



# Opioid Treatment Programs use of the Prescription Monitoring Program: Patient Consent

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2:00 – 3:00 PM

## Agenda

- Overview of Illinois Controlled Substances Act  
(720 ILCS 570/316)
- Review of Consent Form and Patient Flyer
- Relevance of Obtaining Patient Consent
- Information regarding use of the Prescription Monitoring Program
- Review of the Updated OTP Manual
- Questions



# Overview of Illinois Controlled Substances 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.**”



# Consent Form

- Components included in the form --
  - Demographics
  - Consent options
  - Important notes to highlight with patient
  - Patient and Staff signature and dates
- Is my organization required to use this form?
- Do I need to incorporate this form into my organization's electronic health record?
- Where do I store this completed form if my organization has paper records?
- Who should review this form with patients?
- Will IDHS-SUPR check my records for this completed consent?
- What does my organization report on the pharmacy log?



# Brochure for Patients

- What's in the brochure?
  - Importance of the consent
  - Why would I need to share information
  - Confidentiality
  - How to give consent
- Recommendations
  - Conduct training with all staff responsible for sharing information about this consent with patients
  - Make the brochure available when introducing the consent form to patients
  - Address all patients' questions related to consent





# Clinical Relevance of Sharing Dosing Information and Gaining Consent

Dr. Nicole Gastala, Medical Director IDHS/SUPR

## The Importance of sharing Methadone Dosage with the PMP

- In order to receive the safest and best care possible while receiving Medication Assisted Recovery, patient consent is needed to share information with the PMP and other healthcare providers.
  - Without voluntary consent a healthcare provider would not be able to verify the patient dose information and may stop/reduce methadone dose
    - Example: Unable to verify dose on a Saturday evening with an OTP during hospitalizations
  - Consenting to share information could be important especially in cases where patients are admitted to the ER, hospitalized, or unable to tell their healthcare provider their dosage.
    - Example: Methadone is a synthetic opioid and may not be on an admitting hospitals panel of POC drugs tested, a patient may undergo significant withdrawals unintentionally during hospitalizations, particularly if the patient is unconscious. It is standard of care to continue a patient's methadone during hospitalizations unless there is a medical contraindication.



## 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 <sup>48</sup>	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 Wort <sup>49</sup>	Decreased methadone levels	CYP3A4 induction	Has precipitated withdrawal
Voriconazole <sup>50</sup>	Increased methadone levels	Inhibits CYP3A4-mediated metabolism	None reported
Ciprofloxacin <sup>51</sup>	Increased methadone levels	Inhibits CYP3A4-mediated metabolism	Somnolence reported
Retrovirals <sup>52</sup> (except zidovudine)	Decreased methadone levels	CYP3A4 induction; P-glycoprotein?	
Carbamazepine <sup>7</sup>	Decreased methadone levels	CYP3A4 induction	
Desipramine <sup>7</sup>	Increased desipramine levels	Unknown	Increased adverse effects from desipramine
Azithromycin	Increased methadone levels	Inhibits CYP3A4-mediated metabolism	
Fluvoxamine <sup>53</sup>	Increased methadone levels	Inhibits CYP3A4-mediated metabolism	
Fosphenytoin <sup>54</sup>	Decreased methadone levels	Decreased methadone trough and AUC	Withdrawal symptom
Desipramine <sup>7</sup>	Increased desipramine levels	Mechanism unknown	
Didanosine <sup>52</sup>	Decreased didanosine levels	Mechanism unknown	
MAO inhibitors <sup>11</sup>	Methadone is a serotonin uptake inhibitor		Serotonin syndrome
Ketoconazole	Increased serum methadone levels	Inhibition of CYP3A4	
Nevirapine <sup>52,55</sup>		CYP inducer	
Efavirenz <sup>52</sup>		CYP inducer	





## OTP Manual

- Addition of two fields in Methadone log
  - Patient Birth Date
  - Allow patient to revoke consent





# Step-by-Step View from the OTP


Ron Vlasaty, Family Guidance

Site	Pt. Signed Consent	Pt. Declined Consent	Total	% declined consent
310	693	4	697	1%
Aurora	166	8	174	5%
Des Plaines	192	50	242	21%
Harvey	126	4	130	3%
Joliet	85	1	86	1%
Manteno	56	0	56	0%
Quincy	55	0	55	0%
Springfield	240	0	240	0%
UIH	95	0	95	0%
Wabash	634	11	645	2%
<b>Total:</b>	2342	78	2420	3%




Family Guidance Centers, Inc.


Load Document for ...

**Acquire Document or Scan** 

**Document Category**

PMP Consent 

**Document Title**

**Save** 

 Transmit to DASA - PMP Consent/DOB Enabled

## Pharmacy Log Week

Start Date

## Transmission Summaries

Pharm Week	Transmit Date	User	Result	Transmitted
06/19/23	06/26/23 17:20:1	aritz	Successful	774
06/12/23	06/20/23 18:31:0	aritz	Successful	784
06/05/23	06/12/23 19:21:0	aritz	Successful	775



# View from the PMP and Q/A

Sarah Pointer, PMP

### Patient Information



**Sherlock Holmes**

Age: 69 years and 6 months

D.O.B: 1/6/1954

Address: 420 WEST JEFFERSON STREET,  
SPRINGFIELD, IL. 62704.

### Notifications/ Summary

**Total Prescriptions:** 18

**Total Doctors:** 1

**Total Pharmacies:** 1

### Notifications/ Summary

**Above 90 MMEs Per Day:** No

**Overlapping Opioid Prescriptions:** No

**Overlapping Benzo and Opioid Prescriptions:** No

**Long-Acting Opioid/Opioid Naive:** No



All Prescriptions



Opioid Prescriptions



Mapping Prescriptions



OTP Data



Opioid Overdose



EMS Naloxone  
Administered



Refer to  
Helpline



### OTP Data

This patient has consented to the sharing of their data via a clinic registered with IDHS. Below are the details of those visits.

Dosages	Week Begin Date	Medication	Dosage Information	Days Dispensed	Patient Status	Clinic Code
<a href="#">Expand</a>	3/14/2023	Methadone, Liquid	Two On-site Dispensations	M,F	Active	0199
Monday: 100mg	Tuesday: 100mg	Wednesday: 100mg	Thursday: 100mg	Friday: 100mg	Saturday: 100mg	Sunday: 100mg
<a href="#">Expand</a>	5/11/2023	Methadone, Liquid	Three On-site Dispensations	M,W,F	Discharged from Clinic	0122
<a href="#">Expand</a>	7/03/2023	Methadone, Diskette	Two On-site Dispensations	M,W	Discharged from Clinic	0199
<a href="#">Expand</a>	9/12/2023	Buprenorphine	Two On-site Dispensations	M, Th	Discharged from Clinic	0199

# Questions

- For questions regarding requirements, consent form, brochure contact – Richard Weisskopf, [richard.weisskopf@illinois.gov](mailto:richard.weisskopf@illinois.gov)
- If you experience any technical issues with using the PMP, contact [dhs.pmp@illinois.gov](mailto:dhs.pmp@illinois.gov)
- For technical questions, contact [Dolt.SUPRHelp@illinois.gov](mailto:Dolt.SUPRHelp@illinois.gov)

**Help**  
is here