Illinois Prescription Monitoring Program

Peer Review Committee

Annual Report

Illinois Department of Human Services
Office of Clinical, Administrative & Program Support (OCAPS)
Bureau of Pharmacy and Clinical Support Services (BPCSS)

FY21

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 medication 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 potential diversion of controlled substance prescriptions.

Background
The Illinois Prescription Monitoring Program Advisory Committee is authorized to have a standing Peer Review Committee. The Peer Review Committee advises the ILPMP on matters related to the Advisory Committee's field of competence, reviews 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 professional performance for 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 the statutory authority provided under 720 ILCS 570/320, referral to 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 potential for concern.

Results FY21
The Peer Review Committee met the semi-annual meeting requirement set forth in PA 100-1093 by meeting on February 2, 2021 and June 2, 2021.

As the Peer Review Committee undertook their statutory charge of evaluating prescribing practices, the "CDC Guideline for Prescribing Opioids for Chronic Pain" was used for the initial review criteria. The committee reviewed data for 25,509 unique prescribers and identified 48 prescribers who had prescribed an average of 90 Morphine Milligram Equivalents (MME) /day or greater, for each of the three consecutive months reviewed (January – March 2021). The committee narrowed the initial requests for information to physicians prescribing equal to or greater than 90 MME/day to10 or more patients, excluding physician with taxonomies of oncology, hospice, and palliative care.

Request for information letters were sent to 28 physicians via certified mail and email on June 23, 2021. Per 720 ILCS 570/320, prescribers shall have 30 days to respond to the request for information and must be provided three successive requests prior to referral. Because this process had not been completed by the end of FY21, no prescribers were referred to IDFPR for FY21.

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.