



OHIO AUTOMATED RX REPORTING SYSTEM

2015 REPORT



**STATE OF
OHIO**
BOARD OF PHARMACY

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www.pharmacy.ohio.gov



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What is OARRS?

To address the growing misuse and diversion of prescription drugs, the Ohio General Assembly adopted legislation in 2004 authorizing the State of Ohio Board of Pharmacy to create a Prescription Monitoring Program (PMP), known as the Ohio Automated Rx Reporting System (OARRS). Established in 2006, OARRS collects information on all outpatient prescriptions for controlled substances dispensed by Ohio-licensed pharmacies and personally furnished by Ohio prescribers. Drug wholesalers are also required to submit information on all controlled substances sold to an Ohio licensed pharmacy or prescriber. The data is reported every 24 hours and is maintained in a secure database.

OARRS is a tool that can be used to address prescription drug diversion and abuse. It serves multiple functions, including: patient care tool; drug epidemic early warning system; and drug diversion and insurance fraud investigative tool. As the only statewide electronic database that stores all controlled substance dispensing and personal furnishing information, OARRS helps prescribers and pharmacists avoid potentially life-threatening drug interactions as well as identify individuals fraudulently obtaining controlled substances from multiple health care providers, a practice commonly referred to as “doctor shopping.” It can also be used by professional licensing boards to identify or investigate clinicians with patterns of inappropriate prescribing and dispensing and to assist law enforcement in cases of controlled substance diversion.

To learn more about OARRS, please visit: www.oarrs.pharmacy.ohio.gov.

Dear Governor Kasich and Members of the Ohio General Assembly,

According to the Ohio Department of Health, unintentional drug overdoses caused the deaths of 2,482 Ohio residents in 2014. This is the highest number of deaths on record from drug overdose and reflects a 17.6 percent increase compared to 2013 when there were 2,110 drug overdose deaths. Ohio's drug overdose deaths continue to be driven largely by controlled substance prescription drugs. These drugs include commonly prescribed opioid pain medications (such as oxycodone, methadone, hydrocodone and morphine) and benzodiazepines (such as diazepam, alprazolam and clonazepam). These two classes of drug are frequently used together, which increases the risk of an overdose.

While these numbers paint a grim picture, data collected by the Ohio Automated Rx Reporting System finds Ohio is making significant progress in reducing the supply of these highly addictive substances:

- The total doses of opioids dispensed to Ohio patients decreased by 92 million doses (or 11.6 percent) from 2012 to 2015.
- A 1.4 million decrease in the number of opioid prescriptions issued to Ohio patients between 2012 and 2015.
- The total doses of benzodiazepines dispensed to Ohio patients decreased by 22 million doses (or 7.4 percent) from 2012 to 2015.
- A 71 percent decrease in the number of individuals who see multiple prescribers in order to obtain controlled substances illicitly (commonly referred to as "doctor shopping") between 2010 and 2015.

These promising figures reflect the combined efforts of state and local agencies working collaboratively with stakeholders from the healthcare community to address the overprescribing of these drugs. Such efforts include:

- Prescribing guidelines issued by the Governor's Cabinet Opiate Action Team (www.opioidprescribing.ohio.gov).
- Governor Kasich's recent investment of up to \$1.5 million a year to integrate OARRS directly into electronic medical records and pharmacy dispensing systems across the state, allowing instant OARRS access for prescribers and pharmacists.
- Implementation of legislation (Ohio HB 341 - Smith - 130th General Assembly) requiring mandatory registration and use of OARRS.

Pursuant to section 4729.85 of the Revised Code, the State of Ohio Board of Pharmacy respectfully submits the following report on opioid pain relievers and other controlled substances dispensed by Ohio pharmacies or personally furnished by prescribers. This report will also be disseminated to the Ohio Attorney General, the Department of Public Safety, the State Dental Board, the Board of Nursing, the State Board of Optometry, the State Medical Board and the State Veterinary Medical Licensing Board.

On behalf of the State of Ohio Board of Pharmacy, I thank you for your leadership on this important issue. The Board is committed to its ongoing efforts to prevent the abuse and diversion of controlled substances.

If you have any questions regarding the work of the Board, please do not hesitate to contact my office by phone (614-466-4143) or by e-mail: contact@pharmacy.ohio.gov.

Sincerely,



Steven W. Schierholt, Esq.
Executive Director
State of Ohio Board of Pharmacy

Section 1: Opioids Dispensed to Ohio Patients

In 2015, the number of opioid doses and prescriptions dispensed to Ohio patients continued to decrease. Total doses decreased from a high of 793 million in 2012 to 701 million in 2015, an 11.6 percent decrease (Chart #1). The total number of opioid prescriptions decreased by 1.4 million between 2012 and 2015 (Chart #2).

Chart #1 - Opioid Solid Doses Dispensed To Ohio Patients, by Year

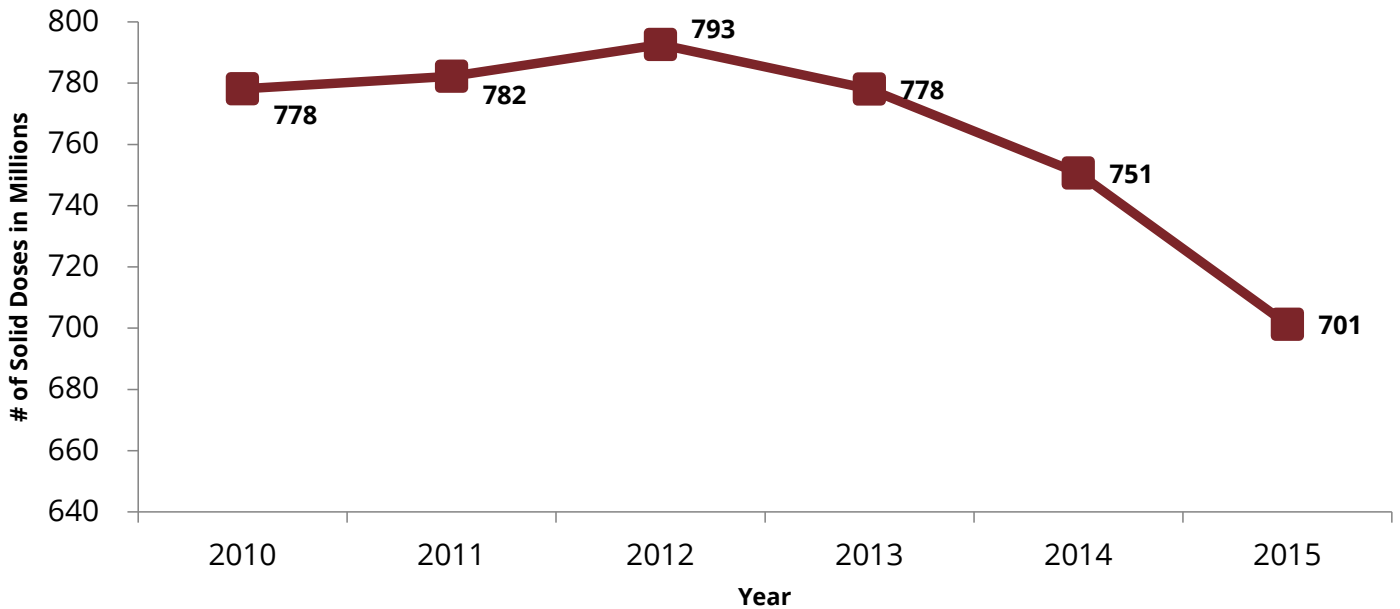
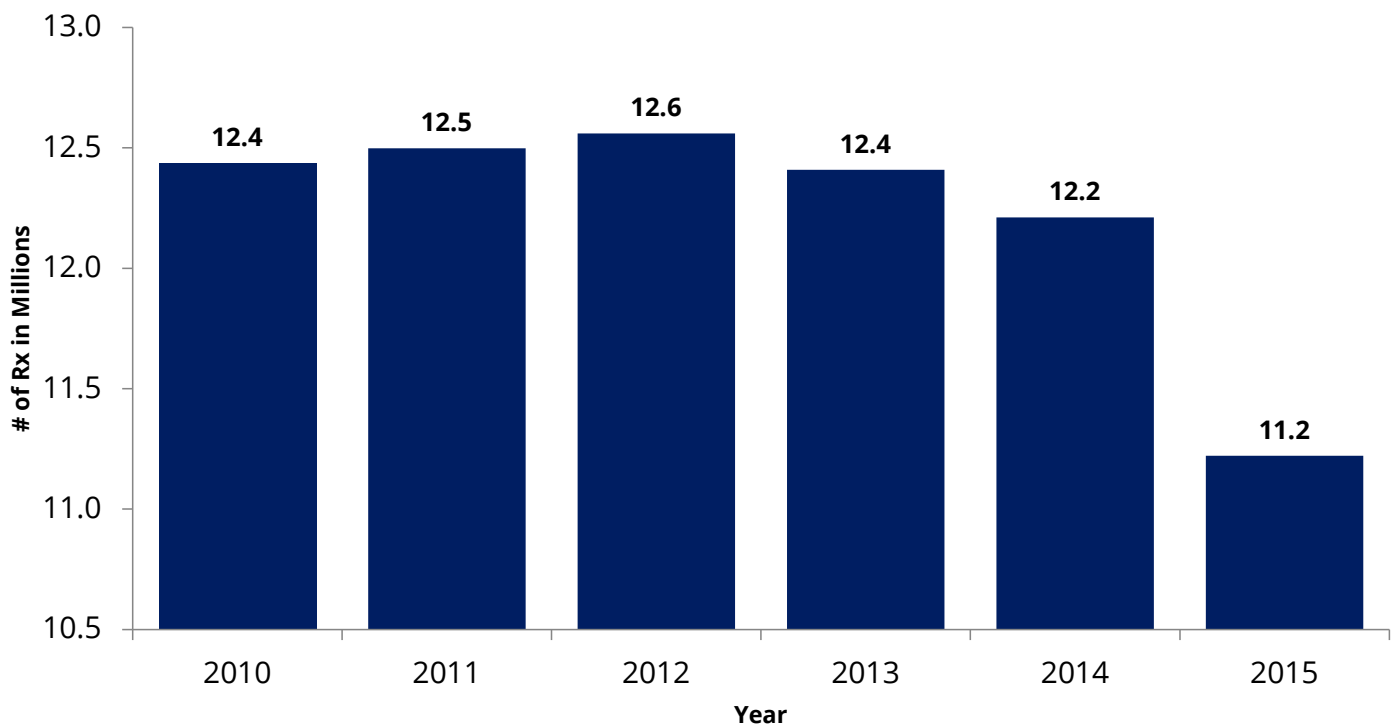


Chart #2 - Opioid Prescriptions Dispensed To Ohio Patients, by Year



Pursuant to section 4729.85 of the Revised Code, the Board is required to report opioid prescriptions dispensed by pharmacies to Ohio patients (See Table #1), including all of the following information:

- The number of prescribers who issued prescriptions for opioid pain relievers;
- The number of patients to whom opioid pain relievers were dispensed;
- The average quantity of opioid pain relievers dispensed per prescription;
- The average daily morphine equivalent dose (MED) of the opioid pain relievers dispensed per prescription.

Table #1. Opioids* Dispensed to Ohio Patients, by Year

Year	No. of Prescribers	No. of Patients	Average Quantity Per Prescription	Average Daily MED per Prescription
2010	157,947	2,829,432	64.36	54.05
2011	177,375	2,865,175	64.55	49.49
2012	179,190	3,165,637	65.36	48.81
2013	177,845	2,783,312	65.18	47.47
2014	172,565	2,742,361	64.13	46.24
2015	164,998	2,639,405	64.56	45.85

*Suboxone®, an opioid used to treat addiction, is excluded.

WHAT IS A MORPHINE EQUIVALENT DOSE?

A morphine equivalent dose (MED) is the amount of opioid prescription drugs, converted to a common unit (milligrams of morphine), that a patient currently has access to based on the information reported by prescribers and pharmacies to OARRS. Morphine is widely regarded as the “standard” for the treatment of moderate to severe pain and is commonly used as the reference point. As MED increases, the likelihood of an adverse effect increases, therefore identifying at-risk patients is a crucial first step towards improving patient safety. OARRS utilizes a chart of conversion factors created by the US Centers for Disease Control and Prevention.

The **Ohio Guidelines for Prescribing Opioids for the Treatment of Chronic, Non-Terminal Pain** use 80 mg morphine equivalency dosing (MED) as a “trigger threshold,” as the odds of an overdose are higher above that dose. The guidelines are intended to help health care providers review and assess their approach in the prescribing of opioids. The guidelines are points of reference intended to supplement and not replace the individual prescriber’s clinical judgment. The 80 mg MED is the maximum daily dose at which point the prescriber’s actions are triggered; however, the 80 mg MED trigger point is not an endorsement by any regulatory body or medical professional to utilize that dose or greater.

The State of Ohio, through the Governor’s Cabinet Opiate Action Team, has developed a number of prescribing guidelines to assist healthcare professionals in making safe choices for their patients. For more information on these guidelines, please visit:

www.opioidprescribing.ohio.gov.

Section 2: Opioids Personally Furnished by Ohio Prescribers

Pursuant to section 4729.85 of the Revised Code, the Board is required to report on the number of opioid pain relievers that have been personally furnished to a patient by an Ohio prescriber (See Table #2), including all of the following information:

- The number of prescribers who personally furnished opioid pain relievers;
- The number of patients to whom the opioid pain relievers were personally furnished;
- The average quantity of the opioid pain relievers that were furnished at one time;
- The average daily morphine equivalent dose (MED) of the opioid pain relievers that were furnished at one time.

Table #2. Opioids* Personally Furnished by Ohio Prescribers, by Year

Year	No. of Prescribers	No. of Patients	Average Quantity Per Instance	Average Daily MED per Instance
2010**	13	1,394	306.46	114.04
2011**	93	735	69.70	35.32
2012	198	2,215	15.02	19.92
2013	180	2,761	9.15	17.95
2014	192	2,085	10.11	19.64
2015	235	1,877	17.41	31.20

*Suboxone®, an opioid used to treat addiction, is excluded.

**Mandatory reporting to OARRS by prescribers who personally furnish controlled substances went into effect on May 20, 2011.

WHAT IS THE DIFFERENCE BETWEEN DISPENSING AND PERSONALLY FURNISHING?

Dispensing is defined by law as the distribution of drugs by a pharmacist pursuant to a valid prescription from a prescriber. Personally furnishing is defined as the distribution of drugs by a prescriber to the prescriber's patients for use outside the prescriber's practice setting. Except in a limited number of circumstances, prescribers are not permitted to personally furnish a controlled substance in excess of a seventy-two-hour supply (ORC 4729.291 - Effective May 20, 2011).

Ohio prescribers who personally furnish controlled substances from their offices are required to report those medications to OARRS within 24 hours (ORC 4729.79 & OAC 4729-37-07). This also includes any samples.

Section 3: Benzodiazepines Dispensed to Ohio Patients

In 2015, the number of benzodiazepine doses and prescriptions dispensed to Ohio patients continued to decrease. Total doses decreased from a high of 297 million in 2012 to 275 million in 2015, a 7.4 percent decrease (Chart #3). The total number of benzodiazepine prescriptions decreased by 271,699 between 2013 and 2015 (Chart #4).

Chart #3 - Benzodiazepine Solid Doses Dispensed To Ohio Patients, by Year

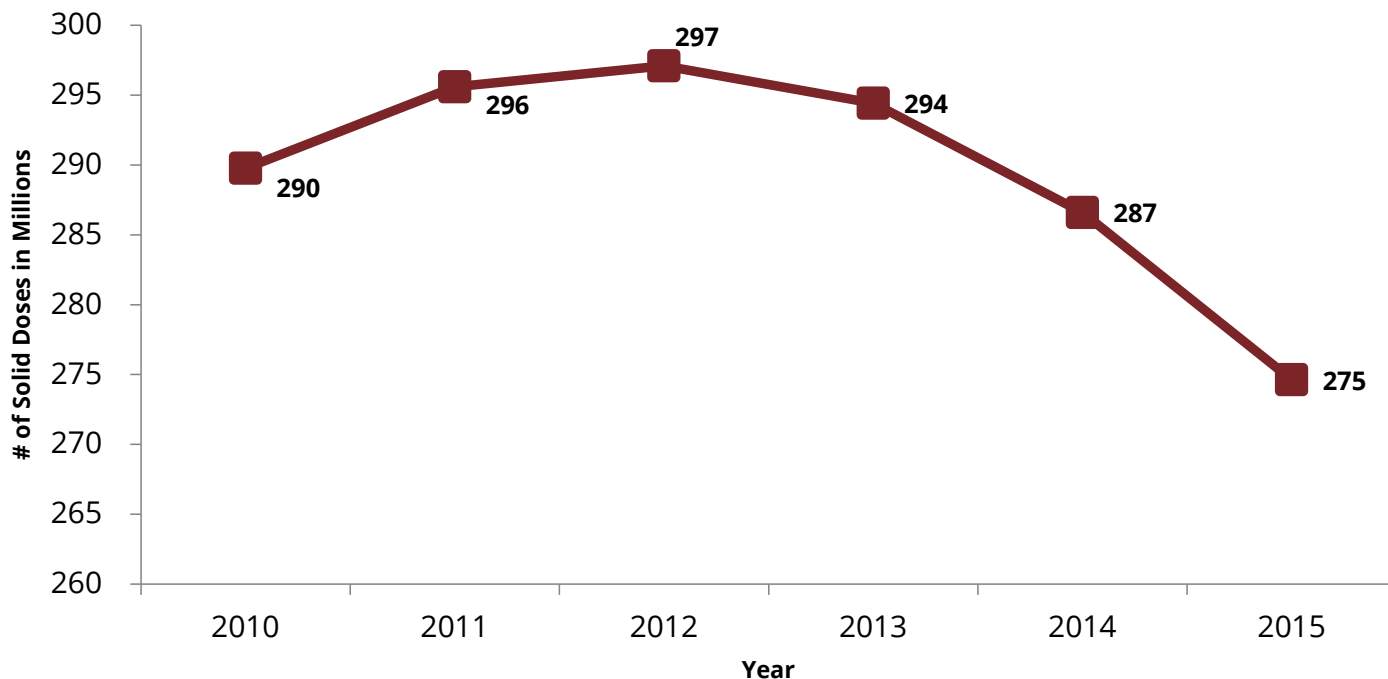
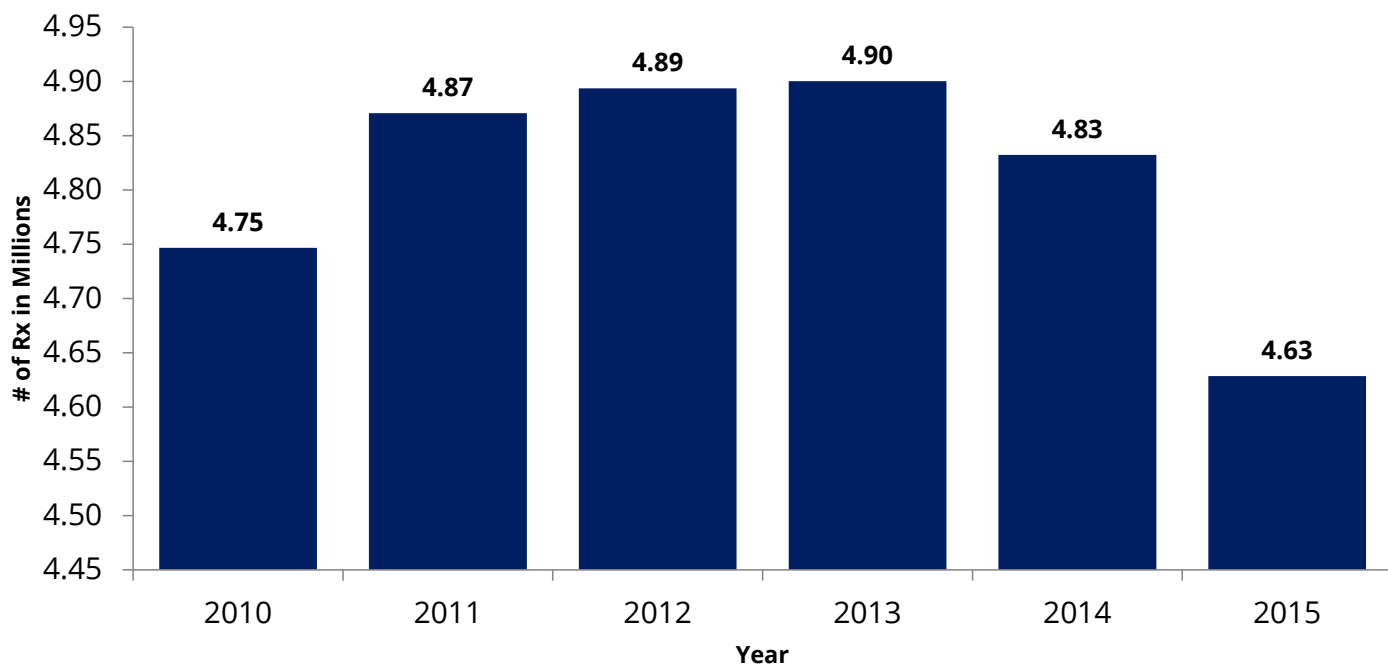


Chart #4 - Benzodiazepine Prescriptions Dispensed To Ohio Patients, by Year



Section 4: OARRS Usage and Doctor Shoppers

The number of queries in OARRS has increased from 512,598 in 2009 to 16,490,221 in 2015, an increase of more than 3,100 percent (see Chart #5). Conversely, the number of individuals who see multiple prescribers in order to procure controlled substances illicitly (commonly referred to as “doctor shopping”) continues to decrease (see Chart #6).

Chart #5 - OARRS Queries, by Year

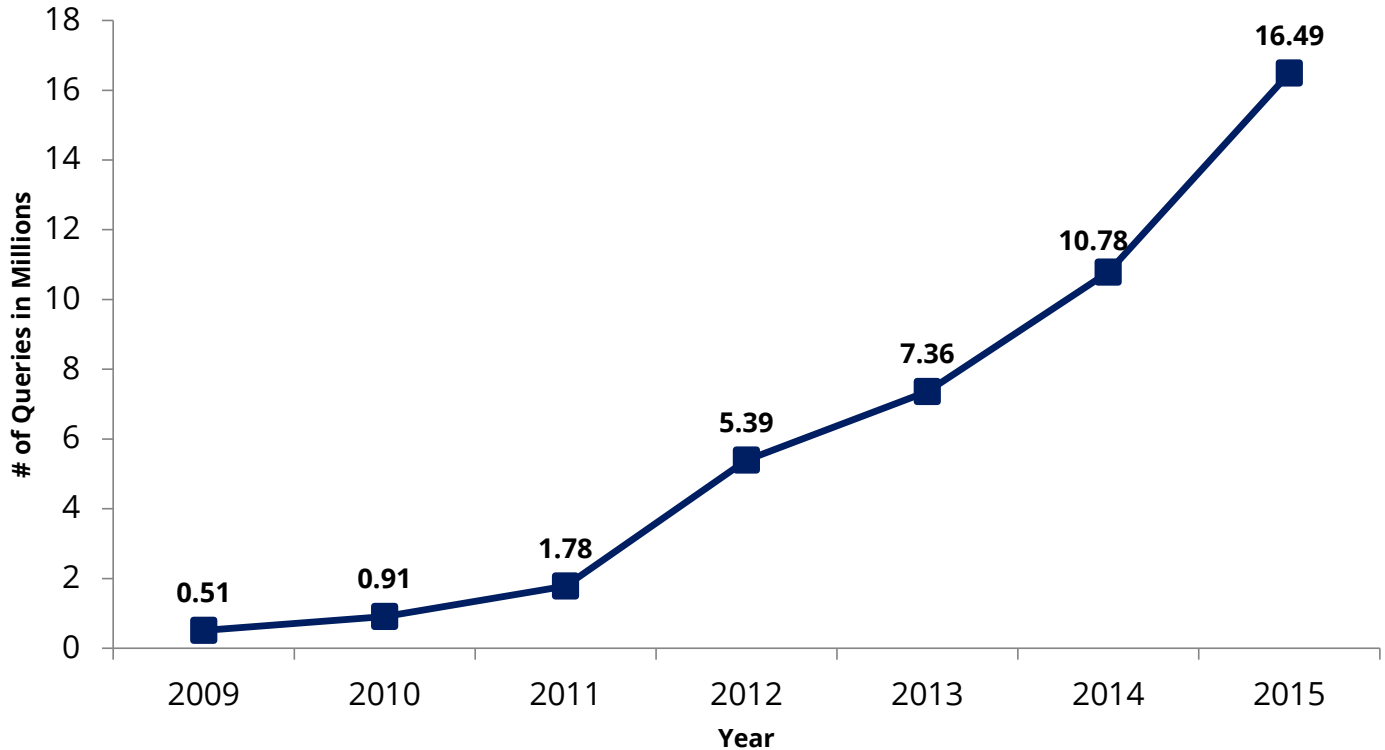
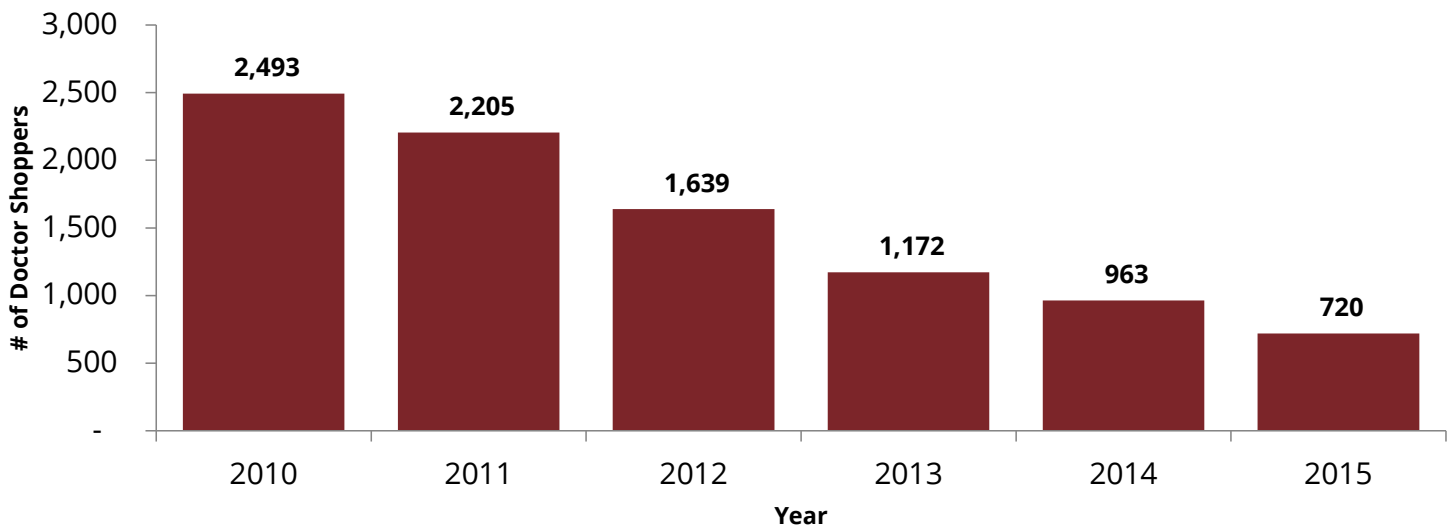


Chart #6 - No. of Doctor Shoppers*, by Year



*In this chart, a doctor shopper is defined as an individual receiving a prescription for 5 or more prescribers in 1 calendar month.



The State of Ohio Board of Pharmacy is committed to protecting the health and safety of all Ohioans by preventing, detecting and investigating the illegal distribution or abuse of dangerous drugs and regulating the practice of pharmacy. Should you need any assistance or additional information, please do not hesitate to contact the Board.

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