Mandatory Use In Appriss AWARxSE
Disclaimers

- Mandatory Use in AWARxE is not yet available to all states
- Still testing
- Still Working out bugs
Mandatory Use For Prescribers In Ohio

**Requirements to Check**

- Prior to writing any prescription for an opioid or a benzodiazepine
- Prior to personally furnishing an opioid or a benzodiazepine
- Every 90 days, as long as treatment continues

**Exceptions**

- Prescription to last less than 7 days
- Treatment of cancer
- Hospice or other terminal diagnosis
- For acute pain resulting from a surgical or other invasive procedure (applies to physicians only)
### Mandatory Use Compliance Report Settings

#### Days' Supply Parameters

Report prescribers who fail to query patients before prescribing drugs listed in 'Drugs Included in Report' section for more than the days' supply listed below.

<table>
<thead>
<tr>
<th>Days' Supply Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Days</td>
</tr>
</tbody>
</table>

#### Drugs Included in Report

Configure the drugs which are included in the state's mandatory use compliance reporting by drug schedule or NDC number.

- Include By Schedule Type(s)
  - [ ] Schedule I Drugs
  - [ ] Schedule II Drugs
  - [ ] Schedule III Drugs
  - [ ] Schedule IV Drugs
  - [ ] Schedule V Drugs
Admin > Settings > Data > Mand. Use Settings

Add a New NDC Value to list
Add

Reporting Period
Configure the reporting period (a.k.a. lookback period) which is included in the state's mandatory use compliance reporting.
90 Days
Days (Max. value allowed is 90 days)

Mandatory Use Report Description
Enter the following information to request a report on which patients were prescribed an opioid or an benzodiazepine for more than a 7 days' supply and were not queried by a specific prescriber or the prescriber's delegate.

Save Changes
# My Compliance Report

Enter the following information to request a report on which patients were prescribed an opioid or an benzodiazepine for more than a 7 days’ supply and were not queried by a specific prescriber or the prescriber’s delegate.

## Prescription Fill Dates

Prescription fill dates have to be within the last 90 days

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/16/2019</td>
<td>10/16/2019</td>
</tr>
</tbody>
</table>

* Indicates required field

## DEA Number(s)

[Redacted]

[Search]
### My Compliance Report

Enter the following information to request a report on which patients were prescribed an opioid or a benzodiazepine for more than a 7 days' supply and were not queried by a specific prescriber or the prescriber's delegate.

**Date Range:** 09/16/2019-10/16/2019  
**DEA Number(s):** [Redacted]

<table>
<thead>
<tr>
<th>Filled</th>
<th>Written</th>
<th>Drug</th>
<th>Qty</th>
<th>Units</th>
<th>Days</th>
<th>Patient</th>
<th>RX #</th>
<th>Pharmacy*</th>
<th>Refill</th>
<th>Daily Dose**</th>
<th>Pymt Type</th>
<th>Disp. ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/14/19</td>
<td>07/26/2019</td>
<td>ACETAMINOPHEN-COD #3 TABLET</td>
<td>40</td>
<td>each</td>
<td>20</td>
<td>[Redacted]</td>
<td>1133346</td>
<td>OHIO CVS STORES, L.L.C.</td>
<td>0</td>
<td>9.0 MME</td>
<td>Insurance</td>
<td>03028</td>
</tr>
<tr>
<td>10/11/19</td>
<td>10/11/2019</td>
<td>LORAZEPAM 0.5 MG TABLET</td>
<td>30</td>
<td>each</td>
<td>10</td>
<td>[Redacted]</td>
<td>1774697</td>
<td>WALGREEN CO.</td>
<td>0</td>
<td>insurance</td>
<td></td>
<td>4159</td>
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<tr>
<td>10/19/19</td>
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<td>1656056</td>
<td>RITE AID OF OHIO, INC.</td>
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<td>medicare</td>
<td></td>
<td></td>
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<td>10/18/2019</td>
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<td>13.5 MME</td>
<td>Insurance</td>
<td>3314</td>
</tr>
<tr>
<td>10/09/2019</td>
<td>10/09/2019</td>
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<td>each</td>
<td>30</td>
<td>[Redacted]</td>
<td>0242212</td>
<td>OHIO CVS STORES, L.L.C.</td>
<td>0</td>
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<td>10893</td>
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<tr>
<td>10/08/2019</td>
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<td>30</td>
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<td>1175103</td>
<td>WALGREEN CO.</td>
<td>0</td>
<td>Insurance</td>
<td>5431</td>
<td></td>
</tr>
</tbody>
</table>

*Pharmacy is created using a combination of pharmacy name and the last four digits of the pharmacy license number.

**Per CDC guidance, the MME conversion factors prescribed or provided as part of medication-assisted treatment for opioid use disorder should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain. Buprenorphine products have no agreed upon morphine equivalency, and as partial opioid agonists, are not expected to be associated with overdose risk in the same dose-dependent manner as doses for full agonist opioids. MME = morphine milligram equivalents. mg = dose in milligrams.
Investigator View – Summary Report

Summary Reports

Enter the following information to request a report on which patients were prescribed an opioid or a benzodiazepine for more than a 7 days' supply and were not queried by a specific prescriber or the prescriber's delegate.

Month*

MM

Year*

YYYY

Roles

Nothing selected

Generate
## Summary Report

Enter the following information to request a report on which patients were prescribed an opioid or an benzodiazepine for more than a 7 days' supply and were not queried by a specific prescriber or the prescriber's delegate.

**Month:** 09  
**Year:** 2019  
**Roles:** Out of State Prescriber

<table>
<thead>
<tr>
<th>Prescriber DEA - DEA Suffix</th>
<th>Prescriber First Name</th>
<th>Prescriber Last Name</th>
<th>Number of Patients Missed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>61</td>
</tr>
</tbody>
</table>
Investigator View – Prescriber Report

Menu > Data > Mandatory Use > Prescriber Reports

Mandatory Compliance

Enter the following information to request a report on which patients were prescribed an opioid or a benzodiazepine for more than a 7 days' supply and were not queried by a specific prescriber or the prescriber's delegate.

Prescriber DEA Number

Prescriber DEA Number*  

Prescriptions Fill Date Range

From*  

09/16/2019

To*  

10/16/2019

*Indicates Required Field

Search
## Investigator View – Prescriber Report

Menu > Data > Mandatory Use > Prescriber Reports

### Prescriber Compliance Report

Enter the following information to request a report on which patients were prescribed an opioid or a benzodiazepine for more than a 7 days’ supply and were not queried by a specific prescriber or the prescriber’s delegate.

**Date Range:** 09/16/2019-10/16/2019  
**Prescriber:** [Redacted]  
**Prescriber Address:** [Redacted]

<table>
<thead>
<tr>
<th>Filled</th>
<th>Written</th>
<th>Drug</th>
<th>Qty</th>
<th>Units</th>
<th>Day</th>
<th>Patient</th>
<th>RX #</th>
<th>Pharmacy</th>
<th>Refills</th>
<th>Daily Dose</th>
<th>Pharmacy Type</th>
<th>Disp. ID</th>
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</thead>
<tbody>
<tr>
<td>10/14/2019</td>
<td>07/26/2016</td>
<td>ACETAMINOPHEN-COD #3 TABLET</td>
<td>40</td>
<td>each</td>
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<td>OHIO CVS STORES, L.L.C.</td>
<td>0</td>
<td>9.0 MME</td>
<td>insurance</td>
<td>03028</td>
</tr>
<tr>
<td>10/11/2019</td>
<td>10/11/2019</td>
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<td>WALGREEN CO.</td>
<td>0</td>
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<td>insurance</td>
<td>5431</td>
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Chad Garner

Director of OARRS

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