



---

**CONTROLLED SUBSTANCES BOARD**  
**Room N133 & N134, 4822 Madison Yards Way, 1<sup>st</sup> Floor, Madison**  
**Contact: Christian Albouras (608) 266-2112**  
**November 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**

**9:30 A.M.**

**OR IMMEDIATELY FOLLOWING THE REFERRAL CRITERIA WORK GROUP MEETING**

**OPEN SESSION – CALL TO ORDER – ROLL CALL**

**A. Adoption of Agenda (1-3)**

**B. 9:30 A.M. ANNUAL HEARING WITH LAW ENFORCEMENT AGENCIES AND PROSECUTORS**

**1. Introduction**

- a. Overview of Executive Order (EO) #228
- b. Background on the Wisconsin Controlled Substances Board

**2. Overview of Scheduling Processes – Wisconsin Statutes § 961.11**

**3. Reporting Requirements for District Attorneys Regarding Controlled Substance Analogs – Wisconsin Statutes § 961.25**

**4. Discussion Regarding Drug Trends**

- a. Presentation from the Wisconsin State Crime Lab Bureau
- b. Presentation from the Drug Enforcement Administration
- c. Open Discussion

**5. Prescription Drug Monitoring Program (PDMP) Matters**

- a. Input from Law Enforcement Regarding the Utilization of the PDMP

**C. Approval of Minutes (4-5)**

- 1. September 13, 2019

**D. Administrative Rule Matters – Discussion and Consideration (6)**

- 1. Scope for CSB 2.69 Relating to Scheduling Noroxymorphone **(7-8)**
- 2. Scope for CSB 2.70 Relating to 4F-MDMB-BINACA and MMB-FUBICA **(9-10)**
- 3. CSB 2.66 Relating to Scheduling 5F-BDMB-PINACA, 5f-MDMB-PICA, FUB-AKB-48, 5F-CUMYL-PINACA and FUB-144 **(11-14)**
- 4. CSB 4 Relating to Designating Gabapentin as a Monitored Drug
- 5. CSB 3 Relating to Special Use Authorizations
- 6. CSB 4 Relating to Operation of Prescription Drug Monitoring Programs **(15)**

7. Pending and Possible Rulemaking Projects

**E. Administrative Matters - Discussion and Consideration**

1. Department, Staff and Board Updates
2. Board Members
3. 2020 Meeting Dates

**F. Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration (16)**

1. WI e PDMP Operations
  - a. Recent and Upcoming Releases **(17-18)**
  - b. Status of Grants
  - c. Interstate Data Sharing
    1. PMPi and RxCheck Active
    2. WI Currently Sharing Data with 22 State PDMPs
  - d. EHR Integration Status **(19)**
    1. 17 Health Systems Currently Live
    2. 1 Health System Finalizing Contracting, to Begin Testing
    3. Several Other Health Systems Have Inquired/Expressed Interest
2. Quarterly Report Q3 2019 **(20-35)**
3. WI ePDMP Outreach Calendar **(36-40)**
4. Dispenser Compliance Audit **(41)**

**G. Report from the Referral Criteria Work Group**

**H. Informational Items (42)**

1. News Release: State Health Agency’s New Data Tool Shows a Decline in the Number of Opioid Deaths in Wisconsin

**I. Board Member Reports**

1. Medical Examining Board – Timothy Westlake
2. Dentistry Examining Board – Leonardo Huck
3. Board of Nursing – Peter Kallio
4. Pharmacy Examining Board – John Weitekamp

**J. Liaison Reports**

1. State Council on Alcohol and Other Drug Abuse (SCAODA) Liaison – Subhadeep Barman

**K. Special Use Authorizations – Discussion and Consideration**

**L. 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

**M. 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 individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).**

**N. Deliberation on SUA Applications**

**O. Consulting with Legal Counsel**

**RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**

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

**Q. Open Session Items Noticed Above Not Completed in the Initial Open Session**

**ADJOURNMENT**

**NEXT MEETING: JANUARY 10, 2020 (TENTATIVE)**

\*\*\*\*\*  
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  
SEPTEMBER 13, 2019**

**PRESENT:** Yvonne Bellay, Doug Englebert, Leonardo Huck, Sandy Koresch, Timothy Westlake, John Weitekamp

**EXCUSED:** Alan Bloom, Subhadeep Barman, Peter Kallio

**STAFF:** Christian Albouras, Executive Director; Sharon Henes, Administrative Rules Coordinator; Megan Glaeser, Bureau Assistant; Gayle Nimmerguth, Bureau Assistant; and other DSPS Staff

**CALL TO ORDER**

Doug Englebert, Chairperson, called the meeting to order at 10:52 a.m. A quorum of six (6) members was confirmed.

**ADOPTION OF AGENDA**

**MOTION:** Timothy Westlake moved, seconded by Leonardo Huck, to adopt the Agenda as published. Motion carried unanimously.

**APPROVAL OF MINUTES**

**July 12, 2019**

**Amendments to the Minutes:**

- John Weitekamp seconded the motion to affirm all motions made in closed session during the July 12 meeting.

**MOTION:** Timothy Westlake moved, seconded by Leonardo Huck, to approve the Minutes of July 12, 2019 as amended. Motion carried unanimously.

**August 5, 2019 – Teleconference**

**MOTION:** Timothy Westlake moved, seconded by Leonardo Huck, to approve the Minutes of August 5, 2019 as published. Motion carried unanimously.

**LEGISLATIVE AND ADMINISTRATIVE RULE MATTERS**

**Listing Noroxymorphone in Schedule II**

**MOTION:** Sandy Koresch moved, seconded by Timothy Westlake, to schedule by affirmative action Noroxymorphone as a Schedule II controlled substances. The order shall take effect on Sept 23, 2019 to allow for publication in the Administrative Register. Motion carried unanimously.

**CSB 2.67 Scope Relating to Scheduling Brexanolone & Solriamfetol**

**MOTION:** Timothy Westlake moved, seconded by John Weitecamp, to approve the Scope Statement revising CSB 2.67, relating to scheduling Brexanolone & Solriamfetol for submission to the Department of Administration and Governor's Office and for publication. Additionally, the Board authorizes the Chair to approve the Scope Statement for implementation no less than 10 days after publication. Motion carried unanimously.

**CSB 2.68 Scope Relating to Scheduling N-Ethylhexedrone, a-PHP, 4-MEAP, MPHP, PV8, and 4-Chloro-a-PVP**

**MOTION:** Sandy Koresch moved, seconded by Leonardo Huck, to approve the Scope Statement revising CSB 2.68, relating to scheduling N-Ethylhexedrone, a-PHP, 4-MEAP, MPHP, PV8, and 4-Chloro-a-PVP for submission to the Department of Administration and Governor's Office and for publication. Additionally, the Board authorizes the Chair to approve the Scope Statement for implementation no less than 10 days after publication. Motion carried unanimously.

**CSB 4 Relating to Operation of Prescription Drug Monitoring Program 8/27/19**

**MOTION:** Timothy Westlake moved, seconded by John Weitecamp, to authorize the Chairperson to approve the preliminary rule draft of CSB 4, relating to the operation of PDMP, for posting of economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

**ADJOURNMENT**

**MOTION:** Timothy Westlake moved, seconded by Yvonne Bellay, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 12:11 p.m.

**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: 5 November 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 November 2019	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? <b>Administrative Rule Matters</b> 1. Scope for CSB 2.69 Relating to Scheduling Noroxymorphone 2. Scope for CSB 2.70 Relating to 4F-MDMB-BINACA and MMB-FUBICA 3. CSB 2.66 Relating to Scheduling 5F-BDMB-PINACA, 5f-MDMB-PICA, FUB-AKB-48, 5F-CUMYL-PINACA and FUB-144 4. CSB 4 Relating to Designating Gabapentin as a Monitored Drug 5. CSB 3 Relating to Special Use Authorizations 6. CSB 4 Relating to Operation of Prescription Drug Monitoring Programs 7. Updates on 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:										
11) <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"> <div style="text-align: center;">Authorization</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <i>Sharon Henes</i> </div> <div style="font-size: small;">Signature of person making this request</div> </td> <td style="width: 40%; border: none;"> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">11/5/19</div> <div style="font-size: small;">Date</div> </div> </td> </tr> <tr> <td style="border: none;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Supervisor (if required)</div> <div style="font-size: small;">Supervisor (if required)</div> </td> <td style="border: none;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Date</div> <div style="font-size: small;">Date</div> </td> </tr> <tr> <td colspan="2" style="border: none;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</div> <div style="font-size: small;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</div> </td> <td style="border: none;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Date</div> <div style="font-size: small;">Date</div> </td> </tr> </table>				<div style="text-align: center;">Authorization</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <i>Sharon Henes</i> </div> <div style="font-size: small;">Signature of person making this request</div>	<div style="text-align: center;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">11/5/19</div> <div style="font-size: small;">Date</div> </div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Supervisor (if required)</div> <div style="font-size: small;">Supervisor (if required)</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Date</div> <div style="font-size: small;">Date</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</div> <div style="font-size: small;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</div>		<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Date</div> <div style="font-size: small;">Date</div>
<div style="text-align: center;">Authorization</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <i>Sharon Henes</i> </div> <div style="font-size: small;">Signature of person making this request</div>	<div style="text-align: center;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">11/5/19</div> <div style="font-size: small;">Date</div> </div>									
<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Supervisor (if required)</div> <div style="font-size: small;">Supervisor (if required)</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Date</div> <div style="font-size: small;">Date</div>									
<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</div> <div style="font-size: small;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</div>		<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Date</div> <div style="font-size: small;">Date</div>								
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.										

# STATEMENT OF SCOPE

## Controlled Substances Board

Rule No.: CSB 2.69

Relating to: Scheduling of Noroxymorphone

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 list Noroxymorphone as Schedule II controlled substance. The Controlled Substances Board determines the listing of Noroxymorphone as a Schedule II controlled substance 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 August 16, 2019, the United States Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register listing Noroxymorphone as a Schedule II in the federal Controlled Substances Act. The scheduling action was effective August 16, 2019. The Controlled Substances Board did not receive an objection to similarly treat Noroxymorphone as a Schedule II controlled substance under ch. 961, Stats within 30 days of the date of publication in the Federal Register of the final order designating Noroxymorphone as a controlled substance.

Pursuant to s. 961.11 (4), Stats., the Controlled Substances Board took affirmative action to similarly treat Noroxymorphone under ch. 961, Stats. by creating the following:

961.16 (2) (a) 10m. Noroxymorphone.

The Affirmative Action order, dated November 4, 2019, took effect on November 11, 2019 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

Rev. 3/6/2012

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 August 16, 2019, the United States Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing Noroxymorphone into Schedule II of the federal Controlled Substances Act. The scheduling action was effective on November 11, 2019.

**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



# GREEN COUNTY DISTRICT ATTORNEY'S OFFICE

Green County Justice Center  
2841 6th Street  
Monroe, Wisconsin 53566  
Phone: 608/328-9424  
Fax: 608/328-9546

**CRAIG R. NOLEN**  
District Attorney  
Craig.Nolen@da.wi.gov

**LAURA M. KOHL**  
Assistant District Attorney  
Laura.Kohl@da.wi.gov

**Teffanie J. Duffy**  
Victim Services/Office Manager  
Teffanie.Duffy@da.wi.gov  
608/328-9426

**Susan L. Leistikow**  
Legal Secretary  
Sue.Leistikow@da.wi.gov  
608/328-9540

**Sara J. Scace**  
Legal Secretary/Victim Services  
Sara.Scace@da.wi.gov  
608/328-9544

**Heidi A. Robertson**  
Secretary  
Heidi.Robertson@da.wi.gov  
608/328-9425

September 16, 2019

Wisconsin Controlled Substances Board  
Chairperson Douglas Englebert  
PO Box 8366  
Madison, WI 53708-8366

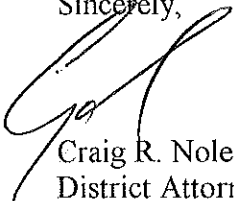
RE: Request for Scheduling of Synthetic Cannabinoid

Dear Chairperson Douglas Englebert:

I am writing to request that methyl 2-([1-(4-fluorobutyl)-1H-indazol-3-yl]formamido)-3,3-dimethylbutanoate (4F-MDMB-BINACA) and methyl 2-([1-[(4-fluorophenyl)methyl]-1H-indol-3-yl]formamido)-3-methylbutanoate (MMB-FUBICA) be scheduled as a synthetic cannabinoid under Wis. Stat. § 961.13(4)(b), pursuant to Wis. Stat. § 961.25. I have included a report of the Wisconsin State Crime Lab indicating that the substance submitted and tested.

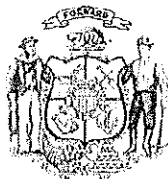
If you have any questions or concerns, please contact me at the Green County District Attorney's Office.

Sincerely,



Craig R. Nolen  
District Attorney  
Green County, Wisconsin  
State Bar I.D. 1079345

Enclosures [1]



Submitting Agency:

Chief Frederick A. Kelley  
Attn: Nathan Foltz  
Monroe Police Department  
1811 12th Street  
Monroe WI 53566-2131

Date: August 15, 2019

Case No: M19-1576

Report No: 1

Agency No: 19-11200SA

Laboratory Analyst:

Rachel T. Hahn  
(Controlled Substances Unit) *ug 8/22/19*

Case Name: Lewis, Andre B. (S); Murphy, Dana L. (S)

I do hereby certify this document, consisting of 1 page(s), to be a true and correct report of the findings of the State Crime Laboratory on the items examined as shown by this report. This report contains the conclusions of the above signed analyst.

Joshua L. Kaul  
ATTORNEY GENERAL

DESIGNEE

Item	Description / Source
A	One sealed plastic evidence bag (Exhibit No: 2) containing two zip lock foil packages with "Priority Mail USPS" tape and eight zip lock foil packages with no markings. Two zip lock foil packages with no markings (Items A1 and A2) and one zip lock foil package with "Priority Mail USPS" tape (Item A3) were selected for analysis.

Examinations of the green and brown plant material from items A1, A2, and A3 indicated\* the presence of methyl 2-[[1-(4-fluorobutyl)-1H-indazol-3-yl]formamido]-3,3-dimethylbutanoate (4F-MDMB-BINACA) and methyl 2-([1-(4-fluorophenyl)methyl]-1H-indol-3-yl)formamido)-3-methylbutanoate (MMB-FUBICA), which are synthetic cannabinoids that are not listed in the Wisconsin Uniform Controlled Substances Act.

Examinations performed on items A1, A2, and A3 - Microscopic Examination - Duquenois-Levine - Gas Chromatography/Mass Spectrometry

Item A1	Net Weight: 7.113 gram(s) $\pm$ 0.004 gram(s)
Item A2	Net Weight: 7.445 gram(s) $\pm$ 0.004 gram(s)
Item A3	Net Weight: 6.105 gram(s) $\pm$ 0.004 gram(s)

The uncertainty values for the reported weight(s) were calculated using a coverage probability of 95.45%.

\*Use of the term 'indicated' in this report means the examinations performed did not meet the reporting criteria for identification of that substance.

COPYING AND DISTRIBUTION OF THIS REPORT IS THE RESPONSIBILITY OF THE SUBMITTING AGENCY  
The laboratory reserves the right to choose the items which will be tested and the methods which will be used to test them.



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 2.66 relating to scheduling of 5F-EDMB-PINACA, 5F-MDMB-PICA, FUB-AKB48, 5F-CUMYL-PINACA, and FUB-144.

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:**

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. [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 28, 2018, the Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing 5F-EDMB-PINACA, 5F-MDMB-PICA, FUB-AKB48, 5F-CUMYL-PINACA, and FUB-144 into Schedule I of the federal Controlled Substances Act.

**Plain language analysis:**

The Controlled Substances Board did not receive an objection to treating 5F-EDMB-PINACA, 5F-MDMB-PICA, FUB-AKB48, 5F-CUMYL-PINACA, and FUB-144 as schedule I controlled substance under ch. 961, Stats. based upon the federal scheduling. The Controlled Substances Board took affirmative action on February 4, 2019 to similarly treat 5F-EDMB-PINACA, 5F-MDMB-PICA, FUB-AKB48, 5F-CUMYL-PINACA, and FUB-144 under chapter 961 effective March 11, 2019 to allow for publication in the Administrative Register. The Affirmative Action Order will expire upon promulgation of a final rule.

This rule creates s. 961.66, Stats. which adds 5F-EDMB-PINACA, 5F-MDMB-PICA, FUB-AKB48, 5F-CUMYL-PINACA, and FUB-144 to schedule I.

**Comparison with rules in adjacent states:**

**Illinois:** Illinois has not scheduled 5F-EDMB-PINACA, 5F-MDMB-PICA, FUB-AKB48, 5F-CUMYL-PINACA, and FUB-144.

**Iowa:** Iowa has scheduled 5F-EDMB-PINACA, 5F-MDMB-PICA, FUB-AKB48, 5F-CUMYL-PINACA, and FUB-144 as Schedule I controlled substances.

**Michigan:** Michigan has not scheduled 5F-EDMB-PINACA, 5F-MDMB-PICA, FUB-AKB48, 5F-CUMYL-PINACA, and FUB-144.

**Minnesota:** Minnesota has not scheduled 5F-EDMB-PINACA, 5F-MDMB-PICA, FUB-AKB48, 5F-CUMYL-PINACA, and FUB-144.

**Summary of factual data and analytical methodologies:**

The methodology was to schedule 5F-EDMB-PINACA, 5F-MDMB-PICA, FUB-AKB48, 5F-CUMYL-PINACA, and FUB-144 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 [Dan.Hereth@wisconsin.gov](mailto:Dan.Hereth@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](mailto: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](mailto:DSPSAdminRules@wisconsin.gov). Comments must be received by \* to be included in the record of rule-making proceedings.

---

### TEXT OF RULE

SECTION 1. CSB 4 is created to read:

**CSB 2.66 Addition of 5F-EDMB-PINACA, 5F-MDMB-PICA, FUB-AKB48, 5F-CUMYL-PINACA, and FUB-144 to schedule I.** Section 961.14 (4) (tb) 49., 50., 51., 52., and 53., Stats., is created to read:

961.14 (4) (tb) 49. thyl 2-(1-(5-fluoropentyl)-1*H*-indazole-3-carboxamido)-3,3-dimethylbutanoate, commonly known as 5F-EDMB-PINACA.

50. methyl 2-(1-(5-fluoropentyl)-1*H*-indole-3-carboxamido)-3,3-dimethylbutanoate, commonly known as 5F-MDMB-PICA.

51. *N*-(adamantan-1-yl)-1-(4-fluorobenzyl)-1*H*-indazole-3-carboxamide, commonly known as FUB-AKB48, FUB-APINACA or AKB48 *N*-(4-FLUOROBENZYL).

52. 1-(5-fluoropentyl)-*N*-(2-phenylpropan-2-yl)-1*H*-indazole-3-carboxamide, commonly known as 5F-CUMYL-PINACA or SGT-25.

53. (1-(4-fluorobenzyl)-1*H*-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone, commonly known as FUB-144.

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)

---

---

TEXT OF RULE

SECTION 1. CSB 4.04 (2) (gb) and (gd) is created to read:

**CSB 4.04 (2)** (gb) The drug dosage units.  
(gd) The partial fill indicator.

SECTION 2. CSB 4.093 (2m) is created to read:

**CSB 4.093 (2m)** Department staff who are charged with investigating dispensers, dispenser delegates, pharmacists, pharmacist delegates, practitioners, and practitioner delegates may access the audit trails related to s. CSB 4.12 (3) (f) and (g).

SECTION 3. CSB 4.09 (1) (c) and (d) are created to read:

**CSB 4.09 (1)** (c) Scientific research purposes if all of the following requirements are met:

1. The patient is a direct patient of the healthcare professional.
2. The healthcare professional has obtained informed consent from the patient to access monitored prescription drug history reports for scientific research purposes.

(d) Purposes of conducting an overdose fatality review.

SECTION 4. CSB 4.11 (9) is amended to read:

**CSB 4.11 (9)** The board may disclose PDMP data without personally identifiable information that could be reasonably used to identify any patient, healthcare professional, practitioner delegate, pharmacist delegate, or dispenser for public health and scientific research purposes. The board may require evidence of institutional review board approval.

SECTION 5. 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)

---

## AGENDA REQUEST FORM

<b>1) Name and Title of Person Submitting the Request:</b>  Andrea Magermans		<b>2) Date When Request Submitted:</b> 11/5/2019 <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>													
<b>3) Name of Board, Committee, Council, Sections:</b> Controlled Substances Board															
<b>4) Meeting Date:</b> 11/15/2019	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b>  Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration													
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session		<b>8) Is an appearance before the Board being scheduled?</b>  <input checked="" type="checkbox"/> Yes, by PDMP Staff <input type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b>												
<b>10) Describe the issue and action that should be addressed:</b>  <div style="margin-left: 20px;"> <b>1. WI ePDMP Operations</b> <ul style="list-style-type: none"> <li>a. Recent and Upcoming Releases</li> <li>b. Status of Grants</li> <li>c. Interstate data sharing               <ul style="list-style-type: none"> <li>i. PMPi and RxCheck active</li> <li>ii. WI currently sharing data with 22 state PDMPs</li> </ul> </li> <li>d. EHR Integration Status               <ul style="list-style-type: none"> <li>i. 17 health systems currently live</li> <li>ii. 1 health system finalizing contracting, to begin testing</li> <li>iii. Several other health systems have inquired/expressed interest</li> </ul> </li> </ul> </div> <div style="margin-left: 20px;"> <b>2. Quarterly Report Q3 2019</b>  <b>3. WI ePDMP Outreach Calendar</b>  <b>4. Dispenser Compliance Audit</b> </div>															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"><b>11) Signature of person making this request</b></td> <td style="width: 30%; text-align: center;"><b>Authorization</b></td> <td style="width: 30%; text-align: center;"><b>Date</b></td> </tr> <tr> <td>Andrea Magermans 11/5/19</td> <td></td> <td></td> </tr> <tr> <td><b>Supervisor (if required)</b></td> <td></td> <td style="text-align: center;"><b>Date</b></td> </tr> <tr> <td colspan="3" style="border-top: 1px solid black; height: 40px; vertical-align: bottom;"> <b>Executive Director signature (indicates approval to add post agenda deadline item to agenda)</b> </td> </tr> </table>				<b>11) Signature of person making this request</b>	<b>Authorization</b>	<b>Date</b>	Andrea Magermans 11/5/19			<b>Supervisor (if required)</b>		<b>Date</b>	<b>Executive Director signature (indicates approval to add post agenda deadline item to agenda)</b>		
<b>11) Signature of person making this request</b>	<b>Authorization</b>	<b>Date</b>													
Andrea Magermans 11/5/19															
<b>Supervisor (if required)</b>		<b>Date</b>													
<b>Executive Director signature (indicates approval to add post agenda deadline item to agenda)</b>															
<b>Directions for including supporting documents:</b> <ol style="list-style-type: none"> <li>1. This form should be attached to any documents submitted to the agenda.</li> <li>2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.</li> <li>3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.</li> </ol>															



# Wisconsin ePDMP

## 2019-2020 Development and Release Summary

updated 11.5.2019

Release Date	Description
<b>Pending</b>	
<b>R19</b> <b>September 2020 (tentative)</b>	Prescriber Metrics Notifications <ul style="list-style-type: none"> <li>Proactive notice to prescribers to review metrics, based on time and/or prescribing thresholds</li> </ul>
<b>R18</b> <b>July 2020 (tentative)</b>	New Design Enhancements <ul style="list-style-type: none"> <li>Updated layout and design of Patient Report including alerts and dispensing details, based on user feedback</li> <li>Opioid naïve alert</li> <li>Additional data elements for Patients Panel</li> <li>MME calculator</li> <li>Better access to history of recent Patient Reports for Delegates</li> <li>Additional data element on overdose alerts entered by law enforcement to capture administration of Naloxone</li> </ul> Additional EHR Enhancements <ul style="list-style-type: none"> <li>Expanded navigation from within EHR</li> <li>Multi-state default settings</li> </ul>
<b>R17</b> <b>April 2020 (tentative)</b>	Pharmacy-Related Enhancements <ul style="list-style-type: none"> <li>Improvements to workflow for error corrections/void</li> <li>Display of Date Sold, if provided in the submission</li> </ul> Additional EHR Enhancements <ul style="list-style-type: none"> <li>Expanded patient search from within EHR</li> </ul>
<b>R16</b> <b>Dec 2019 (tentative)</b>	EHR Enhancements <ul style="list-style-type: none"> <li>Additional state query from within the EHR, as contractually allowable (initially RxCheck states only)</li> <li>Delegate Management ability from within HER</li> <li>Ability of Delegates to identify as licensed/unlicensed</li> </ul>
<b>Completed</b>	
<b>Minor Interim Release</b> <b>Oct 2019</b>	Patient matching updates <ul style="list-style-type: none"> <li>Specific improvement for linking patients based on nicknames</li> </ul>
<b>R15.1</b> <b>Sept 2019</b>	Performance improvements for Medical Coordinator role

# Wisconsin ePDMP

## 2019-2020 Development and Release Summary

*updated 11.5.2019*

<b>R15</b> <b>Aug 2019</b>	User Management Enhancements <ul style="list-style-type: none"><li>• Annual acceptance of Term and Conditions of the WI ePDMP</li><li>• Renewal process for Medical Coordinator access to metrics</li><li>• Periodic review of linked delegates</li></ul>
<b>R14</b> <b>April 2019</b>	RxCheck <ul style="list-style-type: none"><li>• Technical tasks to establish connection to RxCheck interstate data sharing hub</li></ul>
<b>R12 and R13</b> <b>March 2019</b>	Data Quality Software Stability Work <ul style="list-style-type: none"><li>• Technical tasks to simplify workflows and improve identification/resolution of workflow issues</li></ul>
<b>R11</b> <b>February 2019</b>	DHS Extract <ul style="list-style-type: none"><li>• Addition of patient geocode latitude and longitude</li></ul> Quality Assurance and Support Items

# Wisconsin ePDMP

## EHR Single-Sign-On Summary

*updated 11.5.2019*

Pending Health Systems
HealthPartners (in discussion/contracting)
Athena (in discussion/contracting)
Essentia (in discussion/contracting)
OCHIN (in discussion/contracting)
Connected Health Systems
Aspirus Health Care
Aurora Health Care
Children's Hospital of Wisconsin
Froedtert & the Medical College of Wisconsin
GHC of South Central Wisconsin
Gundersen Health System
HSHS / Prevea Health
Marshfield Clinic
Mayo Clinic
Mercyhealth
Monroe Clinic
ProHealth Care
SSM Health
Thedacare
UnityPoint
UW Health
WISHIN



## Controlled Substances Board



**WISCONSIN** | **ePDMP**

Report 10

Quarter 3

July 1 – September 30, 2019

# 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 Examining Board Representative
Kallio, Peter J.	Board of Nursing Representative
Weitekamp, John	Pharmacy Examining Board Representative
Koresch, Sandy	Attorney General Designee
Westlake, Timothy W.	Medical Examining Board Representative

## Wisconsin Department of Safety and Professional Services

4822 Madison Yards Way

Madison, WI 53705

608-266-2112

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

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

## Wisconsin Prescription Drug Monitoring Program

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

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

# Table of Contents

---

Introduction .....	4
User Satisfaction .....	5
Impact on Referrals for Investigation .....	6
Monitored Prescription Drug Dispensing Trend .....	7
Data-Driven Alerts.....	10
Disclosure of WI PDMP Data.....	12
Law Enforcement Reports.....	14
Summary .....	15

# Introduction

---

This report is being provided pursuant to ss. 961.385 (5) – (6), Wis. Stats., which requires the Controlled Substances Board (CSB) to submit a quarterly report to the Wisconsin Department of Safety and Professional Services (DSPS) about the Wisconsin Prescription Drug Monitoring Program (WI PDMP). This report is intended to satisfy that requirement for the third quarter of 2019 and will primarily focus on analysis of PDMP data from Q3 2019 and the preceding 12 months. For annual analysis of the WI PDMP from 2015 through 2018, see the Q4 2018 report found at <https://dsps.wi.gov/Pages/BoardsCouncils/CSB/Reports.aspx>. An updated annual analysis will be provided in the Q4 2019 report.

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

# 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. 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.”

User-led enhancements identified through the initial survey and refined via a subsequent user survey in January 2019 are being prioritized for the 2019 and 2020 development timeline. These enhancements include:

- Streamlining the Patient Report to expand the use of visualization, reduce the need to scroll through the page, and add detail available in the dispensing detail;
- Improving the error correction/record voiding process used by dispensers to correct or void a previously reported dispensing record.

User-group feedback will continue to be utilized throughout the development process to ensure enhancements meet the needs of the WI ePDMP users. An additional user satisfaction survey will be conducted after implementation of the enhancements.



# Impact on Referrals for Investigation

---

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

Based on the initial 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 meetings in the fall of 2018. Based on the data presented, the following actions occurred:

- The top seven physician (MD/DO) prescribers and the top seven physician assistant (PA) prescribers, based on opioid dispensing volume, were referred to the MEB.
- The top four dentistry prescribers, based on opioid dispensing volume, were referred to the DEB. An additional 12 dentistry prescribers were referred from the highest 1% of opioid prescribers for the profession for having written prescriptions for over three days without any indication of use of the WI ePDMP.
- The top four Advanced Practice Nurse Prescribers (APNP), based on opioid dispensing volume, were referred to the BON. The BON requested additional targeted outreach to over 800 APNPs who had an estimated WI ePDMP usage of less than 50% in an effort to educate these prescribers about the requirement to use the PDMP, as well as the tools available in the PDMP that can help promote safe prescribing practices.

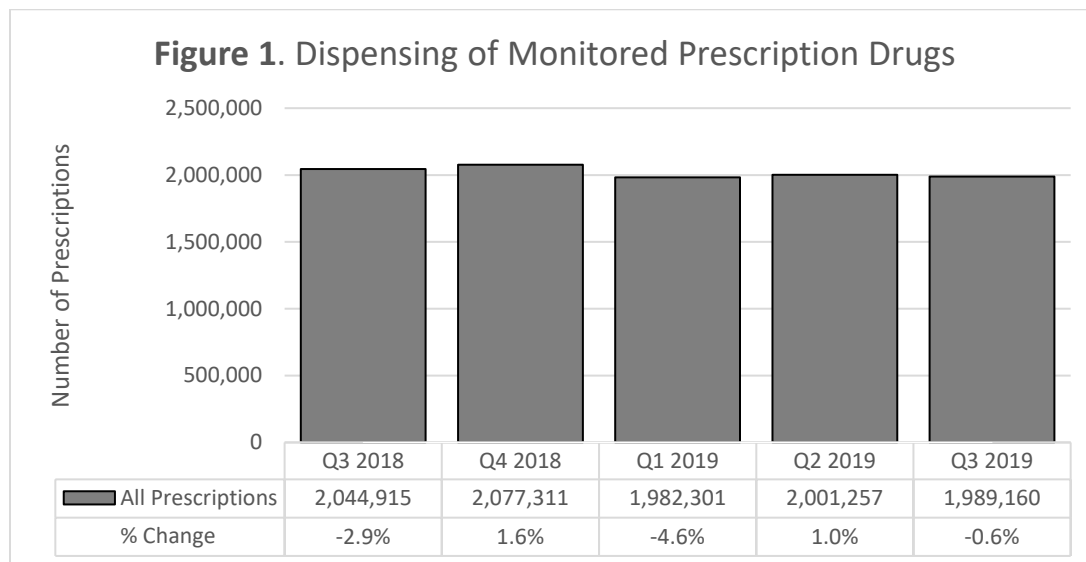
The investigation of most of the referred prescribers is ongoing, through the DSPS Division of Legal Services and Compliance. Cases related to one of the referred MDs, one of the referred PAs, and two of the referred APNPs were closed after investigation with a finding that no violation had occurred.

The CSB Referral Criteria Workgroup has continued to meet in 2019 to refine the process for using PDMP data to proactively monitor licensees and their prescribing practices for suspicious or critically dangerous conduct or practices and to determine when such activity should result in a referral to the appropriate examining board. Results of the current investigations will also be used by the CSB Referral Criteria Workgroup to guide the process of proactive monitoring and referrals. The Workgroup's review of prescribers from the September 2019 meeting resulted in the referral of three additional physicians for investigation into possibly dangerous prescribing practices.

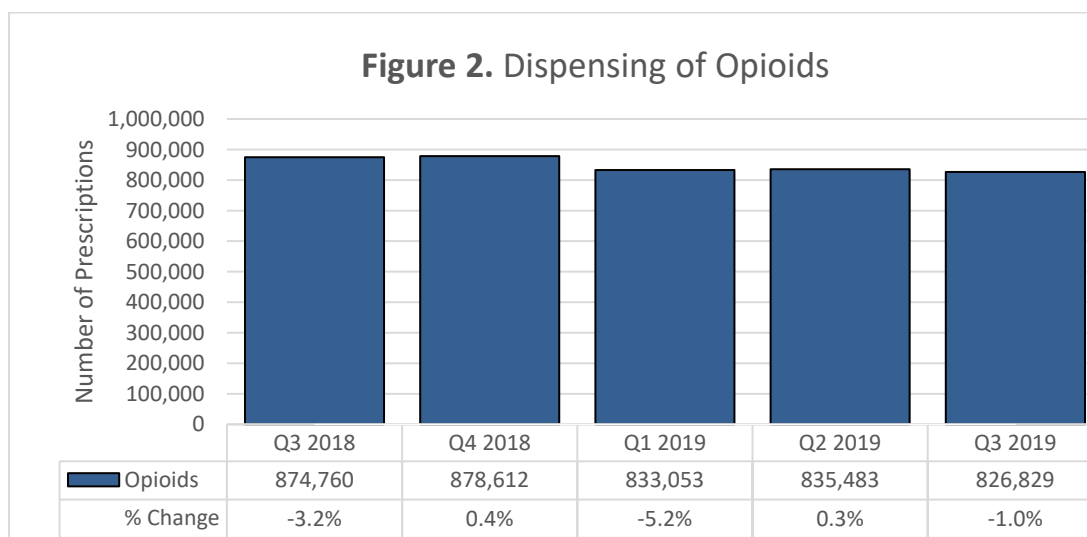
Additionally, the CSB conducts monthly audits of dispenser requirements with the requirement to submit dispensing data to the WI PDMP. Targeted outreach efforts are made after each audit in an attempt to bring all non-exempt licensed pharmacies into compliance with the requirement to submit and correct dispensing data. Pharmacies that appear to remain out of compliance after multiple outreach attempts are referred to the Pharmacy Examining Board (PEB). In Q2 2019, 46 pharmacies were referred to the PEB for possible noncompliance. In Q3 2019, 23 additional pharmacies were identified for referral for possible noncompliance.

# Monitored Prescription Drug Dispensing Trend

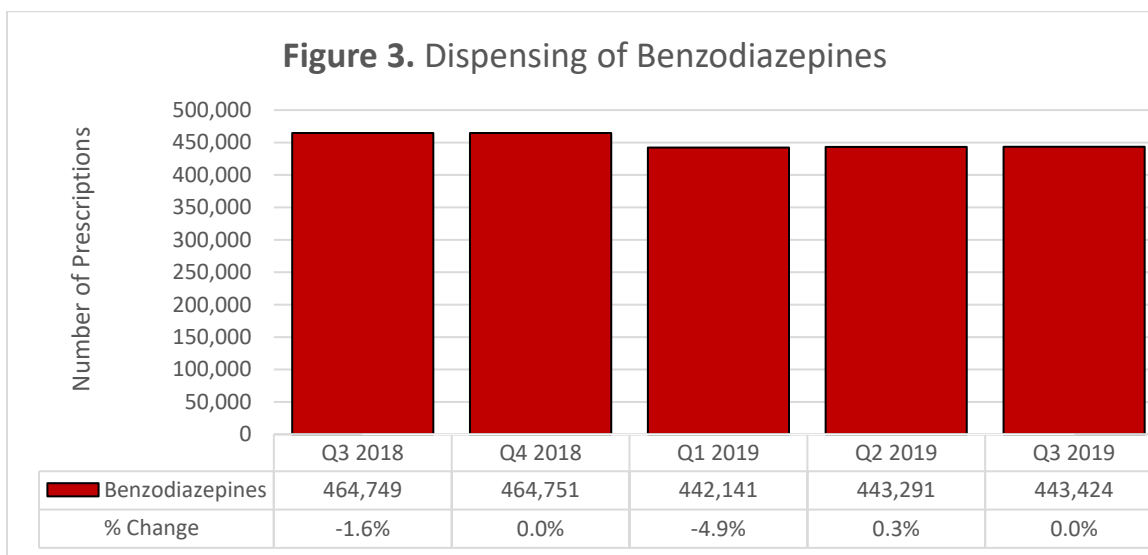
Overall, the trend of decreased dispensing of monitored prescription drugs, defined as controlled substances in schedules II through V, continues in Wisconsin. From Q2 2019 to Q3 2019 specifically, there was a minimal reduction in the total number of all monitored prescription drugs dispensed, but there has been an approximately 3% reduction from the dispensing levels of Q3 2018.



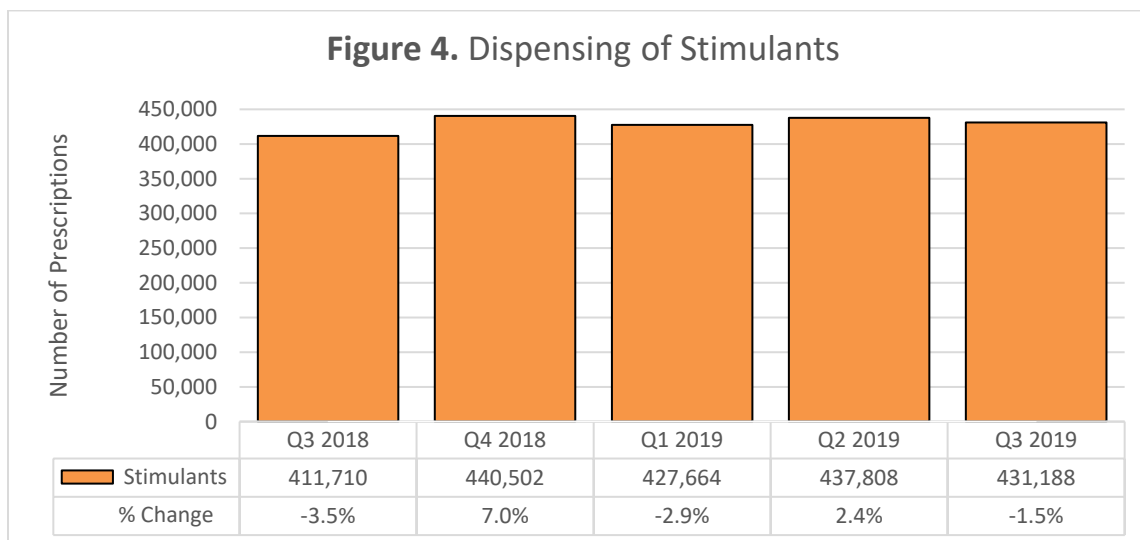
When considering opioids specifically, data from the PDMP show that opioid dispensing from Q2 2019 to Q3 2019 decreased slightly, with a decrease of 1%, or 8,654 fewer prescription dispensings. This equates to a 5.5% reduction from the dispensing levels of Q3 2018.



Benzodiazepine dispensing from Q2 2019 to Q3 2019 increased slightly, by less than 1% (an increase of 133 prescription dispensings). This still equates to an overall 5% reduction from the dispensing levels of Q3 2018.



Dispensing of stimulants continues to fluctuate quarterly between increased and decreased dispensing. Dispensing for Q3 2019 decreased by 1.5% from Q2 2019. Overall, dispensing of stimulants is up almost 5% from the dispensing levels of Q3 2018.



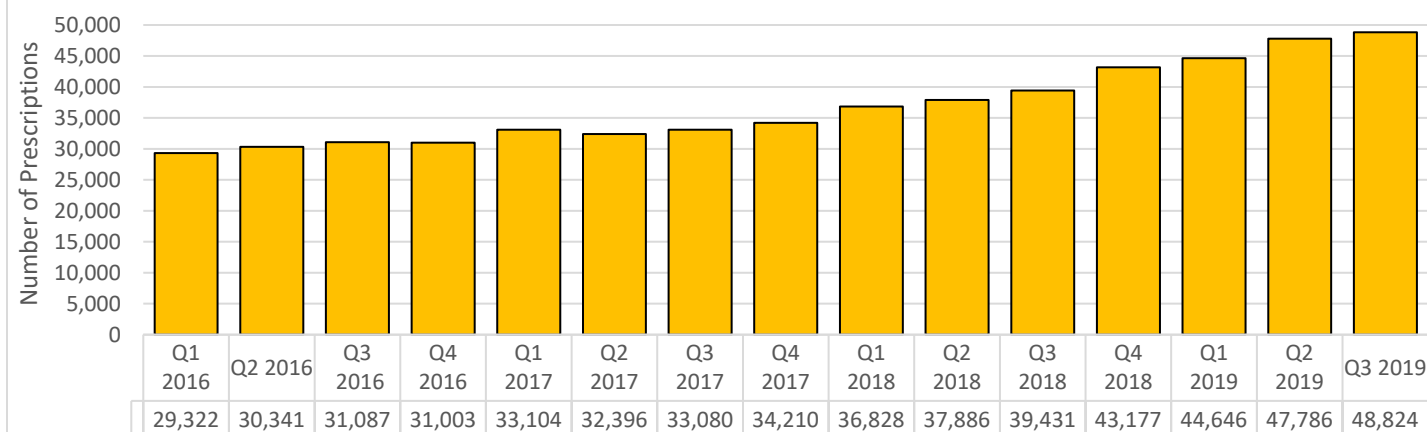
#### Top 15 Dispensed Monitored Prescription Drugs

Table 1 below shows the top 15 most dispensed monitored prescription drugs in Q3 2019 compared to Q2 2019, ranked in order of the number of prescriptions dispensed in Q3 2019. The top 15 drugs make up nearly 88% of the dispensing of monitored prescription drugs for any given quarter. There has been no change to the order of the top 15 drugs dispensed in recent quarters.

**Table 1. Top 15 Dispensed Monitored Prescription Drugs by Dispensing Volume**

	Drug Name	Drug Class	Q2 2019 Dispensing	Q3 2019 Dispensing	Percent Change
1	Hydrocodone-Acetaminophen	Opioid	274,567	270,122	-1.6%
2	Amphetamine-Dextroamphetamine	Stimulant	202,443	202,051	-0.2%
3	Tramadol HCl	Opioid	170,857	170,957	0.1%
4	Lorazepam	Benzodiazepine	138,997	139,679	0.5%
5	Alprazolam	Benzodiazepine	134,654	133,500	-0.9%
6	Oxycodone HCl	Opioid	129,451	129,617	0.1%
7	Clonazepam	Benzodiazepine	116,206	117,289	0.9%
8	Zolpidem Tartrate	Other	109,170	109,984	0.7%
9	Lisdexamfetamine Dimesylate	Stimulant	98,472	96,654	-1.8%
10	Methylphenidate HCl	Stimulant	97,747	93,851	-4.0%
11	Oxycodone w/ Acetaminophen	Opioid	83,877	81,433	-2.9%
12	Pregabalin	Other	59,884	59,801	-0.1%
13	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	47,786	48,824	2.2%
14	Diazepam	Benzodiazepine	46,794	46,186	-1.3%
15	Morphine Sulfate	Opioid	40,966	40,562	-1.0%

One notable trend in the top 15 drugs is that the dispensing of Buprenorphine HCl-Naloxone HCl Dihydrate, one of the medications commonly used as part of Medication-Assisted Treatment (MAT) for opioid use disorder, continues to rise. Note that this 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. Buprenorphine HCl-Naloxone HCl Dihydrate moved into the top 15 dispensed monitored prescription drugs in Q3 2018 and was the 13<sup>th</sup> most dispensed monitored prescription drug in Q3 2019, with an increase of almost 3% from Q2 2019 to Q3 2019. This equates to an increase of almost 24% in the past 12 months.

**Figure 5. Pharmacy Dispensed Buprenorphine HCl-Naloxone HCl Dihydrate**

# Data-Driven Alerts

---

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

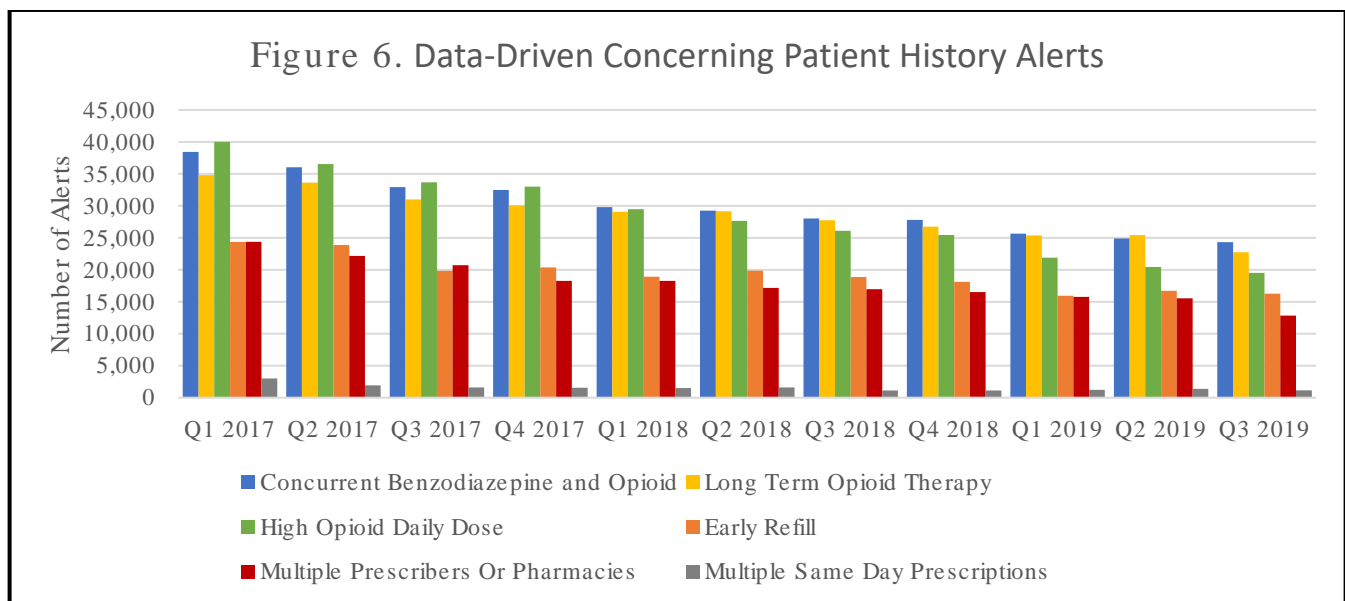
The 6 types of data-driven concerning patient history alerts are:

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

Overall, the number of concerning patient history alerts generated by analytics of the dispensing data has continued to decrease, with a 7% reduction from Q2 2019 to Q3 2019. The most frequently occurring alert, Overlapping Benzodiazepine and Opioid prescriptions, decreased in occurrence by 2% from Q2 2019 to Q3 2019. The number of occurrences in Q3 2019 was 13% lower than the same quarter in 2018 and 37% lower than the first quarter the alerts were made available to WI ePDMP users in Q1 2017. The rate of occurrence of the Multiple Prescribers or Pharmacies alert decreased 17% from Q2 to Q3 in 2019. The number of occurrences in Q3 2019 was 24% lower than the same quarter in 2018 and 47% lower than the first quarter the alerts were made available to WI ePDMP users in Q1 2017.

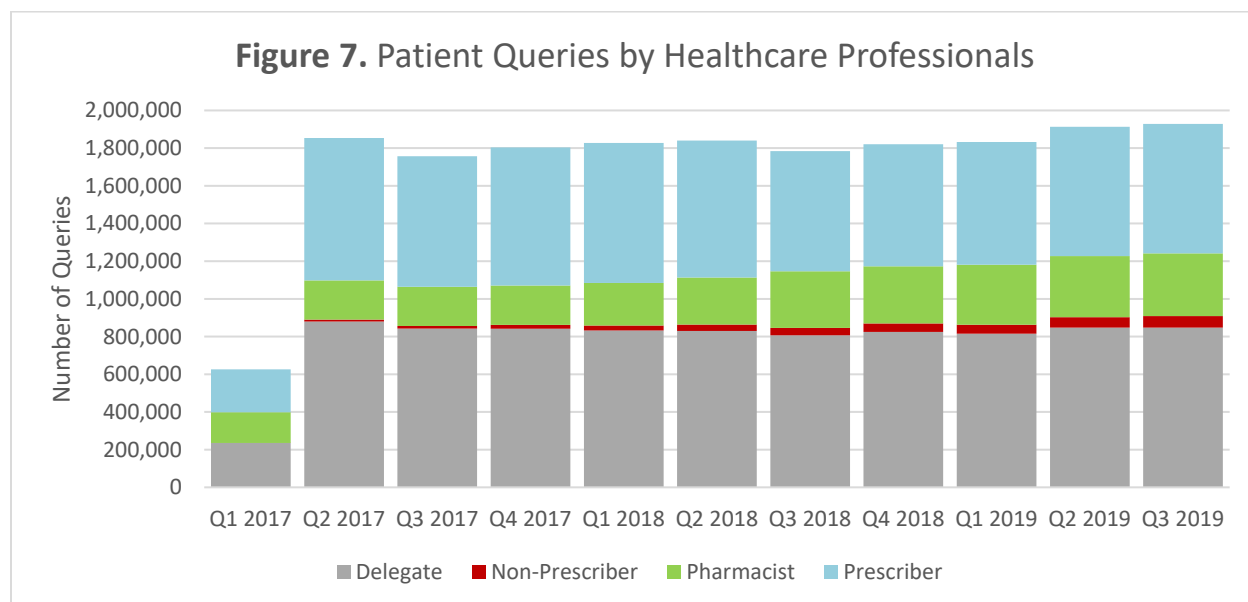
See Table 2 and Figure 6 below for detail on the overall volume of alerts by alert type since the WI ePDMP was launched in Q1 2017, as well as the percent change that occurred from Q2 2019 to Q3 2019. Values for preceding quarters may be modified after the conclusion of a quarter, based on the duration of prescriptions that bridge quarters, which is why it is important to view the number of occurrences for Q3 2019 not only in relation to the preceding quarter, but also in relation to the same quarter of the previous year, as well as a part of the overall trend compared to the first quarters during which the alerts were presented to WI ePDMP users.

	<b>Alert Type</b>	<b>Q2 2019</b>	<b>Q3 2019</b>	<b>Percent Change</b>
1	Concurrent Benzodiazepine and Opioid	24,893	24,318	-2.3%
2	Long-Term Opioid Therapy	16,709	16,268	-2.6%
3	High Opioid Daily Dose	20,437	19,515	-4.5%
4	Early Refill	25,414	22,748	-10.5%
5	Multiple Prescribers or Pharmacies	15,544	12,849	-17.3%
6	Multiple Same Day Prescriptions	1,376	1,157	-15.9%
	<b>All Alert Types</b>	<b>105,867</b>	<b>104,373</b>	<b>-1.4%</b>



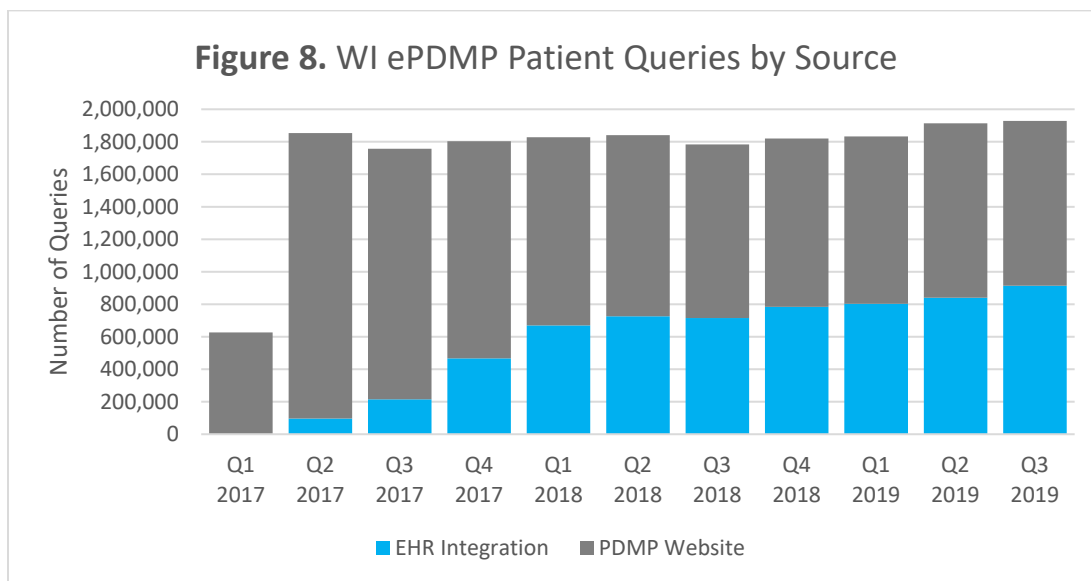
# Disclosure of WI PDMP Data

Between July 1 and September 30, 2019, healthcare users made a total of 1,928,717 patient queries. Breaking down the queries by user type shows that 44% of the queries were performed by delegates of prescribers or pharmacists, 36% were performed by prescribers, 17% by pharmacists, and 3% by other non-prescribing healthcare professionals. The number of patient queries per month is continuing to increase, even with the overall decreases seen in the dispensing of monitored prescription drugs. Query volume increased by about 1% in Q3 2019 compared to Q2 2019, even though dispensing volume decreased slightly.

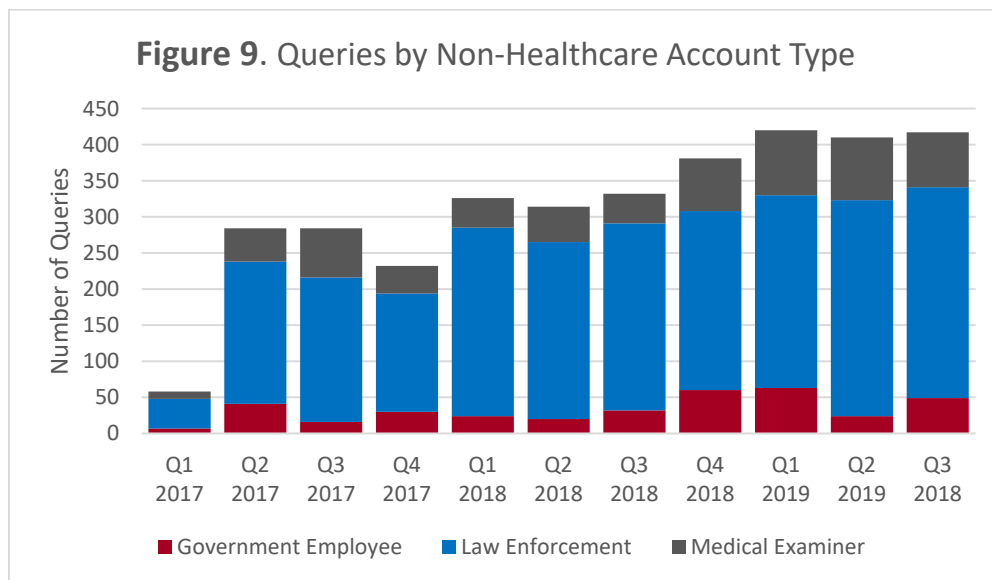


The WI ePDMP is currently connected to 21 other state PDMPs via the National Association of Boards of Pharmacy's PMP InterConnect (PMPi) and the RxCheck interstate data sharing hub. This allows healthcare users to expand the WI ePDMP patient query to return results from PDMPs in other states, including Wisconsin's border states of Minnesota, Michigan, Illinois, Iowa and Indiana.

Healthcare professionals from 18 health systems in Wisconsin have one-click access to the PDMP from within their electronic health record (EHR) platform in order to facilitate patient queries within a provider's busy workflow. Figure 8 below shows that, in Q3 2019, over 47% of patient queries were through the direct EHR integration, which is up from 44% in Q2 2019.



Authorized individuals from non-healthcare groups made a total of 417 requests for PDMP data in Q3 2019, which is a 2% increase over the previous quarter. Authorized law enforcement queries make up 70% of the non-healthcare queries.



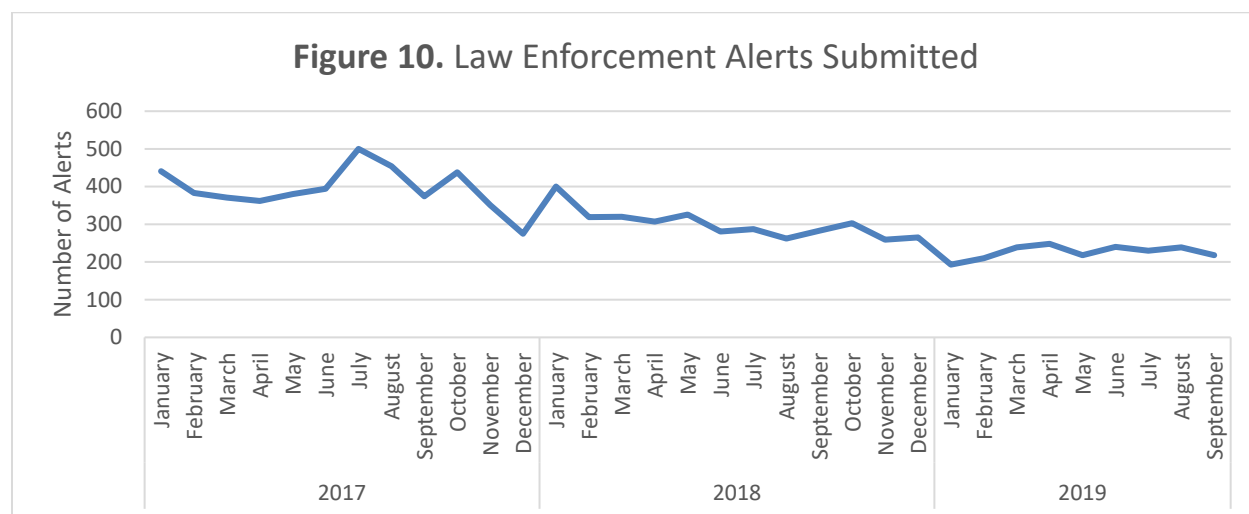


# Law Enforcement Reports

In Q3 2019 there were 687 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 10 shows the number of law enforcement reports submitted to the WI ePDMP by month since the WI ePDMP was launched. There is no statutory requirement for law enforcement agencies to submit their reports within a certain timeframe after the date of the event, and outreach efforts continue to emphasize the value that law enforcement reporting brings for healthcare clinical decision making.



The distribution of submission by report type remains fairly consistent from one quarter to the next. The 2019 year-to-date distribution by report type can be seen below:

- 42% of the reports submitted were reports of stolen controlled substance prescriptions
- 20% of the reports submitted were for suspected violations of the Controlled Substances Act
- 34% of the reports submitted were for suspected non-fatal opioid-related overdose events
- 5% of the reports submitted were for suspected narcotic-related deaths.

# Summary

---

The third quarter of 2019 shows a continuation of the overall decrease in dispensing of monitored prescription drugs, although there was little change in the number of opioid and benzodiazepine prescriptions dispensed in Wisconsin compared to the previous quarter. The number of patient queries performed per month has remained consistent, and is even increasing, even though the overall quantity of monitored prescription drugs being dispensed is decreasing. This indicates that the WI ePDMP continues to be a valuable tool to support safe prescribing, treatment, and dispensing decisions.

Data show overall decreased dispensing for Q3 2019 compared to Q3 2018:

- There was a 1% decrease in the total number of all monitored prescription drugs dispensed in Q3 2019 from the previous quarter and a total decrease of nearly 3% when compared to the same quarter from the previous year.
  - The number of opioid prescriptions dispensed decreased by 5%, or almost 48,000 fewer prescriptions, compared to the previous year.
  - The number of benzodiazepine prescriptions dispensed decreased by almost 4%, or 21,000 fewer prescriptions, compared to the previous year.
  - The dispensing of stimulants prescriptions dispensed increased by 5% compared to the previous year

Overall dispensing rates of monitored prescription drugs remain significantly lower in Q3 2019 than they were at their peak in Q4 2015:

- In Q3 2019, there were 26% fewer monitored prescription drugs dispensed, or nearly 700,000 fewer prescriptions, than in Q4 2015.
  - The number of opioid prescriptions dispensed in Q3 2019 was 36%, or over 450,000 prescriptions, lower than the peak number in Q4 2015.
  - The number of benzodiazepine prescriptions dispensed in Q3 2019 was 26%, or nearly 160,000 prescriptions, lower than the peak level in Q4 2015.

Encouraging trends found in the WI PDMP continued in Q3 2019:

- The dispensing of Buprenorphine HCl-Naloxone HCl Dihydrate (Suboxone®), one of the medications commonly used as part of Medication-Assisted Treatment (MAT) for opioid use disorder, increased by 2% in Q3 2019 compared to Q2 2019, which equates to an increase of 24% in the past 12 months and over 66% since Q1 2016.
- The occurrence of data-driven concerning patient history alerts, including measures that indicate drug seeking behaviors and increased risk for overdose, declined by 7% from the previous quarter, 19% over the past 12 months, and 41% from the launch of the WI ePDMP in Q1 2017.

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.

## 2019 – WI ePDMP Outreach Calendar

JANUARY		FEBRUARY		MARCH	
1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
6		6		6	
7		7		7	
8		8		8	
9		9		9	
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
21		21		21	
22		22		22	
23		23		23	
24		24		24	
25		25		25	
26		26		26	
27		27		27	
28		28		28	
29				29	
30				30	
31				31	

## 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	
5		5		5	
6		6		6	
7		7		7	
8		8		8	
9		9		9	
10		10		10	
11		11		11	
12		12		12	
13		13		13	
14		14		14	
15		15		15	
16		16		16	
17		17		17	
18		18		18	
19		19		19	
20		20		20	
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	
26		26		26	Harold Rogers National PDMP Meeting-Washington, DC
27		27		27	Harold Rogers National PDMP Meeting-Washington, DC
28		28		28	
29		29		29	
		30		30	
		31			

## 2019 – WI ePDMP Outreach Calendar

JULY		AUGUST		SEPTEMBER	
1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
6		6		6	ONC Patient Matching Symposium (virtual)
7		7	Winnebago County Overdose Fatality Review Meeting	7	
8		8	Milwaukee County Behavioral Health Division Provider Meeting	8	
9		9		9	
10		10		10	
11		11		11	
12		12		12	WI DOJ Crime Information Bureau Conference (Green Bay)
13		13		13	
14		14		14	
15		15		15	
16		16		16	
17		17		17	
18		18		18	
19		19		19	
20		20		20	
21		21		21	
22		22		22	
23		23		23	
24		24		24	
25		25		25	
26		26	Hope Consortium Conference (Rhinelander)	26	
27		27	Hope Consortium Conference (Rhinelander)	27	
28		28		28	
29		29		29	
30		30		30	
31		31			

## 2019 – WI ePDMP Outreach Calendar

OCTOBER		NOVEMBER		DECEMBER	
1		1	Milwaukee County Overdose Fatality Review Meeting	1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
6		6		6	
7		7		7	
8		8		8	
9		9		9	
10		10		10	
11		11		11	
12		12		12	
13		13		13	
14		14		14	
15	WI DOJ Opioid/Meth Forum (Lake Geneva)	15		15	
16	WI DOJ Opioid/Meth Forum (Lake Geneva)	16		16	
17		17		17	
18		18		18	
19		19		19	
20		20		20	
21		21		21	
22		22		22	
23		23		23	
24		24		24	
25		25		25	
26		26		26	
27		27		27	
28		28		28	
29		29		29	
30		30		30	
31				31	

## 2020 – WI ePDMP Outreach Calendar

JANUARY		FEBRUARY		MARCH	
1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
6		6		6	
7		7		7	
8		8		8	
9		9		9	
10		10		10	
11		11		11	
12		12		12	
13		13		13	
14		14		14	
15		15		15	
16		16		16	
17		17		17	
18		18		18	
19		19		19	
20	Wisconsin Coroner/Medical Examiner Association Conference	20		20	
21		21		21	
22		22		22	
23		23		23	
24		24		24	
25		25		25	
26		26		26	
27		27		27	
28		28		28	
29				29	
30				30	
31				31	



# Wisconsin ePDMP

## Dispenser Compliance Audit Update

*updated 11.5.2019*

**November 2019 audit of PDMP Dispenser Compliance, based on submissions in October 2019**

<b>Most Recent Audit</b>	
Total licensed pharmacies	2,387
Total non-exempt pharmacies	1,647
In-state non-exempt pharmacies	1,102
In-state non-exempt with submissions	1,068
In-State Compliance Percentage	96.9%
In-state non-exempt with no submissions in October	34
Out-of-state non-exempt pharmacies	545
Out-of-state non-exempt with submissions	438
Out-of-State Compliance Percentage	80.4%
Out-of-state non-exempt with no submissions in October	107
Total Compliance Percentage (All Non-Exempt Pharmacies)	91.4%
<b>Results from Outreach Letters</b>	
Potentially non-compliant pharmacies receiving letters in Sept	68
Pharmacies receiving letters in Sept that now appear to be compliant	38

**From:** Wisconsin Department of Health Services <widhs@public.govdelivery.com>

**Sent:** Wednesday, August 14, 2019 3:06 PM

**To:** Klessig, Shari E - DHS

**Subject:** News Release: State Health Agency's New Data Tool Shows a Decline in the Number of Opioid Deaths in Wisconsin



## WISCONSIN DEPARTMENT of HEALTH SERVICES

### News Release

For Immediate Release

Month #, 2019

Contact: Jennifer Miller/Elizabeth Goodsitt 608-266-1683

### State Health Agency's New Data Tool Shows a Decline in the Number of Opioid Deaths in Wisconsin

*The 838 deaths reported in 2018 is a 10 percent reduction from the year before*

Opioid deaths are at their lowest level since 2015 according to the most recent data collected by the Wisconsin Department of Health Services (DHS) and reported through a new online tool featuring interactive charts, graphs, and maps, [Data Direct: Opioids](#).

"The most recent data on Wisconsin's opioid epidemic is encouraging," said DHS Deputy Secretary Julie Willems Van Dijk. "It shows that our collective ongoing efforts to support individuals and communities affected by this public health crisis are working to save lives, but we still have a lot of work to do to end this epidemic."

[View the entire news release.](#)

You signed up to receive [Wisconsin Department of Health Services News Releases](#). If you have a question, do not reply directly to this message. Email the [Communications Team](#) or call the media line at 608-266-1683.