



Controlled Substances Board



WISCONSIN | **ePDMP**

Report 26 2023 Quarter 3 Summary

Contact Information

Wisconsin Controlled Substances Board

Chairperson: Doug Englebert

Members:

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Bistan, Matthew R.	Dentistry Board Alternate Representative
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Ferguson, Kris	Medical Board Alternate Representative
Kane, Amanda K.	Board of Nursing Representative
Schmeling, Gregory	Medical Board Representative
Weinman, Robert W.	Board of Nursing Alternate Representative
Weitekamp, John G.	Pharmacy Board Representative

Wisconsin Department of Safety and Professional Services

4822 Madison Yards Way

Madison, WI 53705

608-266-2112

DSPS@wisconsin.gov

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

Wisconsin Prescription Drug Monitoring Program

PDMP@wisconsin.gov

608-266-0011

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

Table of Contents

Introduction	4
User Satisfaction	5
Impact on Referrals for Investigation	7
Monitored Prescription Drug Dispensing Trend	8
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 2023 and will primarily focus on analysis of PDMP data from Q3 2023 and the preceding 12 months. For annual analysis of the WI PDMP from 2017 through 2022, see the Q4 2022 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 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 were required to check the WI ePDMP prior to issuing a prescription order for a monitored prescription drug, defined as controlled substances in Schedules II-V or drugs identified by the Board as having a substantial potential for abuse.

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. The Statistics Dashboard is dynamically updated, and the values of the preceding quarters may be revised after the conclusion of a quarter. The PDMP report is based on the snapshot data at the time when the paper was being produced.

Certain information typically included in the report was not available for this reporting period due to technical issues, including numbers of patients by morphine milligram equivalents (MME) groups, numbers and trends of Data-Driven Alerts by types, and numbers of Law Enforcement Alerts to date by types.

User Satisfaction

DSPS has conducted a survey of WI ePDMP users on a quarterly basis beginning the second quarter of 2021 to measure user satisfaction and inform current and future system enhancements. The Q3 2023 survey was sent to approximately 1,700 randomly selected users out of nearly 28,700 ePDMP users who were identified as “active,” or non-prescribing users who had logged into the ePDMP in the past twelve months and prescribers who had patient queries conducted by themselves or their delegates in the past twelve months. A total of 360 complete responses were collected between September 27 and October 18, 2023. Approximately ninety percent of respondents were Healthcare Professionals, including Prescribers (48%), non-Prescribers (15%), Pharmacists (13%), Dispensing Practitioners (3%) and Delegates (12%). The remaining 10% 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. Eighty-six percent of respondents reported overall satisfaction with the WI ePDMP, providing responses of “Satisfied” (47%) or “Very Satisfied” (39%). Satisfaction is 88.6% for Healthcare Professional respondents who have the option to access the ePDMP via an EHR interface and 88.5% for those who access directly via the ePDMP website.

Among the functionalities available to different types of users, 80% of respondents were “Satisfied or Very Satisfied” with “Querying Patient History” followed by “Account Registration” with 74% “Satisfied or Very satisfied” (Figure 1). For functionalities available specifically for prescribing healthcare professional users, 91% of respondents acknowledged “Opioid History in the Last 60 Days Indicator” as “Useful or Very Useful” in informing their work, followed by “Patient History Details,” which 88% of respondents acknowledged as “Useful or Very Useful,” and “Prescriber-Reported Alerts,” which more than 85% of respondents acknowledged as “Useful or Very Useful” (Figure 2).

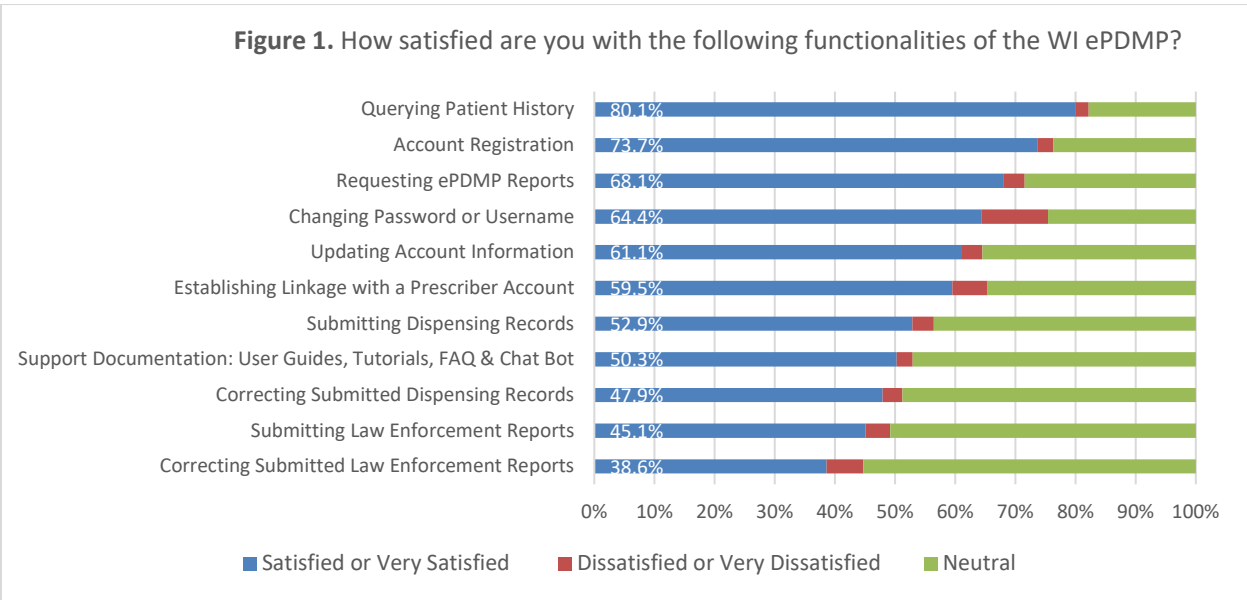
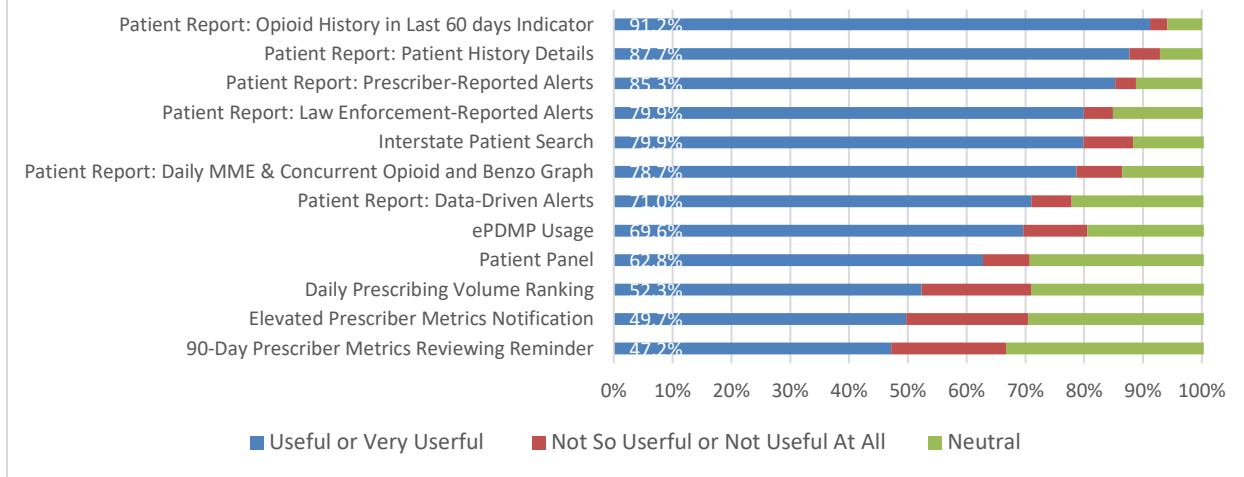


Figure 2. How useful do you find the following features in the WI ePDMP in informing your work?



Actions that prescribers reported having taken as a result of using WI ePDMP information in the past twelve months including “Confirmed that a patient was not misusing prescriptions” (71%), “Spoke with a patient about controlled substance use”(53.70%), “Denied or modified a prescription for a patient (47%), “Contacted a patient's prescribers or pharmacies” (45%), “Confirmed that a patient had other prescribers that patient had not previously disclosed” (35%), and “Confirmed that a patient had other prescribers that patient had not previously disclosed” (22%) (Table 1).

Table 1. Which of the following actions you have taken in the past 12 months as a result of using the information in the WI ePDMP?

Confirmed that a patient was not misusing prescriptions	70.8%
Spoke with a patient about controlled substance use	53.7%
Denied or modified a prescription for a patient	47.2%
Contacted a patient's prescribers or pharmacies	44.9%
Confirmed that a patient had other prescribers that patient had not previously disclosed	34.7%
Referred a patient to or recommended pain management	21.8%
Referred a patient to or recommended behavioral health treatment services	12.0%
Referred a patient to or recommended substance abuse treatment	11.1%
Dismissed a patient from care	7.4%
Contacted law enforcement regarding an event detailed in law enforcement alert	0.9%

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.

The CSB Referral Criteria Workgroup continues to meet 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.

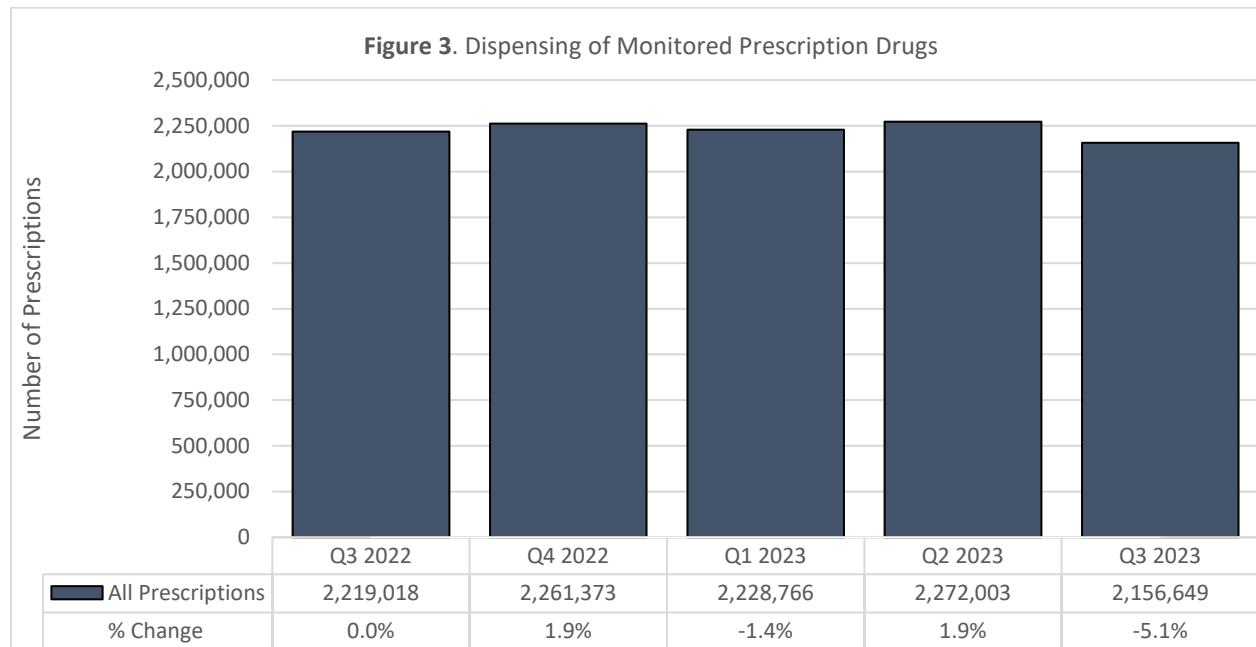
In Q3 2023, based on the Workgroup recommendations, the Controlled Substances Board made referrals to the Medical Examining Board (MEB) at their meeting in September. Five prescribers were referred to the MEB based on opioid prescribing practices and one prescriber was referred to the Physician Assistant Affiliated Credentialing Board.

After a pandemic induced pause, in January 2022, the Controlled Substances Board resumed ePDMP usage compliance audits for the Dentistry Examining Board (DEB). Notifications were sent bimonthly to providers who issued prescriptions required of PDMP review by rule but recorded 0% ePDMP usage during the two-month auditing period. One provider who received three consecutive notifications in March, May and August 2023 was referred to the DEB at the Controlled Substances Board meeting in September.

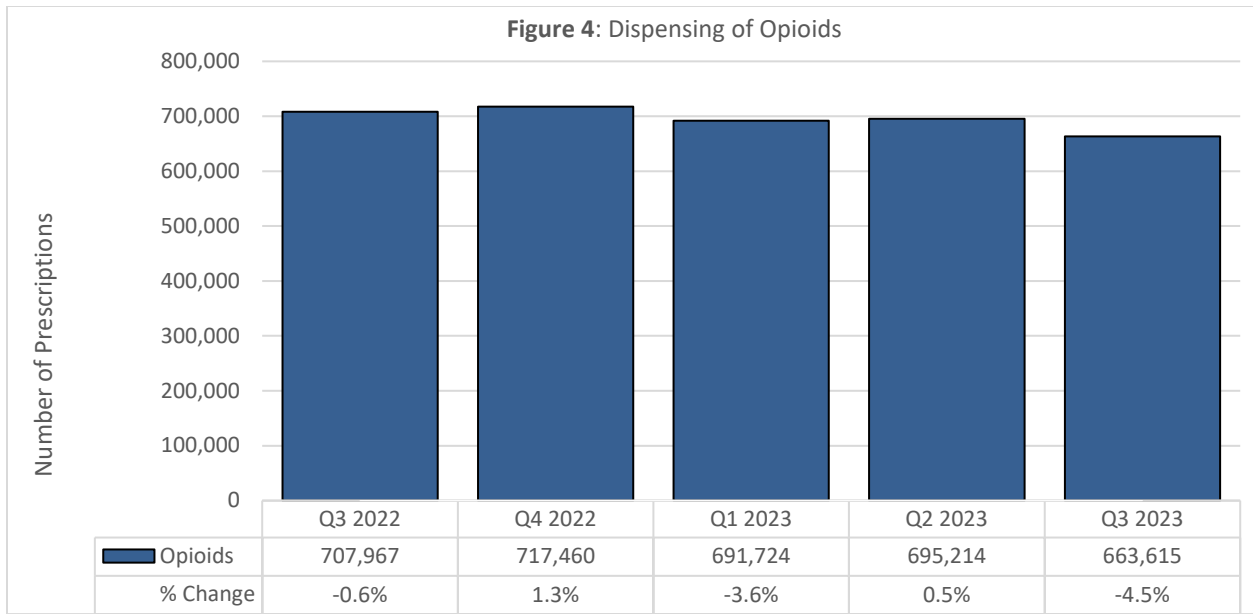
Additionally, the CSB conducts audits of dispenser requirements with the requirement to submit dispensing data to the WI ePDMP. Targeted outreach efforts are made after each audit to bring all non-exempt licensed pharmacies into compliance with the requirement to submit and correct dispensing data. Pharmacies 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. After a pandemic induced pause, dispenser audits are expected to resume in 2024.

Monitored Prescription Drug Dispensing Trend

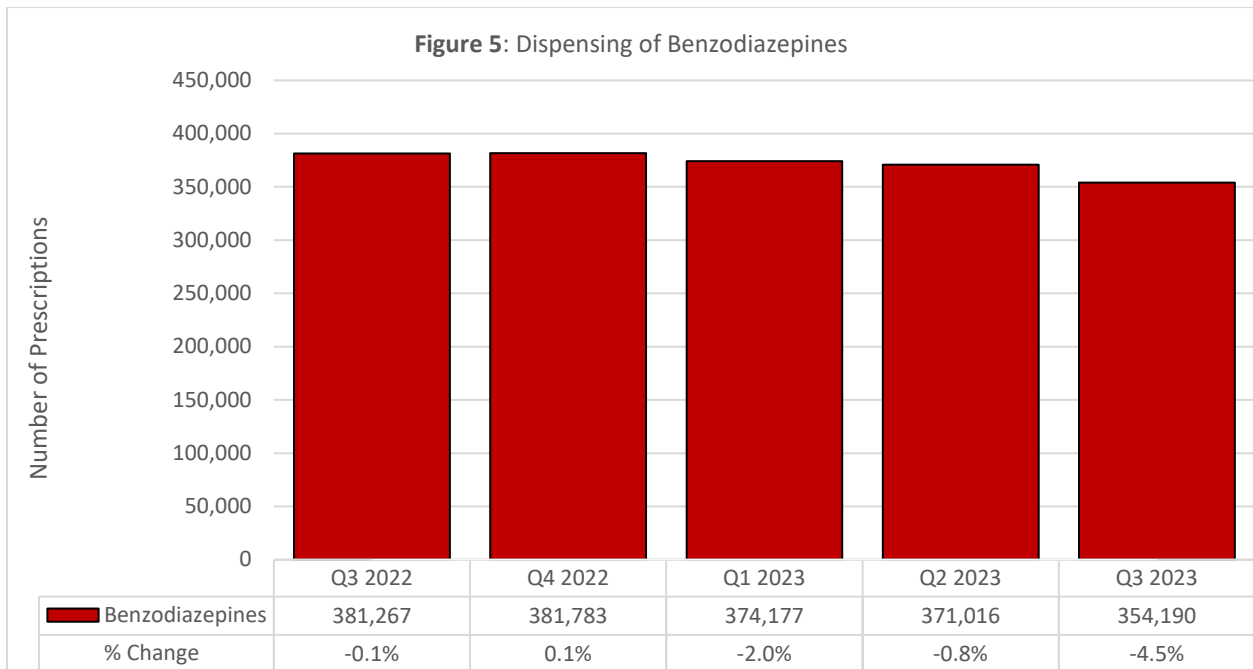
Quarterly data from the ePDMP show that dispensing of all monitored prescription drugs from Q2 2023 to Q3 2023 decreased by 5.1% (Figure 3). Decreases in dispensing were seen across all drug classifications. During quarter 3 2023, a total of 1,139 pharmacies and 57 dispensing practitioners reported dispensing of monitored drugs to the ePDMP, including 765 in-state pharmacies, 374 out-of-state pharmacies, 26 Physician MDs, 15 Dentists, 9 Advanced Practice Nurse Prescribers, 6 Physician Assistants, and 1 Physician DO.



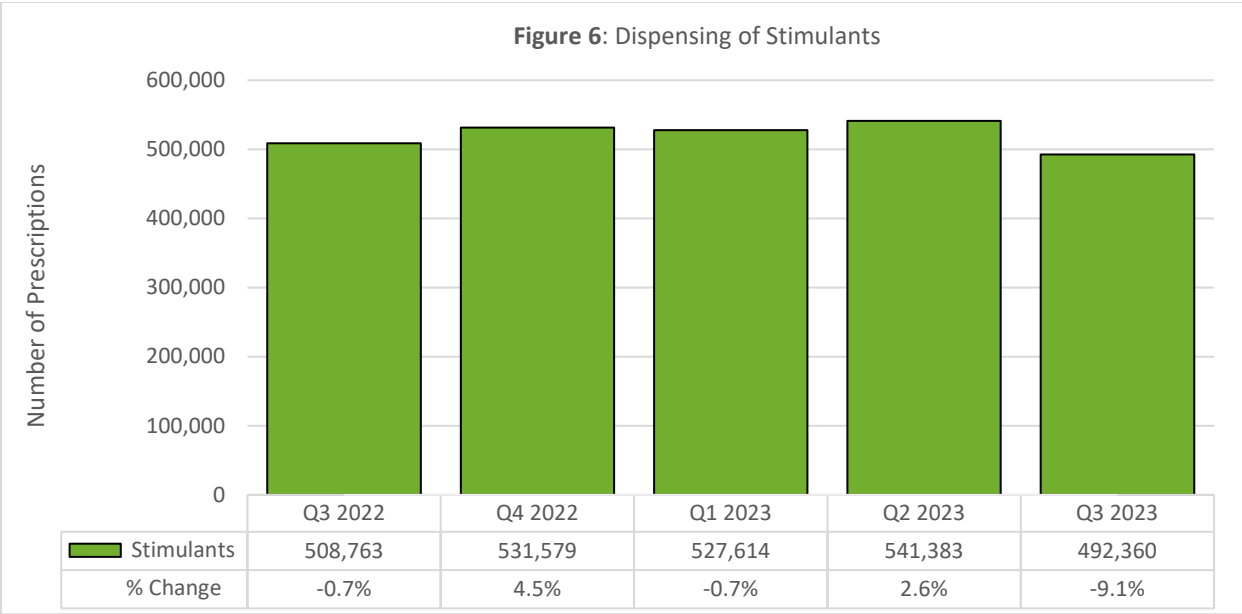
Quarterly dispensing of opioids from Q2 2023 to Q3 2023 decreased by 4.5% (Figure 4). Q2 2023 dispensing equated to a 6.3% reduction from the dispensing of opioids in the same quarter in 2022.



Quarterly dispensing of benzodiazepines from Q2 2023 to Q3 2023 decreased by 4.5% (Figure 5). Q2 2023 dispensing equated to a 7.1% reduction from the dispensing of benzodiazepines in the same quarter in 2022.



The quarterly dispensing of stimulants decreased by 9.1% between Q2 2023 and Q3 2023 and by 3.2% compared to the same quarter in 2022 (Figure 6).



Top 15 Dispensed Monitored Prescription Drugs

Table 2 shows the quarterly data of top 15 most dispensed monitored prescription drugs in Q3 2023 compared to Q2 2023, ranked in order of the number of prescriptions dispensed in Q3 2023. The order of the top 15 drugs dispensed in recent quarters has been consistent overall until Q3 2021, during which gabapentin became a newly monitored drug. Gabapentin was the most prescribed monitored drug in Q4 2021 after joining the list in Q3 2021 for the first time. Gabapentin was also the most prescribed monitored drug of Q3 2023 but saw a decrease of 5.5% in dispensing. The top 15 drugs make up nearly 88% of the dispensing of monitored prescription drugs for any given quarter.

Among the Stimulant classification, decreases were seen in the dispensing of methylphenidate HCl (-12.1%), amphetamine-dextroamphetamine (-8.2%), and lisdextroamphetamine-dimesylate (-7.6%), from Q2 to Q3 2023.

Each drug in the Opioid classification of the top 15 drugs saw a decrease in dispensing in Q3 2023. This includes oxycodone with acetaminophen (-6.6%), hydrocodone-acetaminophen (-4.1%), tramadol HCl (-4.0%), and oxycodone HCl (-3.8%).

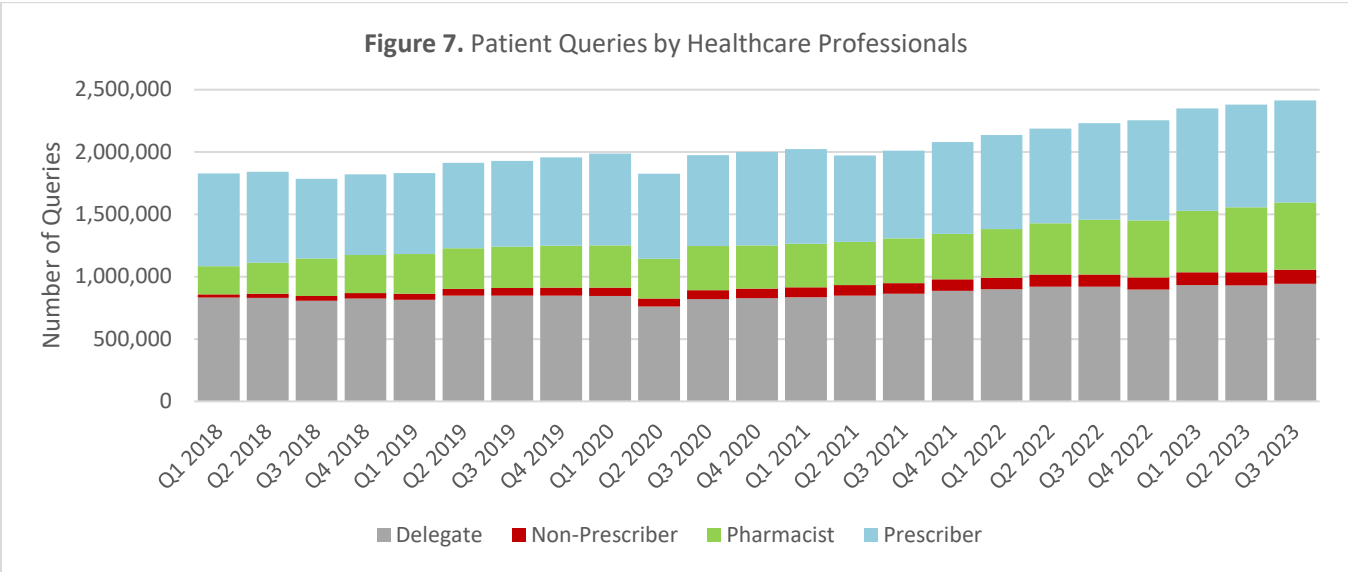
The dispensing of buprenorphine HCl-naloxone HCl dihydrate is the 13th most dispensed monitored prescription drug in Q3 2023 with a decrease (-2.9%) from Q2 2023. Buprenorphine HCl-naloxone HCl dihydrate is one of the medications commonly used as part of Medication-Assisted Treatment (MAT) for opioid use disorder. Note that this does not include dispensing that occurs at most opioid treatment programs due to federal regulation 42 CFR Part 2, which has been revised in 2022 to permit federally funded opioid treatment programs to report dispensing data to state PDMPs pending patient consent in writing and mandates to report pursuant to the state statutes.

Table 2. Top 15 Dispensed Monitored Prescription Drug by Dispensing

	Drug Name	Drug Class	Q2 2023 Dispensing	Q3 2023 Dispensing	Percent Change
1	Gabapentin	Other	369,661	349,238	-5.5%
2	Amphetamine-Dextroamphetamine	Stimulant	232,887	213,861	-8.2%
3	Hydrocodone-Acetaminophen	Opioid	210,817	202,205	-4.1%
4	Lisdexamfetamine Dimesylate	Stimulant	140,157	129,443	-7.6%
5	Tramadol HCl	Opioid	134,459	129,031	-4.0%
6	Oxycodone HCl	Opioid	133,360	128,312	-3.8%
7	Lorazepam	Benzodiazepine	119,804	113,174	-5.5%
8	Alprazolam	Benzodiazepine	106,515	102,498	-3.8%
9	Methylphenidate HCl	Stimulant	115,527	101,506	-12.1%
10	Clonazepam	Benzodiazepine	98,337	94,052	-4.4%
11	Zolpidem Tartrate	Other	93,254	89,810	-3.7%
12	Pregabalin	Other	83,716	82,289	-1.7%
13	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	63,268	61,415	-2.9%
14	Oxycodone w/ Acetaminophen	Opioid	59,698	55,759	-6.6%
15	Diazepam	Benzodiazepine	38,190	36,594	-4.2%

Disclosure of WI PDMP Data

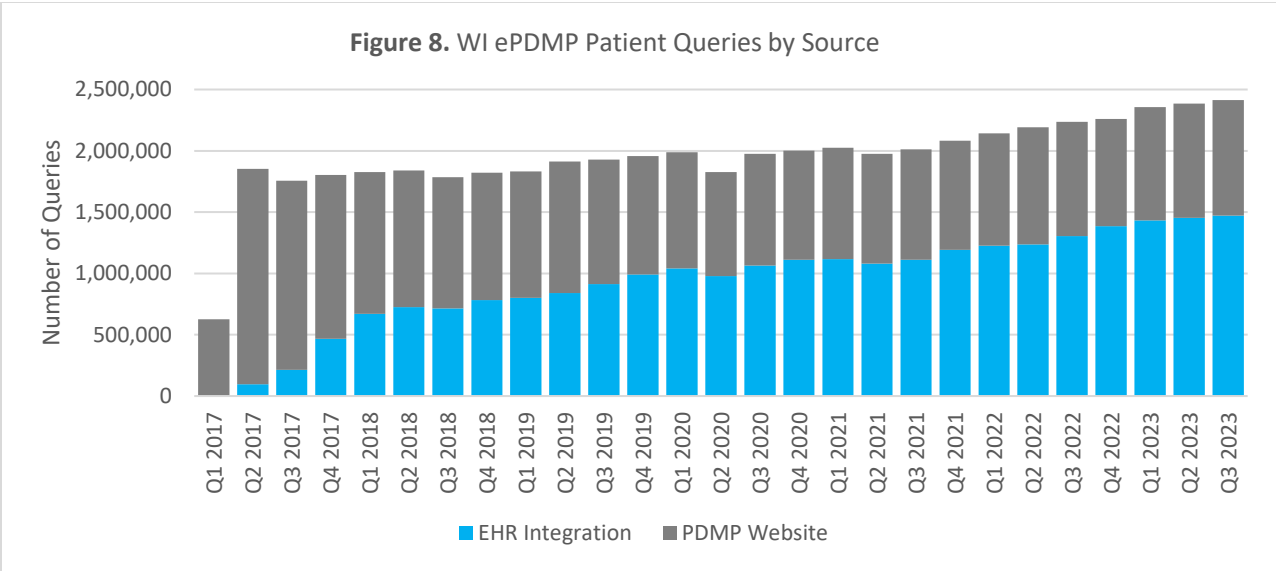
Between July 1 and September 30, (Q3) 2023, healthcare users made a total of 2,414,988 patient queries, a 1.9% increase compared to Q2 2023 (Figure 7). Breaking down the queries by user type shows that 39% of the queries were performed by delegates of prescribers or pharmacists, 34% were performed by prescribers, 22% by pharmacists, and 5% by other non-prescribing healthcare professionals.



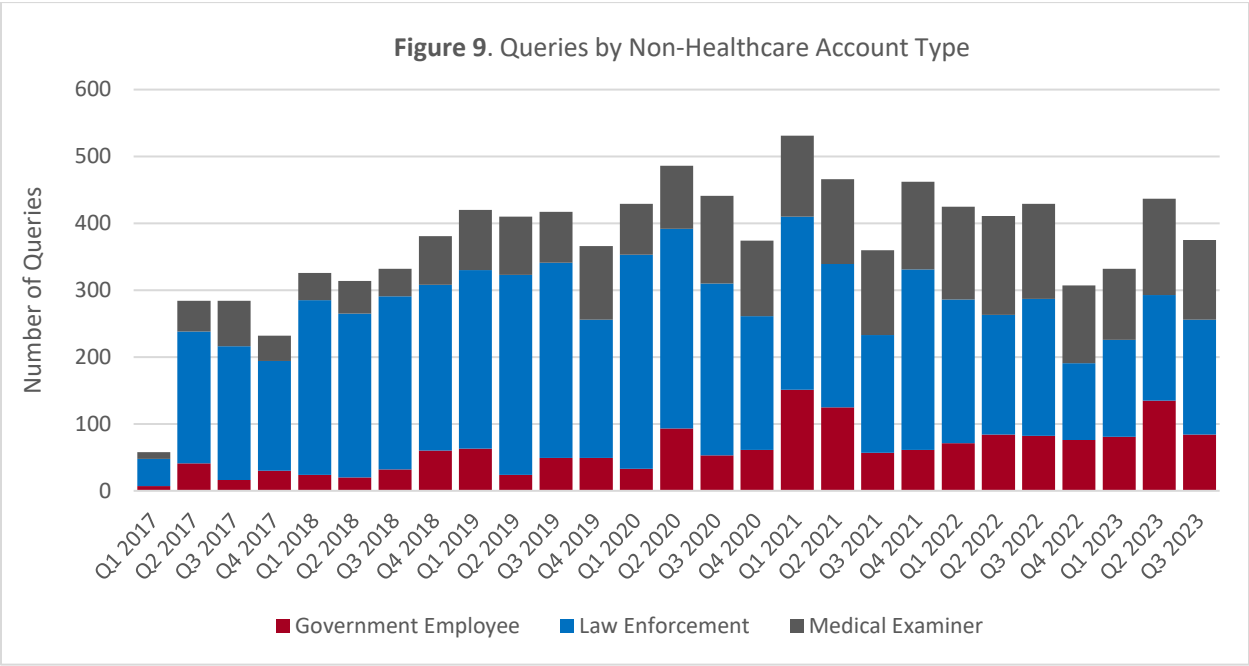
Utilizing the National Association of Boards of Pharmacy’s PMP InterConnect (PMPi) and the RxCheck interstate data sharing hub, the WI ePDMP is now connected with 29 state PDMPs as well as the Military Health System. The interstate data exchange allows healthcare users to expand the WI ePDMP patient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

Healthcare professionals from 25 health systems in addition to more than 30 facilities and small practices in Wisconsin now have one-click access to the PDMP from within their electronic health record (EHR) platform to facilitate patient queries within a provider’s busy workflow. In 2022, the PDMP began to allow healthcare organizations to access ePDMP data via electronic health record (EHR) without the payment of monthly subscription fees. This will continue to greatly benefit under-resourced and rural healthcare facilities.

Figure 8 below shows that, in Q3 2023, 61% 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 375 requests for PDMP data in Q3 2023, which is a 14% decrease from the previous quarter (Figure 9). Authorized law enforcement users made up the largest proportion of the total non-healthcare queries (46%).

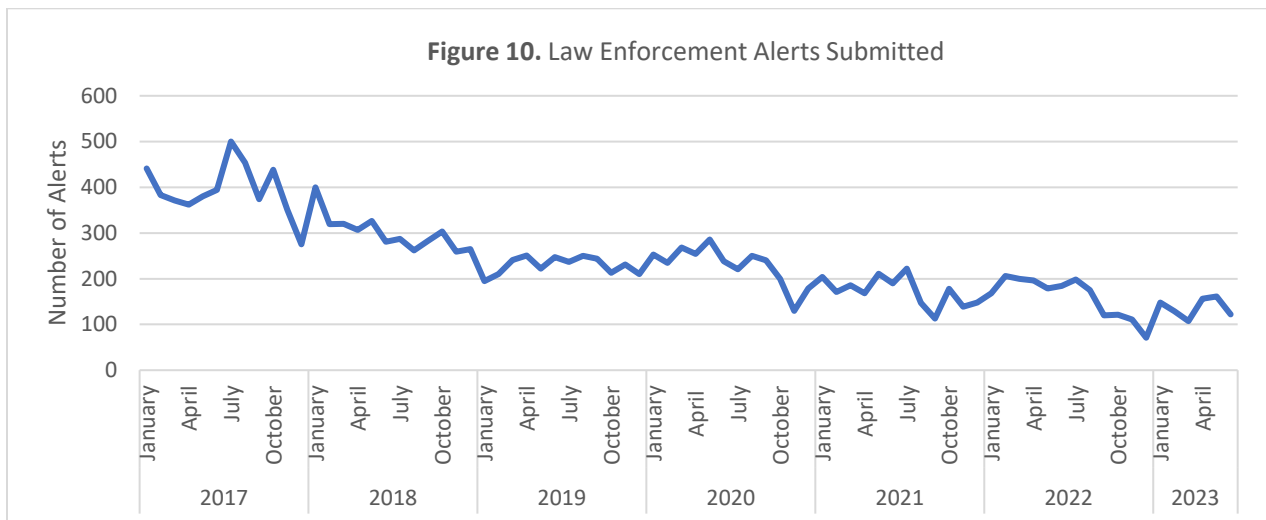


Law Enforcement Reports

In Q3 2023, there were 424 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.



Summary

From Q2 2023 to Q3 2023, the quarterly dispensing of all monitored prescription drugs decreased by 5.1%, which equated to a decrease of 2.8% compared to the same quarter in 2022. Decreases in dispensing were seen across all drug classifications including Opioids (-4.5%), Benzodiazepines (-4.5%), Stimulants (-9.1%), and Other (-2.7%). Gabapentin has continued to be the top dispensed monitored drug since Q4 2021 when gabapentin first became the most dispensed monitored drug. Gabapentin became a monitored prescription drug on September 1, 2021, after being identified by the Board as having a substantial potential for abuse. During Q3 2023, Gabapentin remained the most prescribed monitored drug but saw a decrease of 5.5% in dispensing from Q2 2023.

Compared to the same quarter in 2017, the overall dispensing of monitored prescription drugs in Q3 2023 had a decrease of 2.6%. The breakdown by drug classes showed decreases in opioid and benzodiazepine dispensing and an increase in stimulants.

- The number of opioid prescriptions dispensed in Q3 2023 was notably 33%, or over 324,000 prescriptions, less than the number in Q3 2017.
- The number of benzodiazepine prescriptions dispensed in Q3 2023 was notably 30%, or around 148,000 prescriptions, less than the number in Q3 2017.
- The number of stimulant prescriptions dispensed in Q3 2023 was 20%, or around 81,000 prescriptions, more than the number in Q3 2017.

Encouraging trends found in the WI ePDMP continued in Q3 2023:

- 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, was the 13th most dispensed monitored prescription drug in Q3 2023. Its dispensing in Q3 had a decrease (-2.9%) from Q2 2023 which equated to a decrease of 3% over the past 12 months and a notable 56% increase since Q3 2018, the first quarter it moved into the top 15 dispensed monitored prescription drugs.

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 Monitored Prescription Drugs Dispensed, PDMP Utilization, and Law Enforcement Alerts.