Ohio’s Progress (2017)

225 MILLION
DECREASE IN DOSES OF OPIOIDS DISPENSED

The total doses of opioids dispensed decreased from a high of 793 million in 2012 to 568 million in 2017, a 28.4 percent decrease.

64 MILLION
DECREASE IN DOSES OF BENZODIAZEPINES DISPENSED

The total doses of benzodiazepines dispensed decreased from a high of 297 million in 2012 to 233 million in 2017, a 21.5 percent decrease.

NOTE: Doses means solid oral doses
Ohio’s Progress (2017)

4,900% INCREASE IN OARRS QUERIES

The number of queries for patient information in OARRS increased from 1.78 million in 2011 to 88.96 million in 2017, a 4,900 percent increase.

Ohio has made significant progress in promoting integration of OARRS into electronic health records and pharmacy dispensing systems. 20,000 pharmacists and prescribers now have direct access to OARRS as part of their workflow.

20,000 PRESCRIBERS AND PHARMACISTS HAVE INTEGRATED ACCESS TO OARRS

88% DECREASE IN DOCTOR SHOPPERS

The number of individuals engaged in doctor shopping behavior decreased from 2,205 in 2011 to 273 in 2017, a decrease of 88 percent.
Increasing PDMP Utilization
PDMP Use Requirements

Legislative and Regulatory Mandates:

**For Prescribers:**
- HB 341 (130th General Assembly) – Enacted April 2015.

**For Pharmacists:**
Required Use Of OARRS – Prescribers

- House Bill 341 - Effective April 1, 2015
  - Required to review OARRS data when initially prescribing or personally furnishing an opioid or benzodiazepine to an Ohio patient.

- Exceptions
  - Less than 7 day supply
  - Hospice, cancer, or end-of-life care
  - Immediately following surgery or other invasive procedure (only applies to physicians)
Required Use Of OARRS – Prescribers

- Registration required upon license renewal for practicing pharmacists and prescribers who prescribe opioids/benzos.

- The prescriber must also make periodic requests for patient information from OARRS if the course of treatment continues for more than 90 days.

- The requests must be made at intervals not exceeding ninety days, determined according to the date the initial request was made.
Required Use of OARRS – Pharmacists

- OAC 4729-5-20, Prospective DUR (effective 2/1/16)

- Prior to dispensing an outpatient prescription for a reported drug, a RPh shall request & review an OARRS report if:
  
  1. A patient adds a different or new reported drug to their therapy that was not previously included

  2. OARRS report has not been run > 12 months as indicated in the patient profile
Required Use of OARRS – Pharmacists

3. A **prescriber** is outside the pharmacy’s usual geographic area.

4. A **patient** is outside the pharmacy’s usual geographic area.

5. RPh suspects patient has received prescriptions for reported drugs from more than one prescriber in the preceding 3 months, unless prescriptions are from prescribers who practice at same physical location.

6. Patient is exhibiting signs of potential abuse or diversion.
10/26/15, Governor announced a $1.5 million/year initiative to integrate OARRS directly into electronic medical records and pharmacy dispensing systems across the state, allowing instant access for prescribers and pharmacists.

For more information – www.pharmacy.ohio.gov/integration

To sustain the integration effort, Medicaid worked with the Ohio Board of Pharmacy to secure HITECH funding from CMS.
Average Weekday OARRS Requests

- Avg. Requests via Integration: 478,000
- Avg. Requests via Web: 42,000
- Avg. Requests per Weekday: 599,000
Over **20,000** pharmacists and prescribers now have direct access to OARRS as part of their workflow.

This includes:

- **20** major health systems and outpatient clinics
- **206** independent Ohio pharmacies
- **10** chain pharmacies
- **148** physician offices
- **15** hospitals
OARRS Usage vs Doctor Shopping

Doctor Shoppers* vs OARRS Queries

*Doctor shopper defined as an individual going to 5 prescribers and 5 pharmacies in 1 month
November 2017, Ohio became the first state in the country to upgrade to the NarxCare platform. The platform included:

- Narx Scores
- Overdoes Risk Score
- Additional Risk Indicators
- RxGraph
Upgrades in OARRS

- New feature allows user to check all prescriptions issued.

- Compliance report indicates if the prescription has a valid ICD-10 code and if the prescriber/delegate ran an OARRS report for the prescription.
OARRS Academy

- Launched in October 2018. This is a demonstration system developed by the Board that simulates the real-world use of OARRS.
- OARRS Academy closely mimics OARRS used by pharmacists and prescribers.
- It is pre-loaded with data for a variety of sample patients and allows for the creation of additional sample patients.
- This tool is available at no cost to all Ohio colleges and universities engaged in the training of pharmacists and prescribers.

www.oarrsacademy.ohio.gov
Regulatory Changes

- Wholesaler, Manufacturer, 3PL, Outsourcing Facility and Repackaging Rules

- Acute Prescribing Limits

- Licensure of all facilities storing controlled substances

- Office-based Opioid Treatment (OBOT) Licensure

- Expanding access to Naloxone
New Regulations for Wholesalers

- Suspicious Orders Reporting – more uniformity, detailed and timely electronic reporting. Also, requires mandatory training of staff on submission of reports and whistleblower protections.

- Due Diligence – requiring wholesalers to conduct on research their customers to assess overall diversion risk.

- Shipping Controls – requiring holding suspicious orders until all questions are answered and a thorough review completed.

- Additional enforcement penalties for purchasers who fail to submit information, provide false information or omit information.
Acute Prescribing Rules

- Effective August 31, 2017

- Rules **DO NOT** apply to the use of opioids for the treatment of chronic pain.

- Chronic pain rules to be effective early 2019.

- "Acute pain" means pain that normally fades with healing, is related to tissue damage, significantly alters a patient's typical function and is expected to be time limited.
In general, the rules limit the prescribing of opioid analgesics for acute pain, as follows:

- No more than seven days of opioids can be prescribed for adults.

- No more than five days of opioids can be prescribed for minors and only after the written consent of the parent or guardian is obtained.

- Health care providers may prescribe opioids in excess of the day supply limits only if they provide a specific reason in the patient’s medical record.
Acute Prescribing Rules

- With limited exceptions (major burns, major surgery, amputations, etc.) the total morphine equivalent dose (MED) of a prescription for acute pain cannot exceed an average of 30 MED per day.

- The new limits do not apply to opioids prescribed for cancer, palliative care, end-of-life/hospice care or medication-assisted treatment for addiction.

- The rules apply to the first opioid analgesic prescription for the treatment of an episode of acute pain.

- Do not apply to inpatient prescriptions.
Licensure of all Facilities
Storing Controlled Substances

- Board recently expanded authority to license all facilities that possess controlled substances (including all physician offices).

- Permits the Board of Pharmacy to conduct unannounced inspections of sites where drugs, including controlled substances, are stored and dispensed to safeguard against tampering or diversion.

- Exempted locations were ordering more than 3 million doses of opioids annually.
Licensure process gathers important information that enables the Board of Pharmacy to conduct background investigations.

Without such safeguards, individuals with drug convictions, those currently under investigation by the board or those who have been sanctioned by their licensing boards could have unfettered access to controlled substances.

Licensure by the Board of Pharmacy also serves as an opportunity to educate prescribers on how to safely store and dispose of dangerous drugs.

Pharmacy Board staff have years of experience inspecting possible cases of misuse and diversion by office staff. Inspections provide a unique opportunity to reduce any potential liability.
Licensure of Office Based Opioid Treatment (OBOT)

- Capitalizing on individuals suffering from addiction, suboxone clinic owners along with unscrupulous physicians seek to exploit addiction as a method of reaping sizable profits.

- Similar pattern as “pill mills”:
  - Non-physician owners with a criminal history;
  - Long patient lines or patient’s loitering around building;
  - Cash-only;
  - Lack of adherence to standards of care.

- Undermines use of buprenorphine as an effective treatment option.
OBOT Licensure

- Worked closely with Department of Mental Health and Addiction Services to raise the standard of care.

- Effective October 31, 2017, facilities where prescribers more than 30 individuals with a controlled substances for opioid abuse at any given time will be subject to licensure.
  - Terminal distributor of dangerous drugs with a office-based opioid treatment classification.
OBOT Licensure

- Must be physician owned, unless otherwise approved by the board.
- Owners and employees subject to background checks.
- Must be responsible prescriber on-site for a set minimum number of hours.
- Comply with Medical Board rules for OBOT.
- Exemptions for hospitals, OTPs, MHAS certifications, FQHCs, jails and prisons.
Expanding Access to Naloxone

Board helped to develop and supported passage of HB 4 signed into law on July 16, 2015.

- Authorizes a pharmacist or pharmacy intern under the direct supervision of a pharmacist to dispense naloxone without a prescription in accordance with a physician-approved protocol.

- The Board of Pharmacy led an aggressive campaign to encourage pharmacies to dispense naloxone without a prescription, including developing resources such as a sample protocol, patient education brochures and guidance documents.
Naloxone in the Pharmacy

Overdose Risk Factors & Prevention

Opioids include both heroin as well as prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone (OxyContin, Percocet, Percodan), hydromorphone (Hdcromine, Demerol, Duramorph, knefent), hydrocodone (Sinclair, Lacedose, Norco), oxymorphone (Stadol, Suboxone). The following are some common risk factors for opioid overdose as well as some prevention strategies:

Mixing Drugs

Many overdoses occur when people mix heroin or prescription opioids with alcohol and/or other sedatives. Alcohol and benzodiazepines (Diazepam, Xanax, Valium) are particularly dangerous because, like opioids, these substances impact an individual’s ability to breathe. Avoid mixing opioids with other drugs or alcohol. If prescribed an opioid and a benzodiazepine by a prescriber, take only as directed.

Tolerance

Tolerance is your body’s ability to process a drug. Tolerance changes over time so that you may need more of a drug to feel its effects. Tolerance can decrease rapidly when someone has taken a break from using an opioid. When someone loses tolerance and then takes an opioid again, they are at-risk for an overdose, even if they take an amount that caused them no problem in the past. If you are using opioids after a period of abstinence, start at a lower dose.

Physical Health

Your physical health impacts your body’s ability to manage opioids. Since opioids can impair your ability to breathe, if you have asthma or other breathing problems you are at higher risk for an overdose. Individuals with liver (hepatitis), kidney problems and those who are HIV-positive are also at an increased risk of an overdose.

Previous Overdose

A person who has experienced a near-fatal overdose in the past has an increased risk of a fatal overdose in the future. To prevent a fatal overdose, teach your family and friends how to recognize and respond to an overdose. If you or someone you know needs help, please call 1-877-237-4464 to find an addiction service provider near you.

How do I know if someone is overdosing?

If someone takes more opioids than their body can handle, they can pass out, stop breathing and die. An opioid overdose can take minutes or even hours to occur.

A person who is experiencing an overdose may have the following symptoms:

- Slow breathing (less than 1 breath every 5 seconds) or no breathing.
- Vomiting.
- Face is pale and clammy.
- Blue lips, fingernails or toenails.
- Slow, erratic, or no pulse.
- Snoring or gurgling noises while asleep or nodding out.
- No response when you yell the person’s name or rub the middle of their chest with your knuckles.

An overdose is a MEDICAL EMERGENCY! Call 9-1-1 immediately.

For patient education, videos and additional materials, please visit www.prescribetoprevent.org
1,638 Ohio retail pharmacies (77%) offer naloxone without an Rx.

87 out of 88 counties offer naloxone without a prescription.

List of participating pharmacies available at: www.pharmacy.ohio.gov/naloxonepharmacy
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