Treatment (MAT) for opioid use disorder.



WISCONSIN | ePDMP

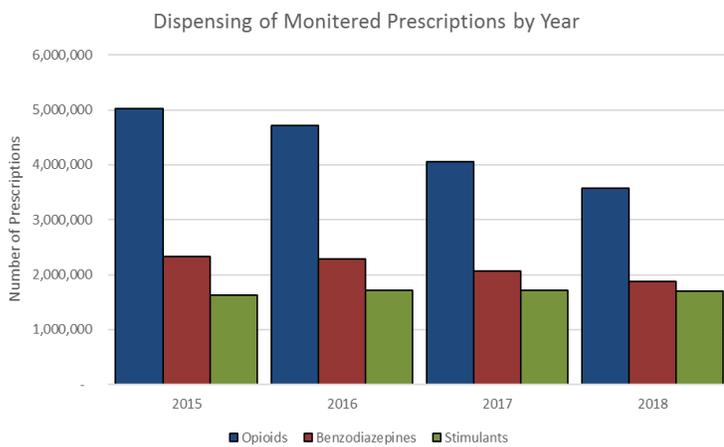


Wisconsin Enhanced Prescription Drug Monitoring Program

The WI ePDMP is a tool to help combat the ongoing prescription drug abuse epidemic in Wisconsin. By providing valuable information about controlled substance prescriptions in schedules II-V that are dispensed in Wisconsin, the WI ePDMP can aid healthcare professionals in their prescribing and dispensing decisions.

The WI ePDMP fosters the ability of pharmacies, healthcare professionals, law enforcement agencies, and public health officials to work together to reduce the misuse, abuse, and diversion of controlled substance prescription drugs.

Controlled Substance Dispensing



2015 - 2018 Trend by Drug Class

Opioids	↓	29% decline or 1.5 million fewer prescriptions
Benzodiazepines	↓	19% decline or 445,000 fewer prescriptions
Stimulants	↑	6% increase in 2016 then minimal change

Usage of the WI ePDMP

- Up to 35,000 patient queries submitted per day
- 53,000 registered healthcare users
- Connected to PDMPs in 17 other states including IL, MN, MI and IA
- 2,000 data submitters including mail order pharmacies submitting a total of over 9 million dispensing records per year



Data Driven Alerts

Sophisticated analytics are performed on the WI ePDMP data to alert healthcare professionals to the most relevant patient information.

2017 - 2018 Trend by Alert Type

Multiple Same Day Prescriptions	↓	66% decline
Multiple Prescribers Or Pharmacies	↓	44% decline
High Opioid Daily Dose	↓	37% decline
Long Term Opioid Therapy	↓	32% decline

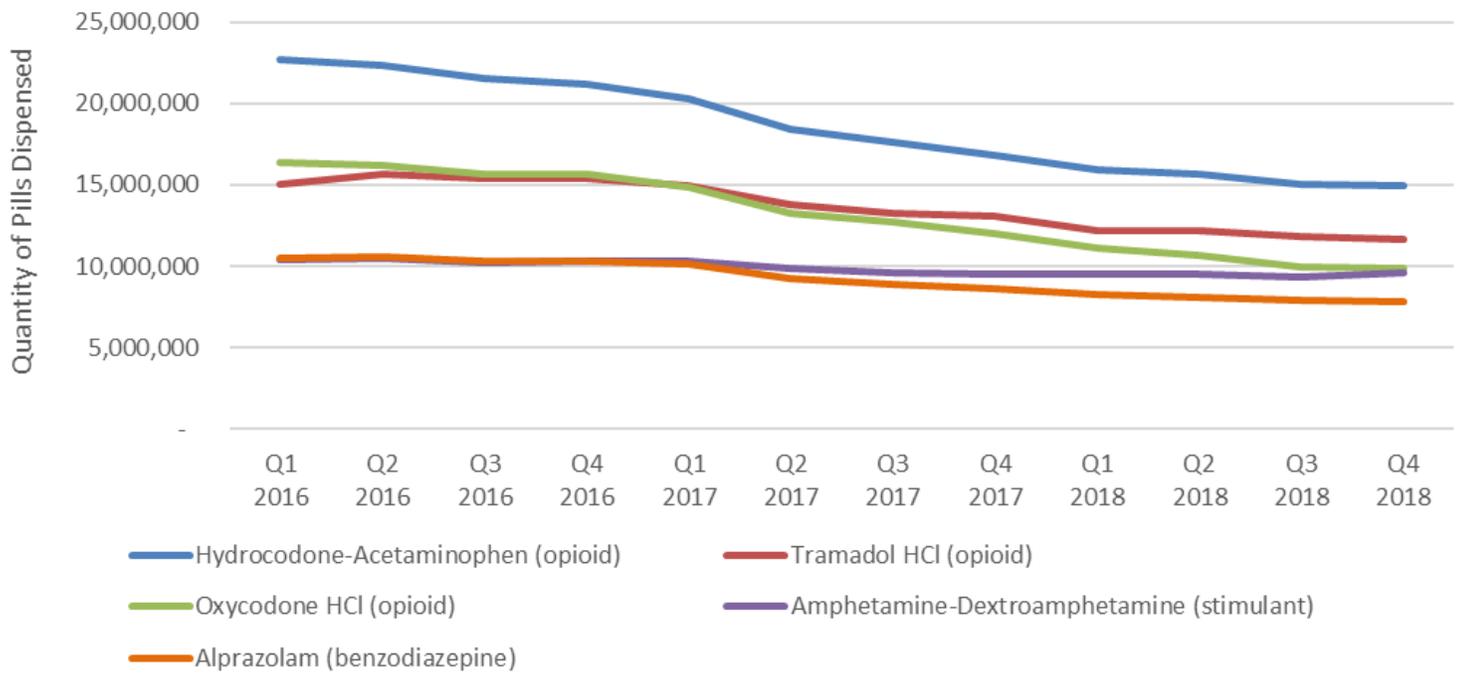
The WI ePDMP Statistics Dashboard provides interactive data visualizations, including county-level data, about the controlled substance prescriptions dispensed in Wisconsin, law enforcement reports submitted to the WI ePDMP, and use of the WI ePDMP by healthcare professionals.

Visit <https://pdmp.wi.gov/statistics>.



Top 5 Monitored Prescription Drugs

Quarterly Dispensing by Pill Volume

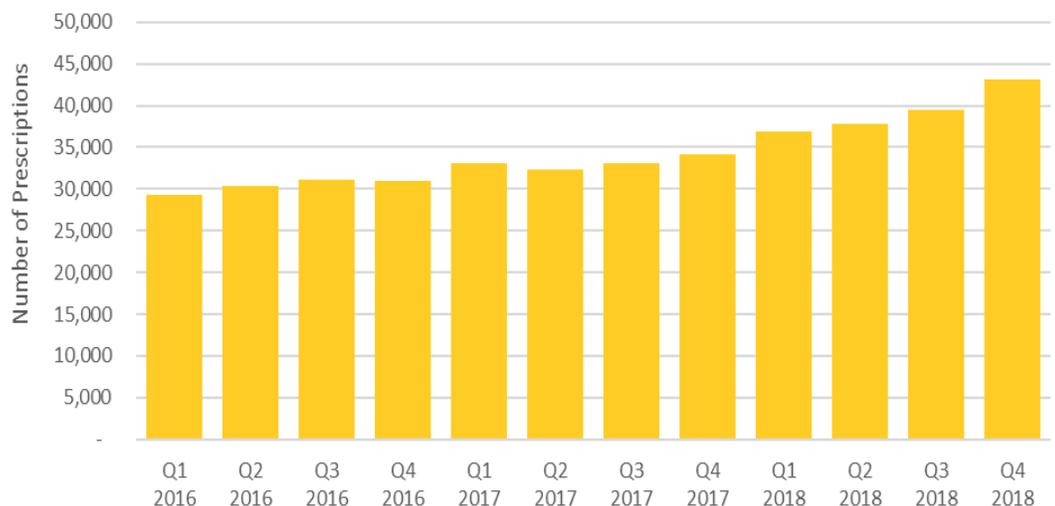


Buprenorphine HCl-Naloxone HCl Dihydrate

Buprenorphine products are one of three FDA approved medications utilized to treat opioid use disorder as part of Medication-Assisted Treatment (MAT).

There has been a 47% increase in pharmacy dispensed buprenorphine products in the last three years.

Quarterly Pharmacy Dispensed Buprenorphine





Published on *Wisconsin Public Radio* (<https://www.wpr.org>)

[Home](#) > Doctors In Wisconsin Writing Fewer Prescriptions For Painkillers



Doctors In Wisconsin Writing Fewer Prescriptions For Painkillers

But Deaths From Opioid Overdose Continue In State, Nation As Users Find Deadlier Substitutes

By Shamane Mills

Updated:

Friday, February 8, 2019, 1:33pm

Wisconsin doctors continue to prescribe fewer opioids. From 2015 to 2018, there was a 29 percent drop in prescription painkillers like oxycontin, according to a recent [state report](#) [1].

But opioid deaths have been rising. In 2017, state health officials say there were [916 overdose deaths](#) [2].

"We expected a decrease in mortality as a result. That is not what we have seen," said Gina Bryan, an associate professor in the University of Wisconsin-Madison School of Nursing who worked with the Governor's Task Force on Opioid Abuse.

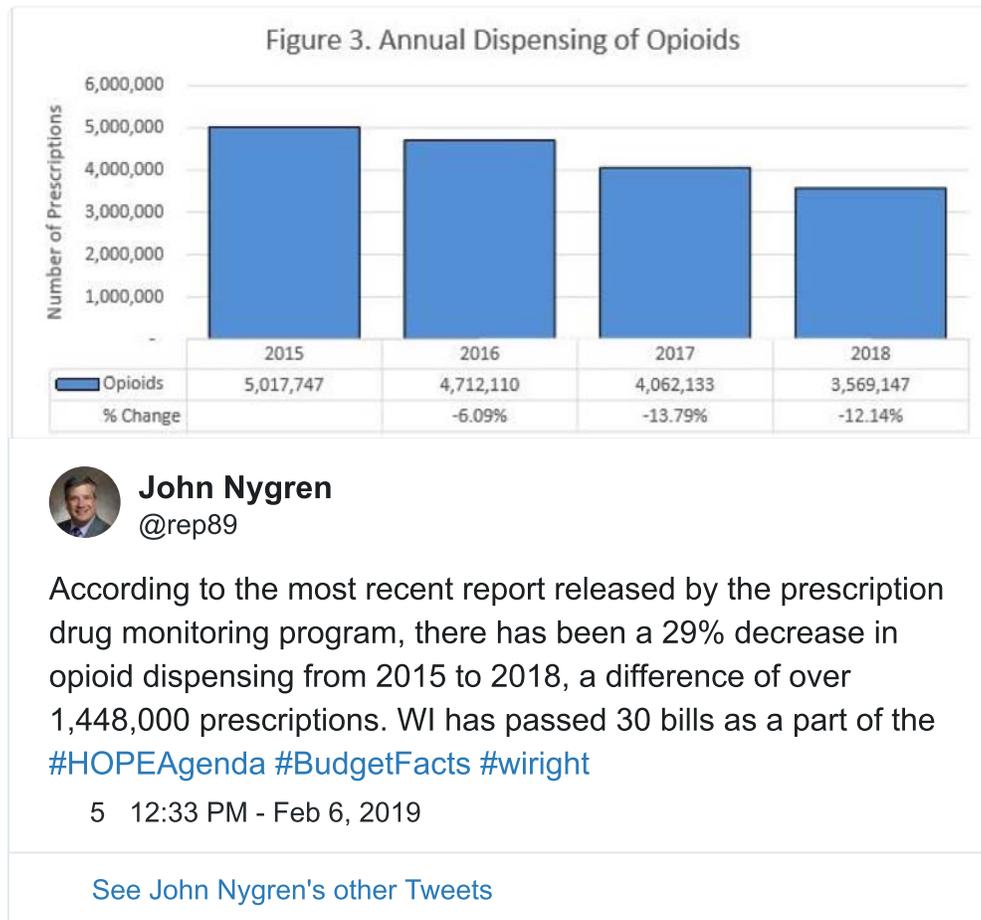
The decrease in prescribing comes after controlled substance prescribing [guidelines](#) [3] were issued by the Wisconsin Medical Examining Board in January, and after doctors were [required](#) [4] to check a state database tracking prescriptions — a change that went into effect in March 2017.

Getting doctors and others to use the Prescription Drug Monitoring Program was initially difficult because health care professionals said it was time consuming and difficult to use.

But a recent survey showed 77 percent of users are now satisfied with how the database works, according to the report.

The most significant decline in opioid prescribing — 14 percent — occurred in 2017, just slightly higher than the 2018 decrease of 12 percent.

In a recent tweet, Rep. John Nygren, R-Marinette, noted the state's progress in this area. Nygren has been instrumental in passing 30 opioid laws related to misuse and treatment which are part of the state's HOPE agenda [5].



But with less access to prescription painkillers, those who have a history of addiction are turning to heroin and other drugs that may be laced with the synthetic opioid fentanyl. Because it's so potent, people are more likely to overdose.

"So, we're seeing heroin with fentanyl in it. We're seeing cocaine that has fentanyl in it. It's been adulterated in some way," Bryan said.

Another factor, she said, is the age of users is going down.

"Younger people are using and they're not as knowledgeable about what they're using. They're not sure what they're getting," she said.

With overdose numbers rising, the state is continuing to focus on ways to get people off of drugs. In late December, the Commission on Substance Abuse Treatment Delivery delivered its final report [11] to the Governor's Task Force on Opioid Abuse.

The report calls for a "hub and spoke" model of treatment where there are locations for both high-intensity care and also treatment provided in the community.

But getting access to treatment and paying for it are often hurdles, especially in rural Wisconsin where people may have to drive long distances.

"Most of our state does not have reasonable access to opioid treatment facilities," Bryan said. "And so I think when you're looking a predominantly rural state like Wisconsin you have to look at the ability to get to that (treatment) site."

Source URL: <https://www.wpr.org/doctors-wisconsin-writing-fewer-prescriptions-painkillers>

Links

- [1] <https://pdmp.wi.gov/Uploads/2018%20Q4%20CSB.pdf>
- [2] <https://www.dhs.wisconsin.gov/opioids/index.htm>
- [3] <https://dsps.wi.gov/Documents/BoardCouncils/MED/20190116MEBGuidelinesv9.pdf>
- [4] <https://www.wpr.org/start-date-approaching-law-targeting-doctor-shopping>
- [5] <http://legis.wisconsin.gov/assembly/hope/>
- [6] https://twitter.com/hashtag/HOPEAgenda?src=hash&ref_src=twsrc%5Etfw
- [7] https://twitter.com/hashtag/BudgetFacts?src=hash&ref_src=twsrc%5Etfw
- [8] https://twitter.com/hashtag/wiright?src=hash&ref_src=twsrc%5Etfw
- [9] <https://t.co/BOShXvVjnr>
- [10] https://twitter.com/rep89/status/1093216141894402049?ref_src=twsrc%5Etfw
- [11] <https://www.dhs.wisconsin.gov/publications/p02302.pdf>

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 4 March 2019 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 Substance Board													
4) Meeting Date: 15 March 2019	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislative and Administrative Rule Matters <ol style="list-style-type: none"> 1. Clearinghouse Report for CSB 2.63 Relating to Scheduling NM2201, 5F-AB-PINACA, 4-CN-CUMYL-BUTINACA, MMB-CHMICA and 5F-CUMYL-P7AICA 2. Clearinghouse Report for CSB 2.64 Relating to Scheduling N-Ethylpentylone 3. Clearinghouse Report for CSB 2.65 Relating to Scheduling FDA Approved Cannabidiol Drugs 4. CSB 3 Relating to Special Use Authorization 5. CSB 4 Relating to Operation of Prescription Drug Monitoring Program 6. Industrial Hemp update 7. Follow-up on Law Enforcement Hearing – Discussion on Emerging Threats 8. Updates on Legislation and Pending or Possible Rulemaking Projects 											
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:											
10) Describe the issue and action that should be addressed: 													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;"> 11) Authorization <i>Sharon Henes</i> </td> <td style="width: 40%; border-bottom: 1px solid black; text-align: right;"> Date <i>3/4/19</i> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Signature of person making this request </td> <td style="border-bottom: 1px solid black; text-align: right;"> Date </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Supervisor (if required) </td> <td style="border-bottom: 1px solid black; text-align: right;"> Date </td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) </td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;"> Date </td> </tr> </table>				11) Authorization <i>Sharon Henes</i>	Date <i>3/4/19</i>	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	
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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 6 March 2019 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Controlled Substances Board			
4) Meeting Date: 15 March 2019	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Informational Items – Discussion and Consideration 1. Article – Does Opioid Use in Pets Create Higher Risk for Abuse in Humans? 2. Press Releases a. U.S.. Attorney’s Office: U.S. Attorneys Issue Warnings to Opioid Prescribers b. Wisconsin Medical Society and Wisconsin Society of Addiction Medicine: Physician Groups Express Concerns Over Recent DOJ Letters	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;"> <i>Sharon Henes</i> <i>3/6/19</i> </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;"> Signature of person making this request Date </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;"> Supervisor (if required) Date </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date </div>			
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Does opioid use in pets create higher risk for abuse in humans?

11 January 2019



Credit: CC0 Public Domain

The increase in opioid prescriptions for people over the past decade may have been paralleled by an increase in opioid prescriptions for pets, according to a study from researchers at the University of Pennsylvania's Perelman School of Medicine and the School of Veterinary Medicine. The findings, in this first-ever study of veterinary opioid prescriptions, suggest that there is also an increased demand for veterinary opioids, driven by complex procedures performed in veterinary medicine, as well as a heightened awareness of the importance of pain management. Given that opioid prescribing in veterinary medicine is not as heavily regulated as medical prescriptions for humans, it is possible that misused veterinary prescriptions could contribute to the ongoing opioid epidemic. The results are published today in *JAMA Network Open*.

In the study, researchers reviewed all opioid pills and patches dispensed or prescribed for dogs, cats, and other [small animals](#) at the University of Pennsylvania's School of Veterinary Medicine (Penn Vet) from January 2007 through December 2017. The results show that the quantity of these

prescriptions, as measured in morphine milligram equivalents (MME), rose by 41 percent during the period annually, while the annual number of visits rose by only about 13 percent. As a veterinary tertiary care facility, Penn Vet's unique caseload requires particular attention to and treatment of pain in veterinary species, which may account for increased opioid utilization in the study.

"As we are seeing the opioid epidemic press on, we are identifying other avenues of possible human consumption and misuse," said study senior author Jeanmarie Perrone, MD, a professor of Emergency Medicine and the director of Medical Toxicology at Penn Medicine. "Even where the increase in prescribed veterinary opioids is well intended by the veterinarian, it can mean an increased chance of leftover pills being misused later by household members, sold or diverted, or endangering young children through unintentional exposure. The results of this study suggest that by assessing the rate of veterinary opioid prescriptions, we can develop strategies to reduce both human and [animal health](#) risks associated with increasing use."

The current opioid crisis in the United States causes tens of thousands of overdose deaths every year—roughly 50,000 in 2017, according to the Centers for Disease Control and Prevention. The crisis began in the late 1990s and was fueled largely by a steep increase in prescriptions for opioid pain relievers. Tightening regulations including prescription drug monitoring programs have helped reduce the number of opioid [prescriptions](#) from their peak in 2011. Although prescription opioid overdose deaths are now exceeded by those due to illegally obtained heroin and fentanyl, the former still account for nearly 20,000 fatalities annually. Since opioid prescribing in [veterinary medicine](#) is not as comparatively regulated, concerns are raised that opioids prescribed for pets could be misused by humans.

The researchers reviewed pharmacy records at the

Penn Vet's Ryan Hospital during the 10-year study window, and analyzed trends for the four opioids prescribed or dispensed to animal patients—tramadol, hydrocodone, and codeine tablets, and fentanyl patches. The animals in the study included dogs (73.0 percent), cats (22.5 percent), and assorted others including rabbits, snakes, and birds (4.5 percent).

"We found that the increased quantity of opioids prescribed by our hospital was not due to increased patient volume alone. It is likely that our goal of ensuring our patients are pain-free post-operatively, particularly for those requiring complex and invasive procedures, has driven our increased prescribing practices during this period," said lead author Dana Clarke, VMD, an assistant professor of Interventional Radiology at the University of Pennsylvania's School of Veterinary Medicine "At the national level, we don't know the potential or extent of prescription diversion from animals to humans, and what impact this could have on the human opioid crisis."

Anecdotes about veterinarian-prescribed opioids being used by people have already prompted some states to add restrictions to veterinary prescribing. In Pennsylvania, state legislators are working with the Pennsylvania Veterinary Medical Association (PVMA) to determine the most effective course of action for opioid dispensing by the state's practicing veterinarians. Two states, Maine and Colorado, now require background checks on animal owners' opioid prescription histories before a veterinarian can write an opioid prescription. Alaska, Connecticut, and Virginia now limit the amount of opioids any one veterinarian can prescribe to a single patient/animal. Twenty states now require veterinarians to report their [opioid prescriptions](#) to a central database, just as medical doctors do. At Penn Vet, efforts currently in practice to reduce opioid prescribing include preference of local anesthetics for post-operative pain, pain scores to guide administration of opioids, and monitoring of patients requiring long-term opioid use, such as dogs with chronic coughing requiring hydrocodone.

The authors say it is important that the potential problem of diverted veterinary opioids be studied further to determine its scale, and should be

addressed by extending the [opioid](#) stewardship measures that already affect medical physicians to veterinary doctors, in all states.

Provided by Perelman School of Medicine at the University of Pennsylvania

APA citation: Does opioid use in pets create higher risk for abuse in humans? (2019, January 11) retrieved 5 March 2019 from <https://medicalxpress.com/news/2019-01-opioid-pets-higher-abuse-humans.html>

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THE UNITED STATES ATTORNEY'S OFFICE
EASTERN DISTRICT *of* WISCONSIN

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Department of Justice

U.S. Attorney's Office

Eastern District of Wisconsin

FOR IMMEDIATE RELEASE

Tuesday, February 5, 2019

U.S. Attorneys Issue Warnings to Opioid Prescribers

Matthew D. Krueger, United States Attorney for the Eastern District of Wisconsin, and Scott C. Blader, United States Attorney for the Western District of Wisconsin, announced today that their offices, in coordination with federal and state law enforcement agencies, have sent notification letters to numerous medical professionals around Wisconsin cautioning them about their opioid prescribing practices. These letters are part of a broader federal and state effort to reduce the number of people becoming addicted to opioids.

This week, the U.S. Attorneys have sent letters to over 180 physicians, physician assistants, and nurse practitioners advising that a review of their prescribing practices showed that they were prescribing opioids at relatively high levels compared to other prescribers. The letters warn that these prescribing practices may be contributing to the flow of prescription opioids into illegal markets and fueling dangerous addictions. Although the letters acknowledge that the prescriptions may be medically appropriate, the letters remind the practitioners that prescribing opioids without a legitimate medical purpose could subject them to enforcement action, including criminal prosecution. The names of the practitioners will not be released.

The harm caused by opioid over-prescribing and abuse is staggering. Drug overdoses are the leading cause of death for persons under 50 in the United States. In 2014, an average of 78 people died each day of a drug overdose. By 2017, that figure had risen to 114 deaths per day, and to more than 130 deaths per day in 2018. Nearly 70% of the more than 70,200 drug overdose deaths in 2017 involved an opioid. In Wisconsin alone, 916 people died of opioid overdoses in 2017. Opioid-related deaths now exceed automobile deaths in the state.

Of current heroin users, the majority began their descent into addiction by abusing prescription opioids. Whether an opioid addict begins by receiving a prescription from a physician, by sharing pills with a friend, or by exploring the family medicine cabinet, opioid abusers eventually turn to the street drug market. In Wisconsin, opioids prevalent in street drug markets include Oxycodone and Hydrocodone diverted from clinics and pharmacies through fraudulent, reckless, and negligent over-prescribing. Addicts looking to buy prescription opioids from street drug markets increasingly receive counterfeit pills laced with fentanyl and other deadly synthetic opioids—a recent phenomenon that has fueled dramatic increases in overdose deaths.

The notification letters urge the practitioners to take stock of their prescribing practices and to acquaint themselves with enclosed guidelines for safe and legal opioid prescribing issued by the Centers for Disease

Control and Wisconsin Medical Examining Board. The letters also remind practitioners that Wisconsin law requires them to use the Wisconsin Prescription Drug Monitoring Program to assess a patient's prescription history before prescribing narcotic drugs.

Additional information may be found here:

- CDC Guideline for Prescribing Opioids for Chronic Pain:
<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>
- Wisconsin Medical Examining Board Opioid Prescribing Guideline:
<https://dsps.wi.gov/Documents/BoardCouncils/MED/20180321MEBGuidelinesv8.pdf>

"We know that for many, addiction began with opioids prescribed by a medical professional," said U.S. Attorney Krueger. "By sending these letters, we are asking medical professionals to join the fight against addiction and ensure they prescribe no more opioids than are necessary."

"Opioid addiction has touched the lives of far too many families in our state," said U.S. Attorney Blader. "Medical professionals play a pivotal role in stemming the flow of legal opioids into unlawful channels. Today, we are asking the medical community to help prevent addictions before they start."

The notification letters were sent as part of a broader effort by state and federal law enforcement agencies to address the opioid epidemic. Efforts to combat opioid abuse are yielding results. Nationally, according to the U.S. Drug Enforcement Administration ("DEA")'s National Prescription Audit, opioid prescriptions were down nearly 12% for the first eight months of 2018 from the same period a year earlier. In Wisconsin, the federal and state partners participating in this notification effort include the DEA, the Federal Bureau of Investigation, the U.S. Department of Health and Human Services, the U.S. Department of Defense, and the Wisconsin Department of Justice.

#####

For Additional Information Contact:

United States Attorney for the Eastern District of Wisconsin Matthew D. Krueger

Public Information Officer Kenneth B. Gales – (414) 297-1700

United States Attorney for the Western District of Wisconsin Scott C. Blader

Public Information Officer Myra Longfield – (608) 250-5461

Component(s):

USAO - Wisconsin, Eastern

Updated February 5, 2019



FOR IMMEDIATE RELEASE
February 14, 2019

Contact: Kendi Parvin
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Physician groups express concerns over recent DOJ letters

‘Chilling effect’ could make it harder for some patients to find care

Madison, Wis.—Two major Wisconsin physician groups – the Wisconsin Medical Society (Society) and the Wisconsin Society of Addiction Medicine (WISAM) – are raising concerns that a recent letter sent by the U.S. Department of Justice (DOJ) could have negative unintended consequences for patients trying to receive medically necessary treatment.

The letters were sent February 4 to more than 180 Wisconsin physicians, physician assistants and nurse practitioners who are “prescribing opioids at relatively high levels compared to other prescribers,” but did not specify if those comparisons reflected different types of patient populations that exist – a critical variable considering that some clinicians spend the bulk of their practices treating patients who experience pain or who are being weaned off addictive drugs, including opioids.

“We’re very concerned that these letters will alarm prescribers to the point that they may get out of the pain treatment arena altogether,” said Society President Molli Rolli, MD. “For years, Wisconsin’s physicians, elected officials and law enforcement leaders have collaborated to find the best ways to combat the opioids crisis; these letters seem to pivot into an area where physicians are threatened with criminal sanctions even if the treatment provided is medically appropriate.”

The DOJ letter admits that those receiving the letter haven’t been accused of any criminal wrongdoing: “Your prescriptions may be medically appropriate, and we have made no determination that you are violating the law.”

However, WISAM President Matthew Felgus, MD, said, “You have to get pretty deep into the letter to see that disclaimer. So essentially the letter is saying ‘you’re not doing anything illegal, but we’re watching you’ – that’s a very new law enforcement attitude compared to what we’ve seen over the last several years, so it’s quite troubling.”

A recent report from the state’s Prescription Drug Monitoring Program (PDMP) shows that the total number of opioids and other monitored prescription drugs dispensed in Wisconsin has decreased 29 percent between 2015 and 2018 – a drop of almost 1.5 million prescriptions.

-more-

“We’re making progress in reducing the amount of opioids being prescribed; at the same time, it’s important to remember that it’s already very difficult for some patients in Wisconsin to get quick access to legitimately needed care,” said Dr. Felgus. “Prescribers receiving this letter may think twice about continuing to see patients who have pain treatment needs – and those patients risk turning to street drugs when they can’t see a physician who is trying to wean them off opioids altogether.”

Both Dr. Felgus and Dr. Rolli emphasized that physicians are grateful for law enforcement efforts to help combat the opioid epidemic and suggested that the state’s Medical Examining Board—made up of 10 physicians and three public members—is best-suited to determine if a physician should face sanctions for providing inappropriate care.

“We hope to continue to collaborate with law enforcement on efforts like Wisconsin’s Dose of Reality initiative and drug take-back days, which have resulted in literally tons of unused prescription drugs being turned in to law enforcement offices for destruction, and that what appears to be a more punitive stance in the DOJ letter is an anomaly rather than a new standard,” said Dr. Rolli.

###

With over 12,500 members dedicated to the best interests of their patients, the [Wisconsin Medical Society](#) is the largest association of medical doctors in the state and a trusted source for health policy leadership since 1841.

The [Wisconsin Society of Addiction Medicine](#) (WISAM), founded in 1993, is a state chapter of the American Society of Addiction Medicine (ASAM), the leading professional medical society representing physicians, clinicians and associated professionals in the field of addiction medicine. WISAM represents over 150 professionals across Wisconsin dedicated to improving the care and treatment of people with the disease of addiction.

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7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
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Doug Englebert
Chairperson

Alan Bloom
Vice Chairperson

Yvonne Bellay
Secretary

CONTROLLED SUBSTANCES BOARD



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Annual Report

I. Membership

Statutory membership of the Board:

1. A psychiatrist (appointed by the Governor)
2. A pharmacologist (appointed by the Governor)
3. Chair of the Pharmacy Examining Board or designee
4. Chair of the Board of Nursing or designee
5. Chair of the Dentistry Examining Board or designee
6. Chair of the Medical Examining Board or designee
7. State Attorney General or designee
8. Secretary of the Department of Agriculture, Trade & Consumer Protection or designee
9. Secretary of the Department of Health Services or designee

II. Drug Scheduling

The Controlled Substances Board may add substances to or delete or reschedule substances listed in the schedules of chapter 961.

Scheduling

The Controlled Substances Board took the following scheduling actions in 2017:

Added to Schedule I:

- MT-45
- Para-chloroisobutyryl fentanyl
- NM2201
- 5F-AB-PINACA
- 4-CN-CUMYL-BUTINACA
- MMB-CHMICA
- 5F-CUMYL-P7AICA
- N-Ethylpentylone

Added to Schedule V:

- Drug products in finished dosage formulation that has been approved by the FDA that contains cannabidiol.

III. Drug Use Trends in Wisconsin

The Controlled Substances Board received the following information at the public hearing held on November 9, 2018 in accordance with Executive Order 228:

Trends

- Increase in heroin cases
- Increase in fentanyl cases
- Increase in fentanyl analog cases
- Increase in multiple opiates within a sample
- Other adulterants detected within a sample
 - Xylazine (veterinary anesthesia/tranquilizer)
 - Tramadol (Schedule IV)
 - Gabapentin (Not controlled)
- Increase in synthetic cathinones. Most commonly seen in 2018:
 - Ethylpentylone (scheduled in 2018)
 - Dibutylone
 - Ethyl hexedrone
- Decrease in Carfentanil cases
- Designer Benzodiazepines in Wisconsin:
 - Etizolam (not scheduled federally or in Wisconsin; scheduled in some states)
 - Flubromazepam (not scheduled federally or in Wisconsin)
 - Clonazolam (Schedule IV)

Highest number of heroin cases in 2017 were in the following counties:

Milwaukee, Waukesha, Washington, Racine, Dane, Rock, Brown, Marathon, Wood, Outagamie, Fond du Lac, Sheboygan, Ozaukee, Winnebago, Douglas, and Columbia.

Highest number of fentanyl cases in 2017 were in the following counties:

Milwaukee, Waukesha, Washington, and Rock

Highest number of cocaine cases in 2017 were in the following counties:

Racine, Waukesha, Winnebago, Brown, Dane, Rock, Outagamie, Fond du Lac, and Washington.

Highest number of meth cases for 2017 were in the following counties:

Polk, Douglas, Barron, Outagamie, Wood, Brown, Eau Claire, Winnebago, St. Croix, and Marathon

IV. Special Use Authorization (SUA) Permits

The Board under Chapter 961 issues permits that authorize individuals to manufacture, obtain, possess, use, administer or dispense controlled substances. Permits are necessary for research, teaching, analytical laboratories, industrial applications, humane societies and drug detection dog training.

V. The Wisconsin enhanced Prescription Drug Monitoring Program (WI ePDMP).

The WI ePDMP is a tool to help combat the ongoing prescription drug abuse epidemic in Wisconsin. By providing valuable information about controlled substance prescriptions that are dispensed in the state, it aids healthcare professionals in their prescribing and dispensing decisions. The WI ePDMP also fosters the ability of pharmacies, healthcare professionals, law enforcement agencies, and public health officials to work together to reduce the misuse, abuse, and diversion of prescribed controlled substance medications.

2018 Referrals

The Controlled Substances Board refers to relevant boards, suspicious or critically dangerous conduct or practices of a pharmacy, pharmacist, or practitioner.

The Controlled Substances Board made the following referrals in 2018:

- 7 physicians and 7 physician assistants to the Medical Examining Board
- 4 advanced practice nurse prescribers to the Board of Nursing
- 16 dentists to the Dentistry Examining Board

Top 15 Dispensed Monitored Prescription Drugs

A noteworthy change to the 15 most dispensed monitored prescription drugs is Acetaminophen with Codeine was surpassed by Buprenorphine HCl-Naloxone HCl Dihydrate. This was noteworthy for two reasons. First, previous years had not shown any change to the drugs that fall under the 15 most dispensed monitored prescription drugs. Second, buprenorphine products are one of three FDA approved medications utilized to treat opioid use disorder as part of medication-assisted treatment.

Another noteworthy change that occurred in 2018 is that the top five prescription drugs dispensed no longer includes Oxycodone HCl, resulting in only two opioids in the top five monitored prescription drugs.

The Top 15 Dispensed Monitored Prescription Drug by Dispensing in the last quarter of 2018 are:

1. Hydrocodone-Acetaminophen (opioid)
2. Amphetamine-Dextroamphetamine (stimulant)
3. Tramadol HCl (opioid)
4. Lorazepam (benzodiazepine)
5. Alprazolam (benzodiazepine)
6. Oxycodone HCl (opioid)
7. Clonazepam (benzodiazepine)
8. Zolpidem Tartrate (other)
9. Methylphenidate HCl (stimulant)
10. Lisdexamfetamine Dimesylate (stimulant)
11. Oxycodone with Acetaminophen (opioid)
12. Pregabalin (other)
13. Diazepam (benzodiazepine)
14. Morphine Sulfate (opioid)
15. Buprenorphine HCl-Naloxone HCl Dihydrate (opioid)

2018 Trends

Data from the WI ePDMP in 2018 confirm there was a continued decline in the number of monitored prescription drugs being dispensed in Wisconsin over the past three years. These significant decreases coincide with the examining board's controlled substance prescribing guidelines, requirements for prescribers to have additional education on opioid prescribing, mandatory use of the Wisconsin WI ePDMP, and enhancements to the WI ePDMP.

- 20% decrease in the total number of monitored prescription drugs dispensed in 2018 compared to 2015 including:
 - 29% decrease in the number of opioid prescriptions dispensed in the past 3 years.
 - 19% decrease in the number of benzodiazepine prescriptions dispensed in the past three years.
 - There has been no increase in the number of stimulant prescriptions dispensed since 2016, yet overall annual dispensing of stimulant prescriptions remains 5% higher than 2015 dispensing.
- 34% decrease in the total number of data-driven alerts generated by the WI ePDMP including:
 - 66% decrease in the number of alerts for multiple same day prescriptions in the past 2 years.
 - 44% decrease in the number of alerts for multiple prescribers or pharmacies in the past 2 years.
 - 37% decrease in the number of alerts for high opioid daily dose in the past 2 years.
 - 28% decrease in the number of alerts for concurrent benzodiazepine and opioid prescriptions in the past 2 years.