ILPMP
Illinois Prescription Monitoring Program

2025

ANNUAL REPORT

ON THE ILLINOIS PRESCRIPTION MONITORING PROGRAM

On behalf of the Illinois Prescription Monitoring Program (ILPMP), we are pleased to present the Fiscal Year 2025 (FY25) Annual Report. This report demonstrates the program's success in monitoring Schedule II-V controlled substances, selected drugs of interest, and other health information for Illinois residents. The selected drugs of interest for which ILPMP continues to collect prescription data for FY25 include: Butalbital/Acetaminophen/Caffeine, Gabapentin, muscle relaxants, Naloxone, and Naltrexone. Other health information that ILPMP displays for providers include medical cannabis information, naloxone dispensed by retail pharmacies, and Opioid Treatment Program (OTP) information where the patient has given consent.

The program aims to help healthcare providers prioritize patient safety, promote community health, and prevent the misuse and diversion of controlled substances.

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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/Year	New Users That Month	Total User Accounts	Total Number of PMP Prescriber Users	Total Number of PMP Website Requests
Jul-24	248	92,948	70,777	305,336
Aug-24	257	93,202	70,958	281,075
Sep-24	289	93,478	71,191	260,773
Oct-24	287	93,765	71,377	282,375
Nov-24	265	94,030	71,516	260,584
Dec-24	183	94,213	71,644	275,069
Jan-25	255	94,467	71,805	293,964
Feb-25	245	94,710	71,974	273,011
Mar-25	239	94,949	72,094	302,749
Apr-25	218	95,166	72,234	279,132
May-25	191	95,354	72,340	256,250
Jun-25	200	95,544	72,457	259,060

IL PMPnow Query Totals

Month / Year	Query Total
Jul-24	11,978,759
Aug-24	12,029,838
Sep-24	11,585,224
Oct-24	12,673,463
Nov-24	11,346,418
Dec-24	11,404,675
Jan-25	12,768,452
Feb-25	10,982,142
Mar-25	11,554,409
Apr-25	11,819,217
May-25	11,277,881
Jun-25	11,384,330
Total Queries	**140,804,808**

IL PMPnow monthly query totals averaged over 11.7 million per month. The total of 140,804,808 queries represents a 9.4% increase from FY24.

IL PMPnow Integration

Effective July 1, 2024, [Public Act 103-0477](#), made changes the to State of Illinois PMPnow integration.

(720 ILCS 570/316)(f)

It is the responsibility of any new, ceased, or unconnected healthcare facility and its selected Electronic Health Records System or Pharmacy Management System to make contact with and ensure integration with the Prescription Monitoring Program. As soon as practicable after the effective date of this amendatory Act of the 103rd General Assembly, the Department shall adopt rules requiring Electronic Health Records Systems and Pharmacy Management Systems to interface, by January 1, 2024, with the Prescription Monitoring Program to ensure that providers have access to specific patient records during the treatment of their patients. The Department shall identify actions to be taken if a prescriber's Electronic Health Records System and Pharmacy Management Systems does not effectively interface with the Prescription Monitoring Program once the Prescription Monitoring Program is aware of the non-integrated connection.

IL PMPnow FY25 Highlights

15,000+ connection points in 1,800+ Healthcare Entities

89,000+ Distinct Users

100+ EHRs & Pharmacy Management Systems

Regulatory Update:
Illinois Administrative Code 2080

Following **Public Act 103-0477**, revisions and amendments to the 77 Illinois Administrative Code 2080 were made to reflect changes to the statute.

- ➤ **2080.207 Electronic Health Record Integration**
- ➤ **2080.208 Pharmacy Management System Integration**

- Updates definitions
- Expands the opportunity for additional vendors to assist with integrations
- Changes documentation requirements for these processes
- Requires a memorandum of understanding among the parties
- Clarifies the Electronic Health Record and Pharmacy Management System integration processes with the ILPMP

Rule Amendment timeline:
Filed for First Notice – March 15, 2024
Filed for Second Notice – August 13, 2024
Rule Adopted – October 8, 2024

ILPMP staff continue to review and propose amendments to the 77 Illinois Administrative Code 2080 to reflect current practice and ensure the most up-to-date Administrative Rules are published for ILPMP.

Pharmacy Compliance & Error Reporting

➤ **The Importance of Accurate Data Submission**

During FY25, the ILPMP Pharmacy Compliance Team enhanced its efforts to improve data integrity by initiating direct outreach (phone and email) to submitters when error corrections were not completed as required. This proactive communication approach is designed to support submitters in understanding the importance of correcting errors and warnings in their submitted prescription data ensuring that providers have access to accurate and timely prescription information to support informed clinical decision-making. Our goal is to increase data integrity through improved collaboration and timely resolution.

➤ **Understanding Section 2080.220 Error Reporting**

- If a **prescriber** notices an error in their prescription information, they shall report it to the dispensing pharmacy within 7 days of discovery.

- If a **dispenser** notices an error in what they have transmitted, they shall retract and retransmit the corrected prescription within 7 days of discovery.

➤ **Error vs. Warnings on daily file submissions**

Error: prescription not viewable on a patient record; must be corrected.
Warning: data appears on record but contains issues; must still be corrected.

Authorized Data Requestor Requirements

Public Act 103-1064, effective February 7, 2025, amended the Illinois Controlled Substance Act creating stricter requirements for obtaining confidential prescription data from the ILPMP. For full details, refer to the Illinois General Assembly - Full Text of Public Act 103-1064.

Authorized requesters must provide the following:

Reason for Suspicion of a Violation
- The requester must have reason to believe that a violation involving a controlled substance has occurred under state or federal law.

Demonstration of Relevance
- The requested information must be reasonably related to the investigation, adjudication, or prosecution of the suspected violation.

Legal Documentation Requirements
- A valid court order or subpoena
- An administrative subpoena will only be accepted if issued by the Department of Financial and Professional Regulation (IDFPR)

Patients are authorized to submit a request for a Patient Information Report. Detailed information and notarization is required to obtain the past 2 years of prescription history data. For more information on Patient Information Reports, see our **FAQ section** on ILPMP.org.
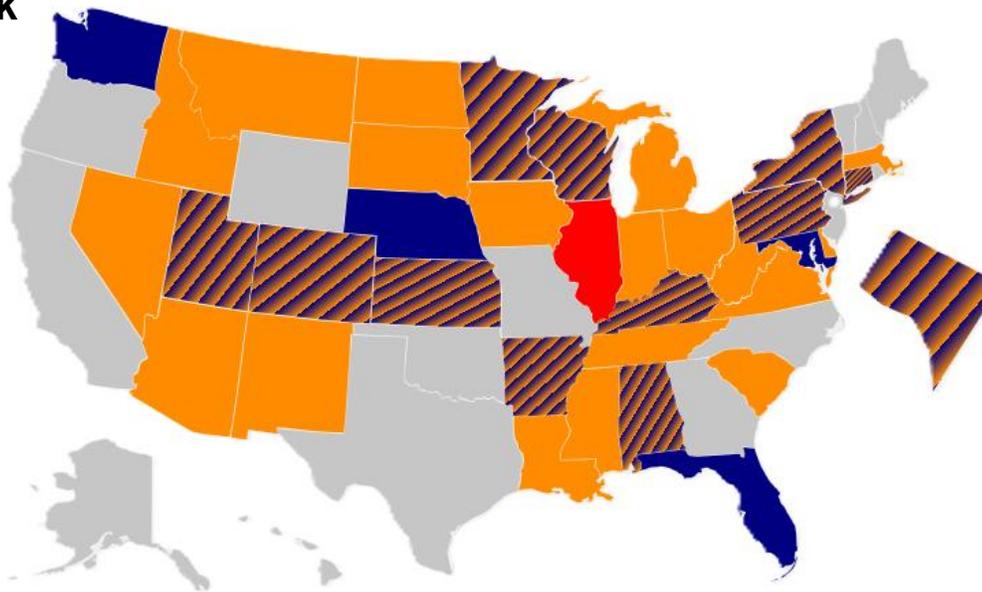
Interstate Data Sharing

Interstate prescription-data sharing remains a key strategy for addressing prescription misuse and overdose. It provides prescribers and dispensers prescription data across state lines.

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. RxCheck is currently used in PMPnow.

PMPi - is a nationwide hub provided by the National Association of Boards of Pharmacy (NABP) that allows participating state PDMPs across the United States to be linked, providing a more effective means of combating drug diversion and drug misuse nationwide. PMPi is currently available via our website, ILPMP.org

blue = RxCheck
orange = PMPi
striped = both

Legend: ■ PMPnow Only   ■ Website Only   ■ PMPnow and Website

Interstate Data Sharing State Availability Table

Category: PMNow Only (Dark Blue)
- Washington
- Nebraska
- Oklahoma
- Louisiana
- Florida
- West Virginia

Category: Website Only (Orange)
- California
- Nevada
- Montana
- Wyoming
- Colorado
- Arizona
- New Mexico
- Texas
- South Dakota
- Minnesota
- Wisconsin
- Indiana
- Ohio
- Kentucky
- Tennessee
- Alabama
- Georgia

Category: No Data / Unspecified (Grey)
- Idaho
- North Dakota
- Iowa
- Mississippi
- North Carolina
- New York
- Maryland
- Delaware
- Maine
- Vermont
- New Hampshire

Category: PMNow + Website (Striped)
- Oregon
- Utah
- Kansas
- Missouri
- Arkansas
- Michigan
- Virginia
- Pennsylvania
- New Jersey
- Connecticut
- Rhode Island
- Massachusetts

Category: Unique (Red – Illinois)
- Illinois

Opioid Treatment Program Reporting

Under Illinois law, Opioid Treatment Programs (OTPs) may report data to ILPMP only 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.

Benefits of OTP data reporting
- ✓ Increases patient safety
- ✓ Improves coordination of care
- ✓ Prevent unnecessary dose reductions
- ✓ Reduces drug interactions
- ✓ Assists in confirmation of dose amount and date of last dose

- **In 2025, 56 out of 84 operational clinics reported patient data to ILPMP with consent.**
- **A total of 9,603 patients granted consent to share their information with ILPMP.**
- **The highest quarterly patient population reported was 15,215.**

Illinois Opioid Treatment Program
Number of clinics reporting and number of distinct patients reported, by quarter
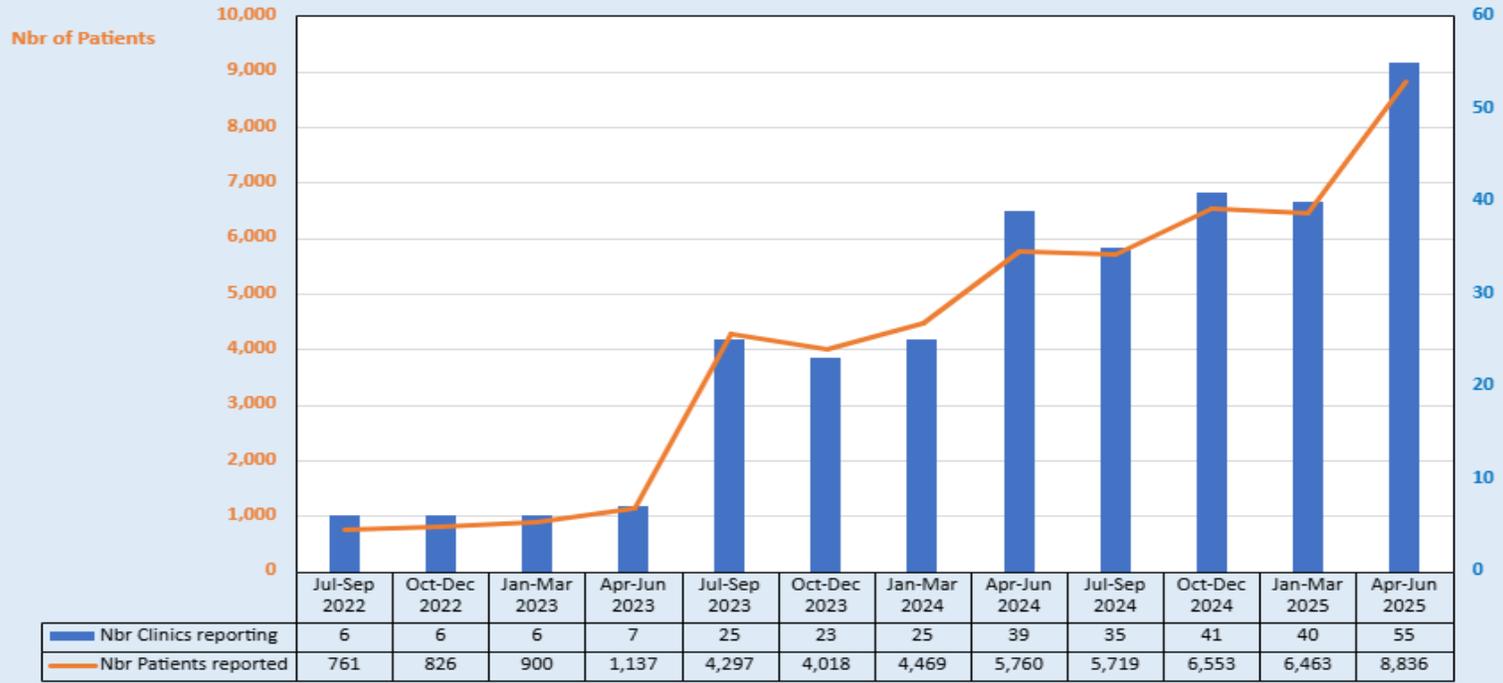
Qtr	Jul-Sep 2022	Oct-Dec 2022	Jan-Mar 2023	Apr-Jun 2023	Jul-Sep 2023	Oct-Dec 2023	Jan-Mar 2024	Apr-Jun 2024	Jul-Sep 2024	Oct-Dec 2024	Jan-Mar 2025	Apr-Jun 2025
Nbr Clinics reporting	6	6	6	7	25	23	25	39	35	41	40	55
Nbr Patients reported	761	826	900	1,137	4,297	4,018	4,469	5,760	5,719	6,553	6,463	8,836

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.

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 the ILPMP.

Funding continued

ILPMP's operations during State Fiscal Year (SFY) 2025 were supported through a combination of state appropriations and grant funding. The following table summarizes funding sources and expenditures for FY25.

ILPMP Funding for SFY 2025

Grant / Source	Start	End	Years	Total Funding	Consumed in SFY 2025
General Revenue Fund	7/1/2024	6/30/2025	1	$2,944,346	$2,945,616
CDC OD2A	9/1/2023	8/31/2028	5	$8,376,460	$916,318
2021 Dept of Justice (DOJ) Harold Rogers	10/1/2021	9/30/2024	3	$1,650,000	$168,400
2023 Dept of Justice (DOJ) Harold Rogers	10/1/2023	9/30/2025	2	$2,000,000	$1,412,406

Total SFY 2025 Expended $5,441,471

ILPMP Completes Collaborative Project Analyzing Program Data From 2020 - 2023

During FY25, ILPMP collaborated with the epidemiology team from the Southern Illinois University School of Medicine (SIU-SOM) to analyze ILPMP data from 2020 through 2023.

Major deliverables included:

- High-level review of existing ILPMP query content to ensure data accuracy and integrity.

- An analysis of prescribing trends by prescriber type, patient demographics (age, gender), and geographic distribution (e.g., by ZIP code or county).

- Recommendations to improve functionality and usability of ILPMP dashboards, including enhancements in data visualization and reporting features.

The collaboration aimed to inform future reporting, public health planning, and targeted interventions based on prescribing and utilization patterns.

SIU SCHOOL of MEDICINE

ILPMP Concludes Peer-to-Peer Academic Detailing Project for FY25

Under 720 ILCS 570/320, ILPMP Peer Review Committee identified healthcare professionals who may be prescribing outside the currently accepted standards of practice, related to concurrent prescribing of opioids and benzodiazepines. The ILPMP contracted with the University of Illinois Chicago's College of Pharmacy to provide educational outreach to promote safer prescribing practices and reduce risk associated with co-prescribing.

From September 2024 through September 2025:
- A total of 294 visits were completed; including 259 initial sessions and 35 second visits.
- Providers were identified and stratified into two tiers based on their co-prescribing patterns:

  - **Tier 1: (Formal Peer Review Process)** Prescribers with ≥ 15 patients co-prescribed opioids and benzodiazepines in ≥ 3 out of 6 months.

  - **Tier 2: (Expanded AD opportunity)** Prescribers with 5–14 patients meeting the same co-prescribing threshold for ≥ 3 out of 6 months - these prescribers were highly encouraged to participate but not subject to mandatory review.

This expanded academic detailing initiative aligns with the Statewide Opioid Action Plan and provides targeted peer-to-peer education designed to mitigate overdose risks and improve patient safety.

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.

PRC FY25 Result Summary

In FY25, the PRC met in closed session semi-annually; December 10, 2024 and June 10, 2025. The committee had access to review data for 30,294 prescribers. To gain more clarification, 58 of the prescribers were sent Requests for Information (RFI) letters and 7 of these prescribers were referred to IDFPR due to no response after three 30-day successive requests.

FY 25 Round 1 & 2 thresholds:
Co-prescribing benzodiazepines and opioids to 15 or more patients for any three months during the 6-month period being reviewed

<u>**January– June 2024 Results:**</u>
- Identified prescribers : **12 prescribers**

- Sufficient Responses (no further action needed): **6 prescribers**

- Referred for academic detailing (one-to-one, targeted peer education): **3 prescribers**

- IDFPR Referral Due to No Response: **3 prescribers**

<u>**July – December 2024 Results:**</u>
- Identified prescribers: **46 prescribers**

- Sufficient Responses (no further action needed): **17 prescribers**

- Referred for academic detailing (one-to-one, targeted peer education): **25 prescribers**

- IDFPR Referral Due to No Response: **4 prescribers**

New Anonymous Referral Feature

➢ At the request of the ILPMP PRC, ILPMP implemented an Anonymous Referral process available to users on ILPMP.org starting March 1, 2024. The purpose of the anonymous referral is to alert the committee to a prescriber whom they believe may be prescribing outside of the currently accepted standard of practice for further review.

➢ To date, the ILPMP has received 13 anonymous referrals, 3 of the 12 were the same prescriber. In FY25, the ILPMP had 6 anonymous referrals submitted. Based on results from the review, the committee made these final recommendations: 3 referred to academic detailing, 1 referred to Illinois Department of Federal Professional Regulation (IDFPR) for further investigation, and 2 referrals pending review.

Anonymous Referral

The purpose of the anonymous referral form is to be used as a means of anonymously referring a prescriber whom you believe to be prescribing outside of the currently accepted standard of practice. The Peer Review Committee has been statutorily charged with identifying and reviewing data that is contained in the Illinois Prescription Monitoring Program (ILPMP) database to further determine if an investigation is warranted with Illinois Department of Financial and Professional Regulation (IDFPR).

The ILPMP Peer Review Committee reviews referrals on a quarterly basis. If this referral is an urgent concern, please submit your complaint to IDFPR via the IDFPR Online Complaint Form.

Please note, no more than two referrals can be submitted in a 6-month time period.

Enter the license number of the prescriber being referred and a brief reason for the referral below. Please use the IDFPR License Lookup to ensure the license number of the referred practitioner is valid.

License Number of Referred Person

Reason for Referral

Submit

Prescribing Trends

Overall Prescription Counts by Drug Category (July 2022 – June 2025)

Quarterly prescription totals dispensed at pharmacies statewide, categorized by drug class:
Opioids, Stimulants, Benzodiazepines, Buprenorphine, Fentanyl, Ketamine

Prescription Counts for Drug Categories
July 2022 thru June 2025, by quarter
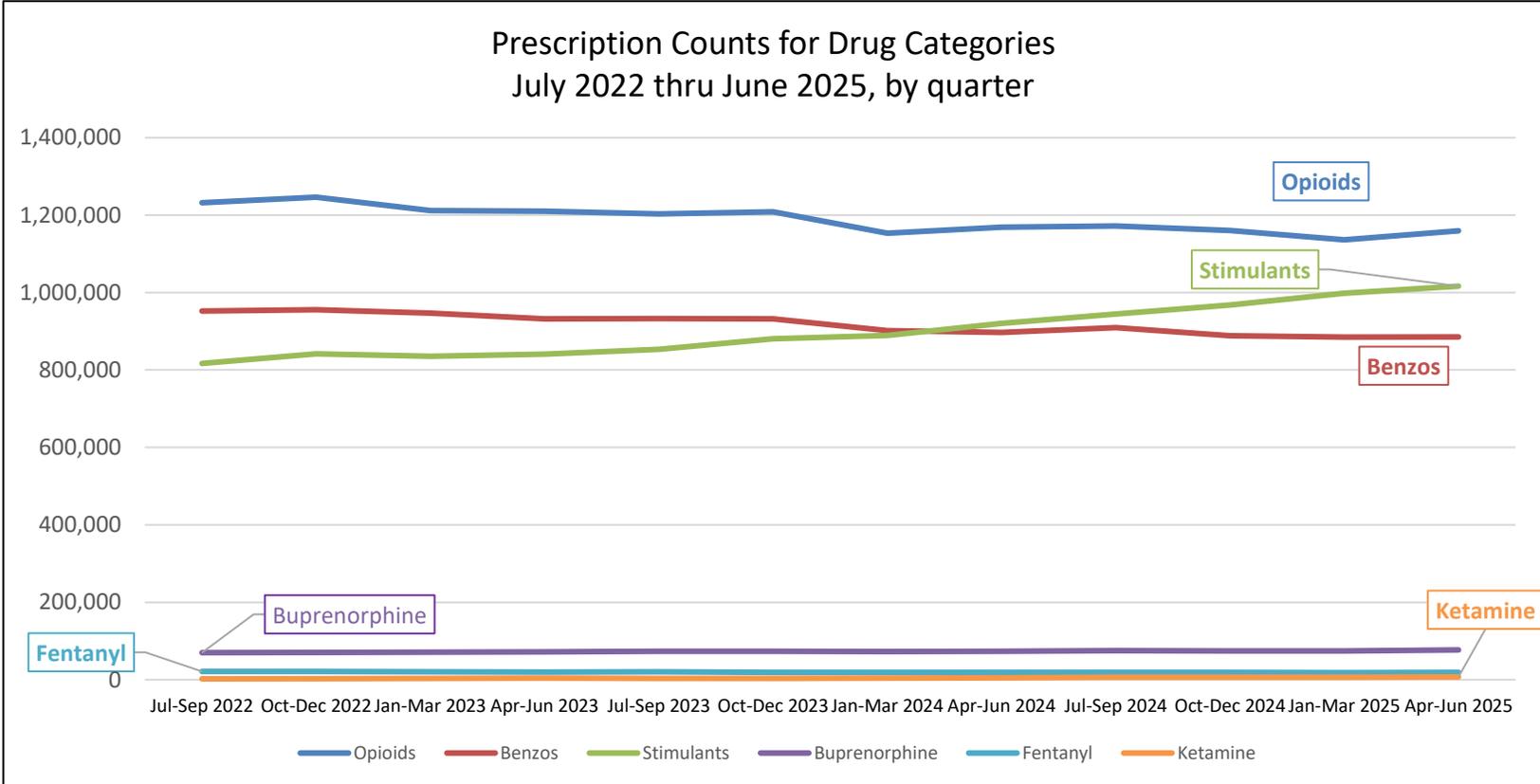
Quarter	Opioids	Benzos	Stimulants	Buprenorphine	Fentanyl	Ketamine
Jul-Sep 2022	1,231,485	952,214	816,842	69,790	21,286	2,183
Oct-Dec 2022	1,246,203	955,491	841,651	69,938	21,012	2,571
Jan-Mar 2023	1,211,777	947,099	835,719	71,280	20,299	3,644
Apr-Jun 2023	1,210,334	932,269	840,795	71,824	19,921	3,795
Jul-Sep 2023	1,202,999	932,946	853,343	73,413	20,083	3,006
Oct-Dec 2023	1,208,141	931,719	880,841	73,472	19,184	3,296
Jan-Mar 2024	1,153,386	901,676	889,134	72,868	18,883	3,829
Apr-Jun 2024	1,168,829	896,633	919,894	73,736	19,060	4,835
Jul-Sep 2024	1,171,907	909,635	944,700	75,240	19,029	6,282
Oct-Dec 2024	1,160,151	888,661	967,797	74,329	18,750	6,716
Jan-Mar 2025	1,136,094	884,790	998,295	74,536	18,195	6,545
Apr-Jun 2025	1,159,399	885,146	1,016,396	76,844	18,615	7,236

Co-prescribing Trends:

Benzodiazepines and Opioids
Quarterly patient counts meeting threshold
(Jul–Sep 2022 through Apr–Jun 2025):

To assess patterns of potentially risky concurrent prescribing, ILPMP applies a threshold definition: at least one opioid prescription and one benzodiazepine prescription within the same 30-day period.
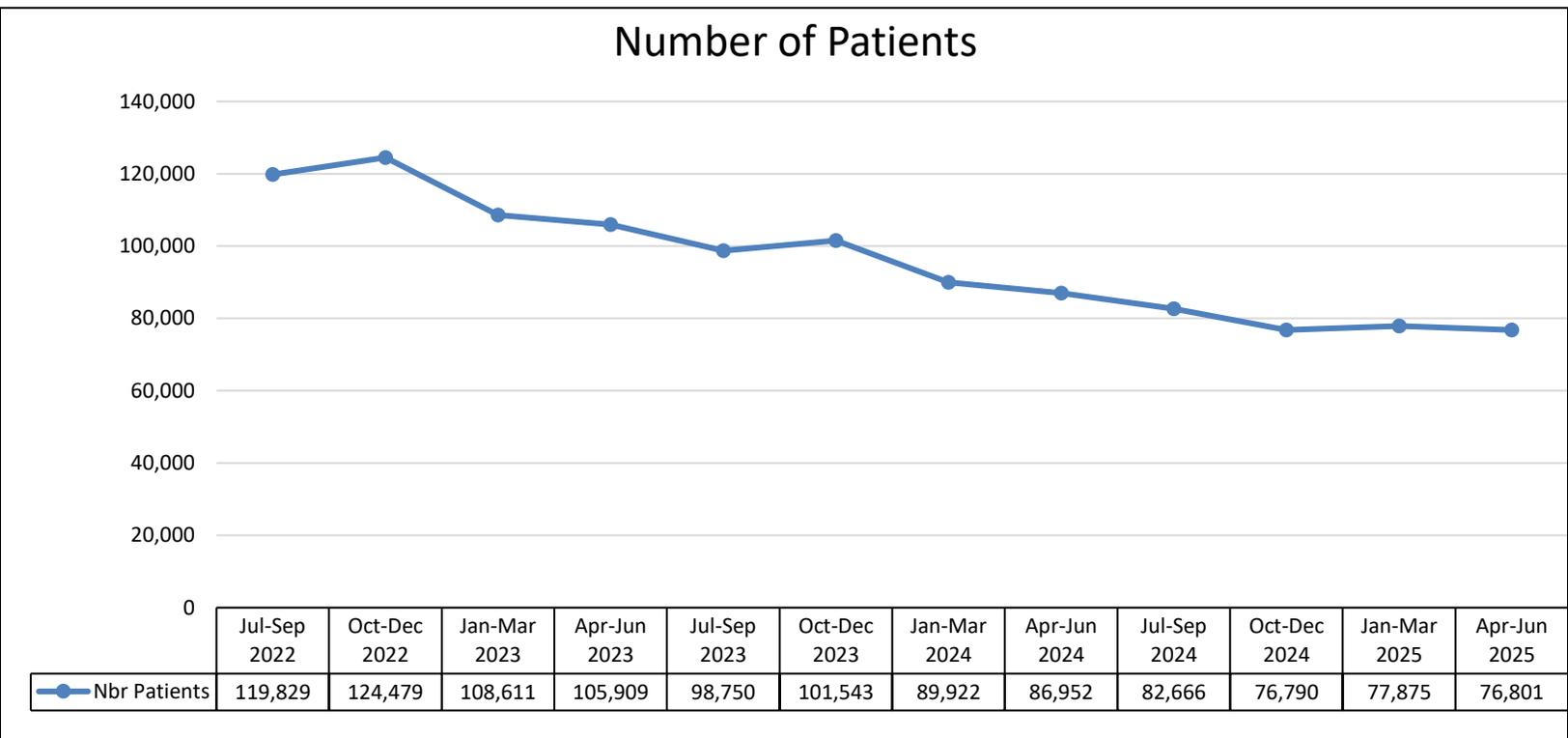
Number of Patients

	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	Oct-Dec 2024	Jan-Mar 2025	Apr-Jun 2025
Nbr Patients	119,829	124,479	108,611	105,909	98,750	101,543	89,922	86,952	82,666	76,790	77,875	76,801

Qtr	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	Oct-Dec 2024	Jan-Mar 2025	Apr-Jun 2025
Nbr Patients	119,829	124,479	108,611	105,909	98,750	101,543	89,922	86,952	82,666	76,790	77,875	76,801

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