### Ohio

**PDMP acronym:** OARRS

**Agency Responsible:** State of Ohio Board of Pharmacy

**Agency Type:** Pharmacy Board

**Website:** [www.ohiopmp.gov](http://www.ohiopmp.gov)

**Email:** info@pharmacy.ohio.gov

**Register Website:** [https://ohio.pmpaware.net](https://ohio.pmpaware.net)

**Query Website:** [https://ohio.pmpaware.net](https://ohio.pmpaware.net)

**Data Upload Website:** [https://pmpclearinghouse.net](https://pmpclearinghouse.net)

**Statistics Website:** [www.ohiopmp.gov](http://www.ohiopmp.gov)

**Opioid Dashboard Website:**

**Training Website:**

**Statute/Regulation Website:** [http://codes.ohio.gov/](http://codes.ohio.gov/)

**Opioid Guidelines Website:**

### PDMP Contact Information

**Contact Name:** Garner, Chad - Director of OARRS

**Address:** 77 S High Street, 17th Floor

**City State Zip:** Columbus OH 43215-6126

**Telephone:** 6144664143

**Fax:** 6146448556

**Email:** chad.garner@pharmacy.ohio.gov

### State Population and Number of Registrants

<table>
<thead>
<tr>
<th>State population:</th>
<th>DEA Prescriber total:</th>
<th>DEA Dispenser total:</th>
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<tr>
<td>11,808,848</td>
<td>63,720</td>
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</table>
### Data Transmitter(s)

- Correctional Facility Pharmacy
- Pharmacy (In-State)
- Pharmacy (Mail Order Out of State)
- Veterans Administration
- Dispensing Practitioner
- Pharmacy (Mail Order In-State)
- Pharmacy (Other Out of State)

### Substances Monitored

- Drugs of Concern
- Schedules II - V
- Medical Marijuana Dispensations

### Alternate Data Sources

- Overdoses - Fatal
- Pharmaceutical Manufacturers/Distributors

### Available Reports

- Annual PDMP Reports
- Dispenser Reports to Law Enforcement
- Geomapping of Prescription Data
- MME Calculations
- Patient Query Lists to Licensing Boards
- Patient Reports to Law Enforcement
- Patient Reports to Prescribers
- PDMP Evaluation Reports
- Prescriber Report Cards
- Registrant Query Lists to Law Enforcement
- Registrant Reports to Prescribers
- Statewide Statistics
- Data Dashboards
- Drug Trend Reports
- Licensee Reports to Licensing Board
- Patient Query Lists to Law Enforcement
- Patient Reports to Dispensers
- Patient Reports to Licensing Boards
- Patient Reports with Summary Data
- Peer Comparison Reports
- Prescriber Reports to Law Enforcement
- Registrant Query Lists to Licensing Boards
- Risk Scores

### Statistical Capabilities

- # of Prescribers Enrolled in PDMP by License Type
- # of Dispensers Enrolled in PDMP by License Type
- # of Prescribers Enrolled in PDMP by Specialty
- # of Unique Prescribers
- # of Solicited Prescriber Reports by Requestor Type
- # of Solicited Dispenser Reports by Requestor Type
- # of Unsolicited Dispenser Reports by Recipient Type
- # of Solicited Patient Reports by Requestor Type
- # of Unsolicited Patient Reports by Recipient Type
- # of Solicited Statistical Reports by Requestor Type
- # of Unsolicited Statistical Reports by Recipient Type
- # of Unique Requestors by Requestor Type (sol. reports)
- # of Unique Recipients by Recipient Type (unsol. reports)
- # of Prescriptions Filled by CS Schedule
- # of Prescriptions Filled by Drug Class
- # of Dosage Units Dispensed by CS Schedule
- # of Dosage Units Dispensed by Drug Class
- # of Data Errors by Error Type
- # of Data Errors Corrected
- # of At-Risk Patients by Risk Factor
- Risk Factor Statistics by Time Frame
- # of In-State Queries
- # of In-State Queries by Requestor Type
- # of Interstate Queries
- # of Interstate Queries by Requestor Type
- # of Positive Matches from Interstate Queries
- % Out-of-State Patients: 5-10%
- % Out-of-State Prescribers: 5-10%
Authorized PDMP Users

Correctional Supervision/Solicited In-State
Correctional Supervision/Solicited Out-of-State
Correctional Supervision/Unsolicited In-State
Correctional Supervision/Unsolicited Out-of-State
Dispenser Delegates - Licensed/Solicited In-State
Dispenser Delegates - Licensed/Solicited Out-of-State
Dispenser Delegates - Unlicensed/Solicited In-State
Dispenser Delegates - Unlicensed/Solicited Out-of-State
Dispensers - Pharmacists/Solicited In-State
Dispensers - Pharmacists/Solicited Out-of-State
Dispensers - Pharmacists/Unsolicited In-State
Healthcare Facilities and Institutions/Solicited In-State
Law Enforcement - Federal/Solicited In-State
Law Enforcement - Federal/Solicited Out-of-State
Law Enforcement - Federal/Unsolicited In-State
Law Enforcement - Federal/Unsolicited Out-of-State
Law Enforcement - Local/Solicited In-State
Law Enforcement - Local/Solicited Out-of-State
Law Enforcement - Local/Unsolicited In-State
Law Enforcement - Local/Unsolicited Out-of-State
Law Enforcement - State/Solicited In-State
Law Enforcement - State/Solicited Out-of-State
Law Enforcement - State/Unsolicited In-State
Law Enforcement - State/Unsolicited Out-of-State
Marijuana Dispensaries/Solicited In-State
Medicaid Drug Utilization and Review/Solicited In-State
Medicaid Fraud and Abuse/Solicited In-State
Medicaid Fraud and Abuse/Solicited Out-of-State
Medicaid Fraud and Abuse/Unsolicited In-State
Medicaid Fraud and Abuse/Unsolicited Out-of-State
Medical Examiners and Coroners/Solicited In-State
Medical Interns/Solicited In-State
Medical Interns/Solicited Out-of-State
Medical Residents/Solicited In-State
Medical Residents/Solicited Out-of-State
Medicare/Solicited In-State
Nurse Practitioners/Solicited In-State
Nurse Practitioners/Solicited Out-of-State
Nurse Practitioners/Unsolicited In-State
Patients/Solicited In-State
Peer Review Committees/Solicited In-State
Physician Assistants/Solicited In-State
Physician Assistants/Solicited Out-of-State
Physician Assistants/Unsolicited In-State
Prescriber Delegates - Licensed/Solicited In-State
Prescriber Delegates - Licensed/Solicited Out-of-State
Prescriber Delegates - Unlicensed/Solicited In-State
Prescriber Delegates - Unlicensed/Solicited Out-of-State
Prescribers/Solicited In-State
Prescribers/Solicited Out-of-State
Prescribers/Unsolicited In-State
Prosecutors/Solicited In-State
Prosecutors/Solicited Out-of-State
Regulatory and Licensing Boards/Solicited In-State
Regulatory and Licensing Boards/Solicited Out-of-State
Regulatory and Licensing Boards/Unsolicited In-State
Regulatory and Licensing Boards/Unsolicited Out-of-State
Researchers/Solicited In-State
Researchers/Solicited Out-of-State
State Health Departments/Solicited In-State
Workers Compensation State Insurance/Solicited In-State
Workers Compensation State/Solicited In-State
Engaged PDMP Users

Correctional Supervision/Solicited In-State
Correctional Supervision/Solicited Out-of-State
Correctional Supervision/Unsolicited In-State
Correctional Supervision/Unsolicited Out-of-State
Dispenser Delegates - Licensed/Solicited In-State
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Regulatory and Licensing Boards/Solicited Out-of-State
Regulatory and Licensing Boards/Unsolicited In-State
Regulatory and Licensing Boards/Unsolicited Out-of-State
Researchers/Solicited In-State
Researchers/Solicited Out-of-State
Workers Compensation State Insurance/Solicited In-State
Workers Compensation State/Solicited In-State
## Budget

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<td># of Employees - Operational</td>
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<td># of Employees - Technical</td>
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<td># of Employees - Analytical</td>
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## Funding Source(s)

- CDC Grant
- Licensing Fee

## Technologies

- Data Collection Entity: Vendor
- Data Collection Vendor name: Appriss
- Data Storage Entity: Vendor
- Data Storage Vendor name: Appriss
- Report Generation Entity: Vendor
- Report Generation Vendor name: Appriss
- Data Access Method: Web Portal/On-Line
- Data Access Entity: Vendor
- Data Access Vendor name: Appriss
- CDC Grant Licensing Fee
- ASAP Version Utilized: 4.2A
- State HIE in place
- RxCheck Integration Allowed
- VHA VISTA integration
- HL7 FHIR connectivity
- ASAP Version Utilized: 4.2A

## Patient Matching

- Referential Matching
- Deterministic Matching
- Manual Matching
- Probabilistic Matching
- Probabilistic and Manual Matching
- Other Matching

Access to patient matching algorithms

Patient Matching Metrics Available:

Patient matching data elements:

## Integration(s) Available

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<th>Integration Type</th>
<th>% Providers</th>
<th>Hub Used</th>
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## PDMP Policies

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<th>Enabling legislation enacted:</th>
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<th>Data collection frequency:</th>
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<tr>
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<td>Requirement for zero-reporting</td>
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<tr>
<td>User access date (any method):</td>
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<td>Frequency of zero-reporting:</td>
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<td>User electronic access date:</td>
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<td>Date received electronic data:</td>
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<td>Interstate sharing start date:</td>
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<td>Law/Statute citation:</td>
<td>OH Rev Code §§4729.75 to .86; 4729.99; 4725.092; 4723.487; 4715.302; 4729.162; 4730.53; 4731.055</td>
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<td>Regulation/Rule citation:</td>
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<td>Dr Shopper law/statute:</td>
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<td>Pain Clinic law/statute:</td>
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<td>Unauthorized Use or Disclosure:</td>
<td>OH Rev Code §4729.99(J)</td>
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</table>

- Required Notification to consumers
- Mandated Use of Advisory Group
- Payment method captured
- Ability to id prescriber specialty
- Patient consent required before PDMP data release
- Ability for users to set thresholds for alert notices
- Ability for users to do user-led alert notices
- Mandatory E-Prescribing (EPCS)
- Compliance Process for Enrollment Mandates
- Compliance Process for Query Mandate
- ICD-10 Codes Collected
- Deceased Patient Field
- Patient ID Required to be Presented to Dispenser
- Data Retention Policy
- Data Retention Time: 5 years
- All Information Purged
- Patient Information Purged
- Prescriber Information Purged
- Dispenser Information Purged
- Drug Information Purged
- HIPAA Covered Entity
- Identifiable Data to State Health Dept
- Identifiable Data to local Health Dept
- Certified as CMS Specialized Registry

### ID Types Reported:
- Ability to de-id data
- Authority to release de-id data

De-identified data sharing conditions: Must meet Board policy requirements

De-Identified Data Retention Details: retained indefinitely

- Retain De-Identified Data

Record Retention Details:
- Patient Notification of Breach
- Written Notification of Breach

Patient Breach Notification Method:

Patient Breach Notification Method Other:

E-prescribing required substances:

E-prescribing exemptions/waivers:

Authority to enforce PDMP mandates: Regulatory/Licensing Board
Enrollment and Accounts

- □ Supervisor Review/audit of Delegate Accounts  Number of Delegates allows: Not limited
- □ Auto Enroll with License Renewal or App

Enrollment Method:
On line registration, validated with license verifications and knowledge-based authentication quiz

Criteria for Dispensers to get account to upload data
Only demographic info needed

Criteria for Prescriber delegates to get account:
Demographic data only for unlicensed delegates. Licensed delegates (RNs, LPNs) provide license credentials along with demographic info. Delegates must be linked to a prescriber before they can request a report.

Criteria for Dispenser delegates to get account:
Demographic data only for all delegates. Delegates must be linked to a pharmacist before they can request a report.

Criteria for PAs to get account:
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.

Criteria for Nurse Practitioners to get account:
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.

Criteria for other users to get account:

Requirements for Patients to get PDMP Report:
Paper application which is notarized and current government photo ID; must appear in person at the Board of Pharmacy. If pt is deceased, need Letter of Authority from the court, person named on the letter can pick up report (person still needs to show up at Board office with application and their photo ID)

Requirements for others to get PDMP Report

Criteria for Online Non-healthcare accounts:

PDMP Data for Epidemiological Purposes: Authority to Release

☑ Law Enforcement On-line access to PDMP ☐ Law Enforcement Written Request access to PDMP

Law Enforcement Access Method:
Criminal or Grand Jury Supoena

Law Enforcement Access Requirements: Active Investigation
Enrollment Mandates

Dispenser - Mandatory PDMP Enrollment
Prescriber - Mandatory PDMP Enrollment

Effective Date(s): January 1, 2015

Details:
If a prescriber prescribes opioids or benzodiazepines, he/she must attest to having access to the PDMP upon renewal of their license. If a pharmacist dispenses opioids or benzodiazepines, he/she must attest to having access to the PDMP upon renewal of their license.

Effective Date(s): January 1, 2015; medical marijuana dispensary 11-29-21

Details:
If a prescriber prescribes opioids or benzodiazepines, he/she must attest to having access to the PDMP upon renewal of their license. If a pharmacist dispenses opioids or benzodiazepines, he/she must attest to having access to the PDMP upon renewal of their license.

OH ADC 3796:6-2-09 Medical marijuana dispensary employees generally.
(F) Licensed dispensary employees whose responsibilities require obtaining information from the drug database must register for access as required by the state board of pharmacy, pursuant to division (A)(15) of section 4729.80 of the Revised Code.

Use Mandates

Dispenser - Mandatory PDMP Use
Prescriber - Mandatory PDMP Use

Effective Date(s): May 20, 2011 (all statutes); August 10, 2011 (pharmacy); November 30, 2011 (physicians); January 10, 2012 (dentists); March 19, 2012 (nurses); June 1, 2012 (workers’ compensation); May 1, 2014 (optometrists); June 30, 2014 (PAs); December 1, 2020

Details:
For opioids and benzodiazepines, prior to issuing first prescription AND every 90 days as long as treatment continues; for other controlled substances, at the point it is known that therapy will continue for 12 weeks AND annually as long as therapy continues. Prior to dispensing first reportable drug for patient AND each time a new reportable drug is added to the patient’s therapy AND at least annually as long as therapy continues. A physician who provides OBOT shall perform and document an assessment of the patient, which shall include a review of the patient’s prescription information in the PDMP and shall take steps to reduce the chances of buprenorphine diversion by using the lowest effective dose, appropriate frequency of office visits, pill counts, and checks of the PDMP. Managing pharmacists shall review a border state’s PDMP information when the pharmacist is practicing in a county bordering another state. Mandated review of an OARRS report is required if a new or different controlled substance dangerous drug is added to a patient’s therapy, if 12 or more months have passed since an OARRS report has been reviewed, the prescriber is outside the usual pharmacy geographic area, the patient is outside the usual pharmacy geographic area, the pharmacist has reason to believe the patient has received Rx’s for controlled substance dangerous drugs from more than one prescriber in the preceding three months or the patient is exhibiting signs of abuse or diversion.
Effective Date(s): May 20, 2011 (all statutes); August 10, 2011 (pharmacy); November 30, 2011 (physicians); January 10, 2012 (dentists); March 19, 2012 (nurses); June 1, 2012 (workers’ compensation); May 1, 2014 (optometrists); June 30, 2014 (PAs); December 1, 2020; December 1, 2020

Details:
For opioids and benzodiazepines, prior to issuing first prescription AND every 90 days as long as treatment continues; for other controlled substances, at the point it is known that therapy will continue for 12 weeks AND annually as long as therapy continues. Prior to dispensing first reportable drug for patient AND each time a new reportable drug is added to the patient’s therapy AND at least annually as long as therapy continues. A physician who provides OBOT shall perform and document an assessment of the patient, which shall include a review of the patient’s prescription information in the PDMP and shall take steps to reduce the chances of buprenorphine diversion by using the lowest effective dose, appropriate frequency of office visits, pill counts, and checks of the PDMP. Managing pharmacists shall review a border state's PDMP information when the pharmacist is practicing in a county bordering another state. Mandated review of an OARRS report is required if a new or different controlled substance dangerous drug is added to a patient’s therapy, if 12 or more months have passed since an OARRS report has been reviewed, the prescriber is outside the usual pharmacy geographic area, the patient is from outside the usual pharmacy geographic area, the pharmacist has reason to believe the patient has received Rx’s for controlled substance dangerous drugs from more than one prescriber in the preceding three months or the patient is exhibiting signs of abuse or diversion.

Effective 12-1-21 OH ADC 4729:5-9-02.6 Pharmacist drug utilization review.

(A) Except as provided in paragraph (F) of this rule, prior to dispensing any initial medication order or medication order change, a pharmacist shall conduct a prospective drug utilization review of the patient profile for the purpose of identifying the following:

1. Over-utilization or under-utilization of medications dispensed in the institutional facility;
2. Therapeutic duplication;
3. Drug-disease state contraindications;
4. Drug-drug interactions;
5. Incorrect drug dosage;
6. Drug-allergy interactions;
7. Abuse/misuse;
8. Inappropriate duration of drug treatment; and

(B) Upon identifying any issue listed in paragraph (A) of this rule, a pharmacist, using professional judgment, shall take appropriate steps to avoid or resolve the potential problem. These steps may include, but shall not be limited to, the following:

1. Requesting and reviewing an OARRS report or another state's prescription drug monitoring report;
2. Consulting with the prescriber; or
3. Counseling the patient.

© Prospective drug utilization review shall be performed using predetermined standards consistent with, but not limited to, any of the following:

1. Peer-reviewed medical literature (i.e. scientific, medical, and pharmaceutical publications in which original manuscripts are rejected or published only after having been critically reviewed by unbiased independent experts);
2. American hospital formulary service drug information; and

(D) Based upon information obtained during a prospective drug utilization review, a pharmacist shall use professional judgment when making a determination about safe and appropriate use and the legitimacy of a medication order. A pharmacist shall not dispense a dangerous drug from a medication order or prescription of doubtful, questionable, or suspicious origin.

€ The requirement to conduct a prospective drug utilization review in accordance with paragraph (A) of this rule does not apply to drugs personally furnished or administered from floor stock, contingency drugs, or an automated drug storage system in either of the following circumstances:

1. A prescriber controls the ordering, preparing, and administering of the drug; or
2. Delay would harm the patient.

(F) A pharmacist shall conduct a retrospective review of medication orders within a reasonable amount time and make a determination about the safe and appropriate use and the legitimacy of the order in either of the following circumstances:

1. Any drug removed from the pharmacy or contingency stock in accordance with rule 4729:5-9-03.01 of the
Administrative Code; and

(2) The use of override medications as defined in paragraph (M) of rule 4729:5-9-01 of the Administrative Code.

(G) An institutional facility shall develop and implement policies and procedures to require pharmacists to report unsafe or inappropriate prescribing or dosing by prescribers to the appropriate oversight committee.
Training on Enrollment and Use

PDMP Queries

- Ability to search for multiple patients in one query
- Patient Query Date Range: >3 years
- Minimum data elements to query for healthcare user:
  - Full last name, Full first name, DOB, zip
- Query by partial data elements by healthcare user:
  - address, city, state
- Minimum data elements to query for non-healthcare user:
  - Law enforcement needs: Full last name, Full first name, DOB, zip, case number
- Query by partial data elements by non-healthcare user:
- Optional data elements to query by non-healthcare user:

Unsolicited Reports/Push Notifications

- Frequency unsolicited alerts/reports generated:
- Delivery method for unsolicited alerts/reports: Email
- Delivery method for unsolicited alerts/reports - LE:
- Delivery method for unsolicited alerts/reports - Boards:
- Unsolicited alerts/reports to practitioners not enrolled in PDMP
Veterinary Policies

Data transmission frequency for Veterinarians:
Criteria for veterinarian queries: Animal's Name, Animal Owner's Address, Date of Birth
☐ Veterinarian access to owner's prescription history
☐ Veterinary Icon on PDMP Report

☐ Reporting Specifications

Reporting Method:
Reporting Specifications:
Data Fields:
Reporting Description:
☐ Reporting Mandate Compliance
Reporting Compliance Details:
Reporting Mandate Actions:
Reporting Issues:
Veterinarian does not have a DEA or NPI number, Pharmacies do not report veterinarian prescriptions in a uniform manner. Pet information is mixed with owner information in various ways.

Reporting Misc Information:
☐ Enrollment Mandate Compliance

Enrollment Description:
Veterinarians can voluntarily enroll as data requesters with the PDMP and do enroll as data requestors

Enrollment Mandate Compliance Details: Prescribers (excluding veterinarians) who dispense or prescribe opioids or benzodiazepines are required to have access to the PDMP. Dispensing data is compared with usage data to ensure compliance.

Enrollment Mandate Criteria:

☐ Query Mandate Compliance

Query Description:
Veterinarians can voluntarily query and do query

Query Mandate Compliance Details:
Query Mandate Criteria: