



Controlled Substances Board



WISCONSIN | **ePDMP**

Report 18

2021 Quarter 3 Summary

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Table of Contents

Introduction	4
User Satisfaction	5
Impact on Referrals for Investigation	7
Monitored Prescription Drug Dispensing Trend	8
Data-Driven Alerts.....	12
Disclosure of WI PDMP Data.....	14
Law Enforcement Reports.....	16
Summary	17

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 (WI PDMP). This report is intended to satisfy that requirement for the third quarter of 2021 and will primarily focus on analysis of PDMP data from Q3 2021 and the preceding 12 months. For annual analysis of the WI PDMP from 2015 through 2020, see the Q4 2020 report found at <https://dps.wi.gov/Pages/BoardsCouncils/CSB/Reports.aspx>.

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 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

DSPS conducted a survey of WI ePDMP users in September 2021 to measure user satisfaction and inform current and future system enhancements. The survey was sent to approximately 1,600 randomly selected users out of nearly 26,000 ePDMP users who were identified as “active,” or users who had logged into the ePDMP in the past twenty-four months. A total of 166 complete responses were collected between September 21 and October 17, 2021. Eighty-eight percent of respondents were Healthcare Professionals, including Prescribers (52.0%), Pharmacists (11.5%), Delegates (13.0%), and Non-Prescribers (11.5%). The remaining twelve percent of respondents were Pharmacies, Submitters, Medical Coordinators, Law Enforcement, Government Employees, and Medical Examiner/Coroners.

The survey indicates that most users are satisfied with the WI ePDMP. Seventy-two percent of respondents reported overall satisfaction with the WI ePDMP, providing responses of either “Satisfied (20.0 %)” or “Very Satisfied (52.4%).” Satisfaction increased to 80% for respondents who have the option to access the ePDMP via an Electronic Health Record (EHR) interface.

Among the functionalities available to different types of users, 73% of respondents were “Extremely or Very Satisfied” with “Querying Patient History” followed by “Account Registration” with 63% “Extremely or Very Satisfied.” (Figure 1). Sixty-seven percent of respondents acknowledged “Patient History Details” as “Extremely or Very Useful” in informing their work 59% rated “Prescriber-Reported Alerts” on patient reports as “Extremely or Very Useful” (Figure 2).

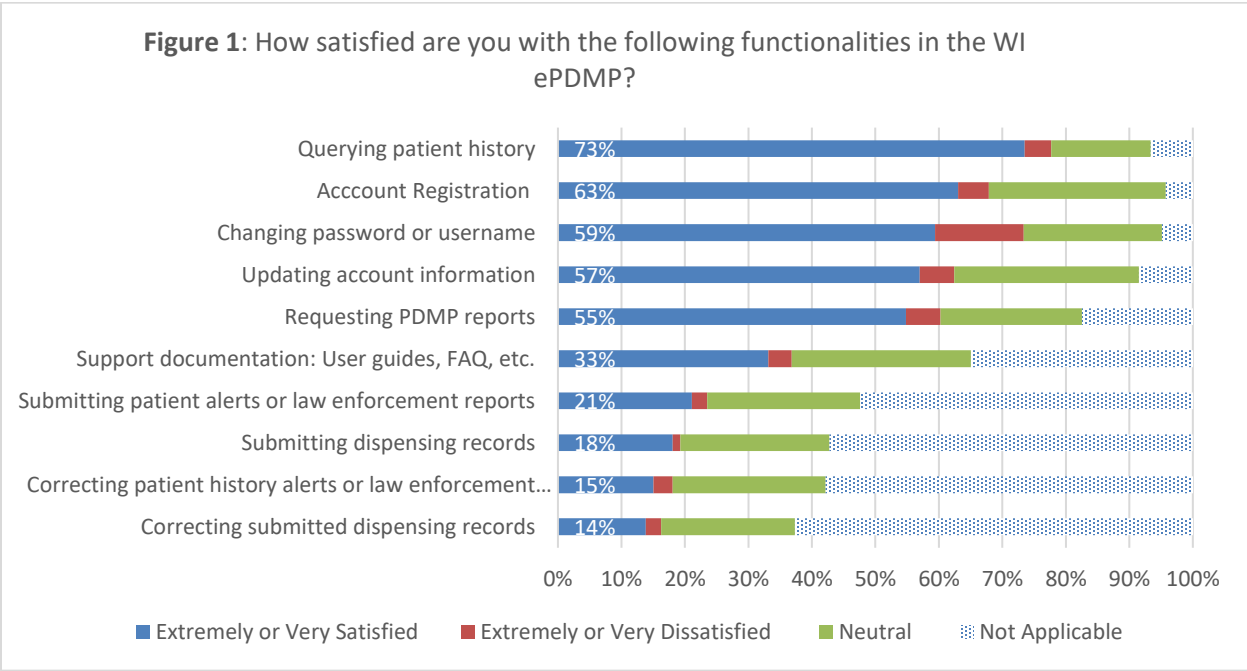
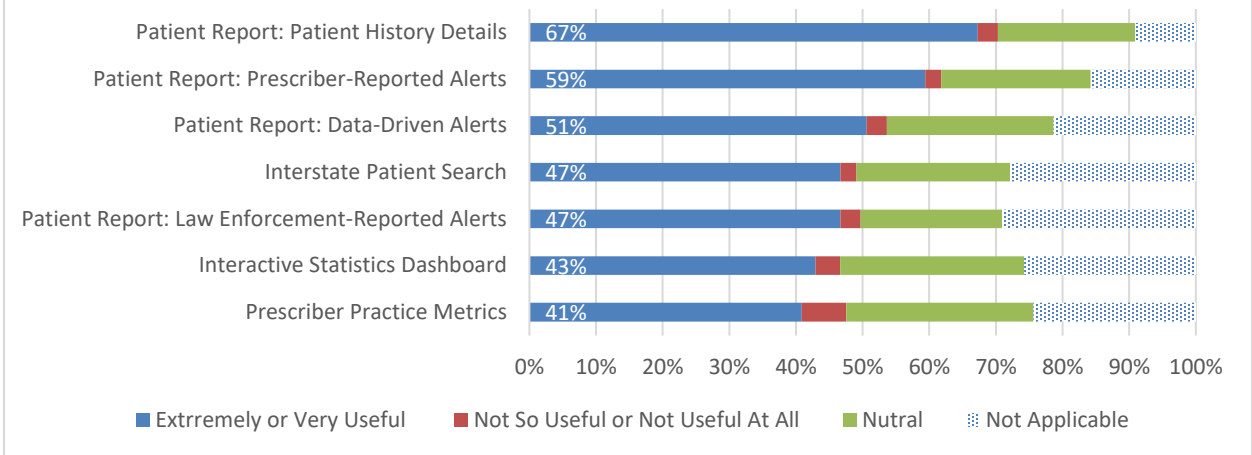


Figure 2: How useful do you find the following features in the WI ePDMP in informing your work?



User feedback continues to be utilized throughout the development process to ensure enhancements meet the needs of WI ePDMP users. In addition to the most recent survey, two user focus group sessions were conducted in recent months and PDMP Roundtables are being organized to engage local community members and stakeholders.

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:

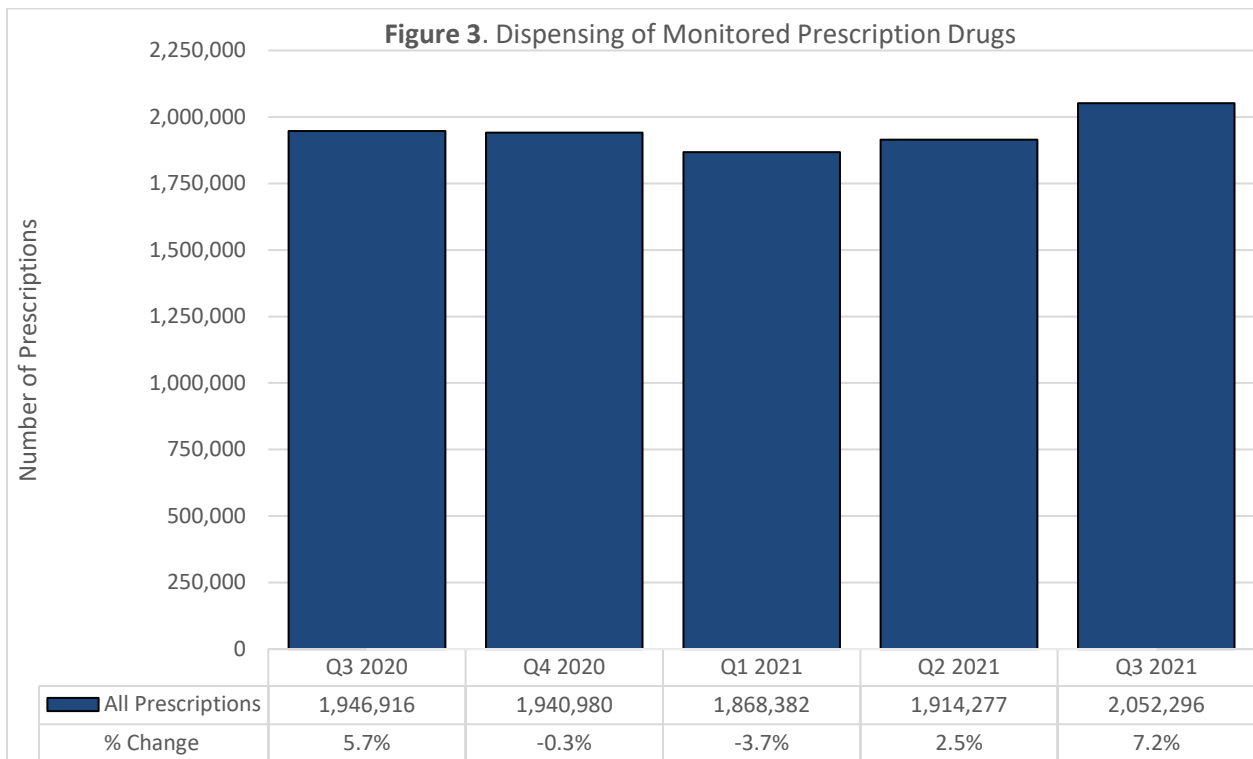
- The top seven physician (MD/DO) prescribers and the top seven physician assistant (PA) prescribers, based on opioid dispensing volume, were referred to the MEB.
- The top four dentistry prescribers, based on opioid dispensing volume, were referred to the DEB. An additional 12 dentistry prescribers 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.

After only meeting once in 2020 due to the pandemic, the Workgroup resumed meeting in September 2021. The Workgroup has continued 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.

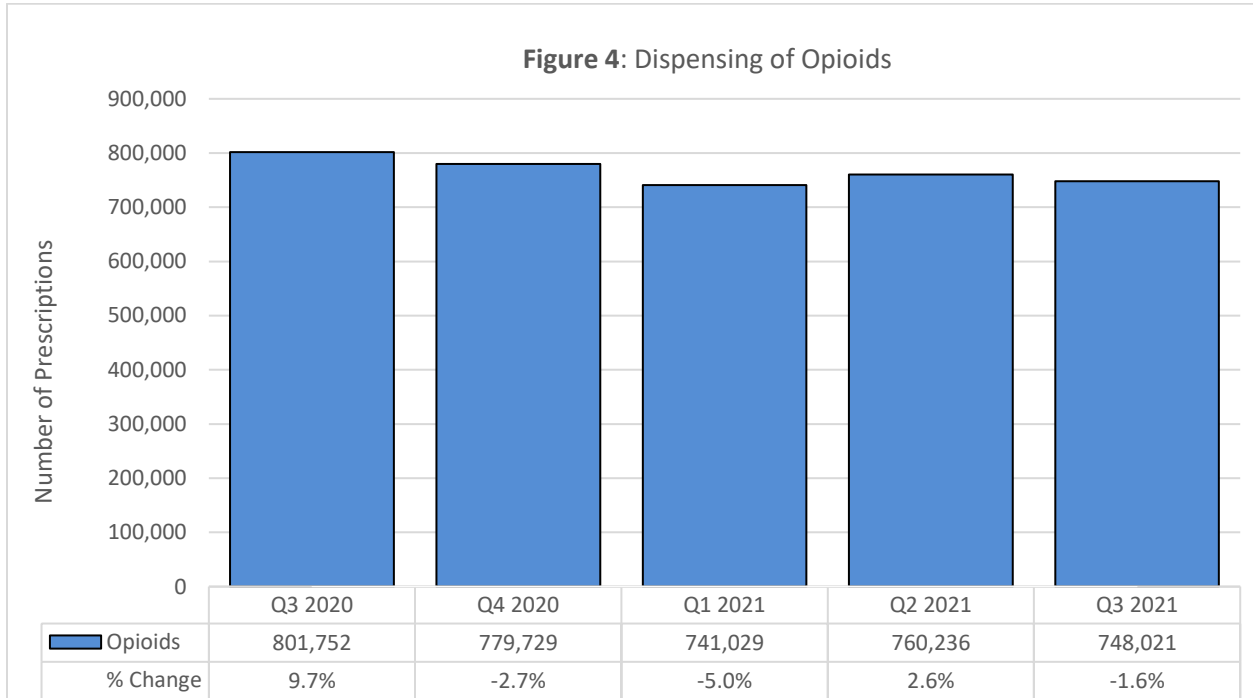
Additionally, the CSB conducts audits of dispenser requirements with the requirement to submit dispensing data to the WI ePDMP. Targeted outreach efforts are made after each audit to bring all non-exempt licensed pharmacies into compliance with the requirement to submit and correct dispensing data. Pharmacies that appear to remain out of compliance after multiple outreach attempts are referred to the Pharmacy Examining Board (PEB). In Q1 2020, 23 pharmacies were identified for referral for possible noncompliance. Due to the pandemic, this was the only dispenser audit conducted in 2020.

Monitored Prescription Drug Dispensing Trend

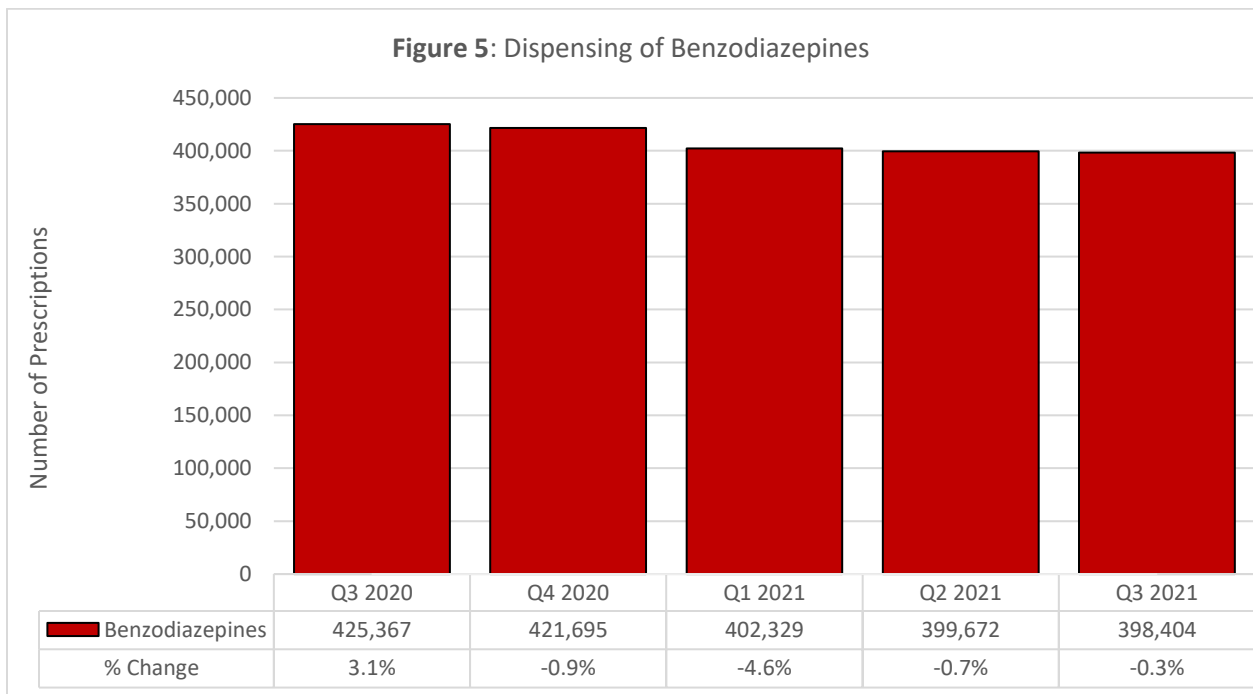
From Q2 to Q3 2021, the quarterly dispensing of all monitored prescription drugs increased by 7.2%. Compared to the same quarter in 2020, dispensing in Q3 2021 increased by 5.4% (Figure 3). During the quarter, Gabapentin became a newly monitored prescription drug due to it having a substantial potential for abuse. Its 157,175 dispensings were more than the 138,019 overall increase in monitored prescription drug dispensings.



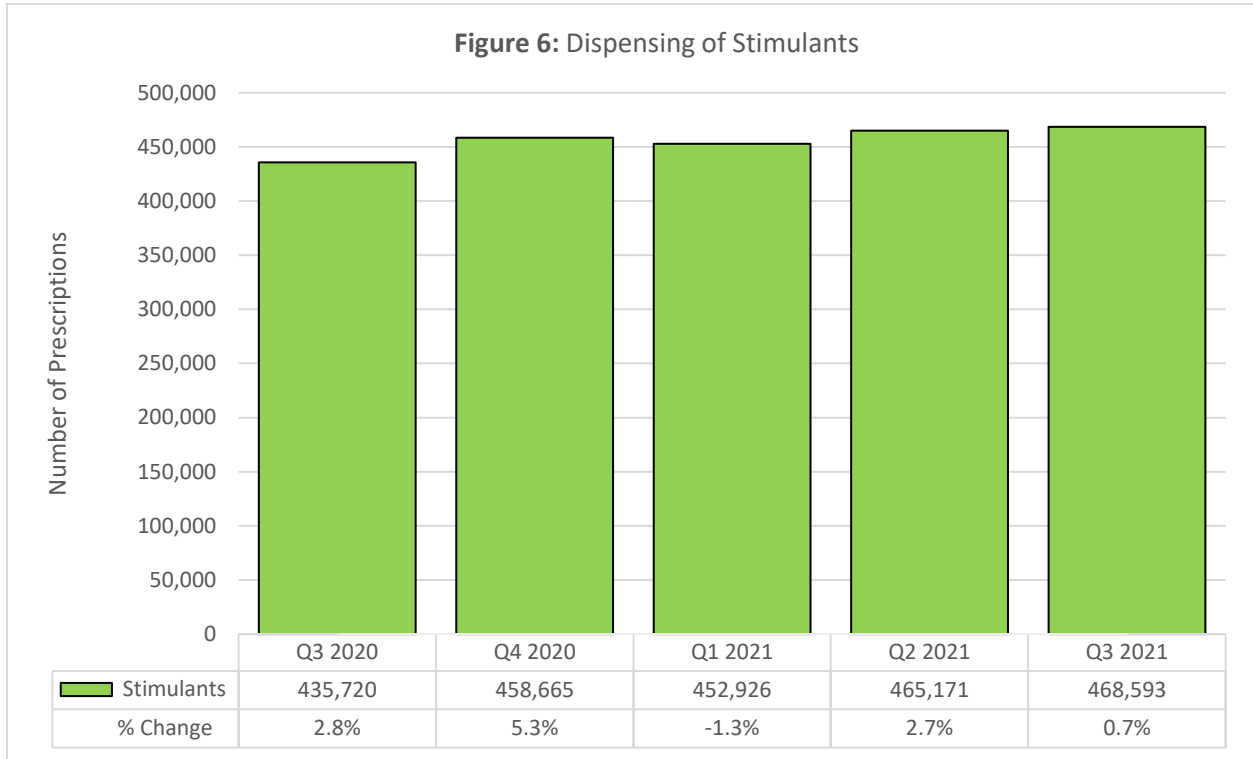
Quarterly data from the ePDMP show that opioid dispensing from Q2 to Q3 2021 decreased by 1.6%, and 6.7 % compared to the same quarter in 2020 (Figure 4).



Quarterly dispensing of benzodiazepines from Q2 to Q3 2021 decreased slightly by less than 1% (Figure 5). Q3 dispensing equates to an 6.3% reduction from the dispensing levels of the same quarter in 2020.



The quarterly dispensing of stimulants increased by 0.7% between Q2 and Q3 2021. It is a notable 7.5% increase compared to the same quarter period in Q3 2020 (Figure 6).



Top 15 Dispensed Monitored Prescription Drugs

Table 1 shows the top 15 most dispensed monitored prescription drugs in Q3 compared to Q2 2021, ranked in order of the number of prescriptions dispensed in Q3. The order of the top 15 drugs dispensed in recent quarters has been consistent overall, except for Gabapentin, which moved into the list in Q3 for the first time. Gabapentin was identified by the board as having a substantial potential for abuse and became a monitored prescription drug on September 1st. The top 15 drugs make up nearly 88% of the dispensing of monitored prescription drugs for any given quarter.

The most dispensed drug, Hydrocodone-Acetaminophen, has a decrease of 2.3%. Among the stimulant classification, the dispensing of Amphetamine-Dextroamphetamine has an increase of 2% and Methylphenidate HCl has a decrease of 1.5%. Pregabalin has increased 2.9% from Q2 to Q3 2021 after a notable increase of 5% from Q1 to Q2.

The dispensing of Buprenorphine HCl-Naloxone HCl Dihydrate is the 14th most dispensed monitored prescription drug in Q3 2021 with a slight increase (less than 1%) from Q2. Buprenorphine HCl-Naloxone HCl Dihydrate is one of the medications commonly used as part of Medication-Assisted Treatment (MAT) for opioid use disorder. Note that the ePDMP statistics do not include dispensing that occurs at most opioid treatment programs due to federal regulation 42 CFR Part 2, which has recently been revised to permit federally funded opioid treatment programs to report dispensing data to state PDMPs pending patient consent and in pursuant to the state statutes. Buprenorphine HCl-Naloxone HCl Dihydrate has an increase of nearly 4.5% in the past 12 months and a notable 55% increase since Q3 2018, the first quarter when Buprenorphine HCl-Naloxone HCl Dihydrate moved into the top 15 dispensed monitored prescription drugs.

	Drug Name	Drug Class	Q2 2021 Dispensing	Q3 2021 Dispensing	Percent Change
1	Hydrocodone-Acetaminophen	Opioid	242,984	237,512	-2.3%
2	Amphetamine-Dextroamphetamine	Stimulant	215,016	219,217	2.0%
3	Gabapentin	Other	N/A	157,175	N/A
4	Tramadol HCl	Opioid	150,734	149,149	-1.1%
5	Oxycodone HCl	Opioid	128,614	126,841	-1.4%
6	Lorazepam	Benzodiazepine	126,206	126,244	0.03%
7	Alprazolam	Benzodiazepine	118,200	118,097	-0.1%
8	Lisdexamfetamine Dimesylate	Stimulant	108,773	109,237	0.4%
9	Clonazepam	Benzodiazepine	106,830	106,144	-0.6%
10	Zolpidem Tartrate	Other	99,594	100,180	0.6%
11	Methylphenidate HCl	Stimulant	99,893	98,401	-1.5%
12	Pregabalin	Other	69,395	71,392	2.9%
13	Oxycodone w/ Acetaminophen	Opioid	70,590	69,150	-2.0%
14	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	61,061	61,257	0.3%
15	Diazepam	Benzodiazepine	41,828	41,119	-1.7%

Data-Driven Alerts

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

The 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 Daily Dose of Opioids Alert**, which indicates when a patient's active current prescriptions are estimated to provide a daily dose of opioids that exceeds 90 MME, thereby increasing the patient's risk of overdose.
4. **Early Refill Alert**, which indicates when a patient has refilled a controlled substance prescription two or more days earlier than the expected refill date based on the estimated duration of the prescription calculated and reported by the pharmacy.
5. **Multiple Prescribers or Pharmacies Alert**, which indicates that the patient has obtained prescriptions from at least five prescribers or five pharmacies within the previous 90 days. The five prescribers or dispensers may be associated with the same clinic, practice or location, but the WI ePDMP still views them as separate prescribers/dispensers. This alert is not a direct indication of doctor shopping; it is simply a flag for further inspection of the dispensing history.
6. **Multiple Same Day Prescriptions Alert**, which indicates when a patient has received the same controlled substance drug from multiple prescribers or pharmacies on the same day.

The quarterly number of concerning patient alerts has a decrease of 5.2% from Q2 to Q3 2021. Most notable are the decreases in Long Term Opioid Therapy (10.8%) and Multiple Prescribers or Pharmacies Alert (8.5%). The decreasing trend is also observed for the Early Refill Alert (2.7%), Concurrent Benzodiazepine and Opioid Alert (2.7%), Multiple Same Day Prescription (0.5%) and High Opioid Daily Dose alert (0.4%) from Q2 to Q3 2021.

Among the most frequently occurring alerts, Concurrent Benzodiazepine and Opioid Prescriptions Alert, the number of occurrences in Q3 2021 was 4.5% lower than the same quarter in 2020 and 41.4% lower than the first quarter the alerts were made available to WI ePDMP users in Q1 2017. The rate of occurrence of Long-Term Opioid Therapy Alert in Q3 2021 was 11.9% lower than the same quarter in 2020 and 35.5% lower than the first quarter the alerts were made available to WI ePDMP users in Q1 2017.

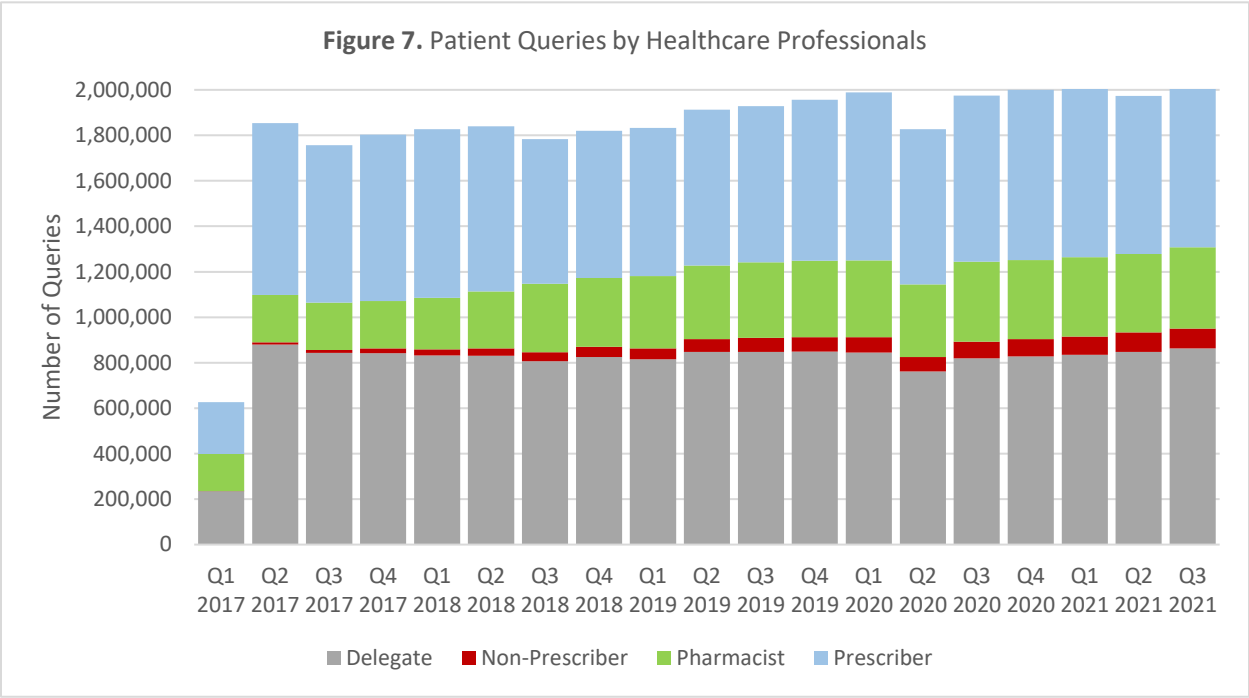
See Table 2 for the percent changes of all data-driven alert types that occurred from Q1 2017 to Q3 2021.

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 2021 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.

Table 2. Concerning Patient History Alerts Listed by Volume of Alerts Generated				
	Alert Type	Q1 2017	Q3 2021	Percent Change
1	Concurrent Benzodiazepine and Opioid	38,446	22,545	-41.4%
2	Early Refill	24,354	16,762	-31.2%
3	High Opioid Daily Dose	40,005	15,685	-60.8%
4	Long Term Opioid Therapy	34,819	22,443	-35.5%
5	Multiple Prescribers Or Pharmacies	24,379	12,533	-48.6%
6	Multiple Same Day Prescriptions	3,009	942	-68.7%
	All Alert Types	165,012	90,910	-44.9%

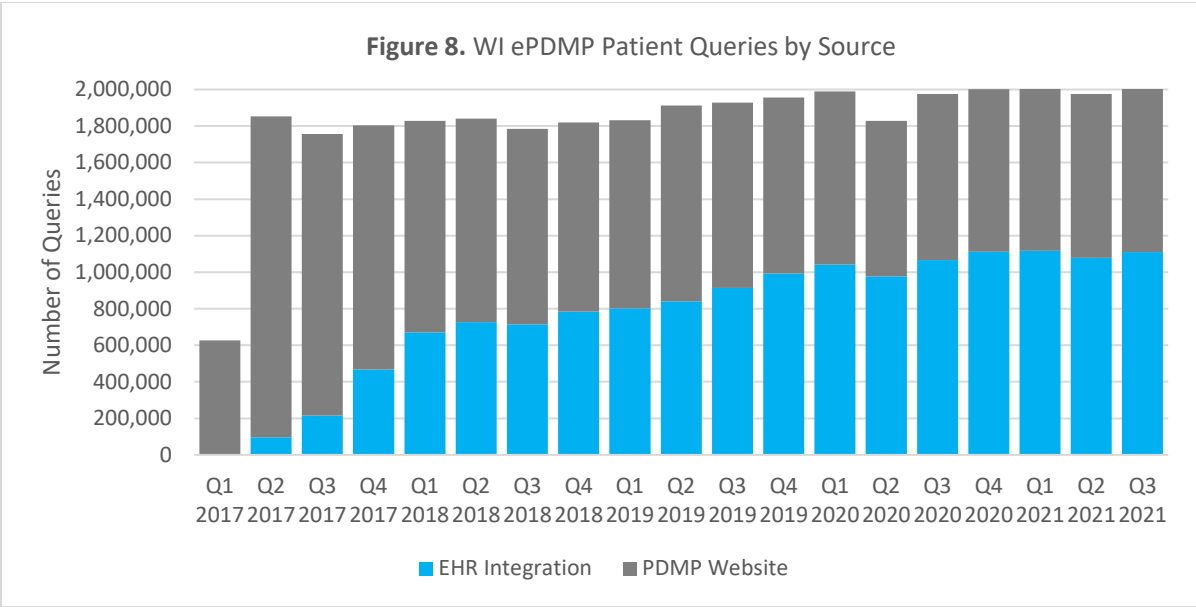
Disclosure of WI PDMP Data

Between April 1 and September 30 (Q3), 2021, healthcare users made a total of 2,011,381 patient queries, a slight decrease compared to Q1 2021 by 1.9%. Among them, 43% of the queries were performed by delegates of prescribers or pharmacists, 35% were performed by prescribers, 18% by pharmacists, and nearly 4% by other non-prescribing healthcare professionals. Percentages of the queries performed by various user type have been consistent between Q2 and Q3 2021 (Figure 7).

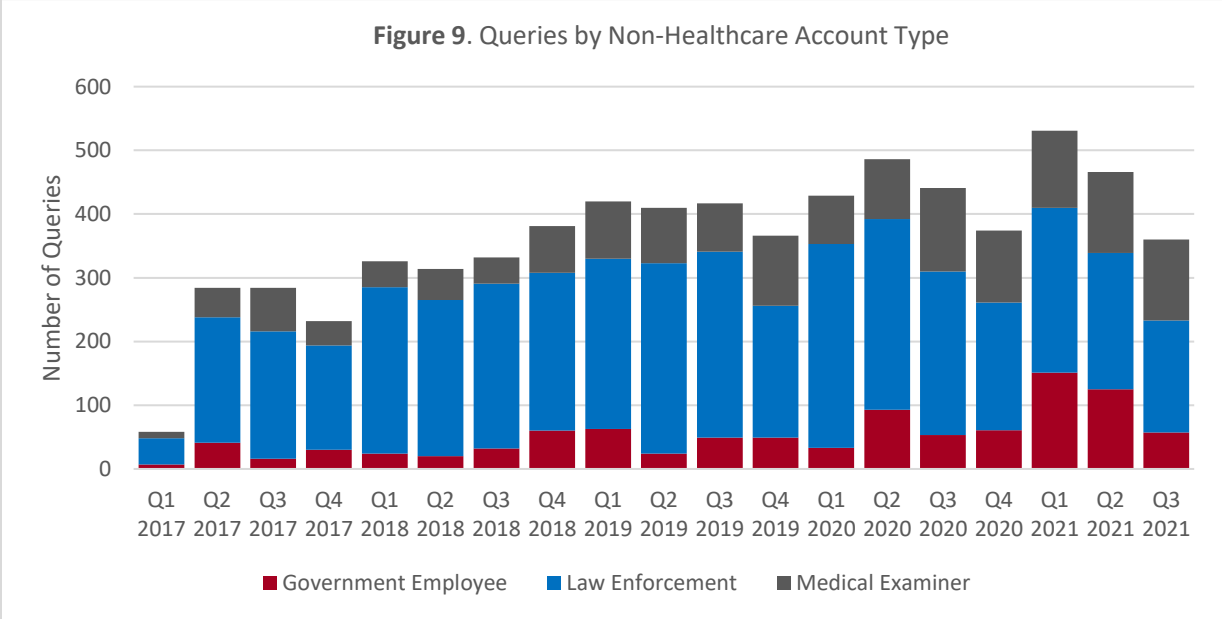


Utilizing the National Association of Boards of Pharmacy’s PMP InterConnect (PMPi) and the RxCheck interstate data sharing hub, the WI ePDMP is currently connected with 29 state PDMPs as well as the Military Health System. This interstate data exchange allows healthcare users to expand the WI ePDMP patient query to return results from PDMPs in other states, including Wisconsin’s border states of Minnesota, Michigan, Illinois, and Iowa.

Healthcare professionals from 20 health systems in Wisconsin now have one-click access to the WI ePDMP from within their electronic health record (EHR) platform to facilitate patient queries within a provider’s workflow. Figure 8 below shows that, in Q3 2021, over 55% of patient queries were through the direct EHR integration, which is up from 51% in Q4 2019, the first quarter where EHR integration accounted for more than 50% of queries.



Authorized individuals from non-healthcare groups made a total of 360 requests for PDMP data in Q3 2021, which is a 23% decrease over the previous quarter. As Figure 9 shows, authorized law enforcement queries continue to make up the largest proportion of the total non-healthcare queries (46%).

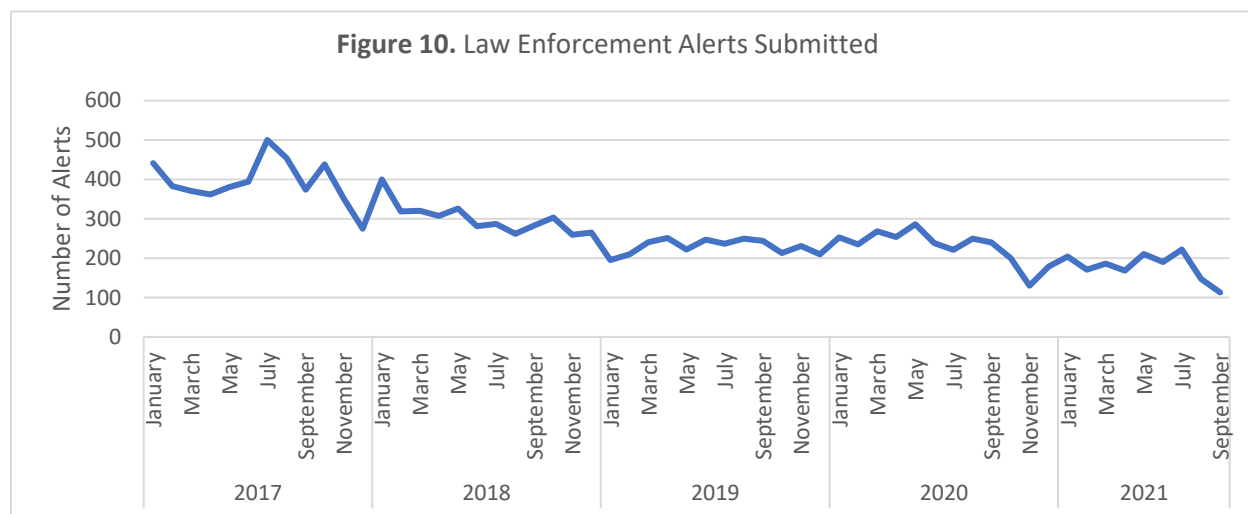


Law Enforcement Reports

In Q3 2021, there were 482 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 varied from one quarter to the next. The 2021 year-to-date distribution by report type can be seen below:

- 47.2% of the reports submitted were for suspected non-fatal opioid-related overdose events.
- 26.4% of the reports submitted were reports of stolen controlled substance prescriptions.
- 18.8% of the reports submitted were for suspected violations of the Controlled Substances Act.
- 7.6% of the reports submitted were for suspected narcotic-related deaths.

Summary

The third quarter of 2021 shows an overall increase in dispensing of monitored prescription drugs in Wisconsin compared to Q2 2021 or the same quarter in Q3 2020. The monitoring of Gabapentin, which started on September 1, 2021, accounted for 157,175 dispensings, which is more than the 138,019 overall dispensing increase.

The continuation of a decreasing trend is observed when the number is compared to the pre-pandemic quarters prior to Q2 2020. The decreasing trend is observed across drug classes including opioids and benzodiazepines, but not for stimulants and others. The dispensing of stimulant prescriptions in Q3 has a slight increase (less than 1%) compared to Q2 2021, the first quarter exceeds the number of Q4 2020 when the dispensing of stimulant prescriptions in Wisconsin peaked since Q1 2014. Given that the number of patient queries performed per month has remained consistent, WI ePDMP continues to be a valuable tool to support safe prescribing, treatment, and dispensing decisions as the drug abuse epidemic continues to evolve.

From Q2 to Q3 2021, the quarterly dispensing of all monitored prescription drugs increased by 7.2%, which equates a 5.4% increase compared to the same quarter of the past year in 2020. The breakdown of dispensing by drug class is as follows:

- The number of opioid prescriptions dispensed in Q3 2021 increased by 1.6% compared to the previous quarter, which is nearly a decrease of 6.3% compared to the same quarter in 2020.
- The number of benzodiazepine prescriptions dispensed in Q3 2021 decreased slightly (less than 1%) compared to the previous quarter and a decrease of 6.3% compared to the same quarter in 2020.
- The dispensing of stimulant prescriptions increased in Q3 2021 by 0.7% compared to the previous quarter, which equates a notable 7.5% increase compared to the same quarter period in 2020. Moreover, the dispensing of stimulants in Q3 2021 exceeds the Q4 2020 by 2.2% when the stimulant dispensing peaked since 2014.
- The dispensing of the top 15 most dispensed monitored prescription drugs in Q3 2021 compared to Q2 2021 has overall decreased. The greatest increases were found in Pregabalin (2.9%), and Amphetamine-Dextroamphetamine (2.0%).

Encouraging trends found in the WI ePDMP continued in Q3 2021.

- The dispensing of Buprenorphine HCl-Naloxone HCl Dihydrate is the 14th most dispensed monitored prescription drug in Q3 2021. With a slight increase (less than 1%) from Q2. Buprenorphine HCl-Naloxone HCl Dihydrate is one of the medications commonly used as part of Medication-Assisted Treatment (MAT) for opioid use disorder. With the increase, Buprenorphine HCl-Naloxone HCl Dihydrate has an increase of nearly 4.5% in the past 12 months and a notable 55% increase since Q3 2018, the first quarter when Buprenorphine HCl-Naloxone HCl Dihydrate moved into the top 15 dispensed monitored prescription drugs.
- The quarterly number of concerning patient alerts has a 5.2% decrease from Q2 to Q3 2021. Most notable is the decrease in Long Term Opioid Therapy (10.8%) and Multiple Prescribers or Pharmacies Alert (8.5%). The overall alerts decreased by 44.9% compared to Q1 2017 when the information was

first made available. The data-driven alerts are automated to alert authorized WI ePDMP healthcare providers of potential indications of abuse or diversion of prescribed controlled substances of their patients. Most notable is the decrease in Multiple Same Day Prescription Alert (68.7%), High Opioid Daily Dose (60.8%), and Multiple Prescribers or Pharmacies (48.6%).

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.