Ohio Automated Rx Reporting System
Handbook for Pharmacies and Prescribers

Ohio State Board of Pharmacy
Prescription Monitoring Program
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ISSUED BY THE
OHIO STATE BOARD OF PHARMACY

Ohio Prescription Monitoring Program

The Ohio Legislature passed legislation, which allows the Board of Pharmacy (BOP) to develop its Prescription Monitoring Program (PMP) called the Ohio Automated Rx Reporting System (OARRS). (See ORC 4729.75 – 4729.84) The legislation became law on May 18, 2005, and the rules needed to implement the law became effective on January 1, 2006. The text of the law is available in the Drug Laws of Ohio. The rules are available on our website at www.pharmacy.ohio.gov . Click on "Laws & Rules," then on "Administrative Code Rules," and scroll down to "Chapter 4729-37 Drug Database."

The BOP manages the collection of required data from all CII-CV prescriptions submitted electronically by pharmacies, wholesalers, and dispensing prescribers.

The Prescription Reporting Requirements

Every in-state pharmacy and dispensing physician shall report all out-patient dispensing of any controlled substance regardless of the state in which the patient lives. This also includes any wholesale sales of any controlled substance to prescribers.

Every out-of-state pharmacy that holds an Ohio Terminal Distributor license shall report all out-patient dispensing of any controlled substance product to an Ohio resident.

"Outpatient" is defined as any person who receives drugs for use outside of an institutional facility (OAC 4729-17-01 (G)).

Prior to submitting data directly to the BOP, each reporting pharmacy (or pharmacy chain) or prescriber must register at www.ohiopmp.gov as a "Terminal Distributor".

Electronic files:

A data file with the dispensing information shall be uploaded to the BOP in a format consistent with either American Society of Automation in Pharmacy (ASAP) version 4.2 standards. Format details for ASAP 4.2 are located at the end of this document.

Data collected from the pharmacies shall include the following information for each prescription:

1. Patient's full name, residential address, and telephone number
2. Patient's accurate date of birth and gender,
3. Prescription number or serial number assigned by the dispenser,
4. National Drug Code of the drug dispensed,
5. Quantity of drug,
6. Days' supply
7. Date of dispensing,
8. Date prescription written or authorized,
9. Number of refills authorized,

10. Refill number,
11. Prescriber's full name and Prescriber's DEA registration identifier number (or other identifier accepted by the Board), including DEA suffix if applicable and the Prescriber's National Provider Identifier (NPI),
12. Pharmacy's DEA registration number (or other identifier accepted by the Board) and the Pharmacy's National Provider Identifier (NPI),
13. Pharmacy's name, address, and telephone number, and
14. Method of payment (from one of the following: Private pay (cash), Medicaid, Medicare, Commercial Insurance, or Worker's compensation).

Submission of Data

Prior to submitting data directly to the BOP, each reporting pharmacy (or pharmacy chain) or prescriber must register at www.ohiopmp.gov as a "Terminal Distributor".

Data may be submitted in any of the following forms. Reports must be submitted no later than 24 hours after dispensing although they may be submitted more frequently.

Secure File Transfer Protocol (SFTP)

Note: This is the preferred method of data submission!

- The file name should be the pharmacy DEA number and creation time followed by TXT (ex: AB1234567.HHMMSS.TXT).

For information regarding sending a Secure FTP submission including instructions, user names or passwords, please refer to the confirmation notice sent to your e-mail upon registration or contact OARRS at pharmacy@ohiopmp.gov.

HTTPS Manual Entry

- Individual prescription records may be entered manually at www.ohiopmp.gov, . Log into the terminal distributor account and enter data under "Pharmacy Rx/Manual Rx entry."
- A drug personally furnished by a prescriber to a patient may also be reported manually when logged into a Terminal Distributor account at www.ohiopmp.gov, under "Pharmacy Rx/Manual Rx Entry."

When a submission is received and processed, an e-mail will be sent to the primary and secondary (if provided) pharmacy contacts confirming the date processed, the number of records accepted, the number of records in error and the name of the submitted file. If there were errors present in the submission, a Microsoft Excel document will be attached to the e-mail detailing the error(s). Due to the insecure nature of e-mail, no Protected Health Information (PHI) will be included in this document. Should you require additional information about the error(s), which may include PHI, a complete error document will be available in your SFTP account.

Rejection of Data

Data will be rejected if it does not meet the data requirements specified and the layouts and requirements of the ASAP 4.2 standards. The submitter will be notified, by e-mail, of the reason for failure (see section above detailing the e-mail response). ***Only*** the records in error will be rejected. You will not need to resubmit the entire file.

Accounting for Submissions

BOP will e-mail an acknowledgement of all submissions, regardless of submitter or submission method. Provide an e-mail address when registering.

Accounting for No Reportable Prescriptions dispensed

1. If a pharmacy NEVER dispenses a controlled substance product (e.g. pharmacies that only dispense respiratory drugs or diabetes drugs, etc.), you may request an exemption to OARRS reporting. Send OARRS a letter (with manual signature of the Responsible Person) to that effect. We will remove the pharmacy from the list of those that we expect to report. Include the telephone number, Terminal Distributor Number and the DEA number of the pharmacy in the letter.
2. If you occasionally dispense a controlled substance, you need to report the dispensing in the appropriate reporting period.
3. If you have zero prescriptions to report for any day, you must report zero. A report of "zero" is very different from "failed to report". A "Zero Report" consists of a completed FTP transmission or an online entry via the website.

Reporting of controlled substances which are personally furnished by a prescriber and other helpful screenshots

Ohio Revised Code 4729.291 allows licensed health professionals authorized to prescribe drugs to personally furnish a limited amount of controlled drugs to their own patients. "Personally furnish" means the prescriber has provided a controlled substance product to a patient for the patient to use outside of the prescriber's office. This includes samples. This does not include medications which are administered in the office as part of an in-office procedure or treatment or prescriptions written by the prescriber to be filled in a pharmacy.

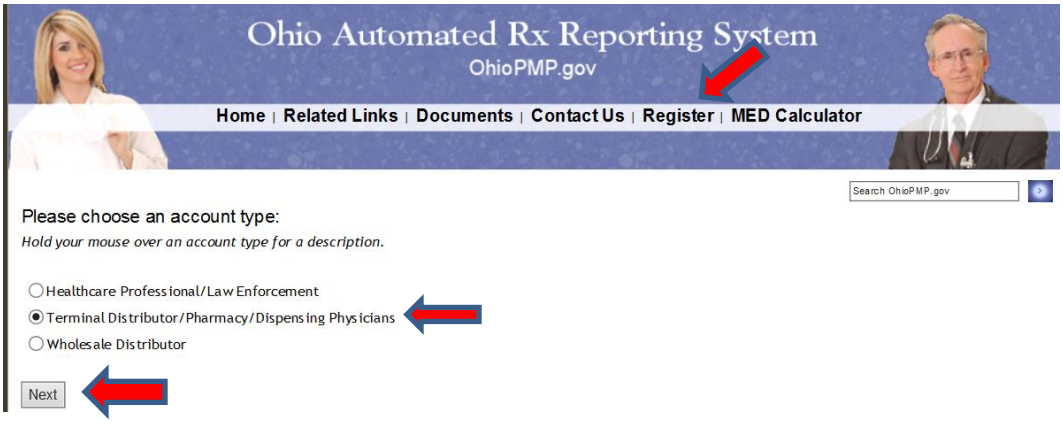
A patient may receive only an amount of a controlled substance to cover a 72 hour period AND in any 30 days, a prescriber may only furnish to all of their patients a total of 2500 dosage units or less. Additionally, per ORC 4729-37-03(E), all prescribers who personally furnish controlled medication *must* report those medications into OARRS, the state's prescription monitoring database. Reporting, or a "zero report" indicating no dispensing on a particular day, is required on a daily basis.

This guidance document will help you with the following:

I. establish an OARRS data upload account
II. show how to add information to the database
III. show how to submit a "zero report"
IV. show how to mark business days as being closed

I. Establishing an OARRS data upload account

a. Go to www.ohiopmp.gov, click on "Register" and select "Terminal Distributor/Pharmacy/dispensing physicians", then "Next":



b. Fill out the account registration form and "Submit". Keep track of the user name and password you select. This is an office account to upload information; the user name and password may be shared. You cannot look up a patient from this account. We recommend having a secondary contact person, as well. You will log into this account to upload product that is personally furnished.

II. Adding information into the database (i.e. manually reporting your dispensing):

a. Log into OARRS (www.ohiopmp.gov) using the username and password you just created above
b. Go to "Pharmacy Rx/Manual Rx Entry" (Note: the "Pharmacy Rx" button will be used for many functions you will need.)
c. Fill in the blanks
   i. "Dispenser DEA" is the DEA number associated with the site license.
   ii. "Prescriber DEA" is the DEA of the actual prescriber furnishing the product
   iii. Complete the patient information screen. Information must be accurate and complete
   iv. Complete the Rx information. The NDC number is an 11-digit number located on the packaging of the product.
   v. Submit when complete
d. Submitting information on products dispensed must be completed within 24 hours of the dispense. If NO dispensing is done on a particular day, a ZERO report is required to be submitted.

III. How to submit a ZERO report

a Log into OARRS (www.ohiopmp.gov) using your username and password.
b. Go to "Pharmacy Rx/Submit Zero Report"
c. Enter your Pharmacy/dispenser DEA number
d. Enter your starting and ending dates, then "Submit"
e. You can use the Submit Zero Report page to create the zero report for a future holiday closure. Log into your account any time before the holiday; select the day you will be closed as both the start and end date and click "Submit."

IV. How to mark business days as being closed

Every day must be accounted for in OARRS. For days which you are normally closed, such as a weekend, we still need a zero report. To facilitate this, OARRS can automatically submit the zero report on your behalf for regular days closed.

a. Log into OARRS (www.ohiopmp.gov) using your username and password.
b. Go to "Pharmacy Rx/Business Days"
c. Enter your Pharmacy/dispenser DEA number
d. Check the box next to the days the practice/ pharmacy is closed, then click "Save."

Assistance and Support

OARRS is available to provide assistance and information to individual pharmacies, chain pharmacies, software vendors, and other entities required to submit data.

Questions concerning interpretations of technical and compliance matters may be referred to OARRS; however, the authority for the final decisions, including interpretation of regulations, will rest with the Ohio Board of Pharmacy.

Contact Information

OHIO STATE BOARD OF PHARMACY
ATTN: OARRS
77 South High Street, Room 1702
Columbus, OH 43215-6126

TEL*:* 614/466-4143 (Option 1)
OARRS E-MAIL*:* pharmacy@ohiopmp.gov
OARRS FAX*:* 614/644-8556

Chad Garner
Prescription Monitoring Program Administrator

OHIO Prescription Monitoring Program
List of required fields
From ASAP Version 4.2**
September 2011

*Please Note: This is a character-delimited format. For details and examples please consult the ASAP Rules Based Standard Implementation Guide for Prescription Monitoring Programs, Version 4, Release 2. This document is available from American Society for Automation in Pharmacy (www.asapnet.org or phone 610-825-7783).

You may send data in any field listed below, including those that are "Not used for Ohio PMP" if you wish. However, do not use any additional fields.

HEADER	
Transaction Header	
TH 01	ASAP Version/Release number
TH 02	Transaction Control number
TH 03	Transaction Type
TH 04	Not used for Ohio PMP
TH 05	Creation date
TH 06	Creation time
TH 07	File Type
TH 08	Routing Number (if applicable)
TH 09	Segment Terminator Character
Information Source	
IS 01	Unique Source ID - Telephone number (including area code) of the file sender (e.g. individual pharmacy OR pharmacy chain headquarters if sending for group of pharmacies). This should be the number of a person/office to whom questions about this file should be referred.
IS 02	Name of the pharmacy or the entity submitting this file on behalf of the pharmacy
IS 03	Not used for Ohio PMP
Pharmacy Header	
PHA 01	Nat'l Provider Identifier (NPI)
PHA 02	Not used for Ohio PMP
PHA 03	Pharmacy DEA number
PHA 04	Dispensing Pharmacy Name
PHA 05	Pharmacy Address Line 1
PHA 06	Pharmacy Address Line 2, if needed
PHA 07	Pharmacy City
PHA 08	Pharmacy State Address – USPS 2 letter code
PHA 09	Pharmacy Zip code
PHA 10	Pharmacy Telephone Number, including area code
PHA 11	Not used for Ohio PMP
PHA 12	Not used for Ohio PMP

DETAIL	
Patient	
PAT 01	Not used for Ohio PMP
PAT 02	Not used for Ohio PMP
PAT 03	Not used for Ohio PMP
PAT 04	Not used for Ohio PMP
PAT 05	Not used for Ohio PMP
PAT 06	Not used for Ohio PMP
PAT 07	Last Name
PAT 08	First Name
PAT 09	Middle Name (when available)
PAT 10	Name Prefix (if field is available)
PAT 11	Last Name Suffix (e.g. Jr.) (if field is available)
PAT 12	Address Line 1
PAT 13	Address Line 2 (when available)
PAT 14	City
PAT 15	USPS State or Territory code (Appendix A)
PAT 16	Zip code
PAT 17	Telephone Number, including area code
PAT 18	Date of Birth
PAT 19	Gender Code
PAT 20	Species Code
PAT 21	Not used for Ohio PMP
PAT 22	Country of Non-US Resident
PAT 23	Name of Animal (if available)
Dispensing Record	
DSP 01	Reporting status
DSP 02	Prescription number assigned by pharmacy
DSP 03	Date written
DSP 04	Refills authorized
DSP 05	Date filled
DSP 06	Refill number
DSP 07	Product ID Qualifier
DSP 08	Product ID
DSP 09	Quantity dispensed
DSP 10	Days Supply
DSP 11	Drug Dosage Units Code
DSP 12	Not used for Ohio PMP
DSP 13	Partial Fill Indicator
DSP 14	Pharmacist NPI number (if available)
DSP 15	Not used for Ohio PMP
DSP 16	Payment type
DSP 17	Not used for Ohio PMP
DSP 18	Not used for Ohio PMP
DSP 19	Not used for Ohio PMP
Prescriber	
PRE 01	Nat'l Provider Identifier (when available)
PRE 02	Prescriber DEA number
PRE 03	DEA number suffix (if applicable)

PRE 04	Prescriber State License number (if no DEA number available)
PRE 05	Prescriber Last Name
PRE 06	Prescriber First Name
PRE 07	Prescriber Middle Name (if available)
Compound Drug Ingredient (if applicable)	
CDI 01	Drug Ingredient Sequence Number
CDI 02	Product ID Qualifier
CDI 03	Product ID
CDI 04	Component Ingredient Quantity
CDI 05	Compound Drug Dosage Units Code
Additional Information Reporting	
AIR 01	Not used for Ohio PMP
AIR 02	Not used for Ohio PMP
AIR 03	Not used for Ohio PMP
AIR 04	Not used for Ohio PMP
AIR 05	Not used for Ohio PMP
AIR 06	Not used for Ohio PMP
AIR 07	Not used for Ohio PMP
AIR 08	Not used for Ohio PMP
AIR 09	Not used for Ohio PMP
AIR 10	Not used for Ohio PMP
SUMMARY	
Pharmacy Trailer	
TP 01	Detail Segment Count for the pharmacy
Transaction Set Trailer	
TT 01	Transaction Control Number
TT 02	Segment Count
Acknowledgment/Response	NOT used for Ohio PMP
	Responses will continue to be e-mails called “OARRS Data File Report” The e-mail will include: # of Prescriptions Accepted: # of Prescriptions Accepted with Warnings: # of Prescriptions Rejected due to Errors: # of Days reported as Zero: # of Prescriptions Rejected as Duplicates: All errors should be corrected and resubmitted within 8 days.