



JB Pritzker, Governor

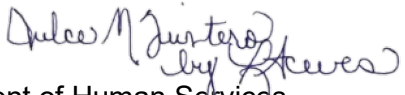
Dulce M. Quintero, Secretary

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DATE: July 11, 2025

MEMORANDUM

TO: The Honorable Don Harmon, Senate President
The Honorable John F. Curran, Senate Minority Leader
The Honorable Emanuel "Chris" Welch, Speaker of the House
The Honorable Tony McCombie, House Minority Leader

FROM: Dulce Quintero 
Secretary
Illinois Department of Human Services

SUBJECT: Illinois Prescription Monitoring Program Peer Review Committee Annual Report FY25

The Illinois Department of Human Services respectfully submits the Illinois Prescription Monitoring Program Peer Review Committee Annual Report FY25 on behalf of the Division of Behavioral Health and Recovery in order to fulfill the requirements set forth in [720 ILCS 570/320](#)

If you have any questions or comments, please contact Sarah Pointer, ILPMP Clinical Director, at Sarah.Pointer@illinois.gov or 217.720.8976

cc: The Honorable JB Pritzker, Governor
John W. Hollman, Clerk of the House
Tim Anderson, Secretary of the Illinois Senate
Legislative Research Unit
State Government Report Center

Illinois Prescription Monitoring Program
Peer Review Committee
Annual Report

Illinois Department of Human Services (IDHS)
Division of Substance Use Prevention and Recovery (SUPR)¹
Illinois Prescription Monitoring Program (ILPMP)

FY25

¹ Effective July 1, 2025, IDHS's Divisions of Substance Use Prevention and Recovery and of Mental Health, were integrated into the single Division of Behavioral Health & Recovery.

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 FY25

In FY25, the Peer Review Committee met in closed session semi-annually; December 10, 2024 and June 10, 2025. The committee had access to review data for 30,294 prescribers. To gain more clarification, 58 of the prescribers were sent Requests for Information (RFI) letters and 7 of these prescribers were referred to IDFPR due to no response after three 30-day successive requests.

During the December 10, 2024 meeting, the committee discussed the 12 prescribers identified in this round as co-prescribing benzodiazepines and opioids to 15 or more patients for any three months during a 6-month period (January-June 2024). Prescribers with hospice/palliative care taxonomy were excluded. Based on results from the review, the committee made these final recommendations: 6 prescribers had responded with sufficient responses and deemed no further action to be taken; 3 prescribers were referred for academic detailing (one-to-one, targeted peer education); and 3 prescribers would be referred to IDFPR.

During the June 10, 2025 meeting, the committee discussed the 46 prescribers that were identified in this round as co-prescribing benzodiazepines and opioids to 15 or more patients for any three months during a 6-month period (July-December 2024). Prescribers with hospice/palliative care taxonomy were excluded. Based on results from the review, the committee made these final recommendations: 17 prescribers had responded with sufficient responses and deemed no further action to be taken; 25 prescribers were referred for academic detailing; and 4 prescribers would be referred to IDFPR.

Anonymous Referral Process

At the request of the ILPMP Peer Review Committee, ILPMP implemented a pilot Anonymous Referral process starting March 1, 2024. The purpose of the anonymous referral form is to be used as a means of

anonymously referring a prescriber whom they believe to be prescribing outside of the currently accepted standard of practice. The Peer Review Committee has been statutorily charged with identifying and reviewing data that is contained in the ILPMP database to further determine if an investigation is warranted with IDFPR.

The ILPMP Peer Review Committee reviews referrals on a quarterly basis. Prescribers are directed to submit referrals directly to IDFPR if it is an urgent concern. To date, the ILPMP has received 11 anonymous referrals, 3 of the 11 were the same prescriber. In FY25, the ILPMP had 6 anonymous referrals submitted. Based on results from the review, the committee made these final recommendations: 3 referred to academic detailing, 1 referred to IDFPR for further investigation, and 2 referrals pending review.

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.