



Controlled Substances Board



WISCONSIN | **ePDMP**

Report 19

2021 Quarter 4 and Year-End 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 (DSPS) about the Wisconsin Prescription Drug Monitoring Program (WI PDMP). This report is intended to satisfy that requirement for the fourth quarter of 2021 and will primarily focus on analysis of PDMP data from Q4 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://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 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. While 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.

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. Across the three surveys in 2021, an average of 76% of survey participants are satisfied with the ePDMP and the satisfaction rate increases to an average of 86% for respondents who have the option to access the ePDMP via an Electronic Health Record (EHR) interface. Two of the ePDMP functionalities, “querying patient history” (74%) and “account registration” (63%), received the highest satisfaction rate. An average of 72% of respondents acknowledged “patient history details” as “extreme or very helpful” in informing their work.

The Q4 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 175 complete responses were collected between December 22, 2021 and January 17, 2022. Eighty-six percent of respondents were Healthcare Professionals, including Prescribers (48.0%), Pharmacists (11.4%), Delegates (10.9%), and Non-Prescribers (16.0%). The remaining fourteen 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-one percent of respondents reported overall satisfaction with the WI ePDMP, providing responses of either “very satisfied (45.7%)” or “extremely satisfied (25.1%).” Satisfaction increased to 82% for respondents who have the option to access the ePDMP via an EHR interface.

Among the functionalities available to different types of users, 66% of respondents were “extremely or very satisfied” with “querying patient history” followed by “account registration” with 58% “extremely or very satisfied.” (Figure 1). Sixty-five percent of respondents acknowledged “patient history details” as “extremely or very useful” in informing their work and the majority rated various types of patient history alerts as “extremely or very useful,” including “prescriber-reported alerts” (68%), “law enforcement alert (56%), and “data-driven alert” (55%) (Figure 2).

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 surveys, two user focus group sessions were conducted in 2021 and PDMP Roundtables were being organized to engage local community members and stakeholders.

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

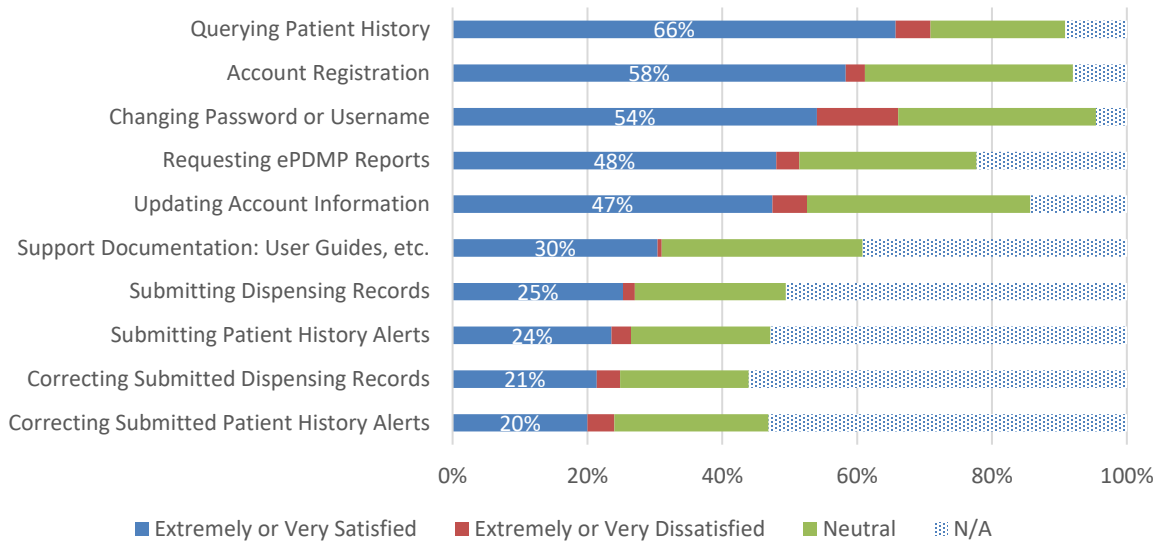
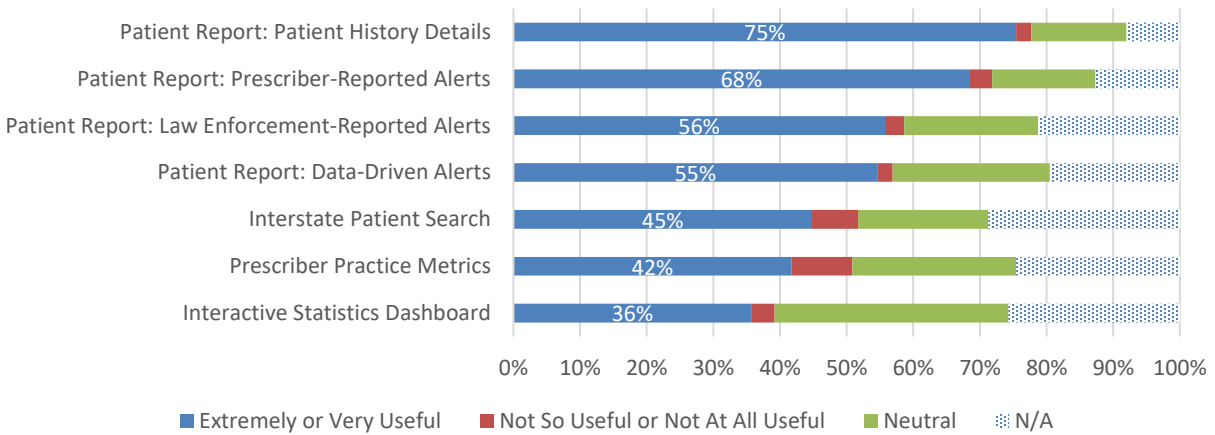


Figure 2. How useful do you find the following features in the WI ePDMP in informing your work?



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 continued to meet in 2021 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.

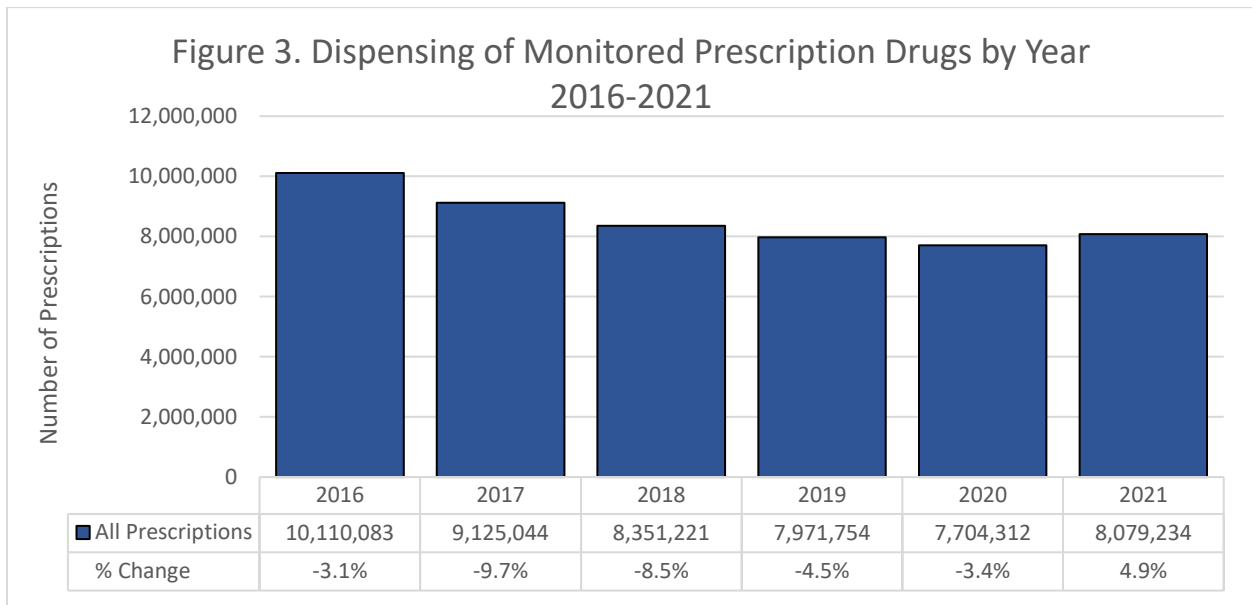
Based on the initial recommendations, the CSB workgroup reviewed summaries of the PDMP dispensing data specific to professionals associated with the Wisconsin Medical Examining Board (MEB) and Board of Nursing (BON) in September and November of 2021. Based on the data presented, the following actions occurred:

- Ten of the top prescribers based on opioid dispensing volume were referred to the MEB, including five Physicians (MD) and five Physician Assistants (PA).
- Eight of the top Advanced Practice Nurse Prescribers (APNP) based on opioid dispensing volume were referred to the BON.

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 2022.

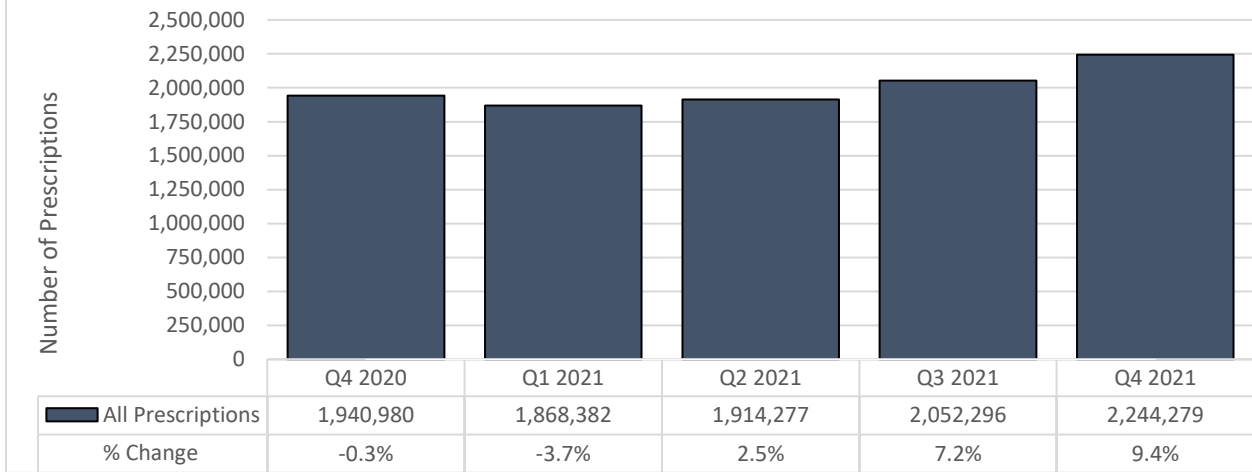
Monitored Prescription Drug Dispensing Trend

For 2021, the annual dispensing of monitored prescription drugs, defined as controlled substances in Schedules II-V or drugs identified by the Board as having a substantial potential for abuse, has an increase of 4.9% compared to 2020 and a 20% decrease since 2016 (Figure 3).



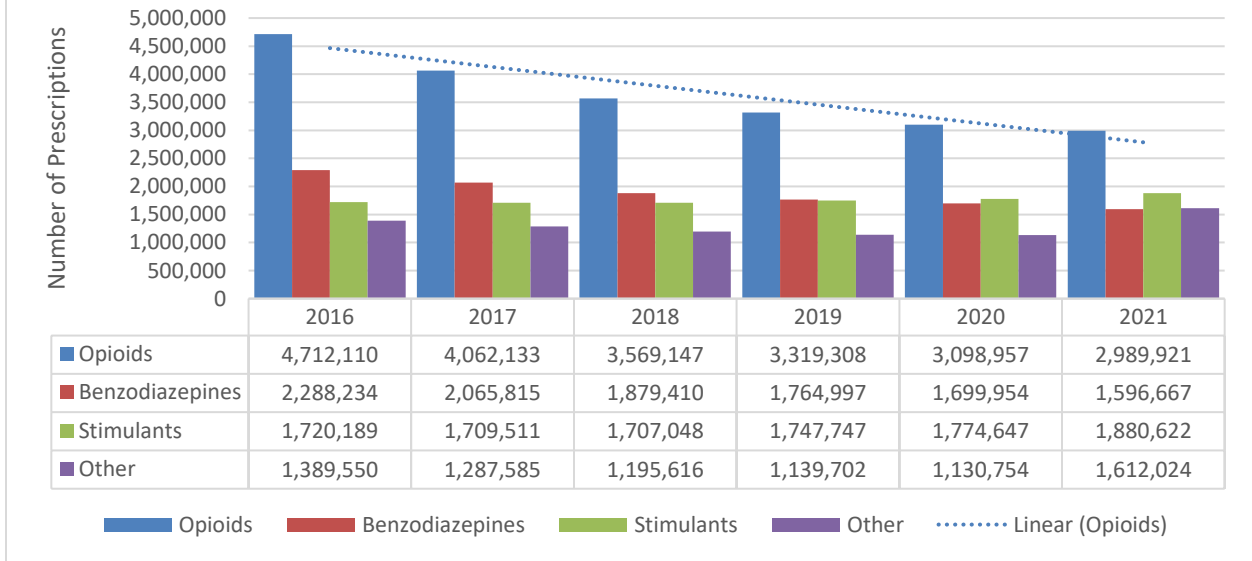
From Q3 to Q4 2021, the quarterly dispensing of all monitored prescription drugs increased by 9.4%. Compared to the same quarter in 2020, dispensing in Q4 2021 increased by 5.4% (Figure 4). Gabapentin became a newly monitored prescription drug in September 2021 due to it having a substantial potential for abuse. The 176,867 increase of gabapentin dispensings from Q3 to Q4 comprised 92% of the 191,983 overall increase in all monitored prescription drug dispensings.

Figure 4. Quarterly Dispensing of Monitored Prescription Drugs



The breakdown of the annual dispensing by drug classes shows some promising trends in the decrease of opioid and benzodiazepine whereas the increasing trend of stimulant dispensing continued and a notable increase was found in the “other” drug class which includes the newly monitored drug gabapentin (Figure 5). The 491,199 total dispensings of gabapentin since September were more than the 374,922 overall increase in all monitored prescription drug dispensings between 2020 and 2021.

Figure 5. Dispensing of Monitored Prescriptions by Year 2016-2021



The annual dispensing of opioids decreased by 3.5% from 2020 to 2021 and 36.5% in the past six years since 2016 (Figure 6). Quarterly data from the ePDMP show that opioid dispensing from Q3 to Q4 2021 decreased by 1%, and 5% compared to the same quarter in 2020 (Figure 7).

Figure 6. Dispensing of Opioids by Year
2016-2021

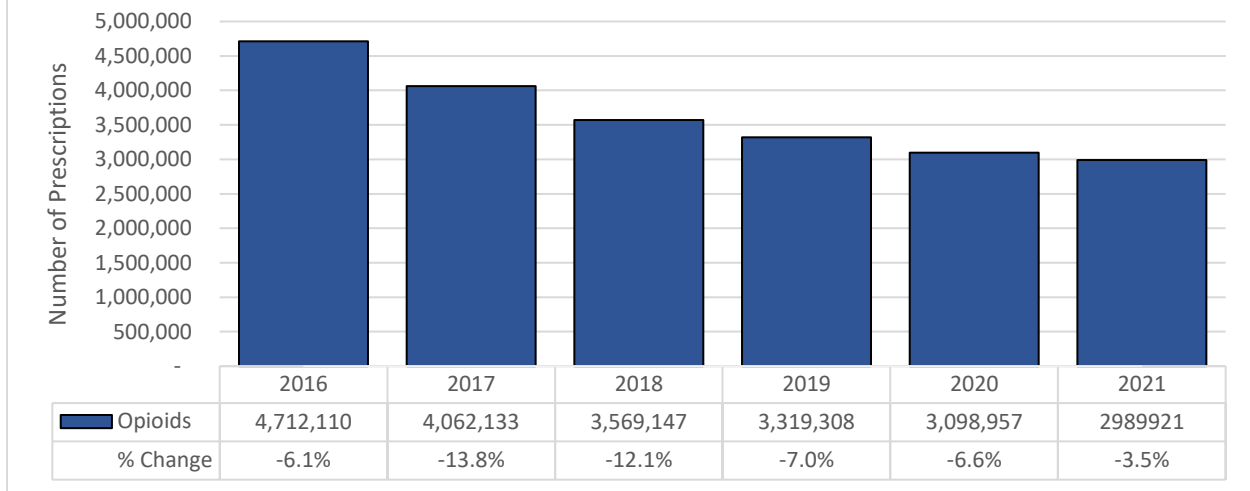
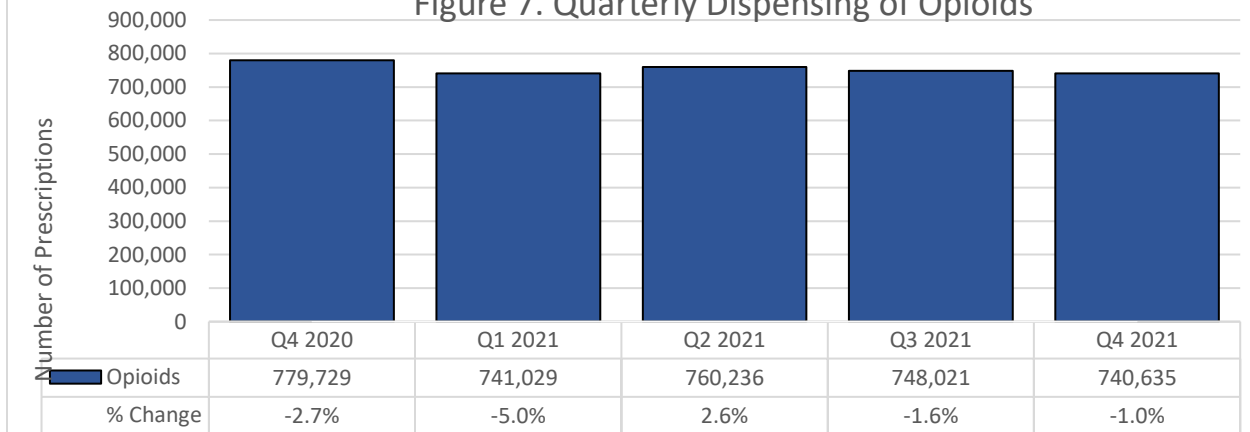
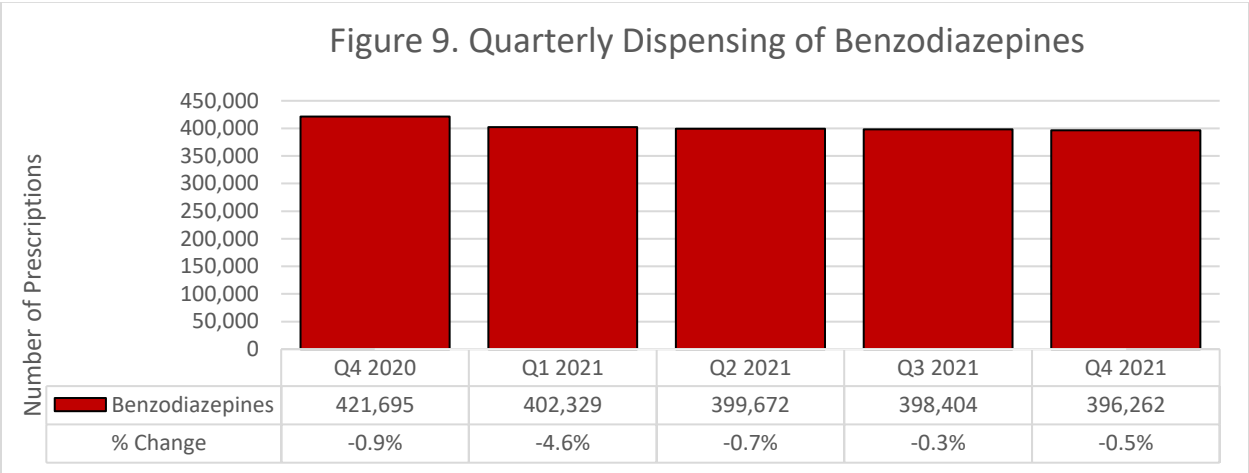
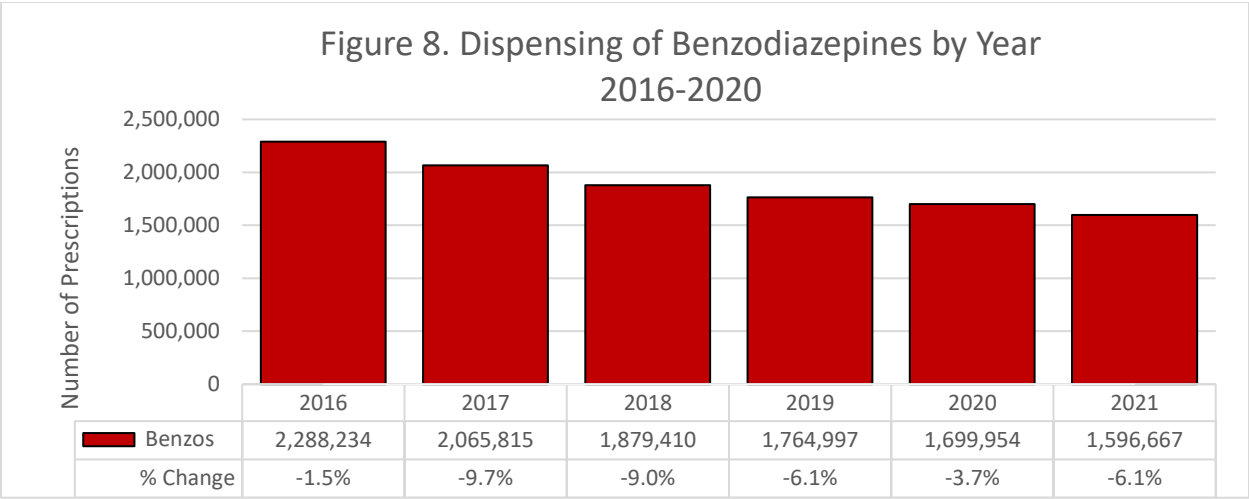


Figure 7. Quarterly Dispensing of Opioids



The annual dispensing of benzodiazepines also decreased by 6% from 2020 to 2021 and 30% since 2016 (Figure 8). Quarterly dispensing of benzodiazepines from Q3 2021 to Q4 2021 decreased slightly by 0.5% (Figure 9). Q4 dispensing equates to a 6.8% reduction from the dispensing levels of the same quarter in 2020.



The increasing trend of stimulant dispensing continued between 2020 and 2021 by 6%, and 9.3% since 2016 (Figure 10). The quarterly dispensing of stimulants increased by 5.4% between Q3 and Q4 2021. (Figure 11).

Figure 10. Dispensing of Stimulants by Year
2016-2021

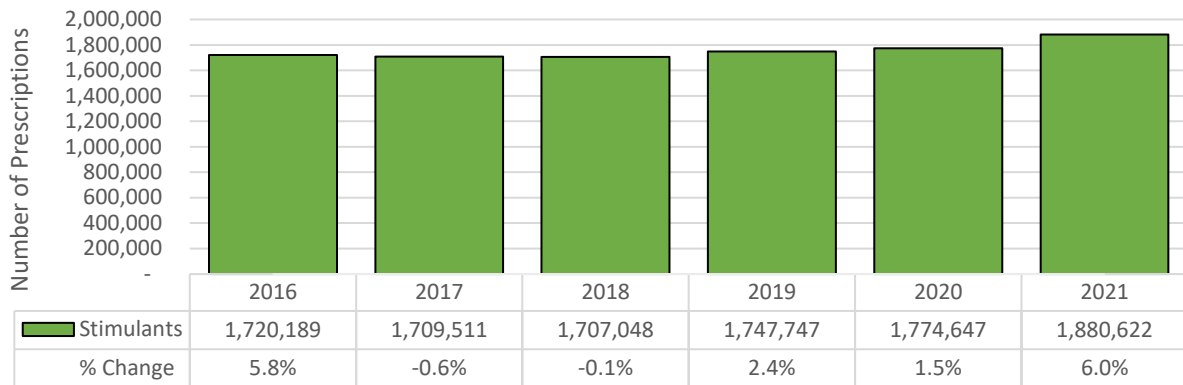
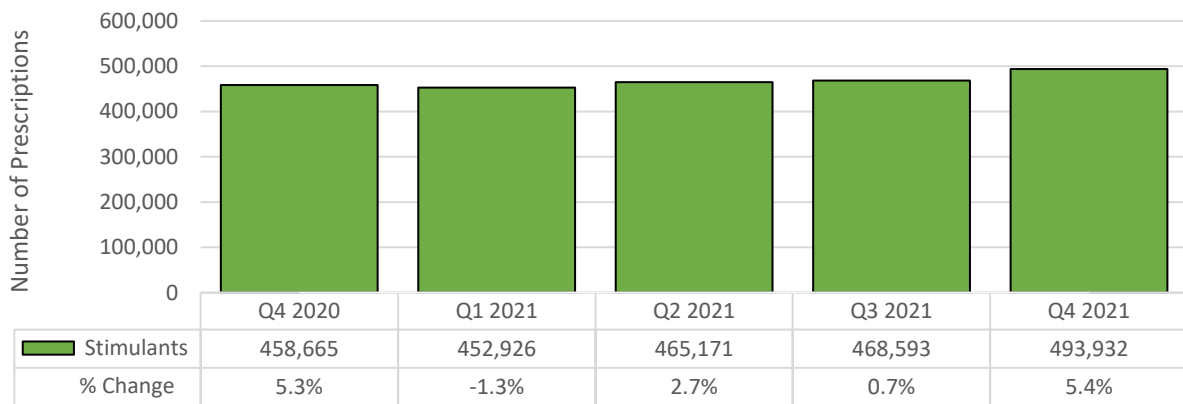


Figure 11. Quarterly Dispensing of Stimulants



Top 15 Dispensed Monitored Prescription Drugs

Table 1 shows the annual top 15 most dispensed monitored prescription drugs in 2021 compared to 2020, ranked in order of the number of prescriptions dispensed in 2021. In general, the top 15 drugs have remained the same in the past two years with some changes in the ranking with the exception of gabapentin, which joined to the list in 2021 for the first time. Gabapentin became a monitored prescription drug on September 1, 2021 after being identified by the Board as having a substantial potential for abuse.

Overall dispensing of the most prescribed opioids and benzodiazepines has decreased but dispensing of stimulants and others has increased notably. The largest decreases were found in alprazolam (8%), tramadol HCl (6%), and clonazepam (5.5%). The largest increases were found in pregabalin (29%) and lisdexamfetamine dimesylate (8.8%).

	Drug Name	Drug Class	2020 Dispensing	2021 Dispensing	Percent Change
1	Hydrocodone-Acetaminophen	Opioid	987,437	950,631	-3.7%
2	Amphetamine-Dextroamphetamine	Stimulant	830,402	867,410	4.5%
3	Tramadol HCl	Opioid	631,468	593,752	-6.0%
4	Oxycodone HCl	Opioid	498,470	506,653	1.6%
5	Lorazepam	Benzodiazepine	540,704	504,522	-6.7%
6	Gabapentin	Other	N/A	491,217	-
7	Alprazolam	Benzodiazepine	514,823	473,804	-8.0%
8	Lisdexamfetamine Dimesylate	Stimulant	404,843	440,610	8.8%
9	Clonazepam	Benzodiazepine	450,868	426,007	-5.5%
10	Methylphenidate HCl	Stimulant	383,152	404,093	5.5%
11	Zolpidem Tartrate	Other	419,309	400,369	-4.5%
12	Pregabalin	Other	216,366	279,518	29.2%
13	Oxycodone w/ Acetaminophen	Opioid	293,064	278,317	-5.0%
14	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	230,213	243,284	5.7%
15	Diazepam	Benzodiazepine	166,462	165,676	-0.5%

Table 2 shows the quarterly data of top 15 most dispensed monitored prescription drugs in Q4 2021 compared to Q3 2021, ranked in order of the number of prescriptions dispensed in Q4 2021. 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 after making the list in Q3 for the first time. The top 15 drugs make up nearly 88% of the dispensing of monitored prescription drugs for any given quarter.

The most dispensed opioid, hydrocodone-acetaminophen, has a decrease of 1.6%. Among the stimulant classification, the dispensing of methylphenidate HCl has an increase of 8.4% and amphetamine-dextroamphetamine has an increase of 3.1%.

The dispensing of buprenorphine HCl-naloxone HCl dihydrate is the 14th most dispensed monitored prescription drug in Q4 2021 with a slight increase (less than 1%) from Q3. 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 dispensings that occur 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 mandates to report pursuant to the state statutes. Buprenorphine HCl-naloxone HCl dihydrate has an increase of 5.7% in the past 12 months and a notable 56.7% increase since Q3 2018, the first quarter buprenorphine HCl-naloxone HCl dihydrate moved into the top 15 dispensed monitored prescription drugs.

Table 2. Top 15 Dispensed Monitored Prescription Drug by Dispensing					
	Drug Name	Drug Class	Q3 2021 Dispensing	Q4 2021 Dispensing	Percent Change
1	Gabapentin	Other	157,175	334,042	112.5%
2	Hydrocodone-Acetaminophen	Opioid	237,512	233,623	-1.6%
3	Amphetamine-Dextroamphetamine	Stimulant	219,217	225,980	3.1%
4	Tramadol HCl	Opioid	149,149	146,526	-1.8%
5	Oxycodone HCl	Opioid	126,841	127,936	0.9%
6	Lorazepam	Benzodiazepine	126,244	125,237	-0.8%
7	Alprazolam	Benzodiazepine	118,097	117,426	-0.6%
8	Lisdexamfetamine Dimesylate	Stimulant	109,237	116,399	6.6%
9	Methylphenidate HCl	Stimulant	98,401	106,695	8.4%
10	Clonazepam	Benzodiazepine	106,144	105,689	-0.4%
11	Zolpidem Tartrate	Other	100,180	100,584	0.4%
12	Pregabalin	Other	71,392	72,718	1.9%
13	Oxycodone w/ Acetaminophen	Opioid	69,150	68,838	-0.5%
14	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	61,257	61,670	0.7%
15	Diazepam	Benzodiazepine	41,119	41,160	0.1%

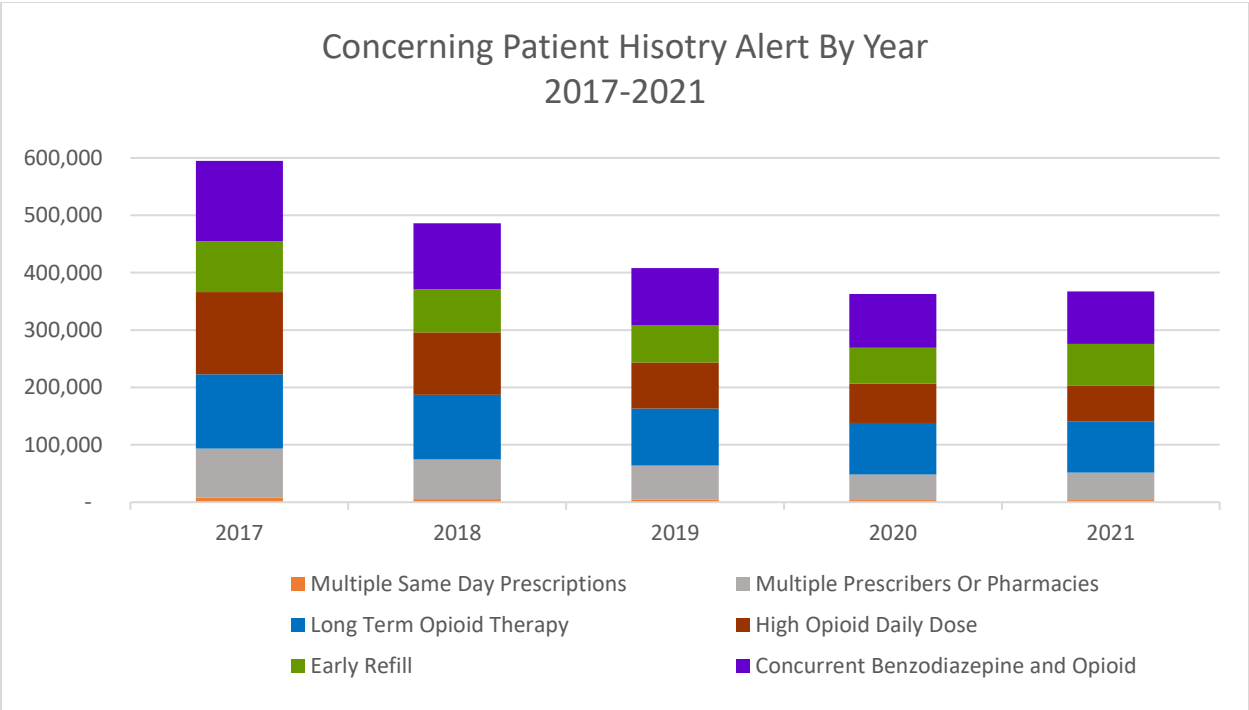
Data-Driven Alerts

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 annual number of concerning patient history alerts generated by analytics of the dispensing data has seen an increase from 2020 to 2021 after a decreasing trend over the past four years since 2017. In 2021, the total alerts increased by 1.3% from 2020 and a 38% decrease since 2017 (Figure 12). There were notable increases in the Early Refill (16.4%) and Multiple Prescribers Or Pharmacies alert (7.3%) compared to 2020 while a decreasing trend continued for all the other alert types. The most decreases were found in High Opioid Daily Dose (8.8%) and Multiple Same Day Prescriptions alert (4.9%).



The quarterly number of concerning patient alerts has an increase of 7% from Q3 2021 to Q4 2021. Most notable are the increases in Early Refill (39.4%), Multiple Same Day Prescription (17.3%) and Multiple Prescribers or Pharmacies (11.1%) (Figure 13).

Among the most frequently occurring alerts, Concurrent Benzodiazepine and Opioid Prescriptions Alert, the number of occurrences in Q4 2021 was 11% lower than the same quarter in 2020 and 42% 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 in Q4 2021 was nearly 18% higher than the same quarter in 2020 and notably 42% lower than the first quarter the alerts were made available to WI ePDMP users in Q1 2017.

See Table 3 for the percent changes of all data-driven alert types that occurred from Q1 2017 to Q4 2021.

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 Q4 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.

Figure 13. Data-Driven Concerning Patient History Alerts

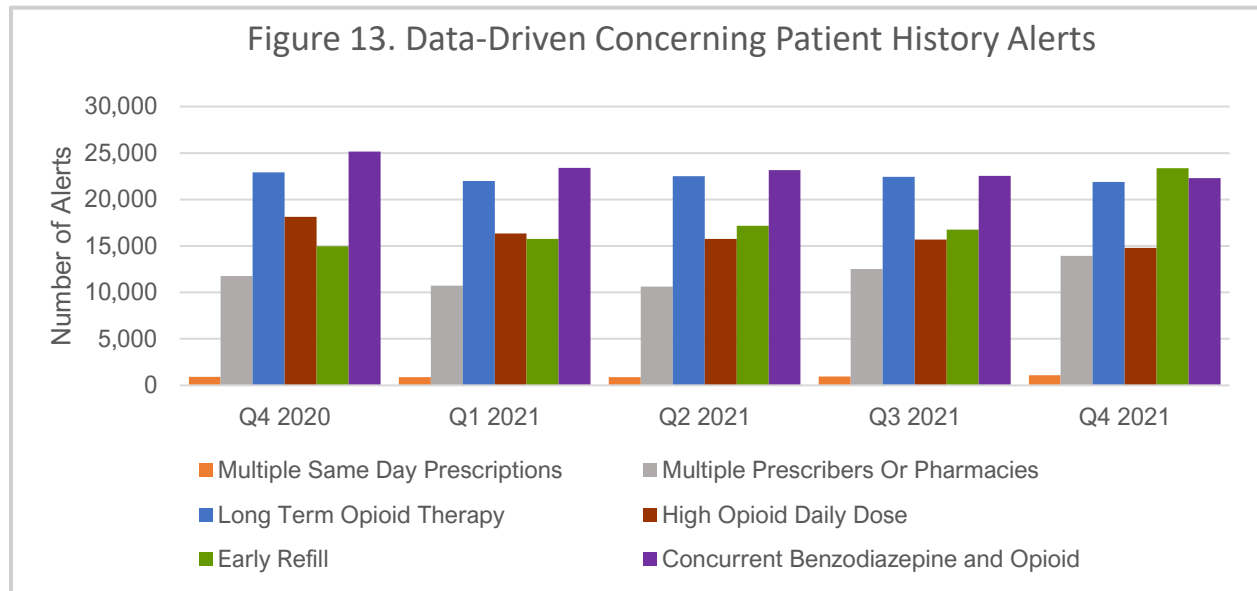
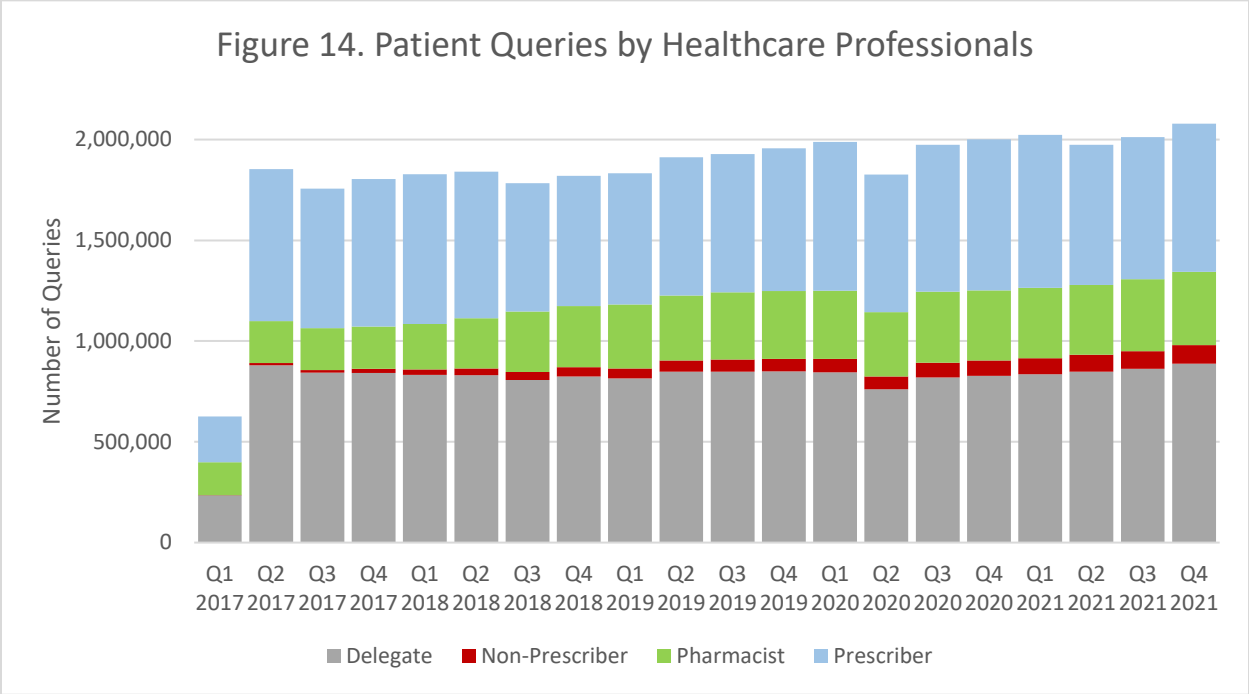


Table 3. Concerning Patient History Alerts Listed by Volume of Alerts Generated

	Alert Type	Q1 2017	Q4 2021	Percent Change
1	Concurrent Benzodiazepine and Opioid	38,446	22,282	-42.0%
2	Early Refill	24,354	23,366	-4.1%
3	High Opioid Daily Dose	40,005	14,788	-63.0%
4	Long-Term Opioid Therapy	34,819	21,902	-37.1%
5	Multiple Prescribers or Pharmacies	24,379	13,927	-42.9%
6	Multiple Same Day Prescriptions	3,009	1,105	-63.3%
	All Alert Types	165,012	97,370	-41.0%

Disclosure of WI PDMP Data

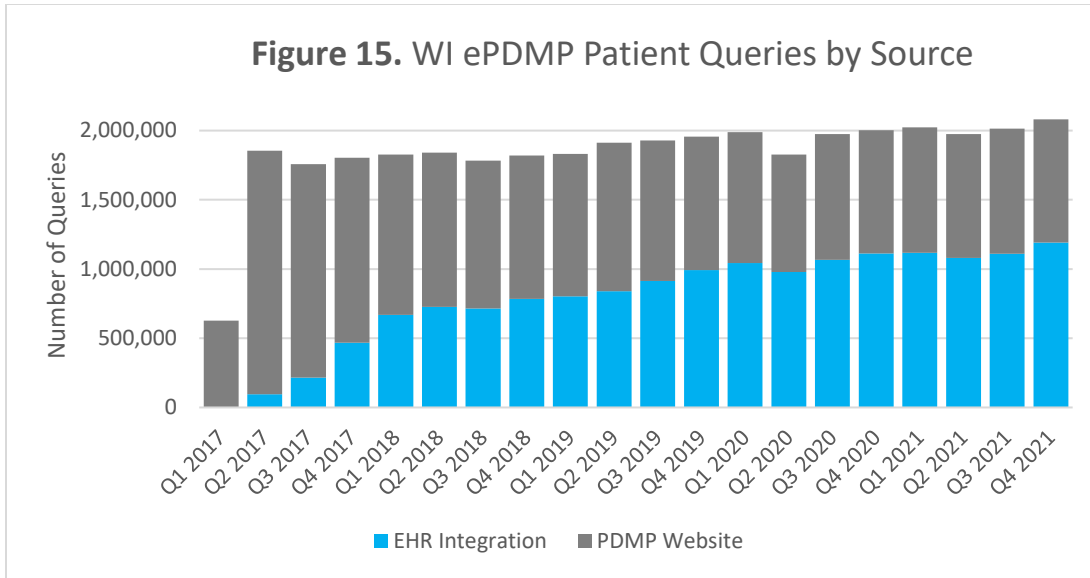
In 2021, healthcare users made over 8,086,000 patient queries in the WI ePDMP, which is an increase of 3% compared to 2020. Between October 1 and December 31 (Q4), 2021, healthcare users made a total of 2,079,382 patient queries, a slight increase compared to Q3 2021 by 3% (Figure 14). Breaking down the queries by user type shows that 43% of the queries were performed by delegates of prescribers or pharmacists, 35% were performed by prescribers, 18% by pharmacists, and 4% by other non-prescribing healthcare professionals.



The WI ePDMP connected to one new state PDMP in 2021. 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.

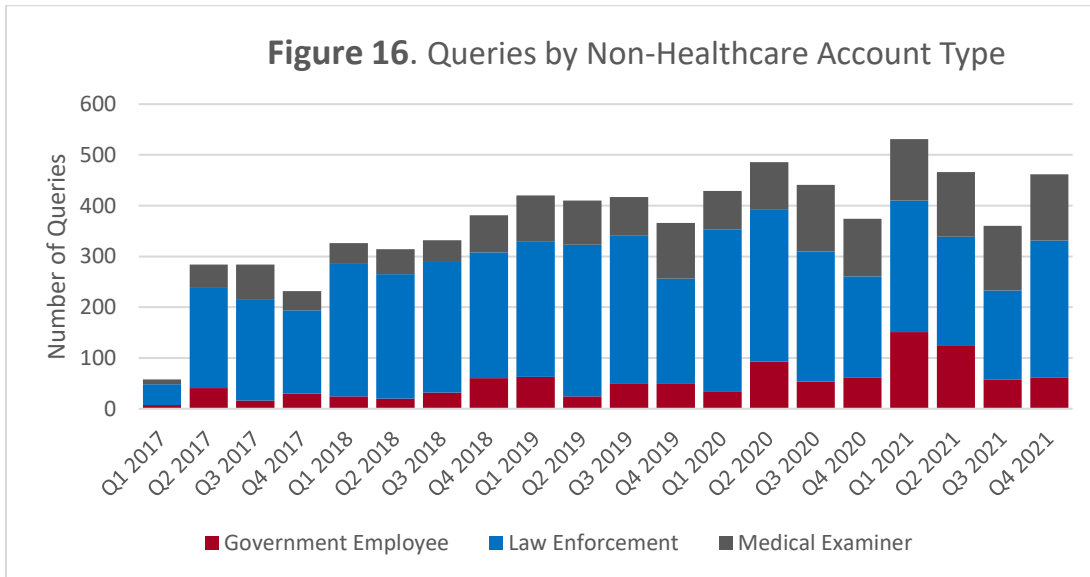
Healthcare professionals from 20 health systems in Wisconsin now have one-click access to the PDMP from within their electronic health record (EHR) platform to facilitate patient queries within a provider’s busy workflow. Figure 15 below shows that, in Q4 2021, over 57% of patient queries were through 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.

Figure 15. WI ePDMP Patient Queries by Source



Authorized individuals from non-healthcare groups made a total of 462 requests for PDMP data in Q4 2021, which is a 28% decrease over the previous quarter. As Figure 16 shows, authorized law enforcement queries continue to make up the largest proportion of the total non-healthcare queries (58%).

Figure 16. Queries by Non-Healthcare Account Type



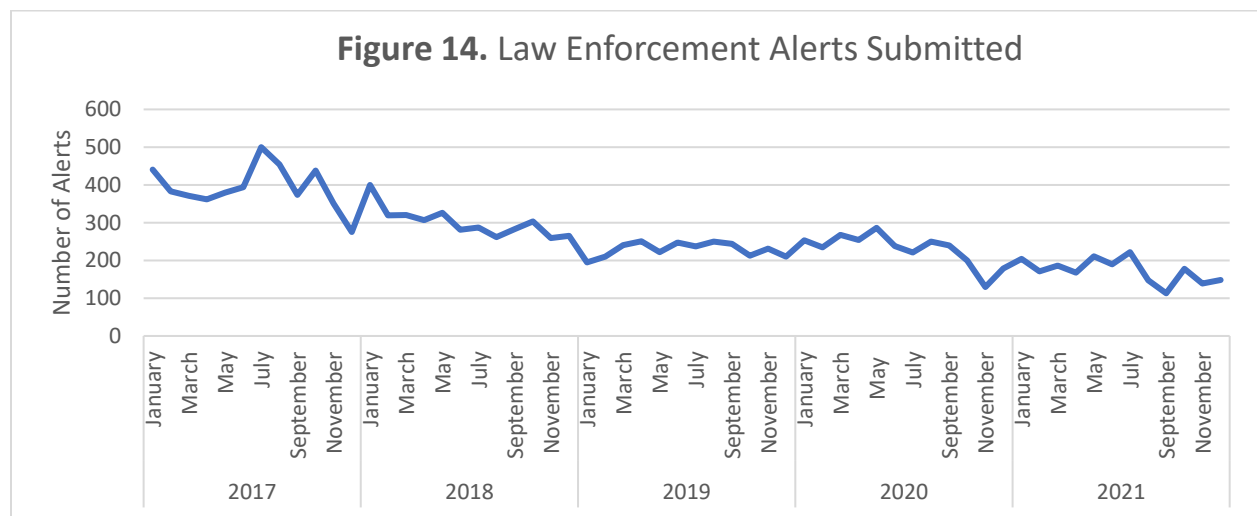
Law Enforcement Reports

During 2021, there were 2,261 events reported to the WI ePDMP by Wisconsin law enforcement agencies, which was a 18% decrease from 2,754 reported event in 2020 and a 52% decrease compared to 2017 when the data was first made available.

In Q4 2021, there were 465 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 14 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. Among the total 2,261 alerts submitted by Law Enforcement entities in 2021, The distribution by report type can be seen below:

- 47% of the reports submitted were for suspected non-fatal opioid-related overdose events, which was a slight increase from 46% in 2020. In 2021, a total of 1,065 events were reported to the ePDMP, which was 214 less than 2020.
- 27% of the reports submitted were reports of stolen controlled substance prescriptions, which was a slight decrease from 28% in 2020.
- 17% of the reports submitted were for suspected violations of the Controlled Substances Act, which was a slight decrease from 18% in 2020.
- 9% of the reports submitted were for suspected narcotic-related deaths, which was an increase from 7% in 2020.

Summary

The 2021 annual dispensing of monitored prescription drugs has an increase of 4.9% compared to 2020 and a 20% decrease since 2016. The breakdown of the four drug classes shows some promising trends in Wisconsin despite the pandemic. Specifically, the annual dispensing of opioids decreased by 3.5% from 2020 to 2021 and a notable 36% decrease in the past six years since 2016. The annual dispensing of benzodiazepine also decreased by more than 6% and 30% since 2016. There is a notable increase of the “other” drug class which includes gabapentin that became a new monitored prescription drug effective September 1st 2021 (Figure 5). The 491,199 total dispensings of gabapentin since September were more than the 374,922 overall increase in all monitored prescription drug dispensings between 2020 and 2021.

- The number of opioid prescriptions dispensed in 2021 decreased by 3.5% compared to the previous year.
- The number of benzodiazepine prescriptions dispensed in 2021 decreased by 6.1% compared to the previous year.
- The number of stimulants prescriptions dispensed in 2021 increased by 6% compared to the previous year.

The number of patient queries performed per month has remained consistent. The number of queries made by healthcare professionals and delegates increased by 3% from 2020 to 2021. The result of user surveys that the DSPS conducted throughout 2021 shows an average of 76% survey participants are satisfied with the program and the satisfaction rate increased to 86% for respondents who have the option to access the ePDMP via an EHR interface. This indicates that the WI ePDMP continues to be a valuable tool to support safe prescribing, treatment, and dispensing decisions.

The fourth quarter of 2021 shows a continuation of increasing trend in dispensing of monitored prescription drugs. From Q3 to Q4 2021, the quarterly dispensing of all monitored prescription drugs increased by 9.4% and 5.4% compared to the same quarter in 2020. The 176,867 increase of gabapentin dispensings from Q3 to Q4 comprised 92% of the 191,983 overall increase in all monitored prescription drug dispensings. Gabapentin became a newly monitored prescription drug in September 2021 due to it having a substantial potential for abuse.

The overall dispensing of monitored prescription drugs in Q4 2021 has an increase of 2.8% compared to the same quarter five years ago. The breakdown by drug classes shows decreases in opioid and benzodiazepine dispensing and an increase in stimulants.

- The number of opioid prescriptions dispensed in Q4 2021 was notably 22%, or over 213,000 prescriptions, lower than the number in Q4 2017.
- The number of benzodiazepine prescriptions dispensed in Q4 2021 was notably 20%, or around 98,000 prescriptions, lower than the number in Q4 2017.
- The number of stimulant prescriptions dispensed in Q4 2021 was nearly 17%, or 70,500 prescriptions, more than the number in Q4 2017.

Encouraging trends found in the WI ePDMP continued in 2021:

- Overall dispensings of the most prescribed opioids and benzodiazepine have decreased. The largest decreases were found in alprazolam (8%), tramadol HCl (6%), and clonazepam (5.5%).
- 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, is the 14th most dispensed monitored prescription drug in Q4 2021. Its dispensing in Q4 has a slight increase (less than 1%) from Q3, which equates to an increase of 4% over the past 12 months and a notable 57.7 % 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 Controlled Substance Dispensing, PDMP Utilization, and Law Enforcement Alerts.