



Prescription Drug Monitoring Program Training and Technical Assistance Center

Ohio

PDMP name: OARRS
Agency Responsible: State of Ohio Board of Pharmacy
Agency Type: Pharmacy Board
PDMP Website: www.ohiopmp.gov
PDMP Email: info@ohiopmp.gov PDMP region: North

Contact Information

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Statistics

Statistics Year:	2015	DEA Registered Prescribers:	41,853
State population:	11,613,423	DEA Registered Dispensers:	2,535

Technological Capabilities

ASAP Versions Accepted

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> ASAP 1995 | <input type="checkbox"/> ASAP 4/2007 |
| <input type="checkbox"/> ASAP 1997 | <input type="checkbox"/> ASAP 4-1/2010 |
| <input type="checkbox"/> ASAP 3/2005 | <input checked="" type="checkbox"/> ASAP 4-2/2011 |

Data Transmission Methods Allowed

- | | |
|---|--|
| <input type="checkbox"/> Electronic data transmission | <input type="checkbox"/> Mail data transmission |
| <input type="checkbox"/> Fax data transmission | <input type="checkbox"/> Media data transmission |
| <input type="checkbox"/> Other | |

Required Data Transmitters

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> Pharmacy in-state | <input checked="" type="checkbox"/> Pharmacy out-state/mail order | <input checked="" type="checkbox"/> Pharmacy out-state other | <input checked="" type="checkbox"/> Dispensing doctor |
| <input type="checkbox"/> Veterinarian | <input checked="" type="checkbox"/> Veterans Administration | <input type="checkbox"/> Indian Health Services | |

Other:

Data Collection, Storage, Generation and Access

Data Collection Entity:	In-House	Vendor name:	In-House
Data Storage Entity:	In-House	Vendor name:	In-House
Report Generation Entity:	In-House	Vendor name:	In-House
Data Access Entity:	Vendor	Vendor name:	Appriss
Data Access Method:	Web Portal/On-Line		

Data Sharing

- ☒ PMPi Hub
☐ RxCheck Hub
☐ HIE method
- List of states involved in sharing:
AZ, CO, CT, ID, IN, KS, KY, MI, MN, NV, NM, ND, SC, SD, VA, WV

Data Access

- ☐ via Health Information Exchange
☒ via Electronic Health Record
☐ via Pharmacy Dispensing System

Patient Matching

- ☐ Exact Match
☐ Probabilistic Match
☒ Probabilistic/Manual Match
☐ Other Match for queries

Policies and Procedures

Controlled Schedules Monitored

- ☒ Schedule II monitored
☒ Schedule III monitored
☒ Schedule IV monitored
☒ Schedule V monitored

Other Substances Monitored

- ☒ Monitor other authority
Gabapentin (12-1-16) Medical Marijuana (9-8-16)
☐ Remove from Monitoring

Data Collection and Pertinent Dates

Legislation enacted: 05-18-2005 PDMP operational: 07-01-2006
Collection frequency: 1 Require zero-reporting? ☒ Zero-reporting frequency: Daily

Relevant Statutes and Rules

Law/Rule Website: <http://codes.ohio.gov/>
Law/Statute citation: OH Rev Code §§4729.75 to .86; 4729.99; 4725.092; 4723.487; 4715.302; 4729.162; 4730.53; 4731.055
Regulation/Rule citation: OH Admin Code §§4729-1-10; 4729-37-01 to -11; 4723-1-10; 4729-5-20; 4731-11-11; 4715-6-01; 4723-9-12; 4731-29-01
Dr Shopper law/statute: OH Rev Code 2925.22
Pill Mill law/statute: §§4729.291, 4729.51
Pain Clinic law/statute: §§4729.54, 4729.541, 4729.552, 4729.571
Disclosure law/statute: OH Rev Code §4729.99(J)

Data Retention

Data Retention Time: 3 years

- ☒ Data Retention Policy ☐ Prescriber Information Purged ☐ Patient Information Purged ☒ Retain De-Identified Data
☐ All Information Purged ☐ Dispenser Information Purged ☐ Drug Information Purged

Select Data Fields Available

- ☒ Payment method captured
☐ Patient Identification captured
☐ Person dropping off captured
☐ Person picking up captured
☐ Ability to id prescriber specialty

Miscellaneous Capabilities and Policies

- ☒ Authority to release de-identified data
☒ Ability to de-identified data
☒ Authority to release for epidemiological or educational purposes
☒ Engaged in release for epidemiological or educational purposes
☒ Required Notification to consumers
☐ Mandated Use of Advisory Group
☐ Patient Access to Query List
☐ Collection of naloxone prescriptions

PDMP Required Enrollment and Patient Query

- ☒ Required Enrollment - Prescriber ☒ Required Enrollment - Dispenser

Any prescriber of opioids or benzodiazepines must have access to the PMP (does not necessarily require enrollment, if they are using an integrated product, such as NarxCheck). Any licensed pharmacist or pharmacy intern must have access.

- ☒ Required Patient Query - Prescriber ☒ Required Patient Query - Dispenser

Prior to initially prescribing any opioid or benzodiazepine, a prescriber must check the PMP. The prescriber must continue to check every 90 days thereafter, as long as treatment continues. A physician must obtain and review a PMP report at least annually for patients whose treatment with a reported drug other than an opioid analgesic or benzodiazepine lasts more than 90 days. Physicians who are prescribing or personally furnishing a reported drug must query the PDMP and shall query the PDMP of an adjoining state if the physician practices in a county that adjoins that state; APRNs must query the PDMP if any red flags as listed in the regulation are noted; APRNs must query the PDMP before initially prescribing a reported drug that is an opioid analgesic or benzodiazepine and every 90 days if treatment with that substance continues; APRNs must query the PDMP following a course of treatment for more than 90 days if the treatment includes the prescribing or personally furnishing of reported drugs that are not opioid analgesics or benzodiazepines and at least annually thereafter as long as the course of treatment continues; APRNs must also query the PDMP of an adjoining state if the APRN practices in a county that adjoins that state.

PDMP Requestor Training

Training Website:

Available Training

- | | |
|---|---|
| <input type="checkbox"/> Prescriber | <input type="checkbox"/> Attorney General |
| <input type="checkbox"/> Dispenser | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Research |
| <input type="checkbox"/> Regulatory Board | |

Training Required Before PDMP Use

- | | |
|---|---|
| <input type="checkbox"/> Prescriber | <input type="checkbox"/> Attorney General |
| <input type="checkbox"/> Dispenser | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Regulatory Board | <input type="checkbox"/> Other |

Obtaining PDMP Account

Automatic PDMP Enrollment with License Application or Renewal? ☐

Prescriber: To register, must provide Driver's license, professional license, and DEA registration certificate. If using a hospital's DEA number, provide documentation of the authority granted by the hospital along with the suffix that the hospital issued.

Dispenser: To register, must provide Driver's license and professional license

PDMP Available Reports

Available Reports to Selected Requestors

- | | |
|--|--|
| <input checked="" type="checkbox"/> Prescriber Access to Patient History | <input checked="" type="checkbox"/> Licensing Board Access to Patient History |
| <input type="checkbox"/> Prescriber Access to Own History | <input checked="" type="checkbox"/> Licensing Board Access to Licensee History |
| <input checked="" type="checkbox"/> Dispenser Access to Patient History | <input checked="" type="checkbox"/> Law Enforcement Access to Patient History |
| <input type="checkbox"/> Dispenser Access to Own History | <input checked="" type="checkbox"/> Law Enforcement Access to Prescriber History |
| | <input checked="" type="checkbox"/> Law Enforcement Access to Dispenser History |

Requestors and Reports Authorized to Generate

<u>Requestor Type</u>	<u>Solicited Reports</u>		<u>Unsolicited Reports</u>	
	<u>In-State</u>	<u>Out-of-State</u>	<u>In-State</u>	<u>Out-of-State</u>
Prescriber	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Law Enforcement - Local	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prosecutorial Authority	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medical Examiner/Coroner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medicaid Drug Utilization and Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - State	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - Insurance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Treatment Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-party Payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<input checked="" type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Requestors and Reports Being Generated

<u>Requestor Type</u>	<u>Solicited Reports</u>		<u>Unsolicited Reports</u>	
	<u>In-State</u>	<u>Out-of-State</u>	<u>In-State</u>	<u>Out-of-State</u>
Prescriber	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Law Enforcement - Local	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prosecutorial Authority	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medical Examiner/Coroner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medicaid Drug Utilization and Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - State	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - Insurance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Treatment Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-party Payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<input checked="" type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>