



Prescription Drug Monitoring Program Training and Technical Assistance Center

Ohio

PDMP acronym: OARRS Region: North
 Agency Responsible: State of Ohio Board of Pharmacy
 Agency Type: Pharmacy Board

PDMP Web Resources/Links

PDMP Website: <https://www.ohiopmp.gov/>
 PDMP Email: info@pharmacy.ohio.gov
 PDMP Register Website: <https://ohio.pmpaware.net>
 User Account Manual: https://www.ohiopmp.gov/documents/general/pharmacies_prescribers/oarrs%20user%20manual.pdf
 PDMP Query Website: <https://ohio.pmpaware.net>
 PDMP Data Upload Website: <https://pmpclearinghouse.net>
 Data Upload Manual: [https://www.ohiopmp.gov/documents/general/pharmacies_prescribers/ohio%20pmp%20handbook%20\(asap%204.2a\)%20-%20instructions%20for%20reporting%20dispensed%20drugs%20to%20oarrs.pdf](https://www.ohiopmp.gov/documents/general/pharmacies_prescribers/ohio%20pmp%20handbook%20(asap%204.2a)%20-%20instructions%20for%20reporting%20dispensed%20drugs%20to%20oarrs.pdf)
 Statute/Regulation Website: <https://www.ohiopmp.gov/Resources>
 Opioid Guidelines Website:
 PDMP FAQs: <https://www.ohiopmp.gov/FAQ>
 Integration Guidance: <https://www.ohiopmp.gov/Integration/Integration>
 PDMP Statistics Website: <https://www.ohiopmp.gov/Reports>; <https://www.ohiopmp.gov/Stats>
 Opioid Dashboard Website:
 Training Website:

PDMP Contact Information

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State Population and Number of Registrants

State population: [11,747,774](#)

DEA Prescriber total: [68,714](#)

DEA Dispenser total: [2,412](#)

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](#)

Alternate Data Sources

[Medical Marijuana Dispensations](#)

[Pharmaceutical Manufacturers/Distributors](#)

[Overdoses - Fatal](#)

[Substance Use Disorder Treatment Options](#)

Available Reports

[Annual PDMP Reports](#)

[Dispenser Reports to Law Enforcement](#)

[Geomapping of Prescription Data](#)

[MME Calculations](#)

[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 Law Enforcement](#)

[Registrant Reports to Prescribers](#)

[Statewide Statistics](#)

[Data Dashboards](#)

[Drug Trend Reports](#)

[Licensee Reports to Licensing Board](#)

[Multiple Provider Episode Reports](#)

[Patient Query Lists to Licensing Boards](#)

[Patient Reports to Law Enforcement](#)

[Patient Reports to Prescribers](#)

[PDMP Evaluation Reports](#)

[Prescriber Report Cards](#)

[Prescription Drug Combinations](#)

[Registrant Query Lists to Licensing Boards](#)

[Risk Scores](#)

Statistical Capabilities

- ☐ # of Prescription Filled
 - ☒ # of Prescriptions Filled by CS Schedule
 - ☒ # of Prescriptions Filled by Drug Class
 - ☐ Statistics Filtered by Age or Age Range
 - ☐ Statistics Filtered by Ethnicity or Race
 - ☐ # of Authorized PDMP Users Enrolled
 - ☐ # of Registrants in SDTC
 - ☐ # of Registrants in SDTC by Practice/License Type
 - ☐ # of Data Errors by Error Type
 - ☐ # of Data Errors Corrected
 - ☒ # of At-Risk Patients by Risk Factor
 - ☒ Risk Factor Statistics by Time Frame
 - ☒ # 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 Dosage Units Dispensed
 - ☒ # of Dosage Units Dispensed by CS Schedule
 - ☒ # of Dosage Units Dispensed by Drug Class
 - ☐ Statistics Filtered by Gender Identification
 - ☐ Statistics Filtered by Geographic Location
 - ☒ # 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 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
 - ☐ # of Solicited Statistical Reports by Requestor Type
 - ☐ # of Unsolicited Statistical Reports by Recipient Type
 - ☒ # of Unique Requestors for Solicited Reports
 - ☒ # of Unique Requestors by Requestor Type (sol. reports)
 - ☒ # of Unique Requestors for Unsolicited Reports
 - ☒ # of Unique Recipients by Recipient Type (unsol. reports)
- % 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
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
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
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
Physician Assistants/Solicited In-State
Physician Assistants/Solicited Out-of-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
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
Workers Compensation State Insurance/Solicited In-State
Workers Compensation State/Solicited In-State

Budget

Total Annual Budget:	\$3,000,000.00	PDMP Staff:	6
# of Employees - Operational:	4	# of Employees - Other:	0
# of Employees - Technical:	0		
# of Employees - Analytical:	2		

Funding Source(s)

CDC Grant

Licensing Fee

Technologies

Data Collection Entity:	Vendor	<input type="checkbox"/> State HIE in place
Data Collection Vendor name:	Bamboo Health	<input type="checkbox"/> RxCheck Integration Allowed
Data Storage Entity:	Vendor	<input type="checkbox"/> VHA VISTA integration
Data Storage Vendor name:	Bamboo Health	<input type="checkbox"/> HL7 FHIR connectivity
Report Generation Entity:	Vendor	ASAP Version Utilized: 4.2A
Report Generation Vendor name:	Bamboo Health	
Data Access Method:	Web Portal/On-Line	
Data Access Entity:	Vendor	
Data Access Vendor name:	Bamboo Health	

Patient Matching

☐ Access to patient matching algorithms

Patient Matching Metrics Available:

Patient matching data elements:

<input type="checkbox"/> Referential Matching	<input type="checkbox"/> Exact Matching
<input type="checkbox"/> Deterministic Matching	<input checked="" type="checkbox"/> Probabilistic Matching
<input checked="" type="checkbox"/> Manual Matching	<input checked="" type="checkbox"/> Probabilistic and Manual Matching
<input type="checkbox"/> Other Matching	

Integration(s) Available

Integration Type	% Providers	Hub Used	Paid by Fed Gov't	Paid by State Gov't	Paid by Facility	Paid by Provider
EHR Integration	75-100%	PMPi	Annual Fee			
<input type="checkbox"/> Data Downloaded/Stored			<input checked="" type="checkbox"/> Data Manipulated for Analysis			
<input checked="" type="checkbox"/> Data Incorporated with Interstate Data			<input type="checkbox"/> Multistate Integrations Allowed			
Integration Standards:						

Integration Type	% Providers	Hub Used	Paid by Fed Gov't	Paid by State Gov't	Paid by Facility	Paid by Provider
HIE Integration	75-100%	PMPI	<input type="checkbox"/> Data Downloaded/Stored	<input type="checkbox"/> Data Manipulated for Analysis		
			<input checked="" type="checkbox"/> Data Incorporated with Interstate Data	<input type="checkbox"/> Multistate Integrations Allowed		
Integration Standards:						

Integration Type	% Providers	Hub Used	Paid by Fed Gov't	Paid by State Gov't	Paid by Facility	Paid by Provider
PDS Integration	75-100%	PMPi	Annual Fee			

☐ Data Downloaded/Stored

☒ Data Manipulated for Analysis

☒ Data Incorporated with Interstate Data

☐ Multistate Integrations Allowed

Integration Standards:

Interstate Data Sharing Partner(s)

Alabama	PMPi Hub
Arizona	PMPi Hub
Arkansas	PMPi Hub
Colorado	PMPi Hub
Connecticut	PMPi Hub
Delaware	PMPi Hub
Florida	PMPi Hub
Georgia	PMPi Hub
Idaho	PMPi Hub
Indiana	PMPi Hub
Kansas	PMPi Hub
Kentucky	PMPi Hub
Maine	PMPi Hub
Massachusetts	PMPi Hub
Michigan	PMPi Hub
Military Health Service	PMPi Hub
Minnesota	PMPi Hub
Missouri	PMPi Hub
Montana	PMPi Hub
Nevada	PMPi Hub
New Jersey	PMPi Hub
New Mexico	PMPi Hub
New York	PMPi Hub
North Carolina	PMPi Hub
North Dakota	PMPi Hub
Pennsylvania	PMPi Hub
Rhode Island	PMPi Hub
South Carolina	PMPi Hub
South Dakota	PMPi Hub
South Dakota	RxCheck Hub
Tennessee	PMPi Hub
Texas	PMPi Hub
Virginia	PMPi Hub
Washington	PMPi Hub
West Virginia	PMPi Hub

PDMP Policies

Enabling legislation enacted:	2005	Data collection frequency:	Daily or next business
PDMP operational:	2006	<input checked="" type="checkbox"/> Requirement for zero-reporting	
User access date (any method):	2006	Frequency of zero-reporting:	Daily
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)		
Enacted 42 CFR Part 2:			
42 CFR Part 2 Details:			
<input type="checkbox"/> Required Notification to consumers	<input checked="" type="checkbox"/> Data Retention Policy		
<input type="checkbox"/> Mandated Use of Advisory Group	Data Retention Time:	5 years	
<input checked="" type="checkbox"/> Payment method captured	<input type="checkbox"/> All Information Purged		
<input checked="" type="checkbox"/> Ability to id prescriber specialty	<input type="checkbox"/> Patient Information Purged		
<input type="checkbox"/> Patient consent required before PDMP data release	<input type="checkbox"/> Prescriber Information Purged		
<input type="checkbox"/> Ability for users to set thresholds for alert notices	<input type="checkbox"/> Dispenser Information Purged		
<input type="checkbox"/> Ability for users to do user-led alert notices	<input type="checkbox"/> Drug Information Purged		
<input checked="" type="checkbox"/> Mandatory E-Prescribing (EPCS)	<input type="checkbox"/> HIPAA Covered Entity		
<input checked="" type="checkbox"/> Compliance Process for Enrollment Mandates	<input type="checkbox"/> Identifiable Data to State Health Dept		
<input checked="" type="checkbox"/> Compliance Process for Query Mandate	<input type="checkbox"/> Identifiable Data to local Health Dept		
<input checked="" type="checkbox"/> ICD-10 Codes Collected	<input checked="" type="checkbox"/> Certified as CMS Specialized Registry		
<input type="checkbox"/> Deceased Patient Field	<input type="checkbox"/> PDMP Disaster Recovery Plan		
<input type="checkbox"/> Engaged in Academic Detailing			
<input type="checkbox"/> Patient ID Required to be Presented to Dispenser	ID Types Reported:		
<input checked="" type="checkbox"/> Ability to de-id data			
<input checked="" type="checkbox"/> Authority to release de-id data			
De-identified data sharing conditions:	Must meet Board policy requirements		
De-Identified Data Retention Details:	retained indefinitely		
<input checked="" type="checkbox"/> Retain De-Identified Data			
Record Retention Details:			
<input type="checkbox"/> Patient Notification of Breach	<input type="checkbox"/> 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](#)

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](#)

☒ PDMP users validated with DEA Registration File

☒ PDMP Access without DEA Number

☒ PDMP users validated with NPI File

Validation Process for users without DEA #: [The same as providers with a DEA controlled substance registration number - just without the DEA validation. State license and NPI are still validated.](#)

☒ PDMP users validated with State Licensing Board File

Enrollment Mandates

Dispenser - Mandatory PDMP Enrollment

Prescriber - Mandatory PDMP Enrollment

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.

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.

Use Mandates

Dispenser - Mandatory PDMP Use

Prescriber - Mandatory PDMP Use

Effective Date(s): May 20, 2011 (all statutes); August 10, 2011 (pharmacy);
December 1, 2020; December 12-1-2021

Details:

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. 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 2021 OH REG TEXT 545343 (NS), 2021 OH REG TEXT 545343 (NS)

(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.

C) 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.

E) 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.

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 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.

Controlled substances for the treatment of obesity.

(A) A prescriber may utilize a schedule III or IV controlled substance for the treatment of obesity only if it has an F.D.A approved indication for this purpose and then only in accordance with all of the provisions of this rule.

(B) Before initiating treatment for obesity utilizing any schedule III or IV controlled substance, the prescriber shall complete all of the following requirements:

(1) The prescriber shall review the prescriber's own records of prior treatment or review the records of prior treatment by another treating physician, prescriber, dietitian, or weight-loss program to determine the patient's past efforts to lose weight in a treatment program utilizing a regimen of weight reduction based on nutritional counseling, intensive behavioral therapy, and exercise, without the utilization of controlled substances, and that the treatment has been ineffective

(2) The prescriber shall complete and document the findings of all of the following:

(f) Access OARRS for the patient's prescription history during the preceding twelve month period and document in the patient's record the receipt and assessment of the report received;

Training on Enrollment and Use

Prescriber - Training Provided

In-person

Dispenser - Training Provided

In-person

PDMP Queries

☐ Ability to search for multiple patients in one query

Maximum number of patients in one query:

Patient Query Date Range: [>3 years](#)

Other Query Date Range:

Minimum data elements to query for healthcare user:

[Full last name, Full first name, DOB, zip](#)

Query by partial data elements by healthcare user:

Optional data elements to query 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:

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

Other:

☒ MOUD Services

☐ Harm Reduction Strategies

☐ Mental Health Assistance Services

☐ Employee Assistance Programs

☐ Housing Assistance Programs

☐ Re-Entry Programs

Surveillance Activities

☐ Emergency Department Data

☒ Medical Examiner/Coroner Data

Data Sources for Surveillance Activities:

Initiated Actions

☐ Resources to Affected Areas

Other Actions:

☐ Directed Training on Prescribing

☐ Prescription Drug Tool Kits

☐ Risk Evaluation/Analysis on PDMP Reports

☐ Referrals to SUD Organizations

☐ Referrals to OFR Teams
