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## Ohio Automated Rx Reporting System (OARRS) E-Newsletter - Summer 2024

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### A Message from our Executive Director

Dear OARRS User,

Many prescribers and pharmacists have expressed concern that Medication for Opioid Use Disorder (MOUD) such as methadone and buprenorphine provided at Ohio Opioid Treatment Programs (OTP) are not listed on a patient's OARRS report. Understandably, the concerns surround not being able to obtain accurate dose information after hours when a clinic is closed. This can lead to interruptions in treatment when a patient shows up in an Emergency Department seeking help.

42 CFR Part 2 is a federal rule that addresses the Confidentiality of Substance Use Disorder (SUD) Patient Records. Under this rule, federally funded treatment facilities are prohibited from submitting medication records to state Prescription Drug Monitoring Programs (PDMP) unless a patient gives consent. This affects all states, including Ohio. This means that any medication that is dispensed from a treatment facility that receives federal funds cannot be submitted to the PDMP without the patient's consent.

As an effort to provide clinicians with their patient's health information and to facilitate coordination of care between OTPs and community health providers, OARRS has implemented an indicator for patients who receive MOUD from OTPs. If an Ohio patient consents to have their information shared with OARRS, a State Indicator alert will be present stating that the patient is participating in an Opioid Treatment Program (OTP). Included will be the name, city, and contact phone number for the OTP. Currently, the medications that are administered at the OTP are not displayed.

This ultimately leads to the question of what types of providers are covered under 42 CFR Part 2? Essentially, a program qualifies if an individual or entity is federally assisted and provides alcohol or drug abuse diagnosis, treatment, or referral for treatment. A program is "federally assisted" if:

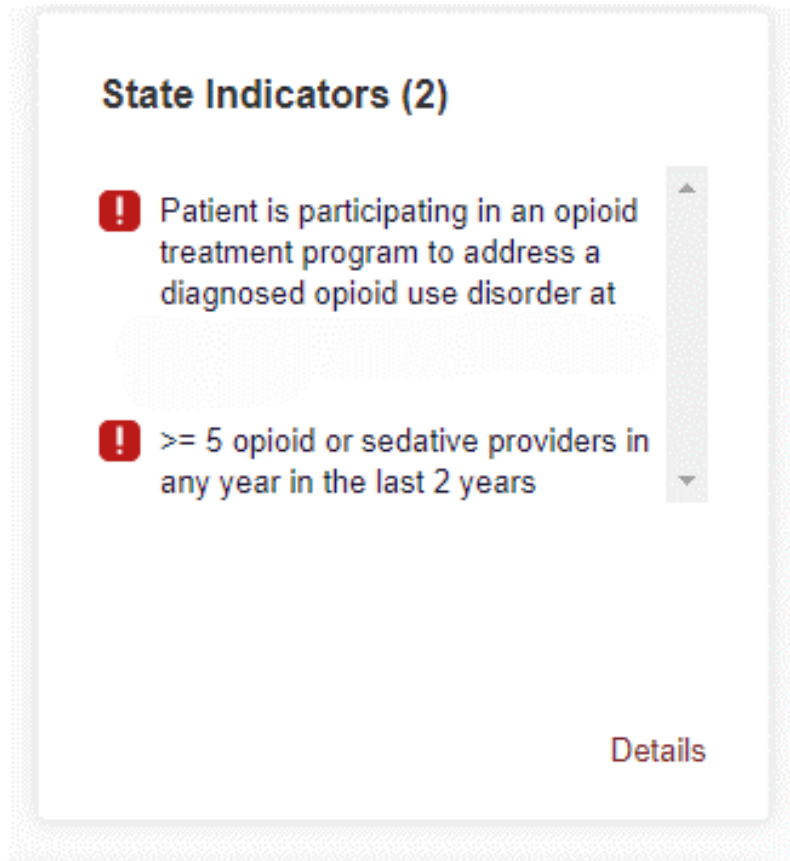
- It is authorized, licensed, certified, or registered by the federal government;
- It receives federal funds in any form, even if the funds do not directly pay for the drug or alcohol abuse services;
- It is assisted by the Internal Revenue Service through a grant of tax-exempt status or allowance of tax deductions for contributions;
- It is authorized to conduct business by the federal government such as a Medicare provider, authorized to conduct methadone maintenance treatment, or is registered with the DEA to dispense controlled substances to be used in the treatment of drug or alcohol abuse; or
- It is conducted directly by the federal government.



Further questions and clarifications on what qualifies as a covered program can be found through SAMHSA at the following link: <https://www.samhsa.gov/sites/default/files/faqs-applying-confidentiality-regulations-to-hie.pdf>

It is important to note that any SUD treatment medications that are dispensed from an outpatient pharmacy such as any retail pharmacy chain or independent pharmacy are required to be reported to OARRS. This is why you will see some patient dispenses for buprenorphine on OARRS reports. Note that methadone for opioid use disorder is only permitted to be administered through a licensed OTP and therefore cannot be dispensed through an outpatient pharmacy and would not show up on an OARRS report (although methadone prescribed for pain would still show up on a patient's report).

SAMHSA also has a FAQ page to answer many common questions. The webpage can be found at <https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs>.



The State Indicators box will populate with the NarxCare score on the patient OARRS report. Here, relevant red flag alerts will be present to notify the clinician of any potential concerns prior to prescribing or dispensing a medication. The OTP alert will provide the contact information (name and phone number) of the clinic at which the patient receives treatment.

For more information on the red flags and what they mean, click on 'Details' at the bottom right hand corner of the State Indicators box.

Thank you for all that you do to keep Ohioans safe and healthy.

Sincerely,

Steven W. Schierholt  
Executive Director  
Ohio Board of Pharmacy

*People call, text, and chat the 988 Lifeline to talk about a lot of emotional needs—not just thoughts of suicide. Whatever your reason, the #988Lifeline is there to help. There is hope.*

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## OARRS Updates

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### Medical Marijuana Employee License Updates

Employees of Medical Marijuana (MM) dispensaries should be aware that their license numbers are changing under the Department of Commerce. This change may cause users to experience a deactivation of their account in the MMCP Registry. MM employees' license numbers previously began with MME; the new license numbers now begin with **CCE**.

The system that runs the MMCP registry will verify the user license number with each login. Should the information not match, the account will deactivate. If this happens, the MMCP registrant will need to contact [support@pharmacy.ohio.gov](mailto:support@pharmacy.ohio.gov) to have the account information updated. Please note that account updates and reactivations are a manual process. We appreciate your patience as your requests are addressed as quickly as possible. To help expedite the process we ask that you refrain from emailing and calling multiple times as this can delay response time.

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### MME Calculation Updates

In 2022, the CDC updated calculations for 3 opioid medications, increasing the MME conversion rate. The OARRS MED calculator has been updated to reflect these changes ([https://www.ohiopmp.gov/MED\\_Calculator](https://www.ohiopmp.gov/MED_Calculator)). The updates include:

- Hydromorphone – conversion rate increased from 4 to 5
- Methadone\* - conversion rate increased from 3 to 4.7
- Tramadol - conversion rate increased from 0.1 to 0.2

\*Additional caution should be used with methadone dose conversions as the conversion factor increases at higher doses. According to the CDC, methadone has been associated with a disproportionate number of overdose deaths relative to the frequency with which it is prescribed. This is most likely due to complicated pharmacodynamic and pharmacokinetic characteristics which include a long and variable half-life. As a result, the peak respiratory depressant effect can occur later and last longer than the peak analgesic effect. Because of the variable half-life of methadone and the potential for drug accumulation, it is recommended that short follow up intervals be considered when starting or increasing the dose of methadone. The OARRS MED calculator is set at a conversion rate of 4.7 to match the CDC. CMS uses graduated conversion factors for methadone that may be more appropriate for clinical practice. CMS calculations can be found here: <https://www.hhs.gov/guidance/document/opioid-oral-morphine-milligram-equivalent-mme-conversion-factors-0>.

Questions pertaining to prescribing limits should be directed toward your appropriate licensing board. For information on the individual licensing board guidelines for MME/MED prescribing limits, see:

#### Medical Board

<https://codes.ohio.gov/ohio-administrative-code/rule-4731-11-13>

<https://codes.ohio.gov/ohio-administrative-code/rule-4731-11-14>

#### Dental Board

<https://codes.ohio.gov/ohio-administrative-code/rule-4715-6-02>

<https://codes.ohio.gov/ohio-administrative-code/rule-4715-6-03>

## Nursing Board

<https://codes.ohio.gov/ohio-administrative-code/rule-4723-9-10>

The full CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022 can be accessed at [https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm#T1\\_down](https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm#T1_down).

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Ohio Board of Pharmacy  
**Mike DeWine**, *Governor* | **Steven W. Schierholt**, *Executive Director*

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