



## Controlled Substances Board



**WISCONSIN** | **ePDMP**

Report 8

Quarter 1

January 1 – March 31, 2019

# Contact Information

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## Wisconsin Controlled Substances Board

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Bellay, Yvonne M., Secretary	Department of Agriculture, Trade and Consumer Protection Designated Member
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# Introduction

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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 first quarter of 2019 and will primarily focus on analysis of PDMP data from Q1 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>

The WI PDMP was first deployed in June 2013. It is administered by DSPS pursuant to the regulations and policies established by the CSB. An enhanced system, the WI ePDMP, was launched on January 17, 2017, allowing the WI PDMP to become a multi-faceted tool in Wisconsin's efforts to address prescription drug abuse, misuse, and diversion through clinical decision support, prescribing practice assessment, communication among disciplines, and public health surveillance. Effective April 1, 2017, prescribers are required to check the WI ePDMP prior to issuing a prescription order for a monitored prescription drug, defined as controlled substance prescription drugs in Schedules II-V.

The WI ePDMP Public Statistics Dashboard (<https://pdmp.wi.gov/statistics>) provides interactive data visualizations for much of the data contained in this report, including county-level data for many of the charts.

## User Satisfaction

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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."

User-led enhancements identified through the survey and other input mechanisms are currently being refined and 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 errorv 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.

# Impact on Referrals for Investigation

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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. The data focused on opioid dispensing volume for the six-month time period of December 1, 2017 through May 31, 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 for the six-month period, were referred to the MEB.
- The top four dentistry prescribers, based on opioid dispensing volume for the six-month period, 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 for the six-month time period, 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.

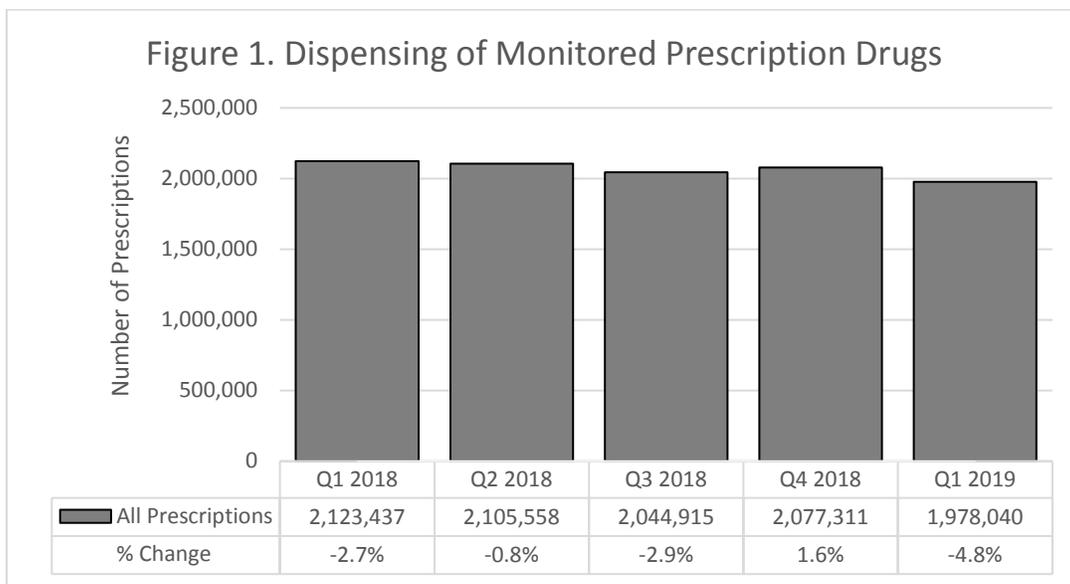
The investigation of the referred prescribers is ongoing, with letters issued to the identified medical, dentistry, and nursing licensees in Q4 2018 and Q1 2019. The DSPS Division of Legal Services and Compliance has received responses from the referred licensees and is proceeding with the investigations.

The CSB Referral Criteria Workgroup continues 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 licensing 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.

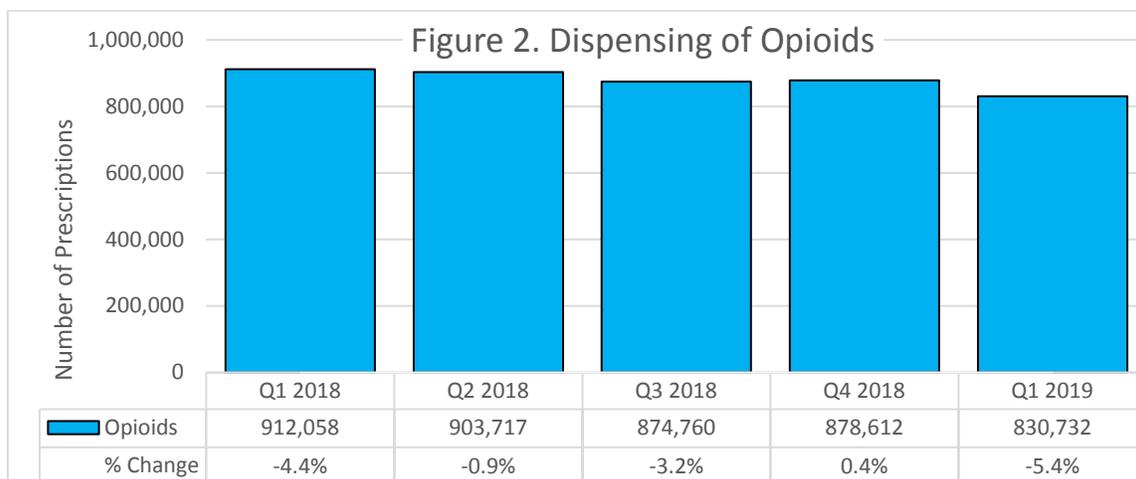
# Monitored Prescription Drug Dispensing Trend

Overall, the trend of decreased dispensing of monitored prescription drugs continues in Wisconsin. Beginning in Q1 2016, the dispensing of both opioids and benzodiazepines has decreased each quarter. Dispensing of stimulants has been variable by quarter between increased and decreased dispensing with no overall change in dispensing volume.

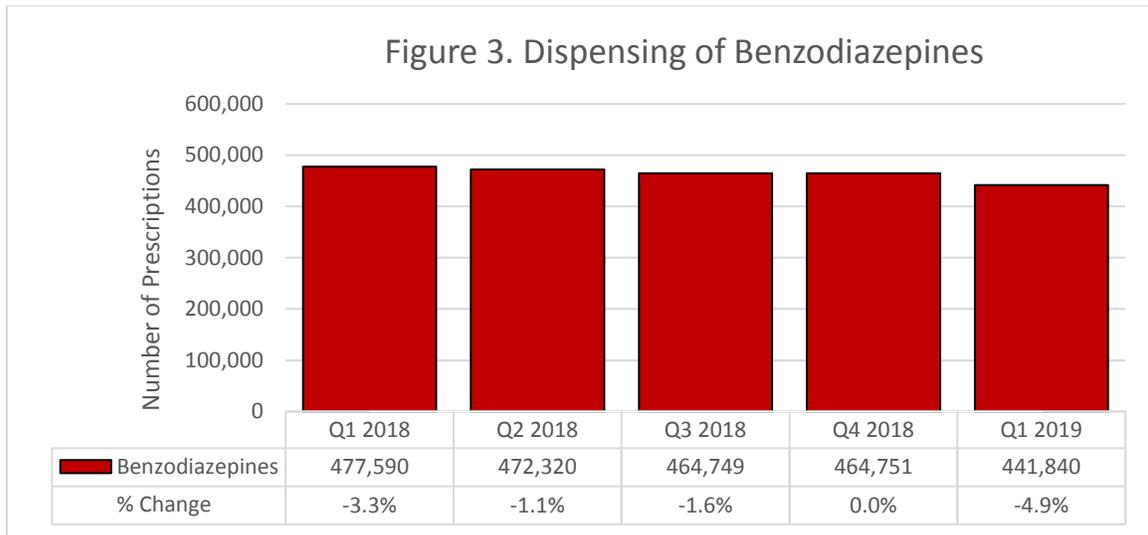
From Q4 2018 to Q1 2019 specifically, there was a 5% reduction in the number of monitored prescription drugs dispensed, the highest reduction per quarter since Q2 2017. This equates to an overall 7% reduction from the dispensing levels of Q1 2018.



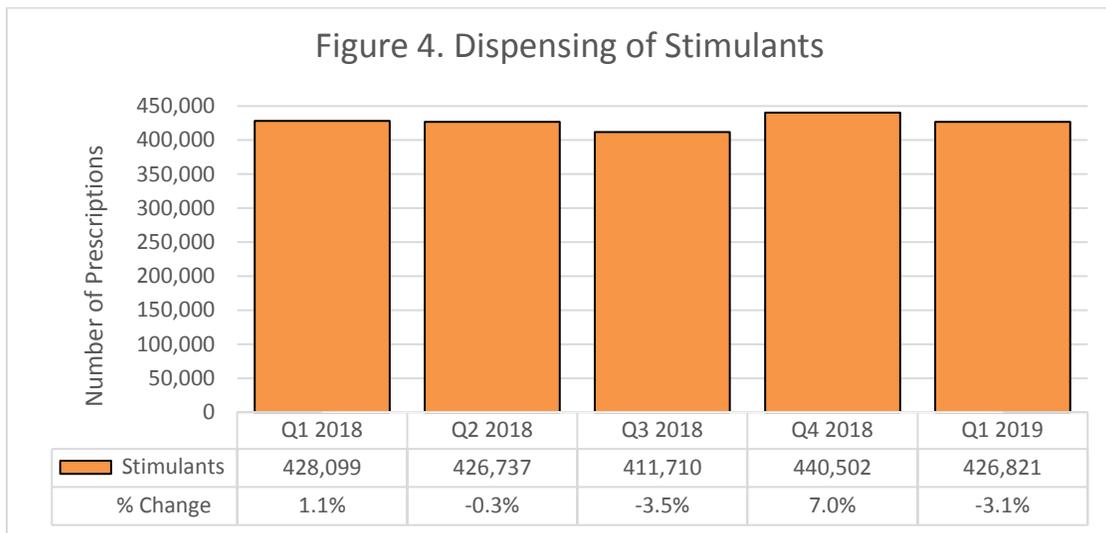
Opioid dispensing from Q4 2018 to Q1 2019 decreased by 5%, the highest reduction from a previous quarter since Q2 2017. This equates to a 9% reduction from the dispensing levels of Q1 2018.



Benzodiazepine dispensing from Q4 2018 to Q1 2019 also decreased by 5%, the highest reduction from a previous quarter since Q2 2017. This equates to an overall 7% reduction from the dispensing levels of Q1 2018.



Dispensing of stimulants continues to fluctuate quarterly between increased and decreased dispensing. Dispensing for Q1 2019 decreased by 3% from Q4 2018. Overall, dispensing of stimulants remains unchanged from the dispensing levels of Q1 2018.



### Top 15 Dispensed Monitored Prescription Drugs

Table 1 shows the top 15 most dispensed monitored prescription drugs in Q1 2019 compared to Q4 2018, ranked in order of the number of prescriptions dispensed in Q1 2019. The top 15 monitored prescription drugs dispensed make up almost 88% of the dispensing for any given quarter.

The rate of pharmacy-dispensed 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. Buprenorphine HCl-Naloxone HCl Dihydrate moved into the 15<sup>th</sup> spot of the most dispensed monitored prescription drugs in Q3 2018 and is the 14<sup>th</sup> most dispensed monitored prescription drug in Q1 2019.

	<b>Drug Name</b>	<b>Drug Class</b>	<b>Q1 2019 Dispensing</b>	<b>Q4 2018 Dispensing</b>	<b>Percent Change</b>
1	Hydrocodone-Acetaminophen	Opioid	273,433	291,570	-6.2%
2	Amphetamine-Dextroamphetamine	Stimulant	196,595	203,054	-3.2%
3	Tramadol HCl	Opioid	166,730	173,385	-3.8%
4	Lorazepam	Benzodiazepine	138,998	145,444	-4.4%
5	Alprazolam	Benzodiazepine	134,266	141,635	-5.2%
6	Oxycodone HCl	Opioid	130,541	139,873	-6.7%
7	Clonazepam	Benzodiazepine	115,643	121,287	-4.7%
8	Zolpidem Tartrate	Other	109,582	116,571	-6.0%
9	Methylphenidate HCl	Stimulant	96,697	100,589	-3.9%
10	Lisdexamfetamine Dimesylate	Stimulant	95,789	98,069	-2.3%
11	Oxycodone w/ Acetaminophen	Opioid	86,402	94,529	-8.6%
12	Pregabalin	Other	57,650	61,558	-6.3%
13	Diazepam	Benzodiazepine	46,636	49,857	-6.5%
14	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	44,561	43,122	3.3%
15	Morphine Sulfate	Opioid	41,542	45,087	-7.9%

The rate of pharmacy-dispensed Buprenorphine HCl-Naloxone HCl Dihydrate increased by 3% in Q1 2019, which equates to an increase of 21% in the past 12 months. 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.

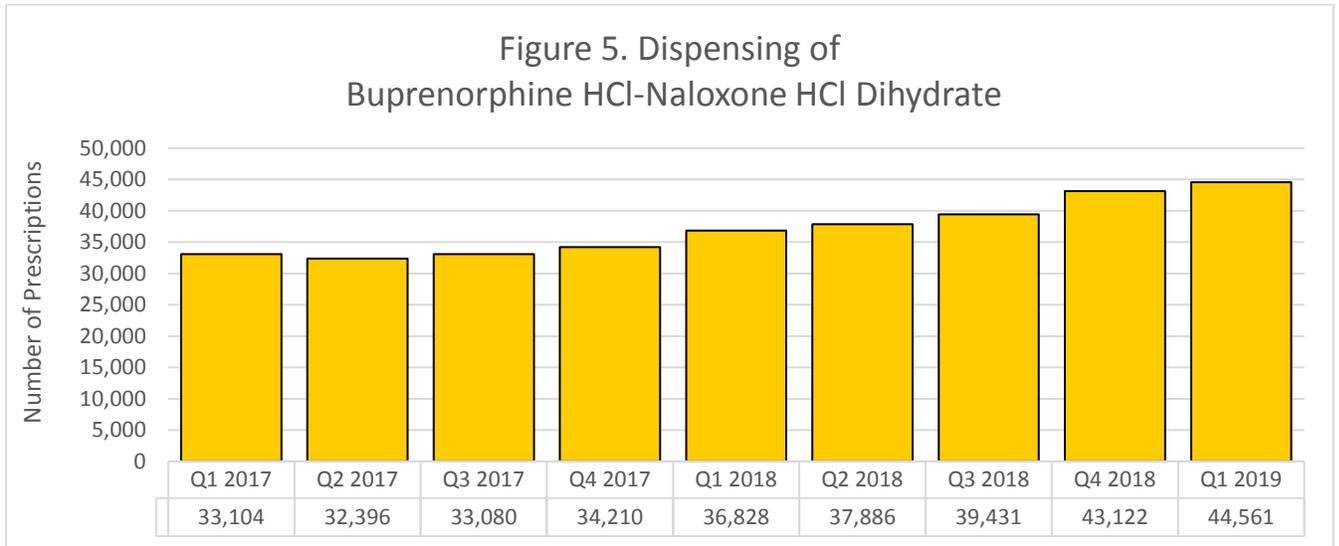


Table 2 below shows the top 15 most dispensed monitored prescription drugs in Q1 2019 compared to Q4 2018, ranked in order of total quantity of pills, or doses, dispensed in Q1 2019, rather than number of prescription orders filled.

<b>Table 2. Top 15 Dispensed Monitored Prescription Drug by Pill (Dose) Volume</b>					
	<b>Drug Name</b>	<b>Drug Class</b>	<b>Q1 2019 Pill (Dose)</b>	<b>Q4 2018 Pill (Dose)</b>	<b>Percent Change</b>
1	Hydrocodone-Acetaminophen	Opioid	13,790,909	14,965,935	-7.9%
2	Tramadol HCl	Opioid	10,514,082	11,682,290	-10.0%
3	Amphetamine-Dextroamphetamine	Stimulant	9,318,821	9,614,784	-3.1%
4	Oxycodone HCl	Opioid	8,898,163	9,827,267	-9.5%
5	Alprazolam	Benzodiazepine	7,255,412	7,833,691	-7.4%
6	Clonazepam	Benzodiazepine	6,448,139	6,897,058	-6.5%
7	Lorazepam	Benzodiazepine	6,165,062	6,584,221	-6.4%
8	Oxycodone w/ Acetaminophen	Opioid	5,633,679	6,165,772	-8.6%
9	Methylphenidate HCl	Stimulant	4,347,892	4,543,997	-4.3%
10	Pregabalin	Other	4,212,727	4,563,222	-7.7%
11	Zolpidem Tartrate	Other	3,639,948	3,900,323	-6.7%
12	Lisdexamfetamine Dimesylate	Stimulant	2,989,651	3,061,118	-2.3%
13	Morphine Sulfate	Opioid	2,357,519	2,556,091	-7.8%
14	Diazepam	Benzodiazepine	1,794,964	1,953,973	-8.1%
15	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	1,375,269	1,365,001	0.8%

# Data-Driven Alerts

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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.

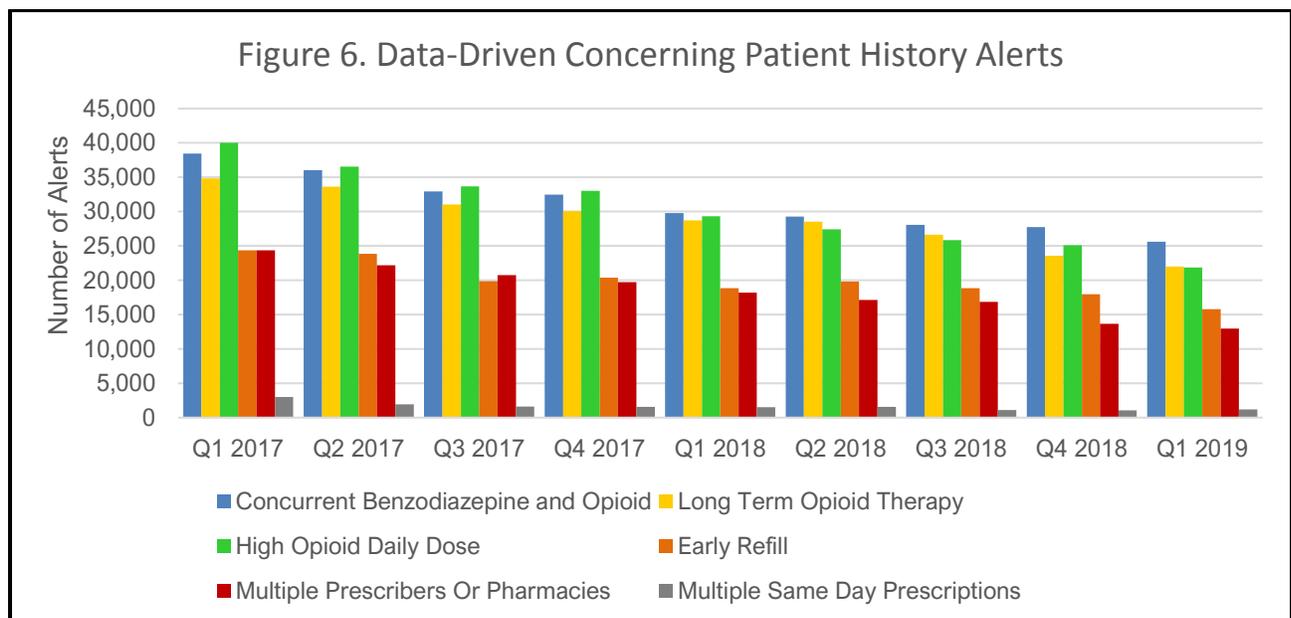
The 6 types of data-driven concerning patient history alerts are:

1. **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. **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.
3. **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.
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, there was a 9% reduction in the number of concerning patient history alerts generated by analytics of the dispensing data from Q4 2018 to Q1 2019. Specifically, the alerts for Multiple Prescribers or Pharmacies, an alert that may be an indication of "doctor shopping," decreased in occurrence by 5%. The occurrence of High Opioid Daily Dose alerts decreased by 13%, and Concurrent Benzodiazepine and Opioid alerts decreased by 8%. There was an increase in frequency of occurrence for Multiple Same Day Prescriptions in Q1 2019; however, when compared to Q1 2018, the occurrence rate for that alert type has decreased by over 20%. This is also the least frequent of alert types, making up only approximately 1% of all data-driven alerts.

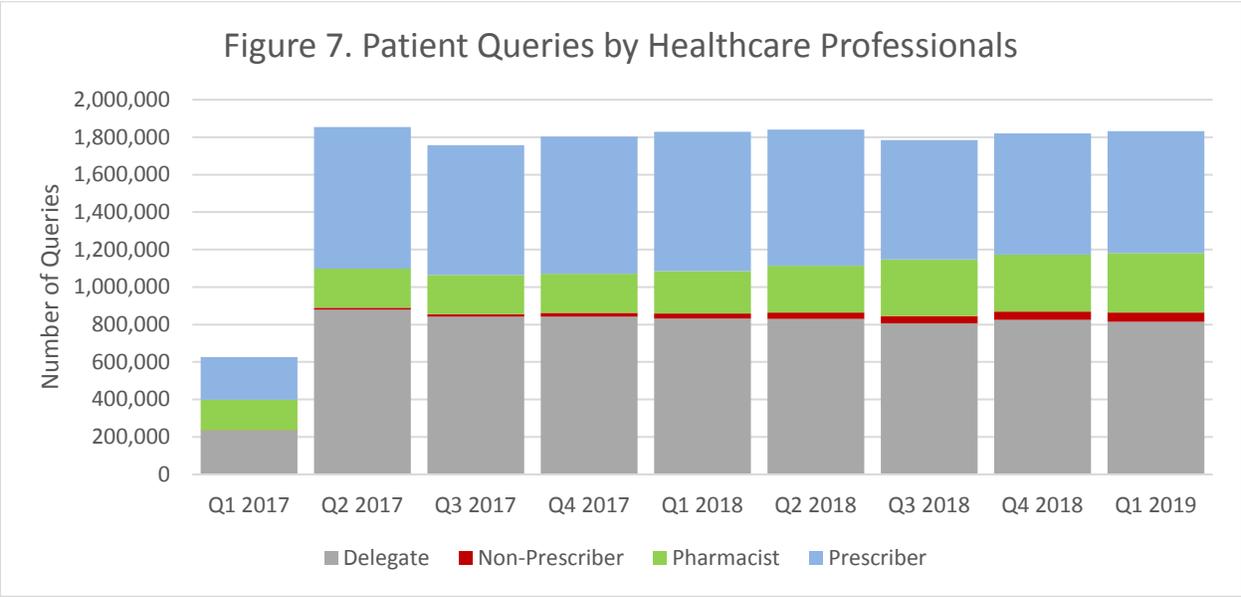
See Table 3 and Figure 6 for detail on the overall volume of alerts by alert type as well as the percent change that occurred from Q4 2018 to Q1 2019.

Table 3. Concerning Patient History Alerts Listed by Volume of Alerts Generated in Q1 2019				
	Alert Type	Q1 2019	Q4 2018	Percent Change
1	Concurrent Benzodiazepine and Opioid	25,590	27,742	-7.8%
2	Long Term Opioid Therapy	21,991	23,588	-6.8%
3	High Opioid Daily Dose	21,838	25,094	-13.0%
4	Early Refill	15,799	17,988	-12.2
5	Multiple Prescribers or Pharmacies	12,964	13,645	-5.0%
6	Multiple Same Day Prescriptions	1,185	1,038	14.2%
	<b>All Alert Types</b>	<b>99,367</b>	<b>109,095</b>	<b>-8.9%</b>



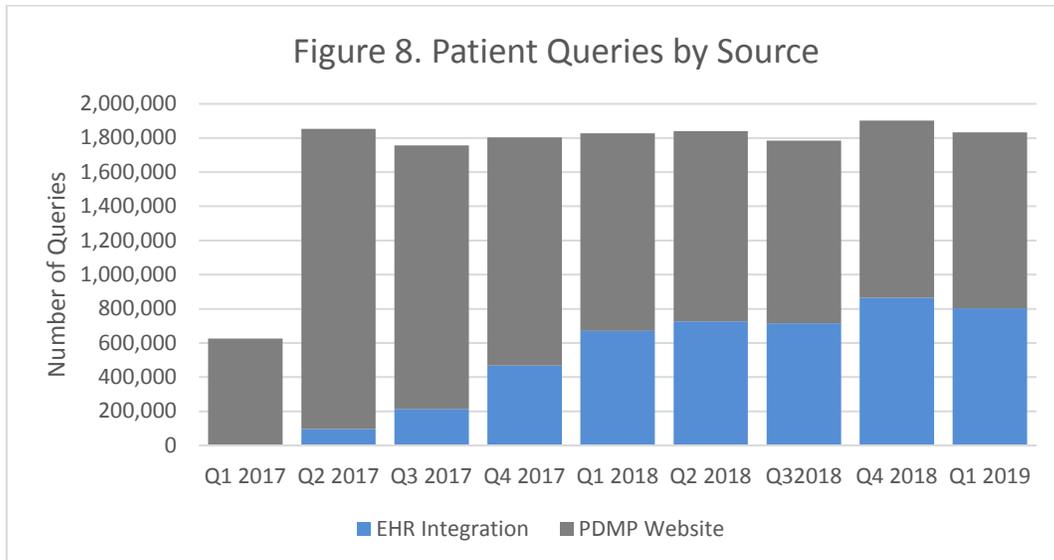
# Disclosure of WI PDMP Data

Between January 1 and March 30, 2019, healthcare users made a total of 1,832,655 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 queries per month is remaining consistent even with the overall decreases seen in the dispensing of monitored prescription drugs.

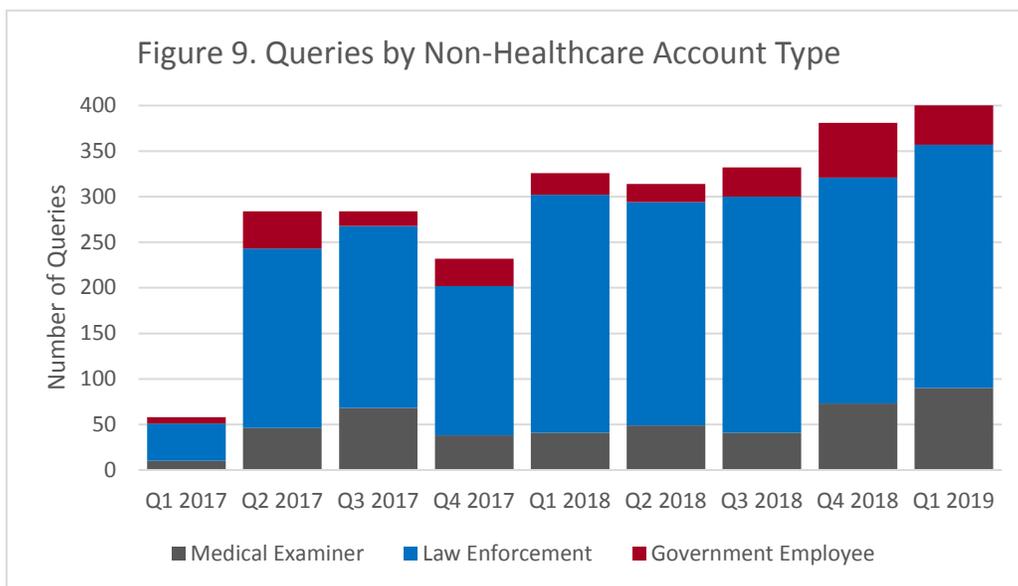


The WI ePDMP is currently connected to 18 other state PDMPs via the National Association of Boards of Pharmacy’s PMP InterConnect (PMPi). This allows healthcare users to expand the WI ePDMP patient query to return results from PDMPs in other states, including border states such as Minnesota, Michigan, Illinois, Iowa and Indiana. The most recent state to be added to the list of states with which the WI ePDMP is connected via the PMPi is Florida.

As of March 30, 2019, healthcare professionals from 14 health systems in Wisconsin have one-click access to the PDMP from within their electronic health record (EHR) platform. In Q1 2019, 44% of patient queries were through the direct EHR integration, which is consistent with the Q4 2018 query volume by source. Additional health systems have expressed interest in initiating the single-sign-on option from within their EHR.



Authorized individuals from non-healthcare groups made a total of 420 requests for PDMP data in Q1 2019, which is a 10% increase over the previous quarter.

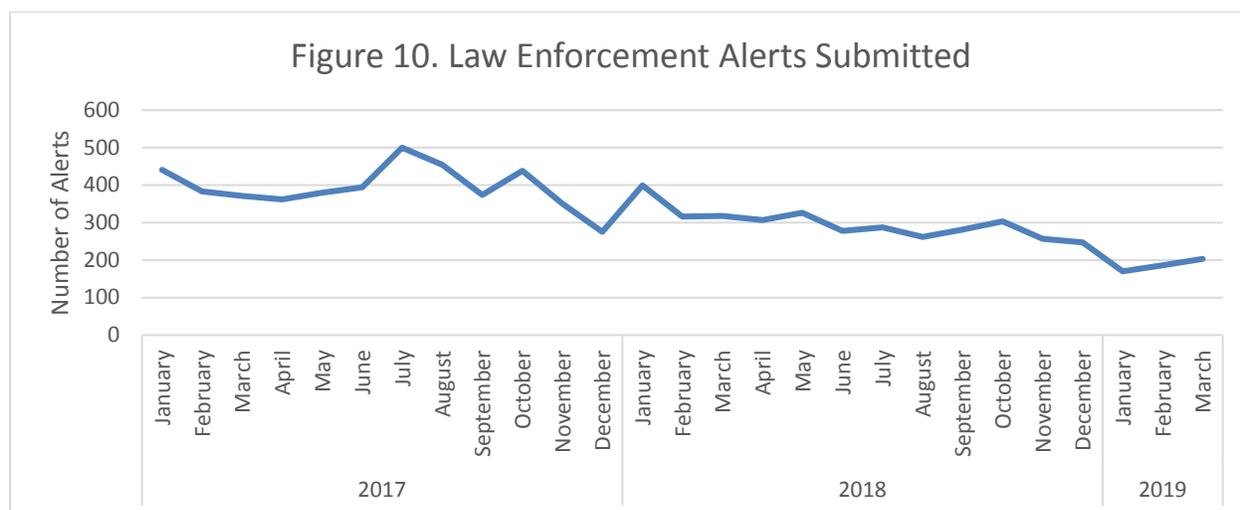


# Law Enforcement Reports

In Q1 2019 there were 559 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 for Q1 2019 remains fairly consistent with the previous reporting:

- 43% of the reports submitted were reports of stolen controlled substance prescriptions
- 25% of the reports submitted were suspected violations of the Controlled Substances Act
- 25% of the reports submitted were suspected non-fatal opioid-related overdose events, and
- 6% of the reports submitted were suspected narcotic-related deaths.

# Summary

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The first quarter of 2019 shows the most significant quarterly decline in the number of opioids and benzodiazepine dispensed in Wisconsin since early 2017. The number of patient queries conducted per month remains consistent even though the overall quantity of monitored prescription drugs being dispensed is decreasing.

Data show decreased dispensing for Q1 2019 compared to Q1 2018:

- There was a 5% decrease in the total number of monitored prescription drugs dispensed in Q1 2019 from the previous quarter for a total decrease of nearly 7% when compared to the previous year.
  - 9% decrease in the number of opioid prescriptions dispensed, or 81,000 fewer prescriptions compared to the previous year
  - 7% decrease in the number of benzodiazepine prescriptions dispensed, or nearly 36,000 fewer prescriptions compared to the previous year
  - Minimal change in the total dispensing of stimulants prescriptions dispensed compared to the previous year

Dispensing rates of opioids and benzodiazepines have steadily declined since Q4 2015. The dispensing rates of these monitored prescription drugs in Q1 2019 show the following declines when compared to the dispensing rates of Q4 2015:

- 26% decrease in the total number of monitored prescription drugs dispensed, nearly 700,000 fewer prescriptions
  - 35% decrease in the number of opioid prescriptions dispensed, over 450,000 fewer prescriptions
  - 26% decrease in the number of benzodiazepine prescriptions dispensed, nearly 160,000 fewer prescriptions

Encouraging trends found in the WI PDMP continued in Q1 2019:

- 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 3% in Q1 2019, which equates to an increase of 21% in the past 12 months.
- The occurrence of data-driven concerning patient history alerts, including measures that indicate drug seeking behaviors and increased risk for overdose, declined by 9% from the previous quarter and 21% compared to Q1 2018.

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. 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>