Illinois Prescription Monitoring Program
Peer Review Committee
Annual Report

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

FY22

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 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 FY22

In FY22, the Peer Review Committee met three times; October 5, 2021, February 22, 2022, and May 25, 2022.

During the October 5, 2021 meeting, the committee made four referrals to IDFPR based on results from the FY21 review (request for information letters were sent to 28 prescribers in FY 21).

In preparation for the February 22, 2022 meeting, the committee had access to review data for 28,519 prescribers. The committee identified those prescribing an average of 90 Morphine Milligram Equivalents (MME)/day or greater to 10 or more patients for three of the last six months reviewed (excluding prescribers with oncology, hospice, and palliative care taxonomies). The committee requested additional information regarding these new criteria and identified 22 prescribers. The committee requested additional information regarding the prescribing practices from 22 prescribers. A review of responses to these requests resulted in three additional referrals to IDFPR.

. The final meeting for FY 22 was held on May 25, 2022. The purpose of the meeting was to review the longitudinal prescribing activity of six prescribers identified by the committee as requiring an extended review to identify prescribing trends. The review resulted in one additional referral to IDFPR, for a total of eight referrals to IDFPR for FY 22.

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.