



Illinois **Prescription Monitoring Program**

OTP Data Implementation

Clinical Tool For Safe Prescribing

The Illinois Prescription Monitoring Program (ILPMP) is a support tool for healthcare providers, offering insight into patients controlled-substance prescription history.

12-month controlled substance prescription history can help identify concerns

- Drug interactions
- Duplicate therapy
- Assist with care coordination
- Identify need for early intervention

Data is private and confidential

- HIPAA
- 42 CFR Part 2





SAMHSA Ruling – Amendments 42 CFR Part PDMPS

Section 2.36 Disclosures to prescription drug monitoring pro

New 2.36

A part 2 program or other lawful holder is permitted to report any medication prescribed or dispensed by the part 2 program to the applicable state prescription drug monitoring program if required applicable state law. A part 2 program or other lawful holder must patient consent to a disclosure of records to a prescription drug monitoring program under 2.31 prior to reporting of such information

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Illinois General Assembly passes Public Act 102-0527 **Effective 1.1.2023**

- Opioid Treatment Programs (OTPs) Reporting to ILPMP with patient consent
- Provides that OTPs shall document an attempt to obtain patient consent
- OTPs shall not transmit information without patient consent
- Provides that treatment of a patient may NOT be conditioned upon their consent to reporting



Overview of Illinois Controlled Substance Act

Excerpt from Illinois compiled statute 720 ILCS 570/316, subsection 3.5 (as written) --"(3.5) The requirements of paragraphs (1), (2), and (3) of this subsection also apply to opioid treatment programs that are licensed or certified by the Department of Human Services' Division of Substance Use Prevention and Recovery and are authorized by the federal Drug Enforcement Administration to prescribe Schedule II, III, IV, or V controlled substances for the treatment of opioid use disorders. Opioid treatment programs shall attempt to obtain written patient consent, shall document attempts to obtain the written consent, and shall not transmit information without patient consent. Documentation obtained under this paragraph shall not be utilized for law enforcement purposes, as proscribed under 42 CFR 2, as amended by 42 U.S.C. 290dd-2.

Treatment of a patient shall not be conditioned upon his or her written consent."





Allows healthcare providers access to a patients complete controlled substance prescription history including methadone/buprenorphine



Prevents the need for unnecessary dose reductions of SUD medications

Importance of Accessing OTP Data



Helps prevent potential drug interactions associated with these medications



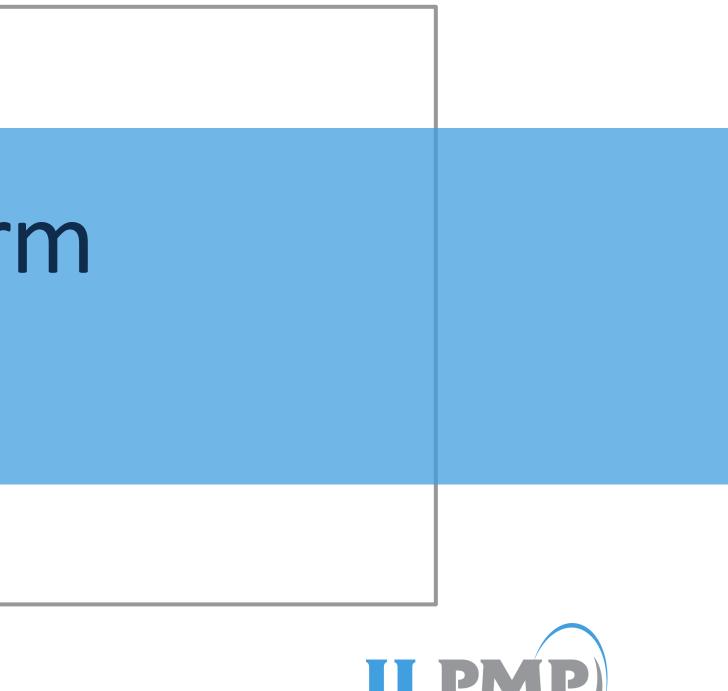
The Importance of sharing Methadone Dosage with the PMP

- Consent helps healthcare providers and pharmacists to work together to reduce the risk of negative medication interactions
- Methadone is primarily metabolized in the liver by the cytochrome P450 (CYP) enzymes – known for drug/drug interactions that can inhibit or induce medication metabolism – requiring dosing adjustments as well as additional considerations for prescribed medication

Drug	Effect	Mechanism of action	Clinical importance
Fluconazole ⁴⁸	Increased methadone levels; AUC increases by 35%	Inhibition by fluconazole of cytochrome P450 3A4-mediated methadone metabolism	Respiratory depression has occurred
Paroxetine	Increased methadone levels	Paroxetine is a mild inhibitor of CYP1 A2, CYP2C9, CYP2C19, and CYP3A4	
St John's Wort⁴9	Decreased methadone levels	CYP3A4 induction	Has precipitated withdrawa
Voriconazole 50	Increased methadone levels	Inhibits CYP3A4-mediated metabolism	None reported
Ciprofloxacin ⁵¹	Increased methadone levels	Inhibits CYP3A4-mediated metabolism	Somnolence reported
Retrovirals ⁵² (except zidovudine)	Decreased methadone levels	CYP3A4 induction; P-glycoprotein?	
Carbamazepine ⁷	Decreased methadone levels	CYP3A4 induction	
Desipramine ⁷	Increased desipramine levels	Unknown	Increased adverse effects from desipramine
Azithromycin	Increased methadone levels	Inhibits CYP3A4-mediated metabolism	
Fluvoxamine ⁵³	Increased methadone levels	Inhibits CYP3A4-mediated metabolism	
Fosphenytoin ⁵⁴	Decreased methadone levels	Decreased methadone trough and AUC	Withdrawal symptom
Desipramine ⁷	Increased desipramine levels	Mechanism unknown	
Didanosine ⁵²	Decreased didanosine levels	Mechanism unknown	
MAO inhibitors ¹¹	Methadone is a serotonin uptake inhibitor		Serotonin syndrome
Ketoconazole	Increased serum methadone levels	Inhibition of CYP3A4	
Nevirapine ^{52,55} Efavirenz ⁵²		CYP inducer CYP inducer	



OTP Consent Form Overview



Medication Assisted Recovery with Methadone

Sharing Your Methadone Dosage Information with the Prescription Monitoring Program (PMP) and other Healthcare Provider

To receive the safest and best care while you are receiving Medication Assisted Recovery with methadone, your consent is needed to share your information with the PMP and other healthcare providers.

Why is this important? Without your voluntary consent, another healthcare provider would not have your dose information and may stop or reduce your methadone dose. Your consent to share your methadone dosage also helps healthcare providers work together and reduce the risk of negative medication interactions; a doctor or pharmacist who isn't part of your opioid treatment program (OTP) will not know what medications are safe to prescribe for your treatment.



Why would this happen? You may need to visit the emergency room (ER) due to an accident, because you need emergency health care (e.g., asthma attack, COVID-19), or you may need to be hospitalized. In these cases, you may not be able to tell your healthcare provider your methadone dosage.



Other Benefits: When you consent and allow your OTP to disclose your methadone dosage to the PMP and other healthcare providers treating you for other conditions such as diabetes or high blood pressure, you improve the quality of your medical care and decrease the risk of a negative medication interactions and even a drug overdose.

Additional Confidentiality Protections: Your consent to share your methadone dosage with the PMP and healthcare providers does not mean it can be shared with others without your consent. Information related to your opioid use disorder and treatment has additional privacy and confidentiality protections. In addition to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your information is also protected by federal regulation 42 CFR Part 2. These laws protect your healthcare records including your opioid use disorder treatment records. Federal regulation requires patient consent for sharing most information about treatment, payment, or other healthcare operations.

And your information cannot be disclosed to anyone that is not considered a Part 2 program "lawful holder" and any information that is shared legally is still protected by 42 CFR Part 2 from being shared with others. Information may only be released for legal or law enforcement purposes through a much stricter Part 2-compliant court order, usually only used in cases of extremely serious crimes.

Without your consent, your information cannot be shared with your family, landlord, or employer. You may choose to provide general consent to those who assist you with treatment or you can name who receives your information. You can also cancel your consent for release of your treatment information at any time although information may have already been shared with consent before you cancel.

How To Give Consent: Speak to your OTP, a signed consent form is all that is needed to share your methadone dosage information with the PMP and other healthcare providers.

Educate patients on importance of patient consent

- - Care coordination
 - Medication Reconciliation
 - Checking for Drug Interactions

- Present patient with informational brochure which can be found online at Medication Assisted Recovery with Methadone (state.il.us)

- Explain in detail benefits of obtaining consent



Consent for Participation in Illinois Prescription Drug Monitoring Program

I,(Patient Name)	SSN/ID#	_DOB	С
authorize	Opioid Treatment Program disclose r	ny:	

(Treatment Facility Name)

Photograph, name, alias, gender, DOB, mother's maiden name, admit date, current medication, and date of discharge/last treatment date to the Illinois Prescription Monitoring Program (PMP) and to clinics participating in the PMP which have a treating provider relationship with you. A current list of clinics which participate in the PMP is available at www.ilpmp.org. You (or other individual authorized to sign on your behalf), confirm your understanding that, upon request and consistent with applicable law, you must be provided a list of entities to which your information has been disclosed pursuant to this consent.

The information will be shared via secured electronic transmission. The information will not be redisclosed and shall not be used by any law enforcement agency or for any law enforcement activity.

The purpose for such disclosure is to prevent dual enrollment in Medication Assisted Recovery and the administration or prescribing of contraindicated or interacting medications. This Consent for Participation is in compliance with Federal Confidentiality of Substance Use Disorder Patient Records rules, set forth at 42 CFR Part 2 (Part 2).

- 1. I ______ (Patient Initials) understand my records are protected under Part 2 and may not be disclosed without my express written consent, unless otherwise provided for in the regulations. I also understand I may revoke this consent at any time except to the extent that action has been taken in reliance upon it.
- 2. I _____ (Patient Initials) understand the above information will be maintained in the PMP securely and shall not be shared except for purposes of preventing dual enrollment in Medication Assisted Recovery and to prevent the administration or prescribing of contraindicated medications.
- 3. I _____ (Patient Initials) understand when any clinic which participates in the PMP requests information from the PMP and I am found to be enrolled in another clinic, the PMP will disclose the name, address, and telephone number of the clinic in which I am already enrolled to the requesting clinic.
- 4. I _____ (Patient Initials) understand this consent form is valid until the end of the treatment.
- 5. I _____ (Patient Initials) understand I may view and request a copy of the information described above and/ or in this form.
- 6. I _____ (Patient Initials) understand the clinic named above receives no compensation for using or disclosing health information from or to the PMP.

Patient Notification:

This clinic is required to notify each patient prior to admission that it cannot provide methadone, buprenorphine, or naltrexone containing product to a patient who is simultaneously receiving methadone, buprenorphine, or naltrexone containing product from another treatment clinic, unless the medication is being provided in response to an emergency or disaster that forced the closure of the patient's regular home clinic.

Patient Statement:

I am not receiving medication and/or treatment from another Medication Assisted Recovery facility, its satellite, or an Opioid Treatment Program.

I understand I will NOT be denied treatment if I refuse to consent to a disclosure for purposes of the PMP.

Patient Signature

Date

Staff Signature

Date

Consent Form Components

- Demographics
- Consent options
- Important notes to highlight with patient
- Patient and Staff signature and dates

OTP Staff Requirements

- Attempt to obtain patient consent
- Document attempt in patient chart
- Notify SUPR if consent is revoked



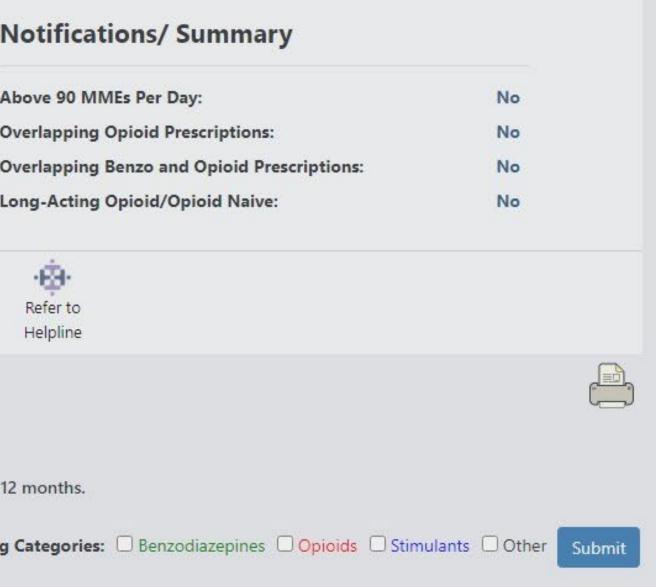
Website Data Display





Consent Disclaimer

0	Clark Kent	Total Prescriptions:	2
Age:	64 years and 3 months	Total Doctors:	1
D.O.B:	6/11/1959	Total Pharmacies:	1
Address:	123 Anywhere Lane	i viai i natinacies.	
	CHICAGO, IL. 60660.		
	This patient is enr	olled in an Opioid Treatment Program (OTP). Informat	ion
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Prescriber's View

	t Information		Notifications/ Summ		
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Age:	64 years and 3 months	т	otal Doctors:	1	Over
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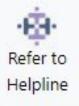
Opioid Treatment Program (OTP)

This patient is enrolled in an Opioid Treatment Program (OTP). Information contained in the OTP data tab has additional privacy and confidentiality protections under Federal Regulation 42 CFR Part 2. The information in this section cannot be printed, shared, screen captured (in any format) or saved under any circumstances.

Week Begin Date	Clinic	Medication	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
07/24/2023	FAMILY GUIDANCE CENTERS, INC CHICAGO AVE	Methadone, Liquid	75mg	75mg	75mg	75mg	0mg	0mg	0mg
07/17/2023	FAMILY GUIDANCE CENTERS, INC CHICAGO AVE	Methadone, Liquid	75mg	75mg	75mg	75mg	0mg	75mg	75mg
07/10/2023	FAMILY GUIDANCE CENTERS, INC CHICAGO AVE	Methadone, Liquid	75mg						
07/03/2023	FAMILY GUIDANCE CENTERS, INC CHICAGO AVE	Methadone, Liquid	75mg						
06/26/2023	FAMILY GUIDANCE CENTERS, INC CHICAGO AVE	Methadone, Liquid	75mg						

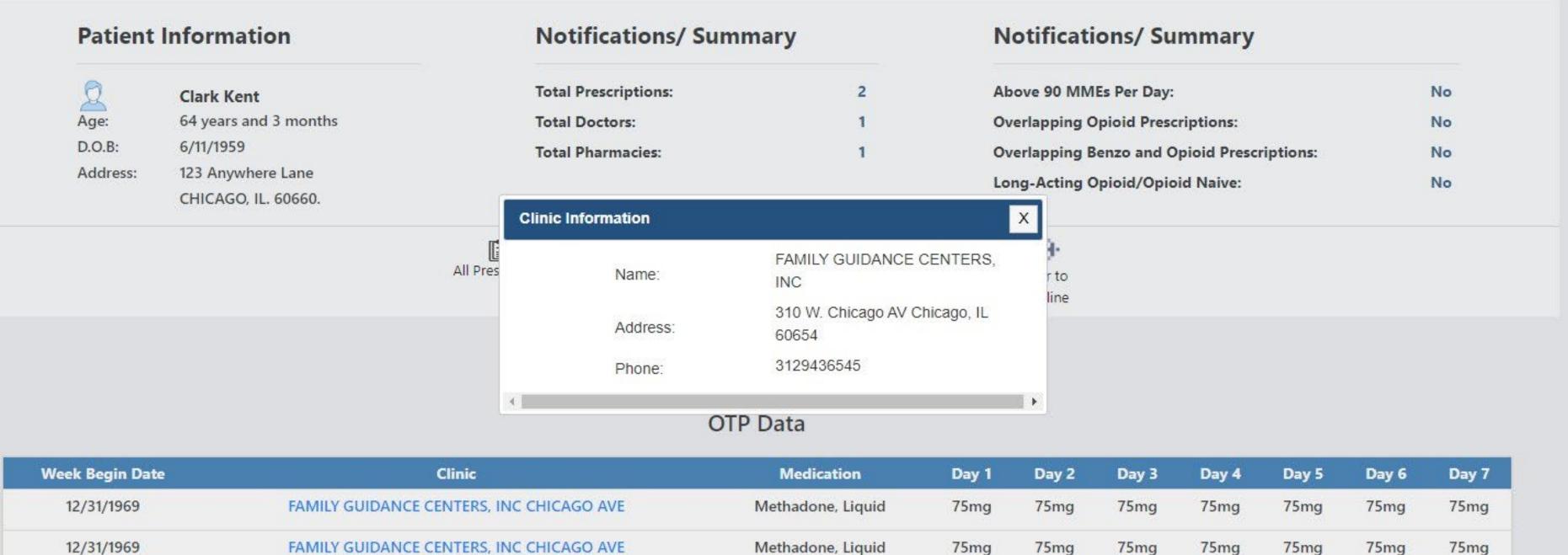
otifications/ Summary

ve 90 MMEs Per Day:	No	
rlapping Opioid Prescriptions:	No	
rlapping Benzo and Opioid Prescriptions:	No	
g-Acting Opioid/Opioid Naive:	No	





Detailed Clinic Information



Above 90 MMEs Per Day:	No
Overlapping Opioid Prescriptions:	No
Overlapping Benzo and Opioid Prescriptions:	No
Long-Acting Opioid/Opioid Naive:	No

y 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
ng	75mg	75mg	75mg	75mg	75mg	75mg
ng	75mg	75mg	75mg	75mg	75mg	75mg



Medication Dosage location Take Home vs. Onsite

Week Begin Date	Clinic	Medication	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
12/04/2023	FAMILY GUIDANCE CENTERS, INC CHICAGO AVE	Methadone, Liquid	115mg	115mg*	115mg*	115mg*	115mg*	115mg*	115mg*
11/27/2023	FAMILY GUIDANCE CENTERS, INC CHICAGO AVE	Methadone, Liquid	115mg	115m_ ^{Take H}	^{lome} <mark>15mg*</mark>	115mg*	115mg*	115mg*	115mg*
11/20/2023	FAMILY GUIDANCE CENTERS, INC CHICAGO AVE	Methadone, Liquid	0mg	0mg	115mg	115mg*	115mg*	115mg*	115mg*
11/13/2023	FAMILY GUIDANCE CENTERS, INC CHICAGO AVE	Methadone, Liquid	0mg	0mg	115mg	115mg*	115mg*	115mg*	115mg*
10/30/2023	FAMILY GUIDANCE CENTERS, INC CHICAGO AVE	Methadone, Liquid	0mg	115mg	115mg*	115mg*	115mg*	115mg*	115mg*
10/23/2023	FAMILY GUIDANCE CENTERS, INC CHICAGO AVE	Methadone, Liquid	115mg	115mg*	115mg*	115mg*	115mg*	115mg*	115mg*
10/16/2023	FAMILY GUIDANCE CENTERS, INC CHICAGO AVE	Methadone, Liquid	110mg	110mg*	110mg*	110mg*	110mg*	110mg*	110mg*



Integration Data Display

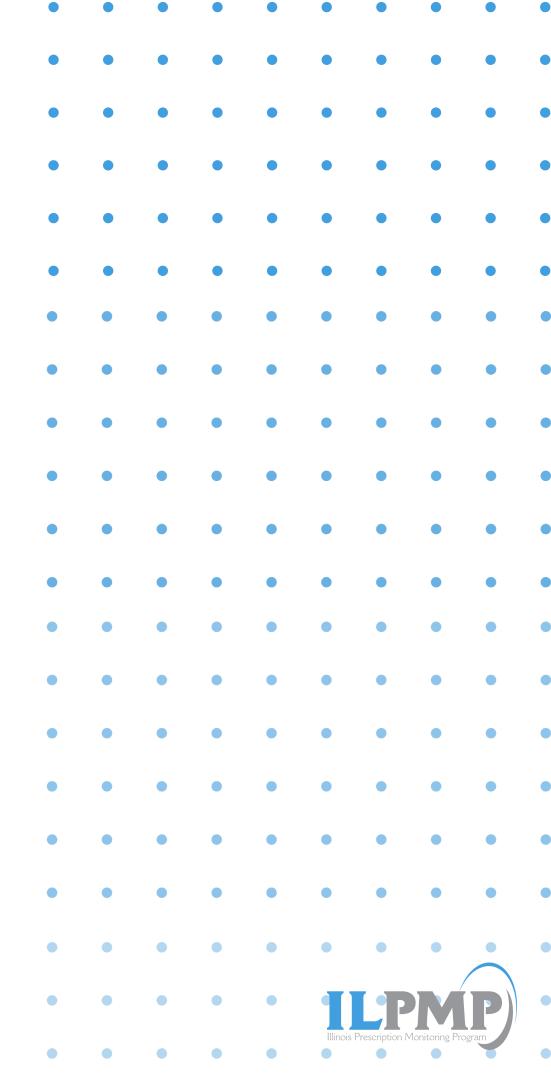




OTP Data Display Through Integrated Display

IL PMPnow integrates Illinois Prescription Monitoring Program information into a healthcare organization's Electronic Health Record (EHR), Electronic Medical Record (EMR), Pharmacy Management system, or Office of the National Coordinator (ONC) Certified Health IT module. Under Illinois law, all locations that provide health care services and have an EHR, EMR, Pharmacy Management system, or ONC Certified Health IT module are required to integrate with IL PMPnow.

Integrated Data Display feature went live April 16, 2024



IL PMPnow Consent Disclaimer

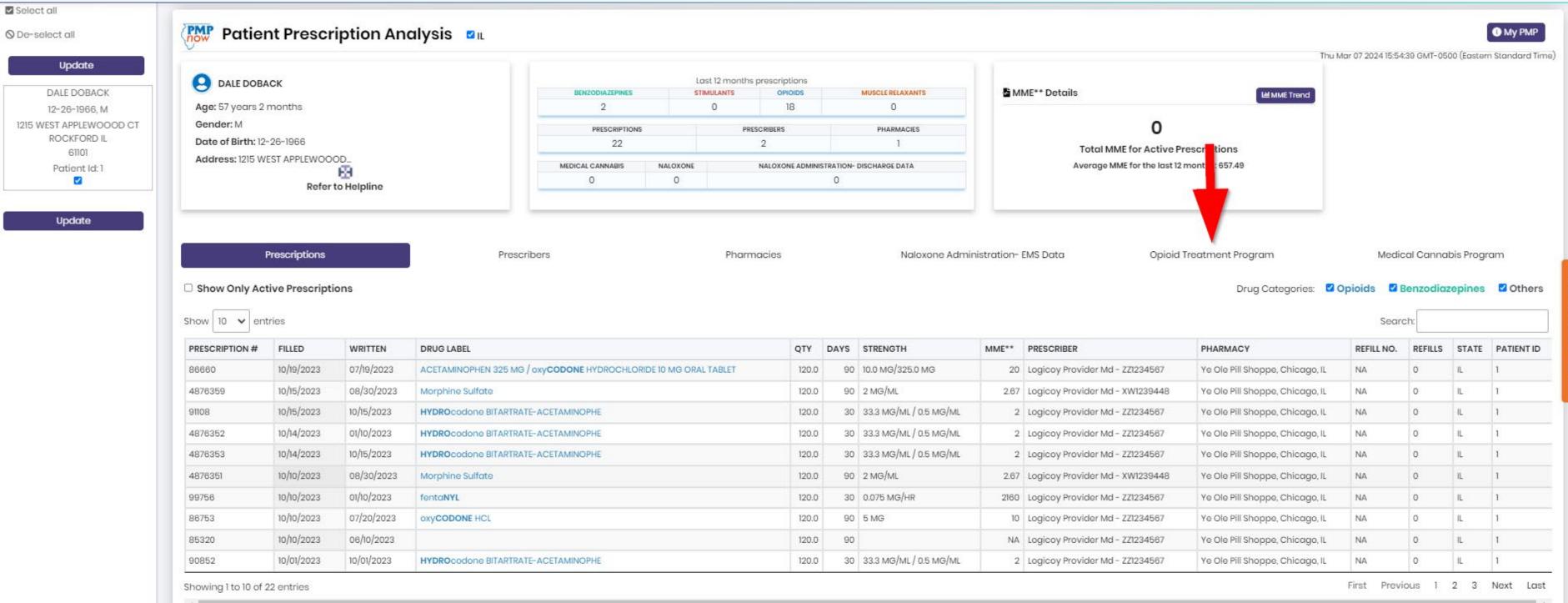
Consent

This patient is enrolled in an Opioid Treatment Program (OTP). Information contained in the OTP data confidentiality protections under Federal Regulation 42 CFR Part 2. The information in this section can captured (in any format) or saved under any circumstances. Please click I agree to verify that you ar patient.

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IL PMPnow Prescriber's View



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20	Logicoy Provider Md - ZZ1234567	Ye Ole Pill Shoppe, Chicago, IL	NA	0	IL	1
2.67	Logicoy Provider Md - XW1239448	Ye Ole Pill Shoppe, Chicago, IL	NA	0	IL.	1
2	Logicoy Provider Md - ZZ1234567	Ye Ole Pill Shoppe, Chicago, IL	NA	0	IL	1
2	Logicoy Provider Md - ZZ1234567	Ye Ole Pill Shoppe, Chicago, IL	NA	0	IL	1
2	Logicoy Provider Md - ZZ1234567	Ye Ole Pill Shoppe, Chicago, IL	NA	0	IL.	1
2.67	Logicoy Provider Md - XW1239448	Ye Ole Pill Shoppe, Chicago, IL	NA	0	IL	1
2160	Logicoy Provider Md - ZZ1234567	Ye Ole Pill Shoppe, Chicago, IL	NA	0	iL.	1
10	Logicoy Provider Md - ZZ1234567	Ye Ole Pill Shoppe, Chicago, IL	NA	0	IL	1
NA	Logicoy Provider Md - ZZ1234567	Ye Ole Pill Shoppe, Chicago, IL	NA	0	IL.	1
2	Logicoy Provider Md - ZZ1234567	Ye Ole Pill Shoppe, Chicago, IL	NA	0	IL	1



IL PMPnow Detailed Clinic Information

Select all Reserved to the second term of t O De-select all Update O DALE DOBACK Last 12 months prescriptions DALE DOBACK RENZODIAZEPINE STIMULANTS OPIOIDS MUSCLE RELAXANTS Age: 57 years 2 months 2 0 18 0 12-26-1966. M 1215 WEST APPLEWOOOD CT Gender: M PRESCRIPTIONS PRESCRIBERS PHARMACIES ROCKFORD IL Date of Birth: 12-26-1966 22 2 1 61101 Address: 1215 WEST APPLEWOOOD ... MEDICAL CANNABIS NALOXONE ADMINISTRATION- DISCHARGE DATA NALOXONE Patient Id: 1 63 1 0 0 0 Refer to Helpline Update Prescriptions Prescribers Naloxone Administrati Pharmacies This patient is enrolled in an Opioid Treatment Program (OTP). Information contained in the OTP data tab has additional privacy and confidentiality protections under Federal Regula under any circumstances. 310 W. Chicago AV Chicago, IL 60654 Phone: 3129436545 WEEK BEGIN DATE MEDICATION DAY1 07/03/2023 FAMILY GUIDANCE CENTERS, INC Methadone, Liquid 55mg * 06/20/2023 FAMILY GUIDANCE CENTERS, INC Buprenorphine 24mg * 30mg * Per CDC guidance, the conversion factors and associated daily morphine milligram equivalents for drugs prescribed as part of medication-assisted treatment for opioid use disorder should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain. ** Morphine Equivalent Daily Doses. Report Disclaimers: The Report is based on the search criteria and the data provided by the dispensing entities. For more information about any prescription, please contact the dispenser or the prescription, please contact the dispenser or the prescription about any prescription. not be provided to any person or entity except as authorized in chapter 70.225 RCW.

			Thu	ı Mar 07 2024 15:54:39 GM	My PMP	me)
🖥 MME** Details	i					
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40mg

35mg

45mg

50mg *



100mg *

IL PMPnow Medication Dosage Location Take Home vs. Onsite

DALE DOBACK	Last 12 months prescriptions					
	BENZODIAZEPINES	STIM	ULANTS	OPIOIDS	MUSCLE RELAXANTS	a MM
ge: 57 years 2 months	2		0	18	0	
ender: M	PRESCRIPTIONS		PRESCRI	BERS	PHARMACIES	
ate of Birth: 12-26-1966	22		2		1	
ddress: 1215 WEST APPLEWOOOD	MEDICAL CANNABIS	NALOXONE	NA	LOXONE ADMINISTR	ATION- DISCHARGE DATA	
Refer to Helpline	0	0			0	

Prescriptio	ons	Prescribers	Pharmacies	Naloxone Administration- EMS [

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WEEK BEGIN DATE	CLINIC	MEDICATION	DAY1	Take Home	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
07/03/2023	FAMILY GUIDANCE CENTERS, INC	Methadone, Liquid	55mg *	55mg *	55mg *	55mg *	55mg *	55mg *	55mg *
06/20/2023	FAMILY GUIDANCE CENTERS, INC	Buprenorphine	24mg *	30mg	35mg	40mg	45mg	50mg *	100mg *

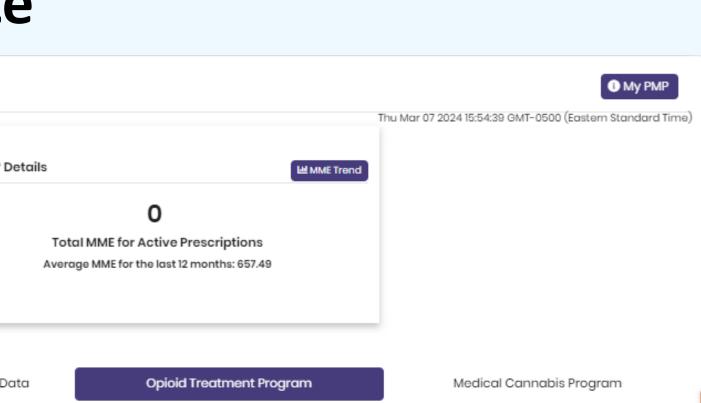
* Per CDC guidance, the conversion factors and associated daily morphine milligram equivalents for drugs prescribed as part of medication-assisted treatment for opioid use disorder should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain.

** Morphine Equivalent Daily Doses.

Report Disclaimers:

Value and

The Report is based on the search criteria and the data provided by the dispensing entities. For more information about any prescription, please contact the dispenser or the prescription, please contact the dispense or the prescription, please contact the





OTP Consent Form Stats





Site	Pt. Signed Pt. Declined Consent Consent		Total	% declined consent	
310	1398	0	1398	0%	
Aurora	295	13	308	4%	
Des Plaines	386	30	416	7%	
Harvey	147	4	151	3%	
Joliet	334	2	336	1%	
Manteno	45	0	45	0%	
Quincy	55	0	55	0%	
Springfield	356	1	357	0%	
UIH	224	1	225	0%	
Wabash	1148	4	1152	0%	
Total:	4333	55	4388	0.01%	





IIIInois Prescription Monitoring Program

Sarah Pointer, Pharm D Clinical Director Illinois Prescription Monitoring Program

Office Phone: 217/558-9093 Sarah.Pointer@illinois.gov

