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)

FY23

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 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.

Results FY23
In FY23, the Peer Review Committee met two times; November 15th, 2022 and May 16th, 2023. The committee had access to review data for 29,870 prescribers. Seventy-three of the prescribers were sent a request for information letter and six of these prescribers were referred to IDFPR.

During the November 15th, 2022 meeting, the committee discussed the 38 prescribers that were sent requests for information letters as they were identified in this round as co-prescribing benzodiazepines and opioids to 15 or more patients for three consecutive months (April-June 2022). Prescribers with hospice/palliative care taxonomy were excluded. Based on results from the review, the committee made these final recommendations: six prescribers had responded with sufficient responses and deemed no further action to be taken; 30 prescribers would benefit from receiving a risk mitigation toolkit; and two prescribers would be referred to IDFPR.

During the May 16th, 2023 meeting, the committee discussed the 35 prescribers that were identified in this round as co-prescribing benzodiazepines and opioids to 15 or more patients for three consecutive months (July-December 2022). Prescribers with hospice/palliative care taxonomy were excluded. Based on results from the review, the committee made these final recommendations: 13 prescribers had responded with sufficient responses and deemed no further action to be taken; 17 prescribers were referred for academic detailing; one prescriber would benefit from receiving a risk mitigation toolkit; and four prescribers would be referred to IDFPR.

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.