PRESCRIPTION MONITORING PROGRAM STATE PROFILES – ILLINOIS

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ILLINOIS

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- Status of Program – operational
- Housing Entity – Department of Human Services
- Advisory Commission – yes
- Funding – not set out in PMP statutes
- Drugs Monitored – Schedules II – V and non-controlled/non-scheduled substances
- Who's Required to Report Dispensing Information – all dispensers; dispenser includes physicians, dentists, optometrists, podiatrists, veterinarians, scientific investigators, pharmacists, physician assistants, advanced practice nurses, licensed practical nurses, registered nurses, hospitals, laboratories, pharmacies, or other persons licensed, registered or otherwise lawfully permitted to distribute, dispense, conduct research with respect to, administer, or use in teaching or chemical analysis, a controlled substance
- Exemptions from Reporting – hospital inpatients and drug abuse treatment programs
- Nonresident Pharmacies Required to Report – yes
- Veterinarians Required to Report – yes
- Data Collection Interval – weekly/7 days
- Notice to Consumers – no
- Interstate Sharing – with other PMPs
- Persons Authorized to Receive Information – law enforcement and judicial/prosecutorial officials; licensing/regulatory boards; patient; prescribers; dispensers
- Delegates Allowed – no
- De-identified Data Provided – yes
- Unsolicited Reports – to prescribers
- Training Required – no
- Mandatory Enrollment – no
- Mandatory Access – no

West's Smith-Hurd Illinois Compiled Statutes Annotated (2014)
Chapter 720. Criminal Offenses
Offenses Against the Public
Act 570. Illinois Controlled Substances Act
Article III. Registration and Control of Manufacture, Distribution and Dispensing

570/313. Hospitals and institutions; exemptions

§ 313. (a) Controlled substances which are lawfully administered in hospitals or institutions licensed under the Hospital Licensing Act shall be exempt from the requirements of Sections 312 and 316, except that the prescription for the controlled substance shall be in writing on the patient's record, signed by the prescriber, and dated, and shall state the name and quantity of controlled substances ordered and the quantity actually administered. The records of such prescriptions shall be maintained for two years and shall be available for inspection by officers and employees of the Illinois State Police and the Department of Financial and Professional Regulation.

The exemption under this subsection (a) does not apply to a prescription (including an outpatient prescription from an emergency department or outpatient clinic) for more than a 72-hour supply of a discharge medication to be consumed outside of the hospital or institution.

(b) Controlled substances that can lawfully be administered or dispensed directly to a patient in a long-term care facility licensed by the Department of Public Health as a skilled nursing facility, intermediate care facility, or long-term care facility for residents under 22 years of age, are exempt from the requirements of Section 312 except that a prescription for a Schedule II controlled substance must be either a prescription signed by the prescriber or a prescription transmitted by the prescriber or prescriber's agent to the dispensing pharmacy by facsimile. The facsimile serves as the original prescription and must be maintained for 2 years from the date of issue in the same manner as a written prescription signed by the prescriber.

(c) A prescription that is generated for a Schedule II controlled substance to be compounded for direct administration to a patient in a private residence, long-term care facility, or hospice program may be transmitted by facsimile by the prescriber or the prescriber's agent to the pharmacy providing the home infusion services. The facsimile serves as the original prescription for purposes of this paragraph (c) and it shall be maintained in the same manner as the original prescription.

(c-1) A prescription generated for a Schedule II controlled substance for a patient residing in a hospice certified by Medicare under Title XVIII of the Social Security Act or licensed by the State may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile or electronically as provided in Section 311.5. The practitioner or practitioner's agent must note on the prescription that the patient is a hospice patient. The facsimile or electronic record serves as the original prescription for purposes of this paragraph (c-1) and it shall be maintained in the same manner as the original prescription.

(d) Controlled substances which are lawfully administered and/or dispensed in drug abuse treatment programs licensed by the Department shall be exempt from the requirements of Sections 312 and 316, except that the prescription for such controlled substances shall be issued and authenticated on official prescription logs prepared and maintained in accordance with 77 Ill. Adm. Code 2060: Alcoholism and Substance Abuse Treatment and Intervention Licenses, and in compliance with other applicable State and federal laws. The Department-licensed drug treatment program shall report applicable prescriptions via electronic record keeping software approved by the Department. This software must be compatible with the specifications of the Department. Drug abuse treatment programs shall report to the Department methadone prescriptions or medications dispensed through the use of Department-approved File Transfer Protocols (FTPs). Methadone prescription records must be maintained in accordance with the applicable requirements as set forth by the Department in accordance with 77 Ill. Adm. Code 2060: Alcoholism and Substance Abuse Treatment and Intervention Licenses, and in compliance with other applicable State and federal laws.

(e) Nothing in this Act shall be construed to limit the authority of a hospital pursuant to Section 65-45 of the Nurse Practice Act to grant hospital clinical privileges to an individual advanced practice nurse to select, order or administer medications, including controlled substances to provide services within a hospital. Nothing in this Act shall be construed to limit the authority of an ambulatory surgical treatment center pursuant to Section 65-45 of the Nurse Practice Act to grant ambulatory surgical treatment center clinical privileges to an individual advanced practice nurse to select, order or administer medications, including controlled substances to provide services within an ambulatory surgical treatment center.

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570/314.5. Medication shopping; pharmacy shopping

§ 314.5. Medication shopping; pharmacy shopping.

(a) It shall be unlawful for any person knowingly or intentionally to fraudulently obtain or fraudulently seek to obtain any controlled substance or prescription for a controlled substance from a prescriber or dispenser while being supplied with any controlled substance or prescription for a controlled substance by another prescriber or dispenser, without disclosing the fact of the existing controlled substance or prescription for a controlled substance to the prescriber or dispenser from whom the subsequent controlled substance or prescription for a controlled substance is sought.

(b) It shall be unlawful for a person knowingly or intentionally to fraudulently obtain or fraudulently seek to obtain any controlled substance from a pharmacy while being supplied with any controlled substance by another pharmacy, without disclosing the fact of the existing controlled substance to the pharmacy from which the subsequent controlled substance is sought.

(c) A person may be in violation of Section 3.23 of the Illinois Food, Drug and Cosmetic Act when medication shopping or pharmacy shopping, or both.

(d) When a person has been identified as having 6 or more prescribers or 6 or more pharmacies, or both, that do not utilize a common electronic file as specified in Section 20 of the Pharmacy Practice Act for controlled substances within the course of a continuous 30-day period, the Prescription Monitoring Program may issue an unsolicited report to the prescribers informing them of the potential medication shopping.

(e) Nothing in this Section shall be construed to create a requirement that any prescriber, dispenser, or pharmacist request any patient medication disclosure, report any patient activity, or prescribe or refuse to prescribe or dispense any medications.

(f) This Section shall not be construed to apply to inpatients or residents at hospitals or other institutions or to institutional pharmacies.

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570/316. Prescription monitoring program

§ 316. Prescription monitoring program.

(a) The Department must provide for a prescription monitoring program for Schedule II, III, IV, and V controlled substances that includes the following components and requirements:

(1) The dispenser must transmit to the central repository, in a form and manner specified by the Department, the following information:

(A) The recipient's name.

(B) The recipient's address.

(C) The national drug code number of the controlled substance dispensed.

(D) The date the controlled substance is dispensed.

(E) The quantity of the controlled substance dispensed.

(F) The dispenser's United States Drug Enforcement Administration registration number.

(G) The prescriber's United States Drug Enforcement Administration registration number.

(H) The dates the controlled substance prescription is filled.

(I) The payment type used to purchase the controlled substance (i.e. Medicaid, cash, third party insurance).

(J) The patient location code (i.e. home, nursing home, outpatient, etc.) for the controlled substances other than those filled at a retail pharmacy.

(K) Any additional information that may be required by the department by administrative rule, including but not limited to information required for compliance with the criteria for electronic reporting of the American Society for Automation and Pharmacy or its successor.

(2) The information required to be transmitted under this Section must be transmitted not more than 7 days after the date on which a controlled substance is dispensed, or at such other time as may be required by the Department by administrative rule.

(3) A dispenser must transmit the information required under this Section by:

(A) an electronic device compatible with the receiving device of the central repository;

(B) a computer diskette;

(C) a magnetic tape; or

(D) a pharmacy universal claim form or Pharmacy Inventory Control form;

(4) The Department may impose a civil fine of up to $100 per day for willful failure to report controlled substance dispensing to the Prescription Monitoring Program. The fine shall be calculated on no more than the number of days from the time the report was required to be made until the time the problem was resolved, and shall be payable to the Prescription Monitoring Program.

(b) The Department, by rule, may include in the monitoring program certain other select drugs that are not included in Schedule II, III, IV, or V. The prescription monitoring program does not apply to controlled substance prescriptions as exempted under Section 313.

(c) The collection of data on select drugs and scheduled substances by the Prescription Monitoring Program may be used as a tool for addressing oversight requirements of long-term care institutions as set forth by Public Act 96-1372. Long-term care pharmacies shall transmit patient medication profiles to the Prescription Monitoring Program monthly or more frequently as established by administrative rule.

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570/317. Central repository for collection of information

§ 317. Central repository for collection of information.

(a) The Department must designate a central repository for the collection of information transmitted under Section 316 and former Section 321.

(b) The central repository must do the following:

(1) Create a database for information required to be transmitted under Section 316 in the form required under rules adopted by the Department, including search capability for the following:

(A) A recipient's name.

(B) A recipient's address.

(C) The national drug code number of a controlled substance dispensed.

(D) The dates a controlled substance is dispensed.

(E) The quantities of a controlled substance dispensed.

(F) A dispenser's Administration registration number.

(G) A prescriber's Administration registration number.

(H) The dates the controlled substance prescription is filled.

(I) The payment type used to purchase the controlled substance (i.e. Medicaid, cash, third party insurance).

(J) The patient location code (i.e. home, nursing home, outpatient, etc.) for controlled substance prescriptions other than those filled at a retail pharmacy.

(2) Provide the Department with a database maintained by the central repository. The Department of Financial and Professional Regulation must provide the Department with electronic access to the license information of a prescriber or dispenser.

(3) Secure the information collected by the central repository and the database maintained by the central repository against access by unauthorized persons.

No fee shall be charged for access by a prescriber or dispenser.

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570/318. Confidentiality of information

§ 318. Confidentiality of information.

(a) Information received by the central repository under Section 316 and former Section 321 is confidential.

(b) The Department must carry out a program to protect the confidentiality of the information described in subsection (a). The Department may disclose the information to another person only under subsection (c), (d), or (f) and may charge a fee not to exceed the actual cost of furnishing the information.

(c) The Department may disclose confidential information described in subsection (a) to any person who is engaged in receiving, processing, or storing the information.

(d) The Department may release confidential information described in subsection (a) to the following persons:

(1) A governing body that licenses practitioners and is engaged in an investigation, an adjudication, or a prosecution of a violation under any State or federal law that involves a controlled substance.

(2) An investigator for the Consumer Protection Division of the office of the Attorney General, a prosecuting attorney, the Attorney General, a deputy Attorney General, or an investigator from the office of the Attorney General, who is engaged in any of the following activities involving controlled substances:

(A) an investigation;

(B) an adjudication; or

(C) a prosecution of a violation under any State or federal law that involves a controlled substance.

(3) A law enforcement officer who is:

(A) authorized by the Illinois State Police or the office of a county sheriff or State's Attorney or municipal police department of Illinois to receive information of the type requested for the purpose of investigations involving controlled substances; or

(B) approved by the Department to receive information of the type requested for the purpose of investigations involving controlled substances; and

(C) engaged in the investigation or prosecution of a violation under any State or federal law that involves a controlled substance.

(e) Before the Department releases confidential information under subsection (d), the applicant must demonstrate in writing to the Department that:

(1) the applicant has reason to believe that a violation under any State or federal law that involves a controlled substance has occurred; and

(2) the requested information is reasonably related to the investigation, adjudication, or prosecution of the violation described in subdivision (1).

(f) The Department may receive and release prescription record information under Section 316 and former Section 321 to:

(1) a governing body that licenses practitioners;

(2) an investigator for the Consumer Protection Division of the office of the Attorney General, a prosecuting attorney, the Attorney General, a deputy Attorney General, or an investigator from the office of the Attorney General;

(3) any Illinois law enforcement officer who is:

(A) authorized to receive the type of information released; and

(B) approved by the Department to receive the type of information released; or

(4) prescription monitoring entities in other states per the provisions outlined in subsection (g) and (h) below;

confidential prescription record information collected under Sections 316. and 321 (now repealed) that identifies vendors or practitioners, or both, who are prescribing or dispensing large quantities of Schedule II, III, IV, or V controlled substances outside the scope of their practice, pharmacy, or business, as determined by the Advisory Committee created by Section 320.

(g) The information described in subsection (f) may not be released until it has been reviewed by an employee of the Department who is licensed as a prescriber or a dispenser and until that employee has certified that further investigation is warranted. However, failure to comply with this subsection (g) does not invalidate the use of any evidence that is otherwise admissible in a proceeding described in subsection (h).

(h) An investigator or a law enforcement officer receiving confidential information under subsection (c), (d), or (f) may disclose the information to a law enforcement officer or an attorney for the office of the Attorney General for use as evidence in the following:

(1) A proceeding under any State or federal law that involves a controlled substance.

(2) A criminal proceeding or a proceeding in juvenile court that involves a controlled substance.

(i) The Department may compile statistical reports from the information described in subsection (a). The reports must not include information that identifies, by name, license or address, any practitioner, dispenser, ultimate user, or other person administering a controlled substance.

(j) Based upon federal, initial and maintenance funding, a prescriber and dispenser inquiry system shall be developed to assist the health care community in its goal of effective clinical practice and to prevent patients from diverting or abusing medications.

(1) An inquirer shall have read-only access to a stand-alone database which shall contain records for the previous 12 months.

(2) Dispensers may, upon positive and secure identification, make an inquiry on a patient or customer solely for a medical purpose as delineated within the federal HIPAA law.

(3) The Department shall provide a one-to-one secure link and encrypted software necessary to establish the link between an inquirer and the Department. Technical assistance shall also be provided.

(4) Written inquiries are acceptable but must include the fee and the requestor's Drug Enforcement Administration license number and submitted upon the requestor's business stationery.

(5) As directed by the Prescription Monitoring Program Advisory Committee and the Clinical Director for the Prescription Monitoring Program, aggregate data that does not indicate any prescriber, practitioner, dispenser, or patient may be used for clinical studies.

(6) Tracking analysis shall be established and used per administrative rule.

(7) Nothing in this Act or Illinois law shall be construed to require a prescriber or dispenser to make use of this inquiry system.

(8) If there is an adverse outcome because of a prescriber or dispenser making an inquiry, which is initiated in good faith, the prescriber or dispenser shall be held harmless from any civil liability.

(k) The Department shall establish, by rule, the process by which to evaluate possible erroneous association of prescriptions to any licensed prescriber or end user of the Illinois Prescription Information Library (PIL).

(l) The Prescription Monitoring Program Advisory Committee is authorized to evaluate the need for and method of establishing a patient specific identifier.

(m) Patients who identify prescriptions attributed to them that were not obtained by them shall be given access to their personal prescription history pursuant to the validation process as set forth by administrative rule.

(n) The Prescription Monitoring Program is authorized to develop operational push reports to entities with compatible electronic medical records. The process shall be covered within administrative rule established by the Department.

(o) Hospital emergency departments and freestanding healthcare facilities providing healthcare to walk-in patients may obtain, for the purpose of improving patient care, a unique identifier for each shift to utilize the PIL system.

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570/320. Advisory committee

§ 320. Advisory committee.

(a) The Secretary of the Department of Human Services must appoint an advisory committee to assist the Department in implementing the controlled substance prescription monitoring program created by Section 316 and former Section 321 of this Act. The Advisory Committee consists of prescribers and dispensers.

(b) The Secretary of the Department of Human Services or his or her designee must determine the number of members to serve on the advisory committee. The Secretary must choose one of the members of the advisory committee to serve as chair of the committee.

(c) The advisory committee may appoint its other officers as it deems appropriate.

(d) The members of the advisory committee shall receive no compensation for their services as members of the advisory committee but may be reimbursed for their actual expenses incurred in serving on the advisory committee.

(e) The advisory committee shall:

(1) provide a uniform approach to reviewing this Act in order to determine whether changes should be recommended to the General Assembly.

(2) review current drug schedules in order to manage changes to the administrative rules pertaining to the utilization of this Act.

West's Illinois Administrative Code (2014)
Title 77: Public Health
Chapter XX: Department of Alcoholism and Substance Abuse
Subchapter E: Controlled Substances Activities
Part 2080: Electronic Prescription Monitoring Program

2080.10 Authority

This Part is promulgated pursuant to the Illinois Controlled Substances Act (the Act) [720 ILCS 570] that empowers the Department of Human Services to codify the efforts of this State to conform with the regulatory systems of the federal government and other states to establish national coordination of efforts to control the abuse of Schedule II, III, IV and V retail dispensed drugs. It relates to the collection of prescription information listed in Schedule II, III, IV and V within Sections 206, 208, 210 and 212 of the Act, or in the federal Schedule II, III, IV and V and "Amendment of Schedules" list of drugs at 21 USC 812(b)(2), (b)(3), (b)(4), (b)(5) and (c).

West's Illinois Administrative Code (2014)
Title 77: Public Health
Chapter XX: Department of Alcoholism and Substance Abuse
Subchapter E: Controlled Substances Activities
Part 2080: Electronic Prescription Monitoring Program

2080.30 General Description

The Prescription Monitoring Program (PMP) monitors all retail prescriptions for Schedule II, III, IV and V drugs that are dispensed, except for hospital inpatients and drug abuse treatment programs licensed by the Department, within the State of Illinois. Each time a Schedule II, III, IV or V drug is dispensed, the dispenser must transmit specific information to a central repository designated by the Department.

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Title 77: Public Health
Chapter XX: Department of Alcoholism and Substance Abuse
Subchapter E: Controlled Substances Activities
Part 2080: Electronic Prescription Monitoring Program (Refs & Annos)

2080.70 Schedule II, III, IV and V Drug Prescription Requirements

a) A dispenser may fill a prescription for a Schedule II, III, IV or V drug upon receipt of a written, facsimile or verbal order of a physician unless otherwise specifically exempted or allowed by federal or State law.

b) A prescription for a Schedule II, III, IV or V drug shall:

1) If written, be dated as of and signed on the day when issued;

2) Bear the full name and address of the patient, or in the case of veterinary treatment, the full name and address of the animal owner, as well as the species or common name of the animal being treated;

3) Bear the full name and address of the prescriber;

4) Bear the DEA Registration number of the prescriber;

5) If written, be signed by the prescriber in the same manner as the prescriber would sign a check or legal document;

6) If written, be written in ink with a pen, typewriter or computer printer or with an indelible pencil;

7) Specify the drug name, strength, dosage and form;

8) Specify the quantity of drug to be dispensed, both written and numeric;

9) Not allow a Schedule II prescription to be filled more than seven days after the date of issue;

10) Contain only one Schedule II drug prescription order per prescription blank;

11) Limit the maximum time allowed for a Schedule III, IV or V prescription to be filled at six months with a maximum of five refills; and

12) Allow more than one prescription order per prescription blank for a Schedule III, IV or V drug.

c) In the case of an emergency, a prescriber may issue a lawful oral prescription, where failure to issue might result in loss of life or intense suffering. The oral prescription shall include a statement concerning the circumstances constituting the emergency for which the oral prescription was used. Within 7 days after issuing an emergency prescription, the prescriber shall cause a written prescription for the emergency quantity prescribed to be delivered to the dispensing pharmacist. The prescription shall comply with all aspects enumerated in 720 ILCS 570/309.

d) Patient ID for Proper Filling:

1) The sex field is a verifying element of a patient ID. It needs to be entered in the sex field.

2) The birth date is a verifying element of a patient ID and needs to be entered in the birth date field.

3) The final verifying element of a patient ID for an animal or individual is not a set standard. Each pharmacy or chain will adopt its own standard. The concern is that if a standard is too rigid, the enterprise's business activity will suffer. Any of the following may be used. If the primary choice is not available, another choice may be used.

A) Driver's license or equivalent, state issued ID;

B) Telephone number of the patient's residence (include area code);

C) An internal pharmacy ID system;

D) Employer ID;

E) Student ID;

F) Insurance ID; or

G) Social Security number. There is a privacy issue with this ID, and it is not recommended for use.

4) If a child's or other person's prescription is delivered to or accepted by a person other than the intended user, an ID should verify the name of the individual accepting the prescription.

West's Illinois Administrative Code (2014)
Title 77: Public Health
Chapter XX: Department of Alcoholism and Substance Abuse
Subchapter E: Controlled Substances Activities
Part 2080: Electronic Prescription Monitoring Program

2080.100 Dispenser Responsibility

Each time a Schedule II, III, IV or V drug is dispensed, the dispenser must transmit, not more than 7 days after dispensing, to the central repository the following information:

a) Dispenser DEA number.

b) Recipient's (or animal and owner's) name and address.

c) National drug code (NDC) identification number of the Schedule II, III, IV or V drug dispensed.

d) Quantity of the Schedule II, III, IV or V drug dispensed.

e) Date prescription filled.

f) Date prescription written.

g) Prescriber DEA number.

h) Patient ID.

i) Patient sex (1 for male, 2 for female or 3 for animal).

j) Patient birth date (yyyymmdd - year, month, day).

West's Illinois Administrative Code (2014)
Title 77: Public Health
Chapter XX: Department of Alcoholism and Substance Abuse
Subchapter E: Controlled Substances Activities
Part 2080: Electronic Prescription Monitoring Program

2080.200 Prescriber and Dispenser Inquiry System

The Department's Bureau of Pharmacy and Clinical Support Systems or successor shall establish, operate, maintain and enhance a stand-alone, one-to-one secure link with the necessary encrypted software that shall function as a prescriber and dispenser inquiry system to be known as the Illinois Prescription Information Library (PIL). The Bureau must install a system to track each use of the PIL. The tracking system will only be utilized for the following purposes:

a) Determining if a prescriber or dispenser is properly using the PIL. If it is considered by the PIL staff that any registered user is not using the PIL responsibly, an investigator from the Illinois Department of Financial and Professional Regulation's Bureau of Drug Compliance will be contacted in order to investigate the issue. If the PIL supervisor considers the issue serious and of immediate concern, the registered user's PIL access may be suspended.

b) Determining if a non-registered person or entity is attempting to access the system. The PIL staff shall report the situation to the Department and to one or more of the following entities:

1) Illinois law enforcement agency;

2) Illinois regulatory entity;

3) federal agency; or

4) an agency in another state.

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Title 77: Public Health
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Part 2080: Electronic Prescription Monitoring Program

2080.210 Access to the Prescription Information Library (PIL)

a) Only a medical prescriber or dispenser may utilize the PIL.

b) A user may only access the PIL for a patient's medical treatment.

c) Development, modification and maintenance of the PIL is allowed by Department staff.

d) In order to expedite the approval and oversight of PIL applicants and users, the PIL must be managed by a licensed dispenser.

e) PIL staff determine if a PIL user applicant may become a PIL user by using the following criteria:

1) Applicant's first and last name;

2) Pharmacy, clinic or office street address, city, state and zip code;

3) U.S. Department of Justice, Drug Enforcement Administration (DEA) number;

4) For a pharmacist's application, the pharmacy DEA number;

5) Illinois prescriber or dispenser license number; and

6) Business telephone number.

f) The PIL manager will review user applications that are unusual and render a professional decision as to whether access shall be granted.

g) The PIL manager will review the user access log for any unusual or improper activity by a user.

h) The PIL manager will directly monitor the development, modification and/or expansion of the PIL.

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Title 77: Public Health
Chapter XX: Department of Alcoholism and Substance Abuse
Subchapter E: Controlled Substances Activities
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2080.211 Other State Prescription Monitoring Authority Access

a) Other states may request access to the PMP database:

1) After approval of a Memorandum of Understanding from the Illinois Department of Human Services; and

2) After approval from the Department's Bureau of Pharmacy and Clinical Support Systems' manager; the request must be:

A) related to a "probable cause" investigation; or

B) for a health care inquiry system for prescribers and dispensers.

b) Each state requesting access must comply with Illinois law and allow reciprocity.