



2024

ANNUAL REPORT

ON THE ILLINOIS PRESCRIPTION MONITORING PROGRAM



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ILPMP.ORG



On behalf of the Illinois Prescription Monitoring Program (ILPMP) we are pleased to provide the Fiscal Year 2024 (FY24) Annual Report. The report demonstrates the program's success in monitoring Schedule II-V controlled substances, selected drugs of interest, and other health information for Illinois residents. Selected drugs of interest prescription data the ILPMP collects for FY24 continue to be: Butalbital/Acetaminophen/Caffeine, Gabapentin, Muscle relaxants, Naloxone, and Naltrexone. Other health information that the ILPMP displays for prescribers include: medical cannabis information, naloxone administered by Emergency Medical Services (EMS), naloxone dispensed by retail pharmacies, and Opioid Treatment Program (OTP) information when patient's consent.

The ILPMP serves as a valuable clinical decision-making tool for the state's healthcare providers. The program aims to help healthcare providers prioritize patient safety; promote community health, prevent the misuse, and diversion of controlled substances.

ABOUT ILPMP

The ILPMP is an electronic database that collects, tracks, and stores reported dispensing data on Schedule II-V controlled substances, selected drugs of interest, and other health information.

The ILPMP is a clinical tool used to help ensure safety in prescribing and dispensing. Utilizing the ILPMP, healthcare providers can view 12 months of a patient's prescription history to aid in clinical decision-making and improve patient care.

The Illinois Department of Human Services (IDHS) oversees the ILPMP, authorized by the Illinois Controlled Substances Act (720 ILCS 570/316). The ILPMP adheres to HIPAA and all access, disclosure, and confidentiality provisions of Illinois Law.

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ILPMP TRANSITIONS TO NEW DIVISION

On April 1, 2024, the ILPMP transitioned from Illinois Department of Human Services (IDHS) Office of Clinical, Administrative, and Program Support (OCAPS) to IDHS Division of Substance Use Prevention and Recovery (SUPR). This action moved the unit within IDHS to the division whose mission and area of focus aligned best with the ILPMP. ILPMP will report to SUPR under the Office of the Chief of Staff. Users of the ILPMP did not notice any difference as the ILPMP day to day activities stayed the same.



The **mission** of the Division of Substance Use Prevention and Recovery (SUPR) is to provide a recovery-oriented system of care along the continuum of prevention, intervention, treatment and recovery support where individuals with Substance Use Disorder (SUD), those in recovery and those at risk are valued and treated with dignity and where stigma, accompanying attitudes, discrimination, and other barriers to recovery are eliminated.

ILPMP Utilization

The ILPMP.org utilization statistics can be found on the ILPMP.org website under the "Statistics" tab and in the monthly ILPMP Newsletter.

Month	New Users That Month	Total User Accounts	Total Number of PMP Prescriber Users	Total Number of PMP Website Requests	Total Number of Law Enforcement Requests
Jul-23	1014	93,249	70,781	505,420	31
Aug-23	439	93,688	71,064	305,809	59
Sep-23	311	90,471	69,309	265,937	73
Oct-23	291	90,762	69,484	325,095	58
Nov-23	228	90,990	69,624	288,430	63
Dec-23	281	91,271	69,778	276,174	35
Jan-24	301	91,572	69,994	301,939	56
Feb-24	257	91,824	70,129	278,853	113
Mar-24	233	92,057	70,232	286,367	63
Apr-24	245	92,301	70,385	309,779	73
May-24	194	92,492	70,484	320,328	45
Jun-24	222	92,712	70,629	259,236	49

Law Enforcement Requests

The ILPMP is also a valuable tool for investigations as law enforcement may request access to ILPMP data pertaining to patients, pharmacies, or prescribers under the following circumstances:

- (1) the applicant has reason to believe that a violation under any State or federal law that involves a controlled substance has occurred; and
- (2) the requested information is reasonably related to the investigation, adjudication, or prosecution of the violation (720 ILCS 570/318)

Requests can be made via the LEOR (Law Enforcement Online Request), mail, fax, or e-mail.

IL PMPnow Integration

The State of Illinois PMPnow integrates ILPMP information into a healthcare organization's Electronic Health Record (EHR), Electronic Medical Record (EMR), Office of the National Coordinator (ONC) Certified Health IT module or Pharmacy Management system. Under Illinois law, all locations that provide health care services and have an EHR, EMR, ONC Certified Health IT module or Pharmacy Management system are required to integrate with IL PMPnow.

IL PMPnow FY24 Highlights



**14,000+ connection
points in 1,700 +
Healthcare Entities**



**89,000 + Distinct
Users**



**100+ EHRs &
Pharmacy
Management
Systems**

IL PMPnow Facts



Security

IL PMPnow offers encryption end-to-end.



Streamlined capabilities

IL PMPnow streamlined access to ILPMP data is six times faster than signing into the ILPMP database via website.



Wide range access

IL PMPnow provides access to other states' prescription information.

IL PMPnow Stats

IL PMPnow monthly query totals averaged over 10.7 million per month. The total of 128,706,450 queries represents a 7% increase. Organizational connections for FY24 increased by a count of 201, a 12.6% increase during the year.

Monthly Queries

Month	Query Total
Jul-23	9,908,545
Aug-23	11,007,655
Sep-23	10,213,272
Oct-23	11,098,537
Nov-23	10,592,522
Dec-23	10,161,616
Jan-24	10,345,325
Feb-24	10,932,906
Mar-24	10,649,146
Apr-24	11,534,944
May-24	11,311,324
Jun-24	10,950,658
Total Queries	128,706,450

Monthly Organization connections

Month	Org Total
Jul-23	1,598
Aug-23	1,611
Sep-23	1,649
Oct-23	1,673
Nov-23	1,685
Dec-23	1,703
Jan-24	1,731
Feb-24	1,739
Mar-24	1,751
Apr-24	1,758
May-24	1,764
Jun-24	1,799
Total Added	201

Interstate Data Sharing

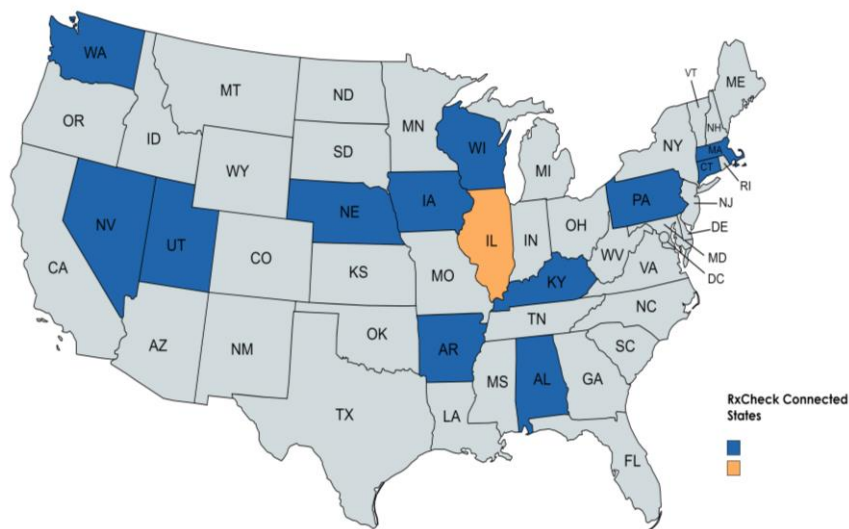
Prescription drug information-sharing strategies are an important part of combatting the national epidemic of prescription misuse and drug overdose deaths. It provides prescribers and dispensers prescription data across state lines and integrates prescription data access with electronic health record systems.

Within today's healthcare system, patients have multiple treatment options available which may entail visiting practitioners in other states. Individuals may also attempt to avoid detection when engaging in prescription drug diversion by crossing state lines. Electronic interstate data sharing will increase ILPMP data's utility, enhance patient care, and assist in deterring drug diversion.

ILPMP continues to share prescription information with 12 states, districts, territories and federal health systems through a data sharing platform called RxCheck.

RxCheck

This platform provides the ILPMP a no-cost solution for sharing nationwide prescription drug information. It was developed with support from the U.S. Bureau of Justice Assistance (BJA), using the Prescription Monitoring Information Exchange (PMIX) National Architecture specifications and was designed with the involvement of state PDMP administrators, private industry, and the federal government.



Opioid Treatment Program Reporting

The General Assembly finds that:

(1) Prior to August of 2020, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and the federal Confidentiality of Substance Use Disorder Patient Records set forth at 42 CFR 2, prohibited the sharing of substance use disorder treatment information by opioid treatment programs with prescription monitoring programs.

(2) In August 2020, SAMHSA amended 42 CFR 2 to permit the sharing of substance use disorder treatment information by opioid treatment programs with prescription monitoring programs.

(3) In light of the federal modification to 42 CFR 2 and the protections available under federal and State law and the express requirement of patient consent, the reporting by opioid treatment programs to the prescription monitoring program is permitted and will allow for better coordination of care among treating providers.

Federal Ruling amendment 42 CFR Part 2 for PDMP's new section 2.36 states: A Part 2 program or other lawful holder is permitted to report any SUD medication prescribed or dispensed by the Part 2 program to the applicable state prescription drug monitoring program if required by applicable state law. A Part 2 program or other lawful holder must obtain patient consent to a disclosure of records to a prescription drug monitoring program under 2.31 prior to reporting of such information.

Illinois General Assembly followed the passing of this ruling and introduced and passed **Public Act 102-0527**, effective 8.20.2021

Illinois law states: Opioid Treatment Programs (OTPs) may report data to ILPMP with patient consent. OTPs shall document an attempt to obtain patient consent and shall not transmit information without patient consent. Treatment of a patient may not be conditioned upon their written consent. OTP data shall not be utilized for law enforcement purposes.

Reporting Go-Live Dates

 **ILPMP.org**
September 25, 2023

 **IL PMPnow**
April 16, 2024

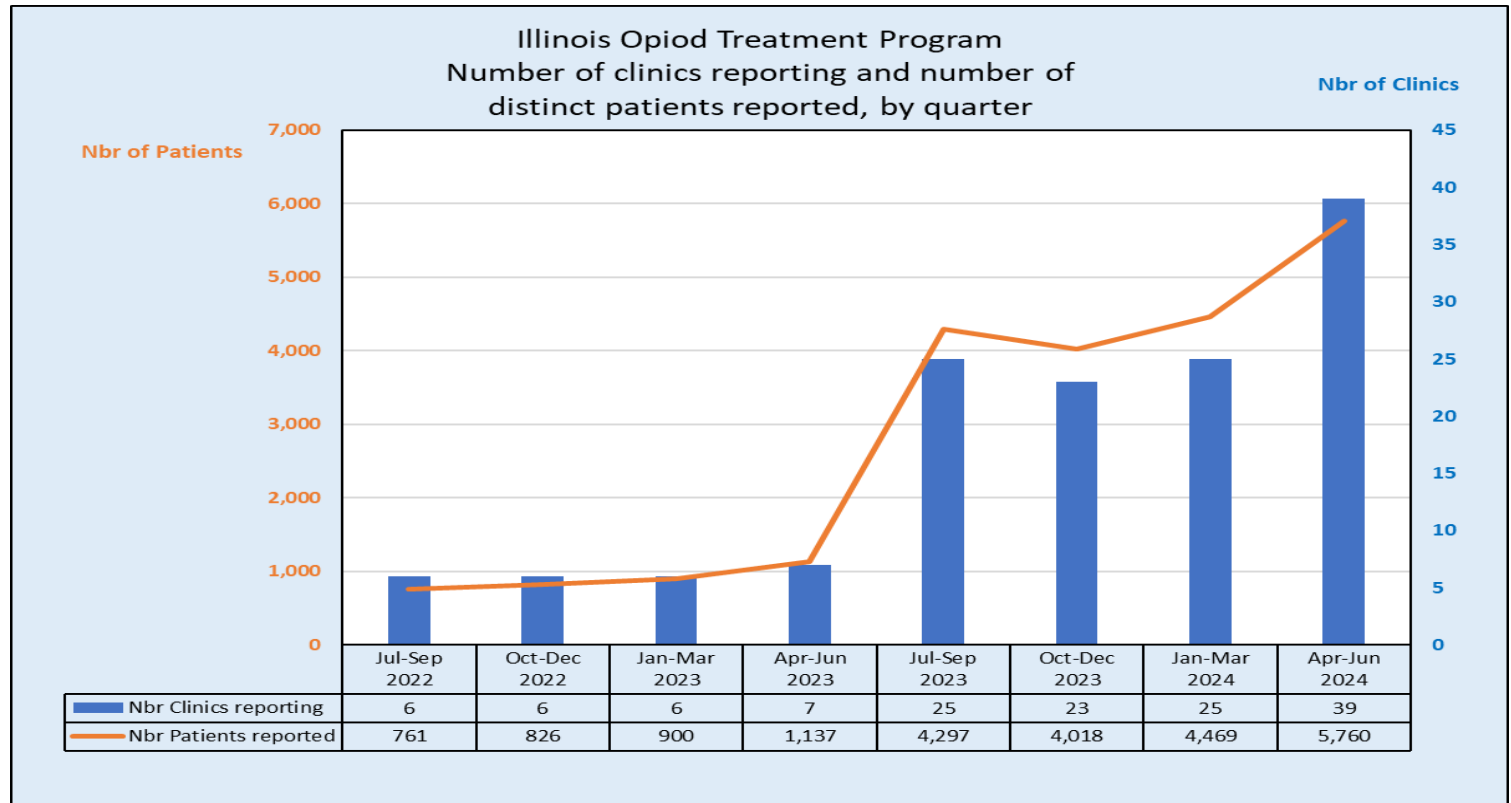
Opioid Treatment Program Reporting

This critical information can improve coordination of care and increase patient safety. In the case of hospital admission, quick access to accurate dosing information may prevent the need for unnecessary dose reductions. This information may also alert providers to potentially dangerous drug interactions.

Benefits of OTP data reporting

- ✓ Increases patient safety
- ✓ Improves coordination of care
- ✓ Unnecessary dose reductions
- ✓ Reduces drug interactions
- ✓ Assists in confirmation of dose amount and date of last dose

- The OTP data display on ILPMP.org went live on September 25, 2023
- The OTP mandatory clinic training webinar took place on July 18, 2023



	Jul-Sep 2022	Oct-Dec 2022	Jan-Mar 2023	Apr-Jun 2023	Jul-Sep 2023	Oct-Dec 2023	Jan-Mar 2024	Apr-Jun 2024	Jul-Sep 2024	Since inception
Nbr Clinics reporting	6	6	6	7	25	23	25	39	35	41
Nbr Patients reported	761	826	900	1,137	4,297	4,018	4,469	5,760	5,719	8,020

Funding

CDC OD2A

Centers for Disease Control and Prevention (CDC) Overdose Data to Action Grant – The opportunity supports jurisdictions in collecting high quality, comprehensive, and timely data on nonfatal and fatal overdoses and in using those data to inform prevention and response efforts

SOR

Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response (SOR) – This program addresses the opioid overdose crisis by providing resources to states and territories for increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders.

SPF – RX

Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework for Prescription Drugs (SPF RX) – The purpose of this program is to provide resources to help prevent and address prescription drug misuse within a State or locality.

Funding

OSF

Opioid Settlement Fund (OSF) – In 2021, nationwide settlements were reached to resolve all opioids litigation brought by states and local political subdivisions against the three largest pharmaceutical distributors – McKesson, Cardinal Health, and AmerisourceBergen and against manufacture Janssen Pharmaceuticals, Inc. and its parent company Johnson and Johnson. In late 2022, agreements were announced with three pharmacy chains – CVS, Walgreens, and Walmart – and two additional manufacturers – Allergan and Teva. In January 2023, each of those pharmacy chains and manufactures confirmed that a sufficient number of states had agreed to the settlements to move forward.

BJA

Bureau of Justice Assistance (BJA) Harold Rogers Prescription Drug Monitoring Program (PDMP) Grant – The program enhances the capacity of regulatory law enforcement agencies and public health officials to collect and analyze controlled substance prescription data and other scheduled chemical products through a centralized database administered by an authorized agency, which for Illinois is ILPMP.

Funding

ILPMP continues to expand its grant funding opportunities. Listed below is a view of how the ILPMP is funded and the total amount consumed in State Fiscal Year 2024.

ILPMP Funding for State Fiscal Year 2024

Grant / Source	Start	End	Years	Total Funding	Consumed in SFY 2024
General Revenue Fund	7/1/2023	6/30/2024	1	\$1,807,342.51	1,807,342.51
CDC OD2A	9/1/2019	8/31/2023	4	\$8,376,460.00	1,717,570.61
SAMHSA / SOR / SPF Rx	10/1/2022	9/23/2024	2	\$2,588,257.00	256,392.00
Opioid Settlement Fund	3/1/2023	6/30/2024	1.33	\$3,750,000.00	3,000,000.00
2020 Dept of Justice Harold	10/1/2021	9/30/2024	3	\$2,000,000.00	436,255.74
2021 Dept of Justice Harold	10/1/2021	9/30/2024	3	\$1,650,000.00	966,119.38
2023 Dept of Justice Harold	10/1/2023	9/30/2025	2	\$2,000,000.00	359,578.26

Total SFY 2024 Expended 8,543,258.50

GRF

General Revenue Fund is part of the General Funds, which is the largest fund group in Illinois and is used for budget for revenues that aren't designated for other funds. ILPMP can supplement projects with alternate funding to allow for other funding priorities.

Illinois Administrative Code 2080 Regulatory Update

ILPMP had the opportunity to make major revisions and amendments to the 77 Illinois Administrative Code 2080 which included updates to:

- Program clarifications
- Updated definitions
- Language changes addressing mandated registration, utilization, as well as permits prescribers and dispensers to request patient reports if potential misuse criteria is met, and updates designee access to the ILPMP
- Changes to both ILPMP Advisory Committee and Peer Review Committee
- Addition of new requirements for the ILPMP based on Public Act 100-0564, Public Act 100-0125, and Public Act 100-1093, Public Act 101-0414, and Public Act 102-0527

Rule Amendment process dates:

Filed for First Notice - September 27, 2022

Filed for Second Notice - May 22, 2023

Rule adopted - September 8, 2023

ILPMP staff continue to review and propose amendments to the 77 Illinois Administrative Code 2080 to reflect current practice and publish the most up to date Rule for the improvement of the Illinois Prescription Monitoring Program.

Illinois Administrative Code 2081 Regulatory Update

ILPMP had the opportunity to make revisions and amendments to the 77 Illinois Administrative Code 2081: Electronic Prescription Monitoring Program – Long Term Care.

Updates included:

- **Removal of defunct committees that were not mandated by Illinois law.**

Rule Amendment process dates:

Filed for First Notice – January 25, 2023

Filed for Second Notice - May 22, 2023

Rule adopted - July 7, 2023

ILPMP staff continue to review and propose amendments to the 77 Illinois Administrative Code 2081 to reflect current practice and publish the most up to date Rule for the improvement of the Illinois Prescription Monitoring Program.

Advisory Committee

The Illinois Prescription Monitoring Program Advisory Committee (ILPMPAC) was established to aid in the implementation of the ILPMP and to advise the Clinical Director on the professional performance of prescribers and dispensers and other matters relevant to the ILPMPAC's field of competence.

Committee Charges

The committee is authorized to:

- 1) Evaluate and recommend changes to the Illinois Controlled Substances Act [720 ILCS 570];
- 2) Evaluate and recommend changes to the Administrative Rules regarding the ILPMP;
- 3) Recommend inclusion of training materials for prescribers and dispensers regarding Continuing Medical Education and Continuing Education programs;
- 4) At least on a semi-annual basis, review the contents of the ILPMP website (ilpmp.org) to ensure that the contents are current;
- 5) At least on a semi-annual basis, review opportunities for federal grants and other forms of funding to support projects to increase the number of EHRs integrating seamlessly to the ILPMP; and
- 6) At least on a semi-annual basis, review and prepare any communication to be sent to all registered users of the system relevant to prescribing and dispensing of controlled substances.

Peer Review Committee

The ILPMP Advisory Committee is authorized to have a standing subcommittee, ILPMP Peer Review Committee (ILPMP PRC). The PRC advises the ILPMP on matters related to the Advisory Committee's field of competence, reviews the professional performance of prescribers and dispensers, and develops communications to be sent to prescribers and dispensers. The deliberations, information, and communications of the PRC are privileged and confidential.

Committee Charges

The Peer Review Committee shall:

- 1) Advise the ILPMP on matters relating to the advisory committee's field of competence
- 2) Establish a formal peer review of the professional performance of prescribers and dispensers
- 3) Develop communications to transmit to prescribers and dispensers

The PRC periodically reviews the data contained within the prescription monitoring database to identify those providers who may be prescribing or dispensing outside the currently accepted standard and practice for their profession. Because the data available in the ILPMP database may not provide contextual clarification regarding prescribing practices, the committee may request additional information regarding their professional practice. Per statute 720 ILCS 570/320, referral to Illinois Department of Financial and Professional Regulation (IDFPR) shall be made for failure to respond to the request for information, if the response to the request is considered unsatisfactory by the committee, or if the prescriber does not sufficiently rectify the practices identified by the committee as the potential for concern.

FY 24 Result Summary

In FY24, the Peer Review Committee met in closed session semi-annually; December 12, 2023, and May 21, 2024. The committee had access to review data for 25,192 prescribers. To gain more clarification, 77 of the prescribers were sent Requests for Information (RFI) letters and 3 of these prescribers were referred to IDFPR due to no response after three 30-day successive requests.

FY 24 Round 1 threshold:

Co-prescribing benzodiazepines and opioids to 15 or more patients for any three months during the 6-month period

January– June 2023 Results:

- Identified prescribers : 31 prescribers
- RFI (Request For Information) Letters: **30** prescribers; 1 prescriber was previously identified in FY23 Round 1. Academic Detailing was not in operation at that time, so a risk mitigation toolkit was sent as final action for FY23 Round 1.
- Sufficient Responses (no further action needed): 7 prescribers
- Additional education needed – ILPMP provided Prescriber Risk Mitigation Toolkits: 23 prescribers
- IDFPR Referral Due to No Response: 1 prescriber

FY 24 Round 2 Results

The ILPMP contracted with The University of Illinois Chicago's Pharmacy Systems, Outcomes, and Policy (UIC PSOP) to provide academic detailing outreach on behalf of the ILPMP. This pilot educational program aimed to increase these pre-selected providers' awareness of their co-prescribing patterns and provide evidence-based information and resources for: 1) concurrent prescribing of benzodiazepines and opioids; 2) opioid and/or benzodiazepine tapering; and 3) strategies to mitigate the risk of overdose and death in patients with co-prescriptions, including but not limited to naloxone, urine toxicology screens, and using the ILPMP website as a resource.

FY 24 Round 2 threshold:

Co-prescribing benzodiazepines and opioids to 15 or more patients for any three months during the 6-month period

July – December 2023 Results:

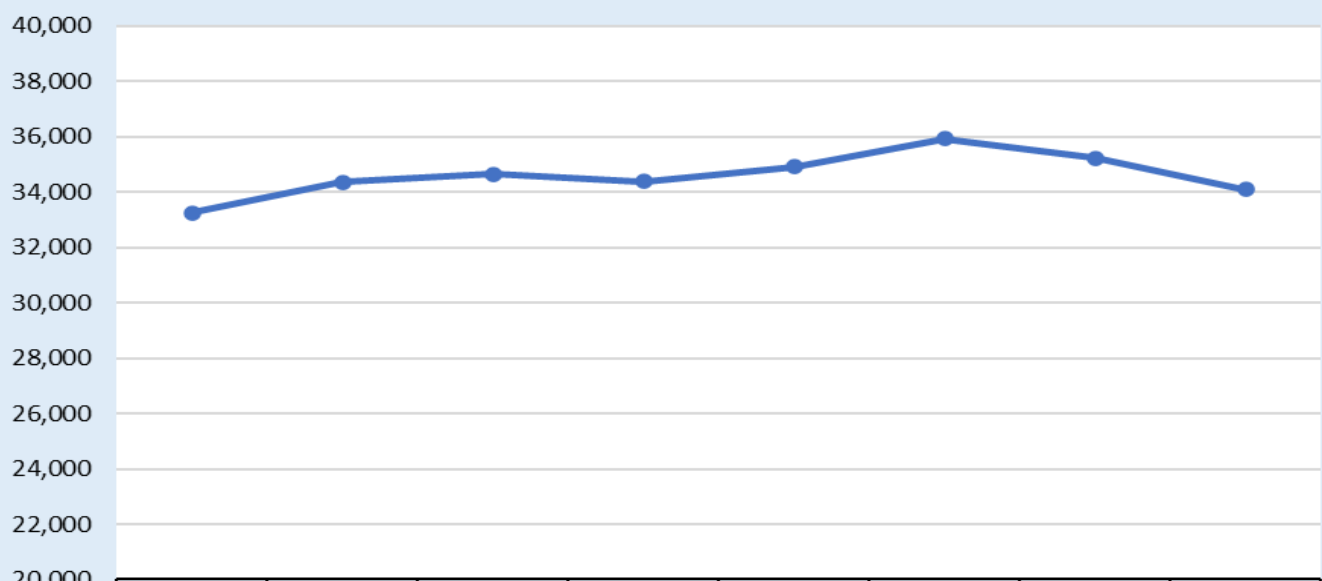
- RFI (Request For Information) Letters: 47 prescribers
- Sufficient Responses (no further action needed): 25 prescribers
- Additional education needed – Referred to Academic Detailing: 19 prescribers
- IDFPR Referral Due to No Response: 2 prescribers
- Other: 1 prescriber identified this round passed away in March 2024 and no further action was taken.

Prescribing Trends

> 90 MME

The **≥90 MME (Morphine Milligram Equivalents)** threshold identifies patients who have received greater than 90 MME on average per day for the last 30 days. CDC published new opioid prescribing guidelines in 2022 that focus on prescribing the lowest effective dose of opioids and highlighting risk associated with increasing dosages which is a patient risk for unintentional overdose.

Count of patients receiving greater than or equal to an average of 90 MME per day, by quarter



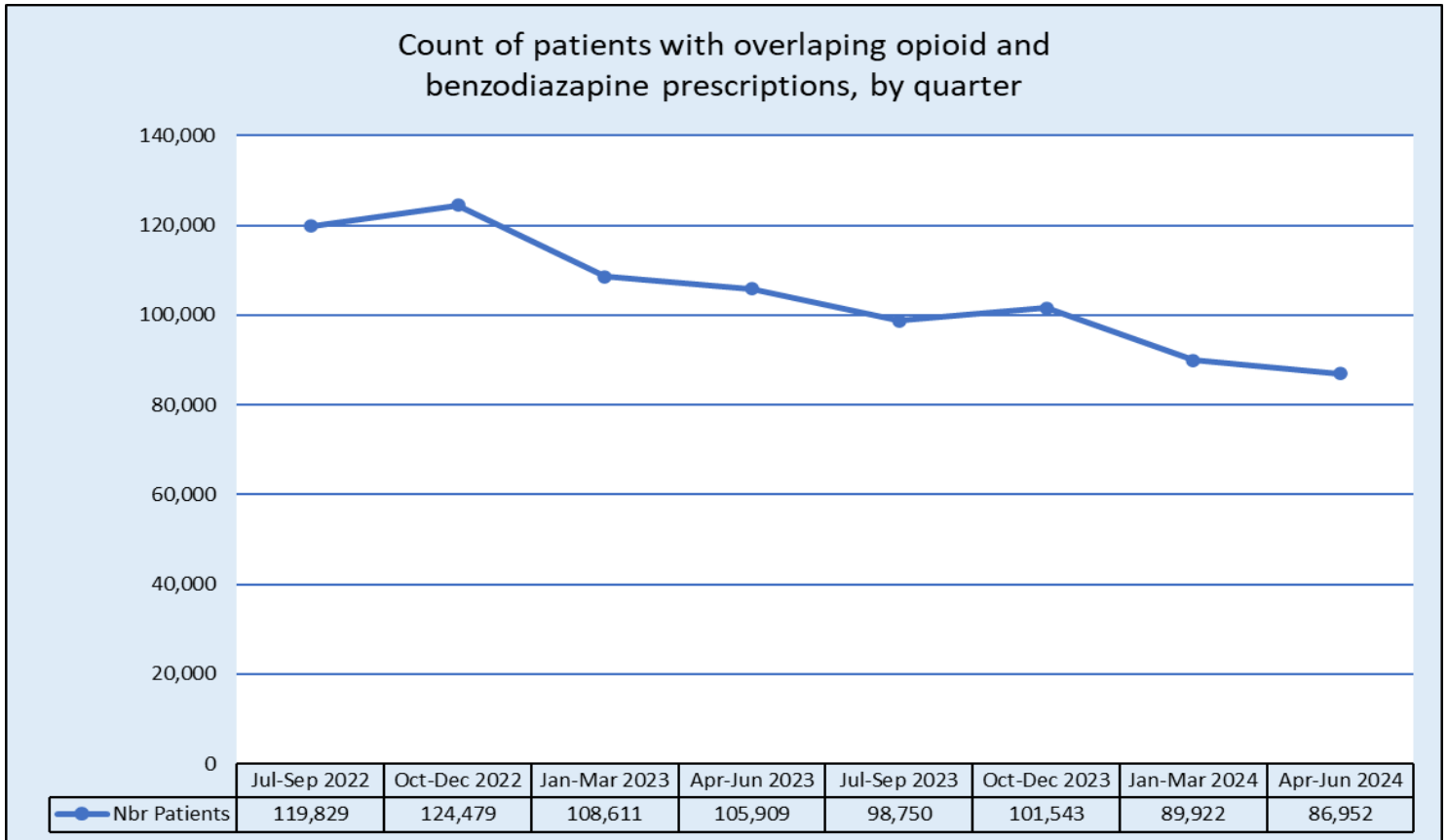
	Jun-Sep 2022	Oct-Dec 2022	Jan-Mar 2023	Apr-Jun 2023	Jul-Sep 2023	Oct-Dec 2023	Jan-Mar 2024	Apr-Jun 2024
Nbr Patients	33,243	34,351	34,655	34,392	34,924	35,927	35,230	34,084

Qtr	Jun-Sep 2022	Oct-Dec 2022	Jan-Mar 2023	Apr-Jun 2023	Jul-Sep 2023	Oct-Dec 2023	Jan-Mar 2024	Apr-Jun 2024
Nbr Patients	33,243	34,351	34,655	34,392	34,924	35,927	35,230	34,084

Morphine Milligram Equivalent (MME) is a measurement used to compare the potency of opioids to morphine.

Benzodiazepines and Opioids Concurrently

The Co-prescribing of Benzodiazepines and Opioid threshold identifies patients who have been prescribed at least one prescription of benzodiazepine and one prescription of opioid within the same 30-day period.



	Jul-Sep 2022	Oct-Dec 2022	Jan-Mar 2023	Apr-Jun 2023	Jul-Sep 2023	Oct-Dec 2023	Jan-Mar 2024	Apr-Jun 2024
Nbr Patients	119,829	124,479	108,611	105,909	98,750	101,543	89,922	86,952

CONTACT US

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 ILPMP.ORG

