



Controlled Substances Board



WISCONSIN | **ePDMP**

Report 29

2024 Quarter 2 Summary

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Introduction

This report is being provided pursuant to ss. 961.385 (5) – (6), Wis. Stats., which requires the Controlled Substances Board (CSB) to submit a quarterly report to the Wisconsin Department of Safety and Professional Services (DPS) about the Wisconsin Prescription Drug Monitoring Program (WI PDMP). This report is intended to satisfy that requirement for the first quarter of 2024 and will primarily focus on analysis of PDMP data from April 1, 2024, to June 30, 2024, and the preceding 12 months. For annual analysis of the WI PDMP from 2017 through 2023, see the Q4 2023 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 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. The PDMP report is based on the snapshot data at the time when the paper was being produced. Values for preceding quarters may be revised 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 the current reporting quarter not only in relation to the preceding quarter, but also in relation to the same quarter of the previous year.

Certain information typically included in the report was not available for this reporting period including annual numbers and trends of Data-Driven Alerts 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 Q2 2024 survey was sent to approximately 1,700 randomly selected users out of nearly 35,000 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 295 complete responses were collected between August 2 and September 25, 2024. Approximately ninety-one percent of respondents were Healthcare Professionals, including Prescribers (53.2%), Non-Prescribers (10.9%), Delegates (15.3%), Pharmacists (8.8%), and Dispensing Practitioners (2.7%). The remaining 9% of respondents were Pharmacies, Submitters, Government Employees, Medical Examiners, and Law Enforcement.

The survey indicates that most users are satisfied with the WI ePDMP. Eighty-seven percent of respondents reported overall satisfaction with the WI ePDMP, providing responses of “Satisfied” (49%) or “Very Satisfied” (38%). Satisfaction is 91.5% for Healthcare Professional respondents who have the option to access the ePDMP via an EHR interface, and 89.1% for those who access directly via the ePDMP website.

Among the functionalities available to different types of users, 81% of respondents were “Satisfied or Very Satisfied” with “Account Registration,” followed by “Querying Patient History,” with 80% “Satisfied or Very Satisfied” (Figure 1). For functionalities available specifically for prescribing healthcare professional users, 89% 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 83% of respondents acknowledged as “Useful or Very Useful” (Figure 2).

Figure 1. How satisfied are you with the following functionalities of the WI ePDMP?

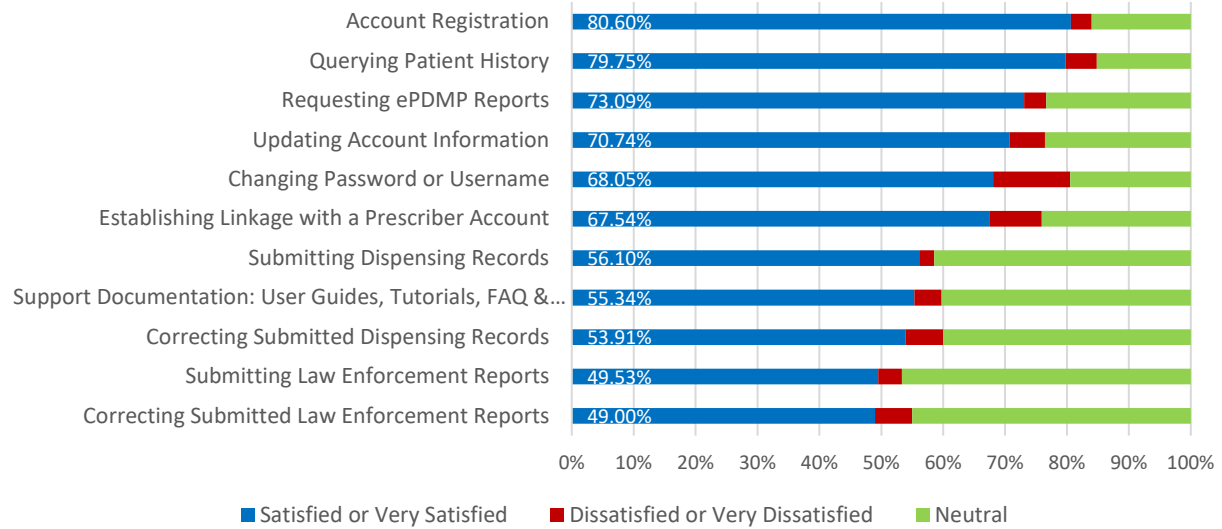
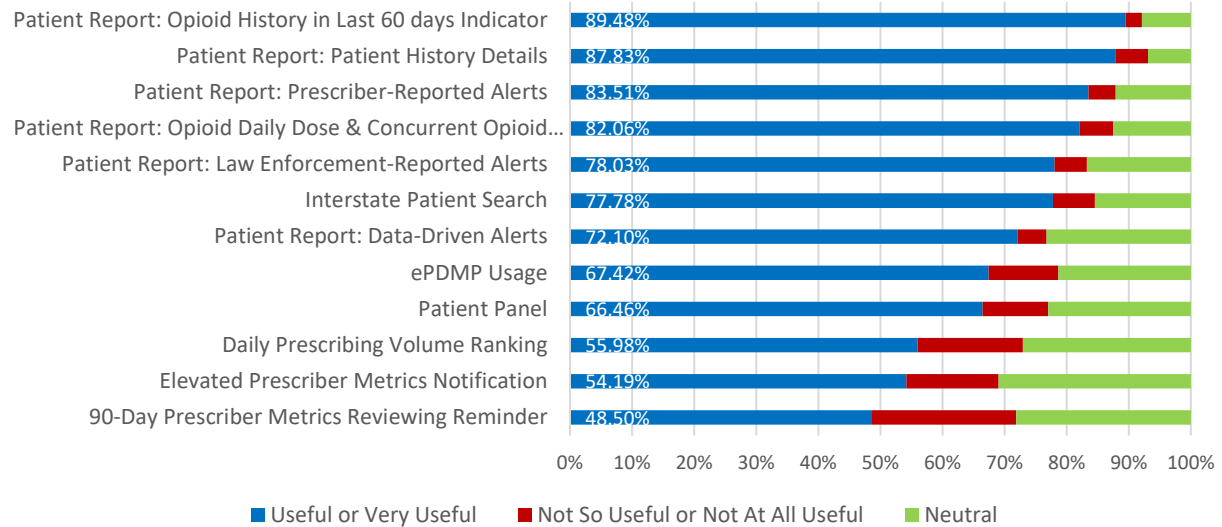


Figure 2. How useful do you find the following features in the WI ePDMP in informing your work?



Actions that prescribers reported having taken as a result of using WI ePDMP information in the past twelve months included “Confirmed that a patient was not misusing prescriptions” (66%), “Spoke with a patient about controlled substance use”(63%), “Denied or modified a prescription for a patient” (48%), “Contacted a patient's prescribers or pharmacies” (43%), and “Confirmed that a patient had other prescribers that patient had not previously disclosed” (40%) (Table 1).

Table 1. Actions prescribers have taken in the past 12 months as a result of using WI ePDMP information

Confirmed that a patient was not misusing prescriptions	65.7%
Spoke with a patient about controlled substance use	62.8%
Denied or modified a prescription for a patient	47.7%
Contacted a patient's prescribers or pharmacies	43%
Confirmed that a patient had other prescribers that patient had not previously disclosed	39.5%
Referred a patient to or recommended pain management	19.8%
Referred a patient to or recommended behavioral health treatment services	15.1%
Referred a patient to or recommended substance abuse treatment	9.3%
Dismissed a patient from care	5.2%
Contacted law enforcement regarding an event detailed in law enforcement alert	1.2%

Impact on Referrals for Investigation

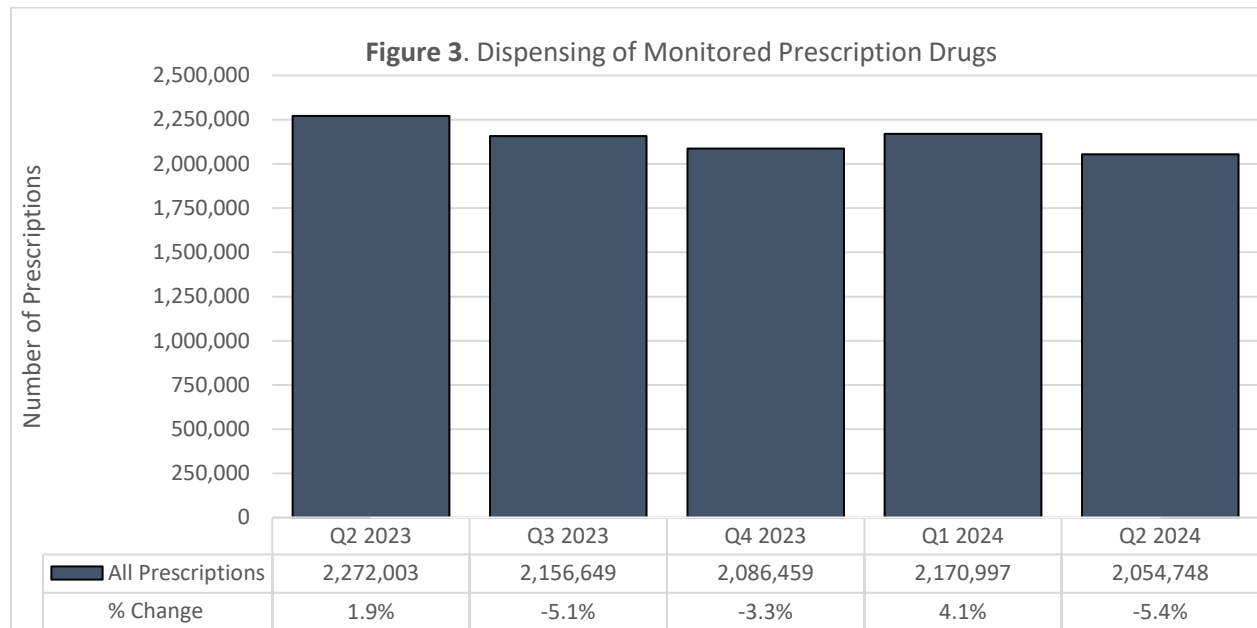
Pursuant to s. 961.385 (2) (f) and (3) (c), Wis. Stats., the CSB may disclose PDMP data to a licensing or regulatory board and refer for discipline a pharmacist, pharmacy, or practitioner who fails to comply with the rules of the Prescription Drug Monitoring Program or if circumstances indicate suspicious 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. The Workgroup did not meet in Q2 2024 due to the on-going systemic updating of ePDMP data analytics, and no referrals were made by the Board.

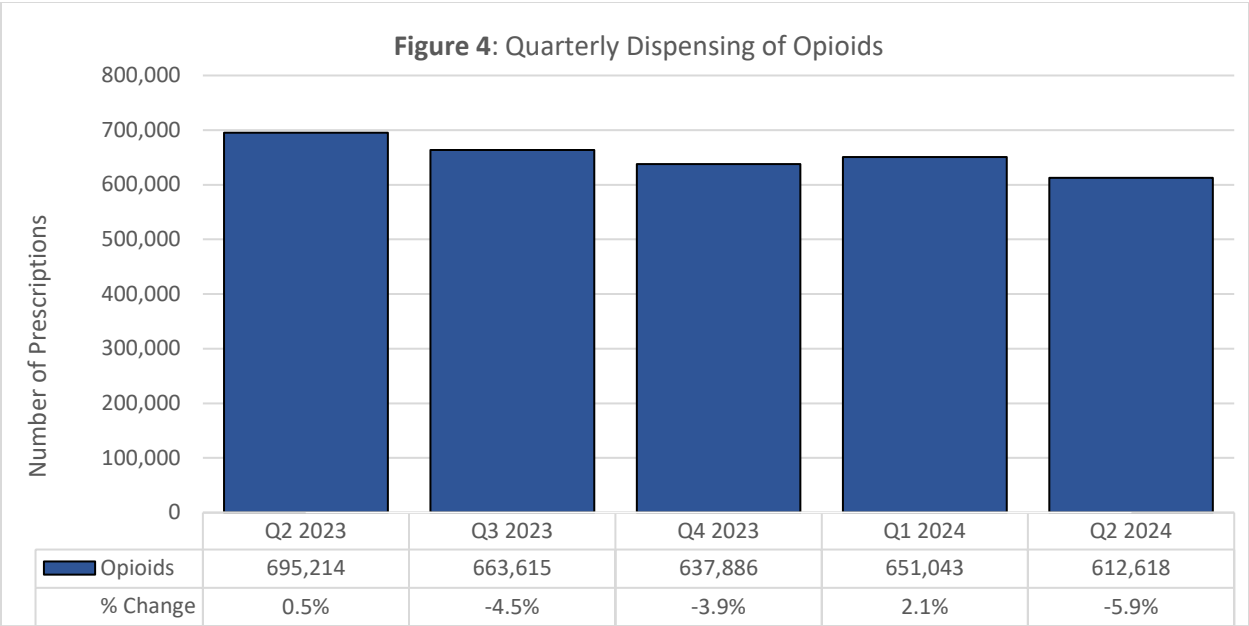
Additionally, the CSB conducts audits of dispensers who are required to submit dispensing data to the WI ePDMP. Targeted outreach efforts are made after each audit to bring all non-exempt licensed pharmacies into compliance with the requirement to submit and correct dispensing data. Pharmacies that appear 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 2025.

Monitored Prescription Drug Dispensing Trend

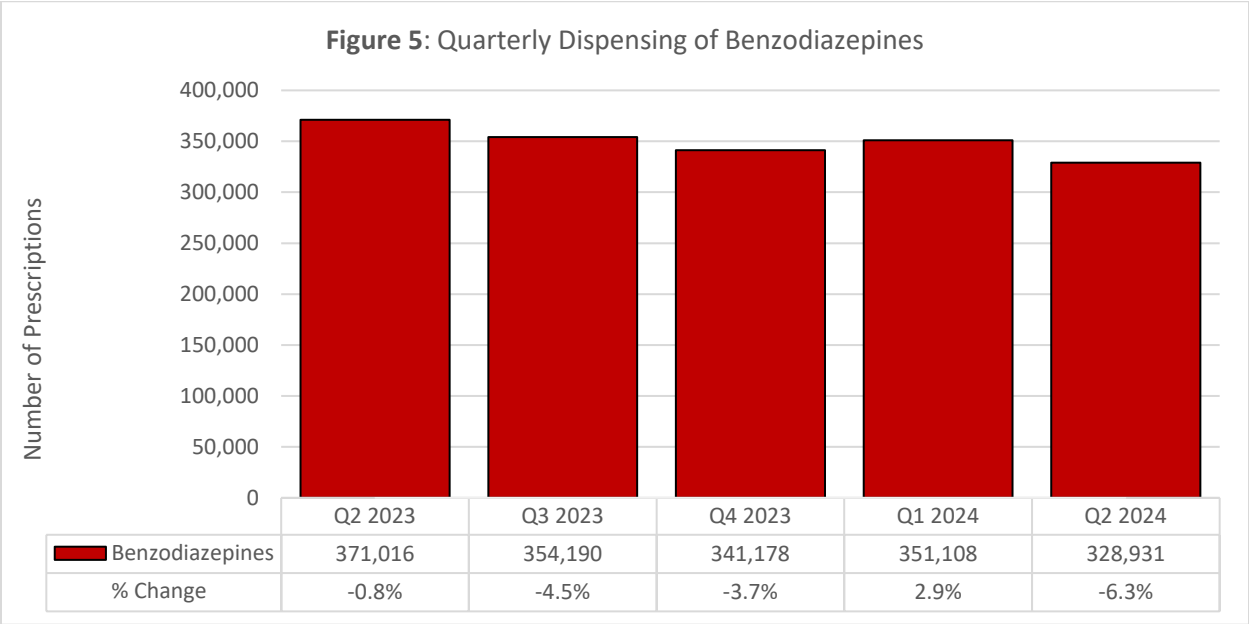
Quarterly data from the ePDMP show that dispensing of all monitored prescription drugs from Q1 2024 to Q2 2024 decreased by 5.4% (Figure 3). Decreases in dispensing were seen across all drug classifications. During Q2 2024, a total of 1,134 pharmacies and 56 dispensing practitioners reported dispensing of monitored drugs to the ePDMP, including 750 in-state pharmacies, 384 out-of-state pharmacies, 24 Physician MDs, 13 Dentists, 12 Advanced Practice Nurse Prescribers, and 7 Physician Assistants.



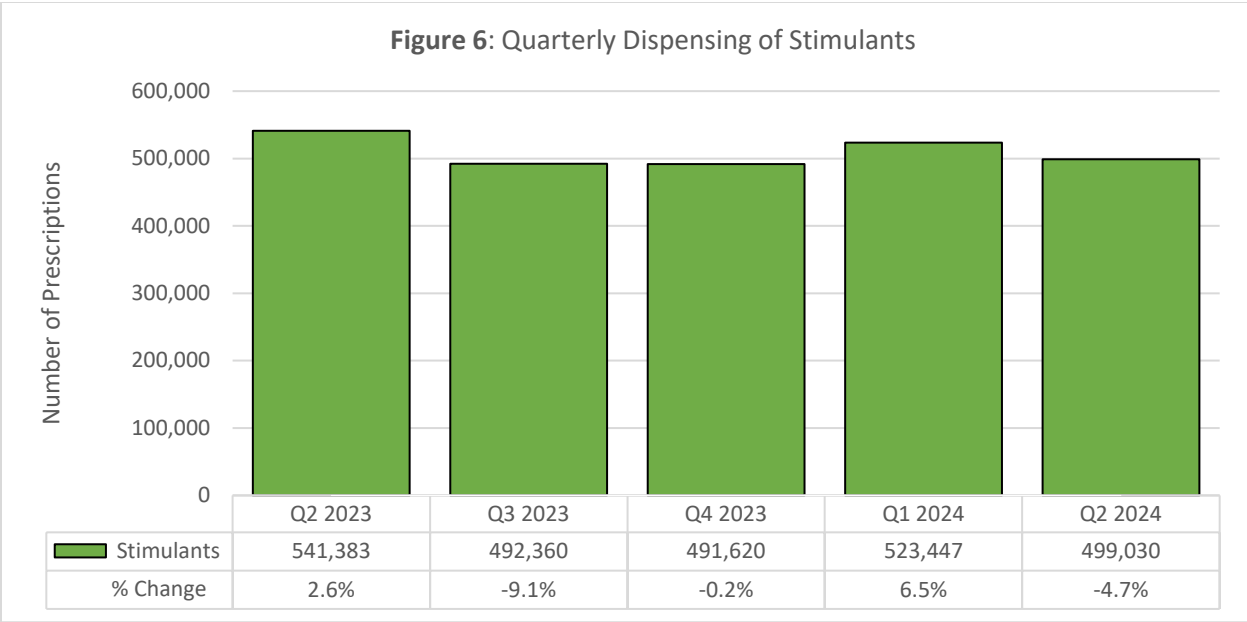
Quarterly dispensing of opioids from Q1 2024 to Q2 2024 decreased by 5.9% (Figure 4). Q2 2024 dispensing equated to a 11.9% reduction from the dispensing of opioids in the same quarter in 2023. In Q2 2024, a total of 264,499 individuals were prescribed opioids with a Daily Morphine Milligram Equivalents (MME) value greater than 0. Among them, most or a total of 152,183 patients received MME between 20 and 49 milligrams, 58,637 patients received 1-19 milligrams, 37,155 patients received 50-99 milligrams, and 16,524 patients received greater than 100 milligrams.



The quarterly dispensing of benzodiazepines from Q1 2024 to Q2 2024 decreased by 6.3% (Figure 5). Q2 2024 dispensing equated to a 11.3% reduction from the dispensing of benzodiazepines in the same quarter in 2023.



The quarterly dispensing of stimulants decreased by 4.7% between Q1 2024 and Q2 (Figure 6) and decreased by 7.8% compared to the same quarter in 2023.



Top 15 Dispensed Monitored Prescription Drugs

The top 15 drugs make up nearly 88% of the dispensing of monitored prescription drugs for any given quarter. Table 2 shows the quarterly data of the top 15 most dispensed monitored prescription drugs in Q2 2024 compared to Q1 2024, ranked in order of the number of prescriptions dispensed in Q2. The order of the top 15 drugs dispensed in recent quarters has been consistent overall. Gabapentin, the most prescribed monitored drug of Q2 2024, saw a decrease of 4.7% in dispensing. Gabapentin has been the most dispensed monitored drug since Q4 2021 after being identified by the Board in September 2021 as having a substantial potential for abuse.

All drugs in the top 15 most dispensed monitored prescriptions saw decreases in dispensation. The top prescribed opioids that saw the most decreases in dispensing were morphine sulfate (6.7%), oxycodone with acetaminophen (6.4%), and hydrocodone-acetaminophen (5.7%).

Buprenorphine HCl-naloxone HCl dihydrate is the 13th most dispensed monitored prescription drug in Q2 2024 with a decrease (8.5%) from Q1 2024. 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.

During Q2 2024, all top prescribed stimulants saw a decrease in dispensing. This includes methylphenidate HCl (6.5%), lisdexamfetamine dimesylate (5.1%), and amphetamine-dextroamphetamine (2.6%).

Table 2. Q2 2024 Top 15 Monitored Prescription Drug by Dispensing

	Drug Name	Drug Class	Q1 2024 Dispensing	Q2 2024 Dispensing	Percent Change
1	Gabapentin	Other	345,512	329,159	-4.7%
2	Amphetamine- Dextroampheta mine	Stimulant	225,009	219,057	-2.6%
3	Hydrocodone- Acetaminophen	Opioid	194,156	183,129	-5.7%
4	Lisdexamfetami ne Dimesylate	Stimulant	135,368	128,462	-5.1%
5	Oxycodone HCl	Opioid	130,841	124,929	-4.5%
6	Tramadol HCl	Opioid	126,053	120,832	-4.1%
7	Methylphenidat e HCl	Stimulant	113,224	105,823	-6.5%
8	Lorazepam	Benzodiazepine	112,344	105,203	-6.4%
9	Alprazolam	Benzodiazepine	101,326	94,375	-6.9%
10	Clonazepam	Benzodiazepine	92,849	88,158	-5.1%
11	Zolpidem Tartrate	Other	87,962	83,937	-4.6%
12	Pregabalin	Other	85,682	82,671	-3.5%
13	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	61,675	56,415	-8.5%
14	Oxycodone w/ Acetaminophen	Opioid	54,491	50,999	-6.4%
15	Morphine Sulfate	Opioid	27,291	25,472	-6.7%

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 six 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. This does not include prescriptions of buprenorphine commonly used to treat opioid use disorder starting July 2022. Multiple prescribers may be associated with the same clinic, practice, or location.
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.

Enhancements were made to the data processing in October 2023, which provides a more accurate reflection of concerning patient history alerts. With this systemic change of fundamental patient matching and data analytics, statistics generated from the previous system are not longitudinally comparable with statistics created with the new data solution.

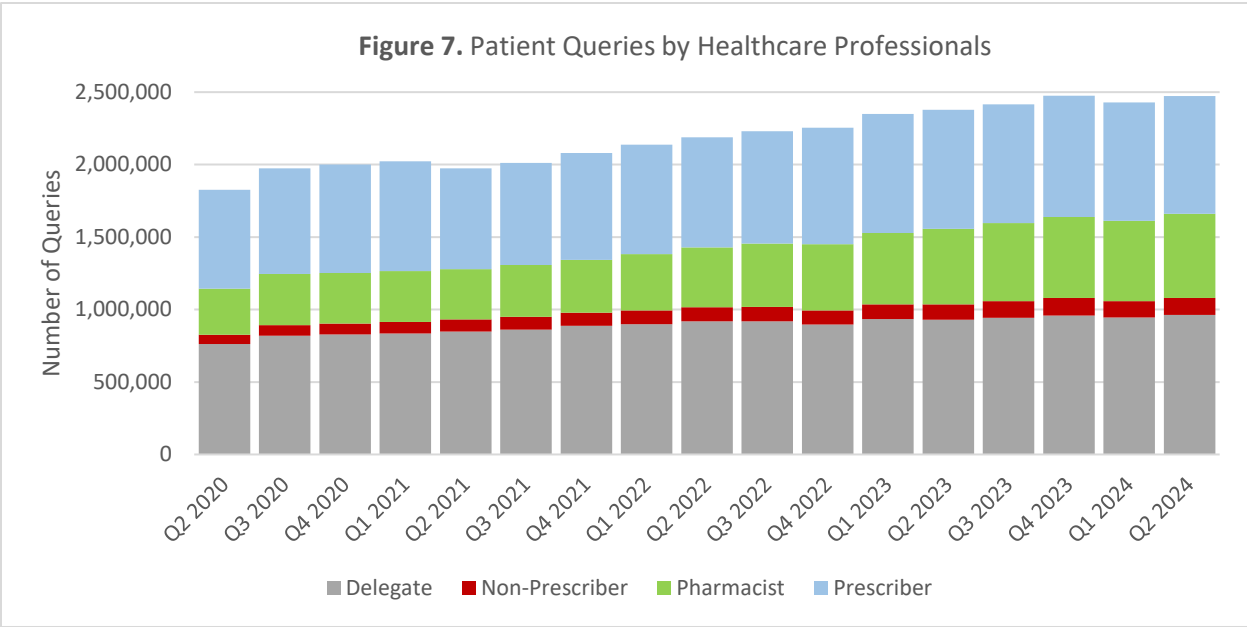
The quarterly number of concerning patient history alerts had a decrease of 2.1% from Q1 2024 to Q2

2024. Most notable were the decreases in Multiple Same Day Prescriptions (25.7%) and High Opioid Daily Dose (4.6%). See Table 3 for the changes in volume and percentage of all data-driven alert types that occurred from Q1 2024 to Q2 2024.

Table 3. Concerning Patient History Alerts Listed by Volume of Alerts Generated			
Alert Type	Q1 2024	Q2 2024	Percent Change
1 Concurrent Benzodiazepine and Opioid	34,397	34,294	-0.3%
2 Early Refill	64,251	63,462	-1.2%
3 High Opioid Daily Dose	25,479	24,295	-4.6%
4 Long-Term Opioid Therapy	777	822	5.8%
5 Multiple Prescribers or Pharmacies	17,697	17,338	-2.0%
6 Multiple Same Day Prescriptions	2,285	1,697	-25.7%
All Alert Types	144,886	141,908	-2.1%

Disclosure of WI PDMP Data

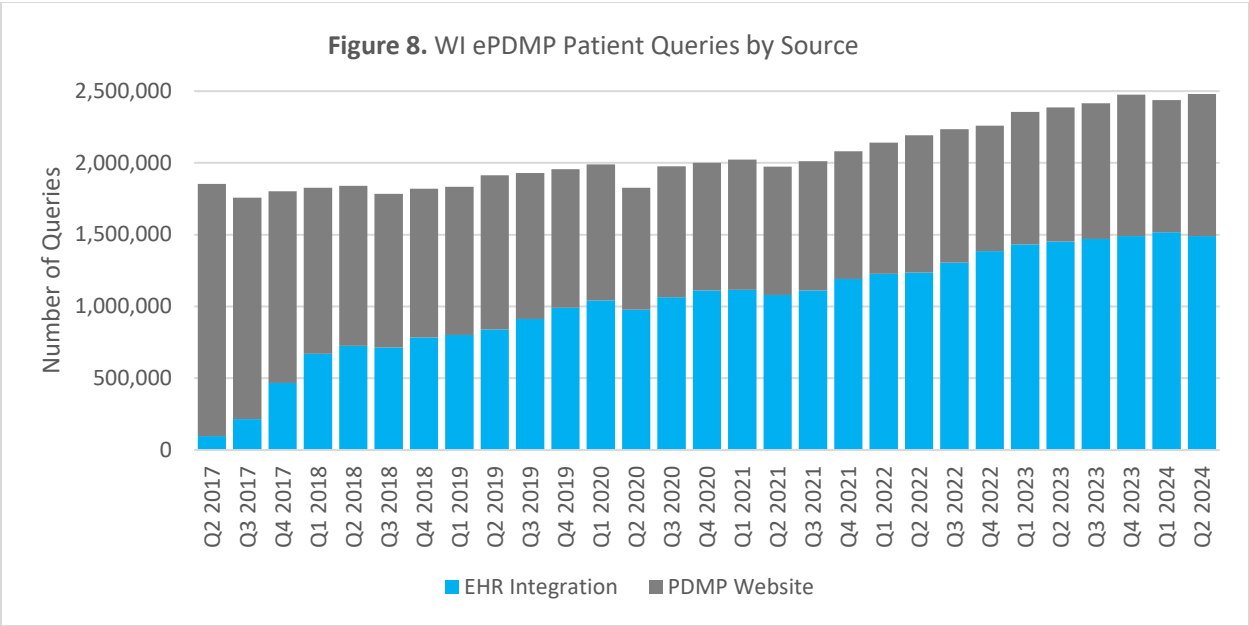
Between April 1 and June 30, (Q2) 2024, healthcare users made a total of 2,473,046 patient queries, a 1.8% increase compared to Q1 2024 (Figure 7). Breaking down the queries by user type shows that 39% of the queries were performed by delegates of prescribers or pharmacists, 33% were performed by prescribers, 23% by pharmacists, and 5% by other non-prescribing healthcare professionals.



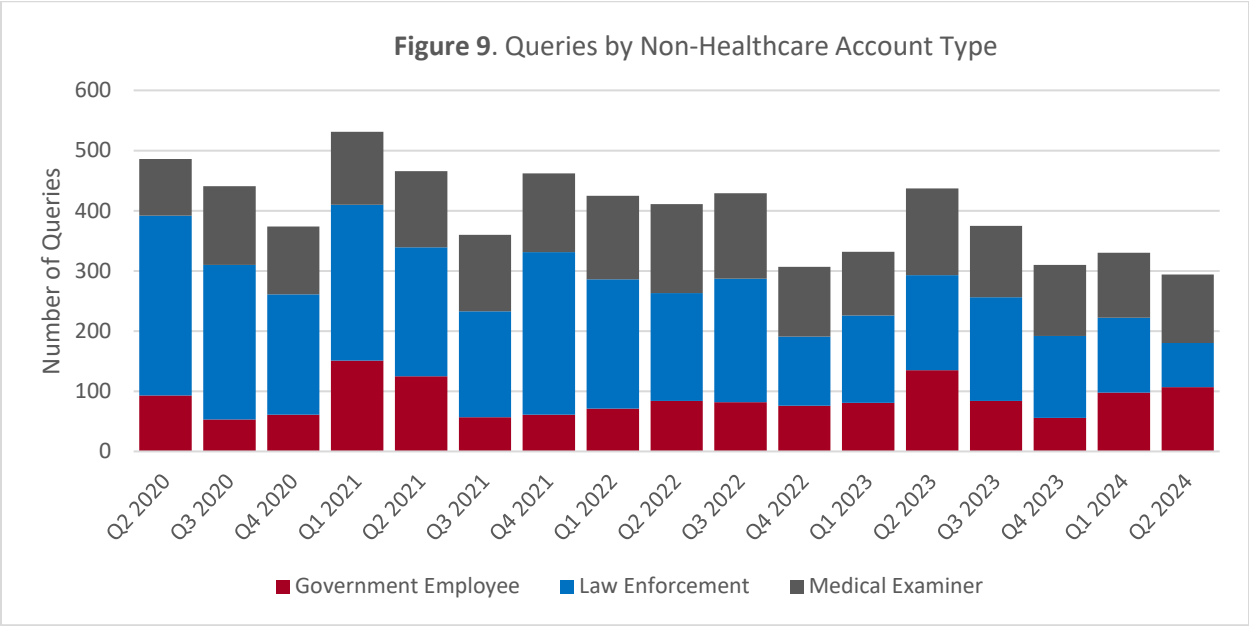
Utilizing the National Association of Boards of Pharmacy’s PMP InterConnect (PMPi) and the RxCheck interstate data sharing hub, the WI ePDMP is now connected with 31 state PDMPs as well as the Military Health System. The interstate data exchange allows healthcare users to expand the WI ePDMP patient query to return results from PDMPs in other states, including Wisconsin’s border states of Minnesota, Michigan, Illinois, Iowa, and Indiana.

Healthcare professionals from 28 health systems in addition to more than 32 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 DSPS 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 Q2 2024, 60% of patient queries were through 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 294 requests for PDMP data in Q2 2024, which is an 11% decrease from the previous quarter (Figure 9). Authorized medical examiner users made up the largest proportion of the total non-healthcare queries (39%).

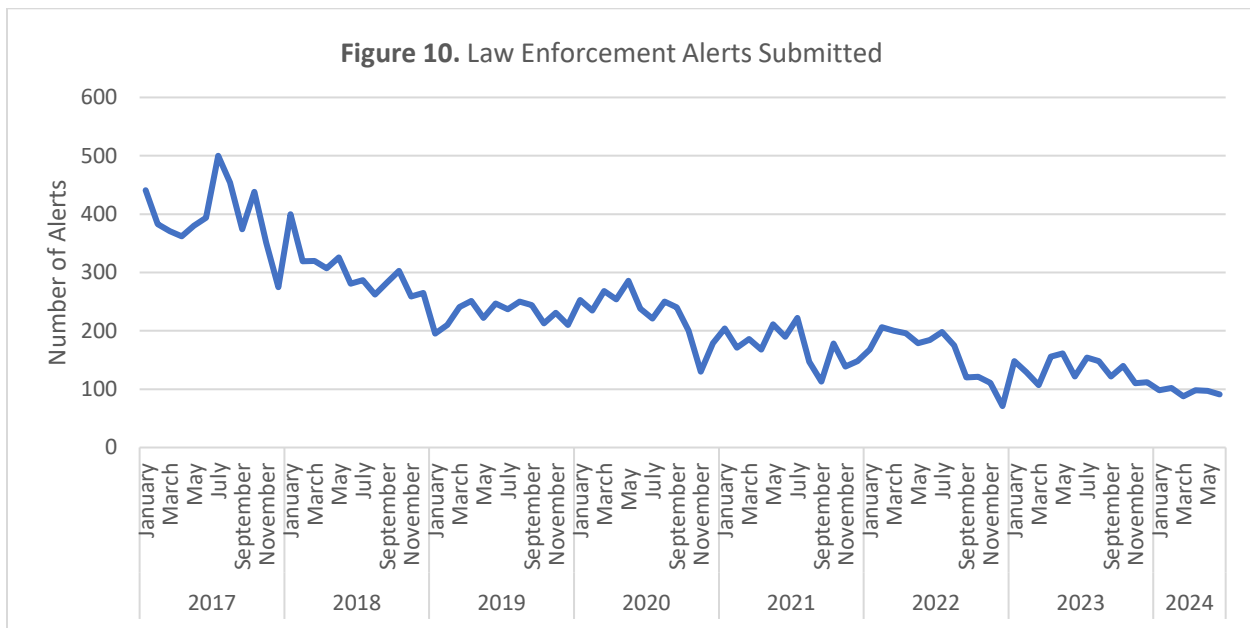


Law Enforcement Reports

In Q2 2024, there were 286 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 2024 year-to-date distribution by report type can be seen below:

- 33% of the reports submitted were for suspected non-fatal opioid-related overdose events, which was a decrease from 43% in 2023.
- 36% of the reports submitted were reports of stolen controlled substance prescriptions, which was an increase from 30% in 2023.

- 21% of the reports submitted were for suspected violations of the Controlled Substances Act, which was an increase from 16% in 2023.
- 9% of the reports submitted were for suspected narcotic-related deaths, which was a decrease from 11% in 2023.

Summary

The dispensing of all monitored prescription drugs in the second quarter of 2024 decreased by 5.4% from Q1 2024, which was a decrease of 9.6% compared to the same quarter of the previous year or Q2 2023. Decreases in dispensing were seen across all drug classifications including Opioids (5.9%), Benzodiazepines (6.3%), Stimulants (4.7%), and Other (4.8%). 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 Q2 2024, Gabapentin saw a decrease of 4.7% in dispensing from Q1 2024.

Compared to the same quarter in 2017, the overall dispensing of monitored prescription drugs in Q2 2024 had a decrease of 9.4%. The breakdown by drug classes showed decreases in opioid and benzodiazepine dispensing and an increase in stimulants.

- The number of opioid prescriptions dispensed in Q2 2024 was notably 39%, or over 398,000 prescriptions, less than the number in Q2 2017.
- The number of benzodiazepine prescriptions dispensed in Q2 2024 was 35%, or around 180,000 prescriptions, less than the number in Q2 2017.
- The number of stimulant prescriptions dispensed in Q2 2024 was 17%, or around 71,000 prescriptions, more than the number in Q2 2017.

Encouraging trends found in the WI ePDMP continued in Q2 2024:

- 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 Q2 2024. Its dispensing in Q2 had a decrease (8.5%) from Q1 2024 which equated to a decrease of 10.8% over the past 12 months, which equated to a notable 43.3% increase since Q3 2018, the first quarter it moved into the top 15 dispensed monitored prescription drugs.

Additional details about the WI ePDMP data, including county-level 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.