Illinois Prescription Monitoring Program
Peer Review Committee
Annual Report

Illinois Department of Human Services (IDHS)
Division of Substance Use Prevention and Recovery (SUPR)
Illinois Prescription Monitoring Program (ILPMP)

FY24

Foreword

The Illinois Prescription Monitoring Program (ILPMP) is authorized by the Illinois Controlled Substance Act 720 ILCS 570/316 as a state-run electronic database that tracks the prescribing and dispensing of controlled substance prescription medications to patients in Illinois. The ILPMP collects information from retail pharmacies regarding the dispensing of Schedule II-V controlled substance prescriptions and drugs of interest that are dispensed by retail pharmacies within Illinois. The purpose of the program is to enhance the clinical review process and to reduce the potential diversion of controlled substance prescriptions.

Background

The ILPMP Advisory Committee is authorized to have a Peer Review Committee. The Peer Review Committee 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 Peer Review Committee are privileged and confidential.

The purpose of the Peer Review Committee is to establish a formal peer review of the professional performance of prescribers and dispensers. The Peer Review Committee 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.

Results FY24

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.

During the December 12, 2023 meeting, the committee discussed the 30 prescribers that were sent RFI letters as they were identified in this round as co-prescribing benzodiazepines and opioids to 15 or more patients for any three months during a 6-month period (January-June 2023). Prescribers with hospice/palliative care taxonomy were excluded. Based on results from the review, the committee made these final recommendations: 7 prescribers had responded with sufficient responses and deemed no further action to be taken; 23 prescribers were referred for academic detailing; and 1 prescriber would be referred to IDFPR.

During the May 21, 2024 meeting, the committee discussed the 47 prescribers that were identified in this round as co-prescribing benzodiazepines and opioids to 15 or more patients for any three months during a 6-month period (July-December 2023). Prescribers with hospice/palliative care taxonomy were excluded. Based on results from the review, the committee made these final recommendations: 25 prescribers had responded with sufficient responses and deemed no further action to be taken; 19 prescribers were referred for academic detailing; and 2 prescribers would be referred to IDFPR. One prescriber passed away in March 2024 and no further actions were taken against this prescriber.

Final Note

The Department is committed to ensuring that our interventions do not disrupt access to controlled substance prescribing for legitimate medical purposes. Additionally, the Department strives to improve provider knowledge of clinical interventions through education and outreach.