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ILPMP Prescription Reporting Update: Transition to ASAP 5.0 Testing Window to Open July 1st

The **ILPMP** is announcing an important upcoming change regarding the reporting of controlled substances and current drugs of interest. By Illinois law, retail pharmacies and dispensing practitioners are required to electronically transmit a daily dispensing report not later than the end of the business day on which a controlled substance II-V or drug of interest is dispensed to the patient.

Effective July 1, 2025, the ILPMP will begin transitioning to the American Society for Automation in Pharmacy (ASAP) Version 5.0 format with a transition deadline of December 16, 2025. Pharmacies and software vendors should work proactively to update their systems and ensure compatibility with the new reporting format by the mandatory deadline.

This change is part of our ongoing commitment to improve data accuracy, enhance reporting capabilities, and align with national standards for prescription drug monitoring programs (PDMPs).

Key Dates:

- July 1, 2025 - ASAP testing window opens
- December 16, 2025 - ASAP format becomes mandatory for all data submitters

Drugs of Interest List revised to include drug classes

As part of this update, the ILPMP is also transitioning to a more generalized approach by categorizing drugs by class. This change allows for the automatic inclusion of new drugs approved by the Food and Drug Administration (FDA) within those classes. Pharmacies and dispensing physicians will be responsible for maintaining an up-to-date list of drugs within the specified classes to ensure accurate reporting.

What This Means for You

- Current submissions in the ASAP 4.2A format will continue to be accepted during the transition period.

- Please contact LogiCoy via e-mail at ilpmp@logicoy.com to setup a test submission of the new ASAP 5.0 format. No files should be submitted in new format until this is complete.
- ASAP Version 5.0 is located on ILPMP.org / About Us / Pharmacy Reporting / Illinois Data Submitter Guide

The ILPMP collects and tracks controlled substances and other drugs of interest, including:

- All Butalbital combination products
- Gabapentin
- Muscle Relaxants
- Opioid Antagonists

Start Submitting Today!

Step 1:

Register to become a Data Submitter @ [RxSubmit Registration](#)

Step 2:

Download the Illinois Data Submitter's Guide @ [Illinois Submitter's Guide](#)



New Guidance Released: Medical Resident Account Registration with ILPMP

The ILPMP has released new guidance to help medical residents navigate the account registration process. The guidance outlines step-by-step instructions on how to create an ILPMP account and what credentials are needed. This update is part of the state's continued efforts to promote safe prescribing practices and ensure that all prescribers, including those in training, are equipped with the tools to help aid in making the best clinical decisions for patient outcomes.

[ILPMP Medical Resident Registration Guidance](#)

SAMHSA Advisory: Expanding Access to Methadone in Hospital Settings

SAMHSAADVISORY

Substance Abuse and Mental Health
Services Administration

JUNE 2025

EXPANDING ACCESS TO METHADONE TREATMENT IN HOSPITAL SETTINGS

Summary

The United States faces an unprecedented challenge in addressing substance use disorders (SUDs) within hospital settings. Recent evidence demonstrates that approximately 12 percent of hospitalizations involve SUDs and that almost a quarter of these admissions involve opioid use disorder (OUD), yet most of these patients do not receive adequate services to address these conditions (Thakrar et al., 2023; Sun et al., 2022). This Substance Abuse and Mental Health Services Administration (SAMHSA) Advisory provides comprehensive information for hospitals and associated healthcare facilities on best practices and recommendations for implementing and expanding methadone treatment services for patients. While this Advisory is focused on methadone treatment for OUD, it also incorporates broader approaches to the care of patients with SUD in hospital settings, given the high prevalence of multiple SUDs, and the commonalities inherent within this category of individual substance-specific diagnoses.

This Advisory aligns with President Trump's Make America Healthy Again (MAHA) initiative and its commitment to addressing the chronic disease epidemic affecting Americans, recognizing that SUDs represent a critical component of our nation's health challenges. Expanding access to methadone treatment for opioid use disorder in hospital settings furthers the focus on evidence-based, transparent approaches to healthcare that prioritize patient outcomes over institutional barriers. The integration of addiction medicine into hospital care exemplifies the whole-person approach to health that MAHA champions, treating SUDs as the chronic medical conditions that they are.

Furthermore, this Advisory embodies MAHA's directive to reduce conflicts of interest and to promote transparency in healthcare delivery. The evidence-based practices outlined here are grounded in rigorous research demonstrating improved patient outcomes, reduced hospital readmissions, and enhanced quality of life. By removing regulatory barriers that have historically prevented hospitals from initiating life-saving treatment of OUD with methadone, and by promoting multidisciplinary, patient-centered care approaches, this Advisory supports MAHA's vision of returning to fundamental health principles that prioritize healing and recovery. The recommendations contained herein support MAHA's goal of empowering healthcare providers with the knowledge and tools necessary to address the full spectrum of their patients' health needs, ultimately working toward a healthier, more resilient America.

Substance Abuse and Mental Health Services Administration (SAMHSA) has released comprehensive information for hospitals and associated healthcare facilities on best practices and recommendations for implementing and expanding treatment of opioid use disorder with methadone in these settings.

Click [HERE](#) to read the full advisory.

Educational Resources

Nonopioid Therapies for Pain

A Clinical Reference

The 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain recommends maximizing the use of nonopioid therapies as appropriate for the specific condition and patient. Initiating opioid therapy should only be considered if expected benefits for pain and function are anticipated to outweigh risks to the patient.

Types of Pain and Recommended Treatment

Acute Pain

Usually starts suddenly and has a known cause, like an injury or surgery. It normally gets better as your body heals.

Nonpharmacologic and nonopioid therapies are at least as effective as opioids for many common types of acute pain.

- Low back pain
- Neck pain
- Dental pain
- Kidney stone pain
- Pain related to musculoskeletal injuries (such as sprains, strains, tendonitis, and bursitis)
- Pain related to minor surgeries typically associated with minimal tissue injury and mild postoperative pain (e.g., simple dental extraction)
- Headaches, including episodic migraine

Subacute Pain

Pain that lasts at least one month and up to three months.

This pain can be the result of an underlying medical disease or condition, injury, medical treatment, inflammation, or unknown cause.

Chronic Pain

Pain that lasts three months or more.

Nonpharmacologic and nonopioid pharmacologic therapies are preferred for subacute and chronic pain.

- Back pain
- Fibromyalgia
- Tension headache
- Hip or knee osteoarthritis



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

www.cdc.gov/opioids

Centers for Disease Control and Prevention provide Nonopioid therapies include both pharmacologic therapies (medication) and nonpharmacologic therapies. These methods include, but are not limited to, nonopioid medications, cognitive behavioral therapy, physical therapy, acupuncture, meditation, exercise, or interventional therapies like injections.

[Click Here to Read More on Nonopioid
Therapies](#)

Working together, we can make Every Day Take Back Day. Scan the QR code or click image below to view Year-Round Drop Off locations for prescription drugs.



Newly Released, FREE, Continuing Education Available for Pharmacists and Pharmacy Technicians on the Importance of PMP Data Integrity

Take advantage of this free ACPE accredited educational opportunity providing 1 hour of continuing education for pharmacists and pharmacy technicians. This program, developed in partnership with NASCSA and 12 prescription monitoring program (PMP) administrators, analyzes the importance and value of complete, accurate data reported by dispensers to PMPs and assesses the impact of intentional or non-intentional data entry errors and data omissions on patient safety.

It also discusses the downstream impacts of pharmacy-reported PMP data on clinical decision-making processes and helps pharmacy staff identify and implement changes that can be made in their practice setting to improve PMP data integrity.

Visit <https://ce.talemhealth.com/a/MWEORC>

If you received credit for this CE prior to 10/22/24, you are still able to retake the CE and receive credit.

Click for more CE
Information

VIRTUAL ASK THE EXPERT SERIES

PEER REVIEW COMMITTEE OVERVIEW
JUNE 12TH, 2025 12:00 PM CST

PRESENTED BY:
DAVID M. LIEBOVITZ, MD
ASSOCIATE PROFESSOR & ASSOCIATE VICE CHAIR FOR CLINICAL INFORMATICS
NORTHWESTERN FEINBERG SCHOOL OF MEDICINE

SPONSORED BY
ILPMP
Illinois Prescription Monitoring Program

MODERATED BY:
CHRIS HERNDON, PHARM.D
PROFESSOR, SIUE

REGISTER
[QR CODE]

NOTE THIS SESSION IS NOT APPROVED FOR CONTINUING EDUCATION

June 12, 2025 - Drs. Chris Herndon (Southern Illinois University Edwardsville) and David Liebovitz (Northwestern University) discuss the Illinois Prescription Monitoring Program Peer Review Committee.

Navigating Pain Management, Safe Opioid Prescribing, and Opioid Use Disorder

A three-hour program designed to meet the educational needs for physicians, nurses, and pharmacists. The program is accredited in 6, 30-minute modules.



Continuing Education Program

Navigating Pain Management, Safe Opioid Prescribing,
and Opioid Use Disorder

Session 1: Pain taxonomy, pathogenesis, and assessment
Session 2: Developing a patient-centered pain treatment plan
Session 3: Non-opioid analgesics: Evidence and clinical Pearls
Session 4: Opioid analgesics: From A to Z
Session 5: Clinical use of opioids: Safe prescribing and monitoring
Session 6: The exit strategy: When the treatment becomes the problem

Faculty:
June Oliver, MSN, APRN/CNS
Laura Meyer-Junco, PharmD, BCPS, FASCP
Chris Herndon, PharmD, BCACP, FCCP
Camille Dunkley, MD, MHA, MS
Noah Cooperstein, MD

[Prescriber Registration](#)

[Pharmacist Registration](#)

ILPMP.ORG & IL PMPnow Monthly Data

WEBSITE DATA MAY 2025



191

NEW USERS IN
MAY



95,354

TOTAL USERS



72,340

TOTAL ILPMP
PRESCRIBER
USERS



256,250

TOTAL ILPMP
WEBSITE
REQUESTS



1,811

TOTAL
IL PMPNOW
CONNECTIONS



11,277,881

TOTAL
IL PMPNOW
REQUESTS

Contact Information

If you have questions about the information that appears in this update or suggestions for future content, please email dhs.pmp@illinois.gov. Visit www.ilpmp.org for more information.



**DIVISION OF
SUBSTANCE USE
PREVENTION & RECOVERY**

The Illinois Prescription Monitoring Program (ILPMP) is an electronic database that collects, tracks, and stores reported dispensing data on Schedule II-V controlled substances, selected drugs of interest, and other health information. The Illinois Department of Human Services oversees the ILPMP, authorized by the Illinois Controlled Substances Act (720 ILCS 570/316). The ILPMP adheres to HIPAA and all access, disclosure, and confidentiality provisions of Illinois Law.

Illinois Prescription Monitoring Program | 401 North Fourth Street | Springfield, IL 62702 US

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