Risk Mitigation Toolkit

Using the ILPMP

Recommendation #9 from the 2022 CDC Guideline for Prescribing Opioids for Pain states, “When prescribing initial opioid therapy for acute, subacute, or chronic pain, and periodically during opioid therapy for chronic pain, clinicians should review the patient’s history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or combinations that put the patient at high risk for overdose”

All prescribers with an Illinois controlled substance license must register with ILPMP regardless of practice type. It is also mandatory to search ILPMP when prescribing schedule II narcotics with limited exemptions.

<u>Considerations for accessing ILPMP:</u>

- Check ILPMP before prescribing opioids for acute, subacute or chronic pain
  - Ideally, prescribers should review ILPMP data before every prescription. At a minimum, check initial prescriptions, then every 3 months or more frequently.
- ILPMP data should be a component of clinical information
  - Use ILPMP data, in combination with other clinical information such as patient history, physical findings, and relevant testing, to help communicate with and protect the patient.
  - Do not dismiss patients solely based on ILPMP data. Doing so can adversely affect patient safety, and result in missed opportunities to provide potentially lifesaving information and interventions.
  - Occasionally, ILPMP information may be incorrect (e.g., if the wrong patient information is entered, the patient uses a nickname or maiden name, another person has used the patient’s identity to obtain prescriptions, or the pharmacy has uploaded erroneous or duplicate information).

<u>Prescriber actions to consider for improving patient safety:</u>

- Discuss information from the ILPMP with the patient and confirm that the patient is aware of any additional prescriptions.
- Discuss safety concerns, including increased risk for respiratory depression and overdose, with patients found to be receiving overlapping prescription opioids from multiple prescribers who are not coordinating the patient’s care or patients who are receiving medications that increase risk when combined with opioids (e.g., benzodiazepines), and offer naloxone.
  - Use caution when prescribing opioid pain medication and benzodiazepines concurrently, understanding that some patient circumstances warrant prescribing these medications concomitantly.
  - Consider the total MME/day for concurrent opioid prescriptions.*
  - If a patient is receiving a total daily dosage of opioids that increases their risk for overdose, discuss safety concerns, collaborate with the patient on whether the benefits outweigh the risks of tapering, and offer naloxone.
  - Discuss with the patient any coordinated care with other prescribers that may be prescribing controlled substances, and prioritize patient needs, goals, and risks.

*Note: Buprenorphine is not to be counted in total MME/day calculations due to its partial agonist effect