Ohio

PDMP acronym: OARRS
Agency Responsible: State of Ohio Board of Pharmacy
Agency Type: Pharmacy Board
Website: www.ohiopmp.gov
Email: info@pharmacy.ohio.gov
Register Website: https://ohio.pmpaware.net
Query Website: https://ohio.pmpaware.net
Data Upload Website: https://pmpclearinghouse.net
Statistics Website: www.ohiopmp.gov
Opioid Dashboard Website:
Training Website:
Statute/Regulation Website: 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

State population: 11,808,848  DEA Prescriber total: 63,720  DEA Dispenser total: 2,413
# Data Transmitter(s)

<table>
<thead>
<tr>
<th>Correctional Facility Pharmacy</th>
<th>Dispensing Practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy (In-State)</td>
<td>Pharmacy (Mail Order In-State)</td>
</tr>
<tr>
<td>Pharmacy (Mail Order Out of State)</td>
<td>Pharmacy (Other Out of State)</td>
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<tr>
<td>Veterans Administration</td>
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# Substances Monitored

<table>
<thead>
<tr>
<th>Drugs of Concern</th>
<th>Medical Marijuana Dispensations</th>
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<tbody>
<tr>
<td>Schedules II - V</td>
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# Alternate Data Sources

<table>
<thead>
<tr>
<th>Overdoses - Fatal</th>
<th>Pharmaceutical Manufacturers/Distributors</th>
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<tbody>
<tr>
<td>Substance Use Disorder Treatment Options</td>
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# Available Reports

<table>
<thead>
<tr>
<th>Annual PDMP Reports</th>
<th>Data Dashboards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispenser Reports to Law Enforcement</td>
<td>Drug Trend Reports</td>
</tr>
<tr>
<td>Geomapping of Prescription Data</td>
<td>Licensee Reports to Licensing Board</td>
</tr>
<tr>
<td>MME Calculations</td>
<td>Multiple Provider Episode Reports</td>
</tr>
<tr>
<td>Patient Query Lists to Law Enforcement</td>
<td>Patient Query Lists to Licensing Boards</td>
</tr>
<tr>
<td>Patient Reports to Dispensers</td>
<td>Patient Reports to Law Enforcement</td>
</tr>
<tr>
<td>Patient Reports to Licensing Boards</td>
<td>Patient Reports to Prescribers</td>
</tr>
<tr>
<td>Patient Reports with Summary Data</td>
<td>PDMP Evaluation Reports</td>
</tr>
<tr>
<td>Peer Comparison Reports</td>
<td>Prescriber Report Cards</td>
</tr>
<tr>
<td>Prescriber Reports to Law Enforcement</td>
<td>Prescription Drug Combinations</td>
</tr>
<tr>
<td>Registrant Query Lists to Law Enforcement</td>
<td>Registrant Query Lists to Licensing Boards</td>
</tr>
<tr>
<td>Registrant Reports to Prescribers</td>
<td>Risk Scores</td>
</tr>
<tr>
<td>Statewide Statistics</td>
<td></td>
</tr>
</tbody>
</table>
Statistical Capabilities

☒ # of Solicited Prescriber Reports
☒ # of Solicited Prescriber Reports by Requestor Type
☒ # of Unsolicited Prescriber Reports
☒ # of Unsolicited Prescriber Reports by Recipient Type
☒ # of Solicited Dispenser Reports
☒ # of Solicited Dispenser Reports by Requestor Type
☒ # of Unsolicited Dispenser Reports
☒ # of Unsolicited Dispenser Reports by Recipient Type
☒ # of Solicited Patient Reports
☒ # of Solicited Patient Reports by Requestor Type
☒ # of Unsolicited Patient Reports
☒ # of Unsolicited Patient Reports by Recipient Type
☐ # of Data Errors by Error Type
☐ # of Data Errors Corrected
☒ # of At-Risk Patients by Risk Factor
☒ Risk Factor Statistics by Time Frame

% Out-of-State Patients: 5-10%
% Out-of-State Prescribers: 5-10%

Data Analysis Resources Available:
Data Analyst
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
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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
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Dispensers - Pharmacists/Solicited Out-of-State
Law Enforcement - Federal/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

<table>
<thead>
<tr>
<th>Total Annual Budget:</th>
<th>$3,000,000.00</th>
<th>PDMP Staff:</th>
<th>6</th>
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<tbody>
<tr>
<td># of Employees - Operational:</td>
<td>4</td>
<td># of Employees - Other:</td>
<td>0</td>
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<tr>
<td># of Employees - Technical:</td>
<td>0</td>
<td># of Employees - Analytical:</td>
<td>2</td>
</tr>
</tbody>
</table>

Funding Source(s)

- CDC Grant
- Licensing Fee

Technologies

- Data Collection Entity: Vendor
- Data Collection Vendor name: Bamboo Health
- Data Storage Entity: Vendor
- Data Storage Vendor name: Bamboo Health
- Report Generation Entity: Vendor
- Report Generation Vendor name: Bamboo Health
- Data Access Method: Web Portal/On-Line
- Data Access Entity: Vendor
- Data Access Vendor name: Bamboo Health

- ASAP Version Utilized: 4.2A
- Data Collection Entity: Vendor
- Data Collection Vendor name: Bamboo Health
- Data Storage Entity: Vendor
- Data Storage Vendor name: Bamboo Health
- Report Generation Entity: Vendor
- Report Generation Vendor name: Bamboo Health
- Data Access Method: Web Portal/On-Line
- Data Access Entity: Vendor
- Data Access Vendor name: Bamboo Health

- Referential Matching
- Deterministic Matching
- Manual Matching
- Probabilistic Matching
- Probabilistic and Manual Matching
- Access to patient matching algorithms

Patient Matching Metrics Available:
Patient matching data elements:

Integration(s) Available

- Integration Type: EHR Integration
  - % Providers: 75-100%
  - Hub Used: PMPi
  - Paid by Fed Gov't: Annual Fee
  - Paid by State Gov't: Paid by Facility
  - Paid by Facility: Paid by Provider
  - Paid by Provider: Data Manipulated for Analysis
  - Data Downloaded/Stored: No
  - Data Incorporated with Interstate Data: Yes
  - Integration Standards:

- Integration Type: HIE Integration
  - % Providers: 75-100%
  - Hub Used: PMPi
  - Paid by Fed Gov't: Annual Fee
  - Paid by State Gov't: Paid by Facility
  - Paid by Facility: Paid by Provider
  - Paid by Provider: Data Manipulated for Analysis
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  - Integration Standards:
<table>
<thead>
<tr>
<th>Integration Type</th>
<th>% Providers</th>
<th>Hub Used</th>
<th>Paid by Fed Gov't</th>
<th>Paid by State Gov't</th>
<th>Paid by Facility</th>
<th>Paid by Provider</th>
<th>Annual Fee</th>
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</thead>
<tbody>
<tr>
<td>PDS Integration</td>
<td>75-100%</td>
<td>PMPi</td>
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</tr>
</tbody>
</table>

- [ ] Data Downloaded/Stored
- ✔️ Data Manipulated for Analysis
- [ ] Data Incorporated with Interstate Data
- [ ] Multistate Integrations Allowed

Integration Standards:
<table>
<thead>
<tr>
<th>State</th>
<th>PMPi Hub</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>PMPi Hub</td>
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<tr>
<td>Arizona</td>
<td>PMPi Hub</td>
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<td>Arkansas</td>
<td>PMPi Hub</td>
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<td>Colorado</td>
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<td>Connecticut</td>
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<td>Delaware</td>
<td>PMPi Hub</td>
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<td>Florida</td>
<td>PMPi Hub</td>
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<td>Georgia</td>
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<td>Indiana</td>
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<td>Michigan</td>
<td>PMPi Hub</td>
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<td>Military Health Service</td>
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<td>Pennsylvania</td>
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<tr>
<td>Rhode Island</td>
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<tr>
<td>South Carolina</td>
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<tr>
<td>South Dakota</td>
<td>PMPi Hub</td>
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<tr>
<td>South Dakota RxCheck</td>
<td>PMPi Hub</td>
</tr>
<tr>
<td>Tennessee</td>
<td>PMPi Hub</td>
</tr>
<tr>
<td>Texas</td>
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<tr>
<td>Virginia</td>
<td>PMPi Hub</td>
</tr>
<tr>
<td>Washington</td>
<td>PMPi Hub</td>
</tr>
<tr>
<td>West Virginia</td>
<td>PMPi Hub</td>
</tr>
</tbody>
</table>
PDMP Policies

Enabling legislation enacted: 2005
PDMP operational: 2006
User access date (any method): 2006
User electronic access date: 2006
Date received electronic data: 2006
Interstate sharing start date: 2011
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
Unauthorized Use or Disclosure: OH Rev Code §4729.99(J)

☐ 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
✓ Ability to de-id data
✓ Authority to release de-id data
De-identified data sharing conditions: Must meet Board policy requirements

ID Types Reported:
- 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
☐ PDMP Disaster Recovery Plan

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

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

Practitioner IDs for PDMP Account:
DEA controlled substance registration number; Licensing Board number; National Provider Identifier;

2 Factor Authentication:
2 factor authentication not offered

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 u

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 prescriberprescribes 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; Septemb

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 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.

(D) Prior to dispensing an outpatient prescription for a controlled substance dangerous drug or a drug containing gabapentin, at a minimum, a pharmacist shall request and review an OARRS report covering at least a one year time period in any of the following circumstances:
(1) A patient adds a new or different controlled substance dangerous drug or a drug containing gabapentin to the patient's therapy that was not previously included;
(2) An OARRS report has not been reviewed for that patient during the preceding twelve months, as indicated in the patient profile;
(3) A prescriber is located outside the usual pharmacy geographic area;
(4) A patient is from outside the usual pharmacy geographic area;
(5) A pharmacist has reason to believe the patient has received prescriptions for controlled substance dangerous drugs or a drug containing gabapentin from more than one prescriber in the preceding three months, unless the prescriptions are from
prescribers who practice at the same physical location;
(6) Patient is exhibiting signs of potential abuse or diversion. This includes, but is not limited to, over-utilization, early refills, appears overly sedated or intoxicated upon presenting a prescription for a controlled substance dangerous drug, or an unfamiliar patient requesting a reportable drug by specific name, street name, color, or identifying marks.
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

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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
(9) Food-nutritional supplements-drug interactions.
(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
(3) United States pharmacopeia drug information.
(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
Optional data elements to query by healthcare user:
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 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:
PDMP Effectiveness Measures

- Reduction in morphine milligram equivalents (MMEs) prescribed or dispensed
- Reduction in incidence of multiple provider episodes
- Reduction in number of benzodiazepine dosage units dispensed
- Reduction in number of benzodiazepine prescriptions issued
- Reduction in number of opioid dosage units dispensed
- Reduction in number of opioid prescriptions issued

Substance Use Disorder Activities

Tools or Resources

- ☑ MAT Services
- ☑ MOUD Services
- ☐ Harm Reduction Strategies
- ☐ Mental Health Assistance Services
- ☐ Employee Assistance Programs
- ☐ Housing Assistance Programs
- ☐ Re-Entry Programs

Other:

Surveillance Activities

- ☐ Emergency Department Data
- ☑ Medical Examiner/Coroner Data

Data Sources for Surveillance Activities:

Initiated Actions

- ☐ Resources to Affected Areas
- ☐ Directed Training on Prescribing
- ☐ Prescription Drug Tool Kits
- ☐ Risk Evaluation/Analysis on PDMP Reports
- ☐ Referrals to SUD Organizations
- ☐ Referrals to OFR Teams

Other Actions: