



**Board of
Pharmacy**

Ohio Automated Rx Reporting System

2024-2025 BIENNIAL REPORT

Mike DeWine
Governor

Steven W. Schierholt, Esq.
Executive Director

www.pharmacy.ohio.gov



Board of Pharmacy

Ohio Automated Rx Reporting System

What is OARRS?

To address the growing misuse and diversion of prescription drugs, the Ohio General Assembly adopted legislation in 2004 authorizing the Ohio Board of Pharmacy to create a Prescription Drug Monitoring Program (PDMP), known as the Ohio Automated Rx Reporting System (OARRS). Established in 2006, OARRS collects information on all outpatient prescriptions for controlled substances and two non-controlled substances (gabapentin and naltrexone) dispensed by Ohio-licensed pharmacies and personally furnished by licensed prescribers in Ohio. This data is reported every 24 hours and is maintained in a secure database. Drug wholesalers and manufacturers are also required to submit information monthly on all controlled substances and gabapentin sold to an Ohio licensed pharmacy or prescriber. Ohio-licensed dispensaries must also report all medical marijuana dispensations to OARRS within five minutes of sale.

OARRS serves multiple functions, including as a patient care tool, a drug epidemic early warning system, and a 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 healthcare 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; assist law enforcement in cases of controlled substance diversion; provide drug court judges and court personnel with critical information regarding a participant’s use of controlled substance medications; and provide hospital peer review committees with information on a prescriber who is subject to the committee’s evaluation, supervision, or discipline.

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

Submission of this Report

Pursuant to section 4729.85 of the Revised Code, the Ohio Board of Pharmacy respectfully submits the following report on opioid pain relievers and other controlled substances dispensed by pharmacies or personally furnished by prescribers in Ohio. This report will be disseminated to the Governor, the President of the Senate, the Speaker of the House of Representatives, the Attorney General, the chairpersons of the standing committees of the House of Representatives and the Senate that are primarily responsible for considering health and human services issues, the Department of Public Safety, the State Dental Board, the Board of Nursing, the State Vision Professionals Board, the State Medical Board, and the State Veterinary Medical Licensing Board.



Dear Governor DeWine and Members of the Ohio General Assembly,

On behalf of the members of the Ohio Board of Pharmacy, I am pleased to provide the 2024-2025 Ohio Automated Rx Reporting System (OARRS) Report. This report continues to show encouraging trends that are the result of Ohio's efforts to promote the safe and responsible prescribing of controlled substance medications.

OARRS is an indispensable healthcare tool to address prescription drug abuse and misuse. Use of the system continues to increase at record rates thanks to the Board's efforts to promote the integration of OARRS into electronic health records and pharmacy dispensing systems. Since implementing the first statewide integration program in the nation, the Board has onboarded a significant number of health systems, clinics, and pharmacies throughout the state. Due to these efforts, more than **95 percent of Ohio prescribers** access OARRS via an integrated workflow.

Highlights from the 2024-2025 Report include:

- The number of opioid doses and prescriptions dispensed to Ohio patients continued to decrease. Total doses of opioids decreased from a high of 793 million in 2012 to 276 million in 2025, a 65.2 percent decrease. The total number of opioid prescriptions decreased by 7.4 million between 2012 and 2025, a 58.7 percent decrease.
- The number of benzodiazepine doses and prescriptions dispensed to Ohio patients continued to decrease. Total doses of benzodiazepines decreased from a high of 297 million in 2012 to 139 million in 2025, a 53.2 percent decrease. The total number of benzodiazepine prescriptions decreased by 2.1 million between 2012 and 2025, a 42.9 percent decrease.

The Board is committed to ensuring OARRS supports the coordination of care across the healthcare system. To guarantee that providers have the best possible information when deciding to prescribe or dispense a controlled substance, the Board continues to provide enhancements to OARRS, including:

- In 2024, OARRS incorporated an alert to notify clinicians of non-fatal overdose events treated at Ohio emergency departments. This data provides critical information to prescribers and pharmacists when deciding on the appropriate prescribing and/or dispensing of medications. For more information, visit: www.pharmacy.ohio.gov/NFQR.
- In 2025, OARRS was updated so Patient Reports include information on patients who may be experiencing MOUD treatment discontinuation and patients who may meet criteria in the Ohio Administrative Code that require a provider to offer a prescription for an overdose reversal medication, such as naloxone. For more information, visit: www.pharmacy.ohio.gov/MOUDclarity and www.pharmacy.ohio.gov/CoRxClarity.

On behalf of the members of the Ohio Board of Pharmacy, I thank you for your leadership and ongoing support of OARRS. 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,

A handwritten signature in black ink that reads "Steven W. Schierholt".

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

Section 1: Opioids Dispensed to Ohio Patients

In 2025, the number of opioid doses* and prescriptions dispensed to Ohio patients continued to decrease. Total doses of opioids decreased from a high of 793 million in 2012 to 276 million in 2025, a 65.2 percent decrease (Chart #1). The total number of opioid prescriptions decreased by 7.2 million between 2012 and 2024, a 58.7 percent decrease (Chart #2).

Chart #1: Opioid Solid Doses* Dispensed to Ohio Patients, by Year

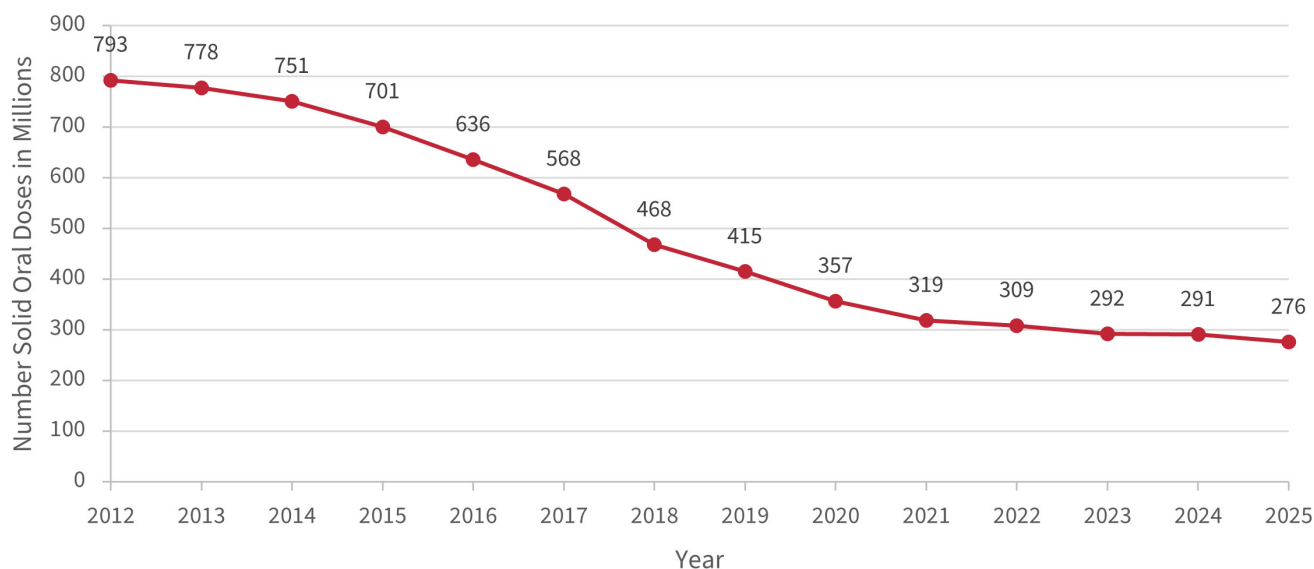
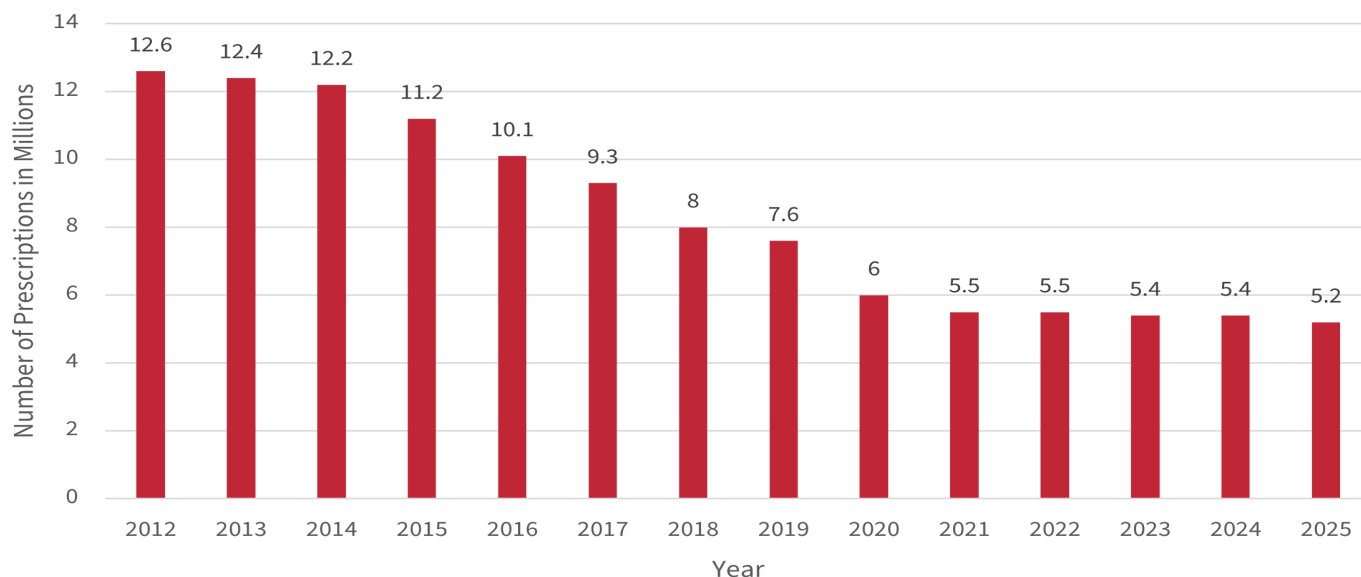


Chart #2: Opioid Prescriptions Dispensed to Ohio Patients, by Year



*Solid dosage units only (e.g., tablets, capsules, and patches). Liquids and powders are not included.

Source: Ohio Automated Rx Reporting System 2/4/2026

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
2012	66,649	3,053,090	65.38	47.89
2013	65,452	2,686,169	65.20	46.66
2014	63,178	2,650,078	64.15	45.34
2015	57,673	2,615,768	64.59	44.92
2016	56,287	2,359,175	65.48	44.43
2017	55,107	1,998,846	66.48	43.23
2018	56,221	1,850,561	63.43	39.23
2019	53,622	1,706,059	61.19	42.37
2020	41,360	1,687,921	60.62	40.76
2021	39,886	1,501,544	58.97	40.70
2022	43,426	1,552,053	57.71	39.90
2023	39,980	1,513,480	56.75	37.50
2024	39,137	1,504,340	56.30	32.5
2025	40,079	1,448,345	55.35	32.4

**Buprenorphine used to treat opioid dependence or addiction is excluded.*

WHAT IS A MORPHINE EQUIVALENT DOSE?

A morphine equivalent dose (MED) is the total amount of opioid medications, 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 a reference point. As MED increases, the likelihood of an adverse event increases; therefore, identifying at-risk patients is a crucial first step towards improving patient safety. OARRS utilizes opioid conversions created by the US Centers for Disease Control and Prevention (CDC).

Ohio’s rules on the prescribing of opioids for acute pain generally limits an opioid prescription for acute pain to an average of 30 mg MED per day. For more information on the rules, visit: www.pharmacy.ohio.gov/acutelimits.

Ohio prescribers also need to comply with regulations when prescribing opioids for the treatment of long-term pain (lasting 12 weeks or more) and subacute pain (lasting between six and 12 weeks). The rules establish MED checkpoints to ensure appropriate prescribing. For more information on the rules, visit: www.pharmacy.ohio.gov/chronicpain.

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 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
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
2016	113	1,465	28.26	29.29
2017	34	888	24.67	25.29
2018	31	970	15.71	19.49
2019	18	547	13.39	17.44
2020	29	1,581	4.12	24.06
2021	27	1,017	5	15
2022	12	17	3.10	15.20
2023	9	9	2.3	15
2024	5	5	3.0	17.5
2025	3	5	2.0	11.0

**Buprenorphine used to treat opioid dependence or addiction is excluded.*

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 or gabapentin from their offices are required to report those medications to OARRS within 24 hours (ORC 4729.79).

Section 3: Benzodiazepines Dispensed to Ohio Patients

In 2025, the number of benzodiazepine doses* and prescriptions dispensed to Ohio patients continued to decrease. Total doses of benzodiazepines decreased from a high of 297 million in 2012 to 139 million in 2025, a 53.2 percent decrease (Chart #3). The total number of benzodiazepine prescriptions decreased by 2.1 million between 2012 and 2025, a 42.9 percent decrease (Chart #4).

Chart #3: Benzodiazepine Solid Doses* Dispensed to Ohio Patients, by Year

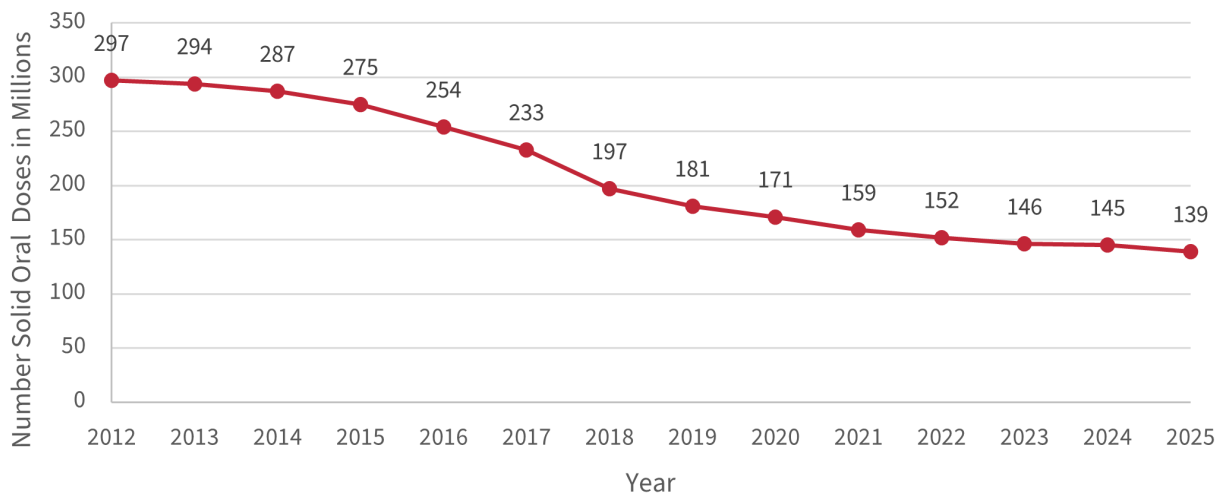
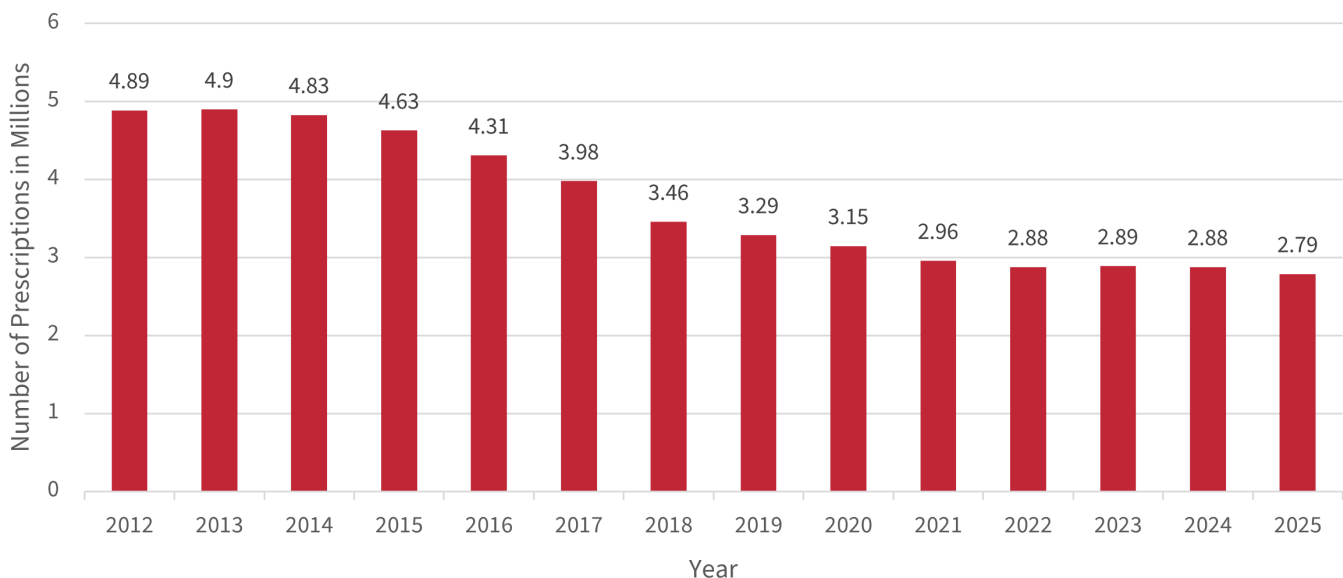


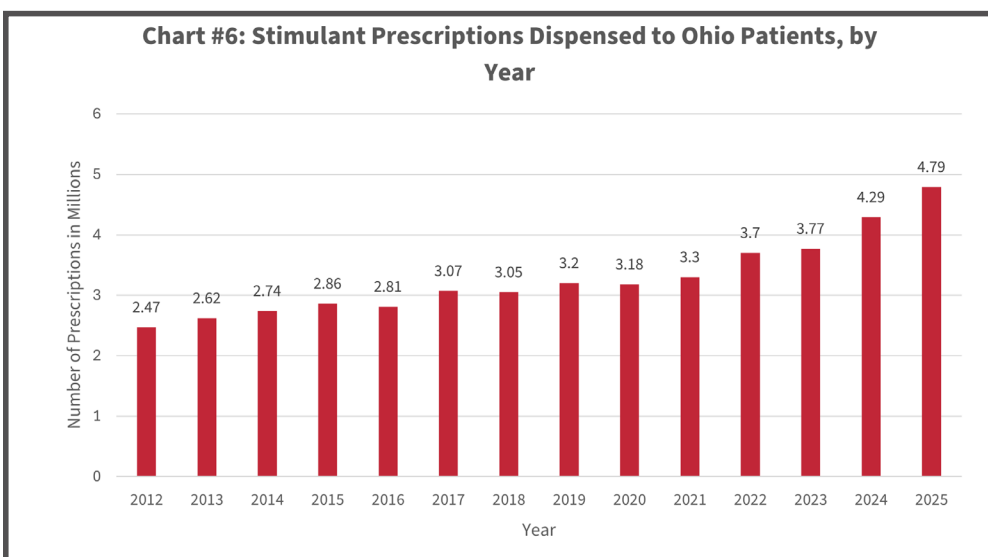
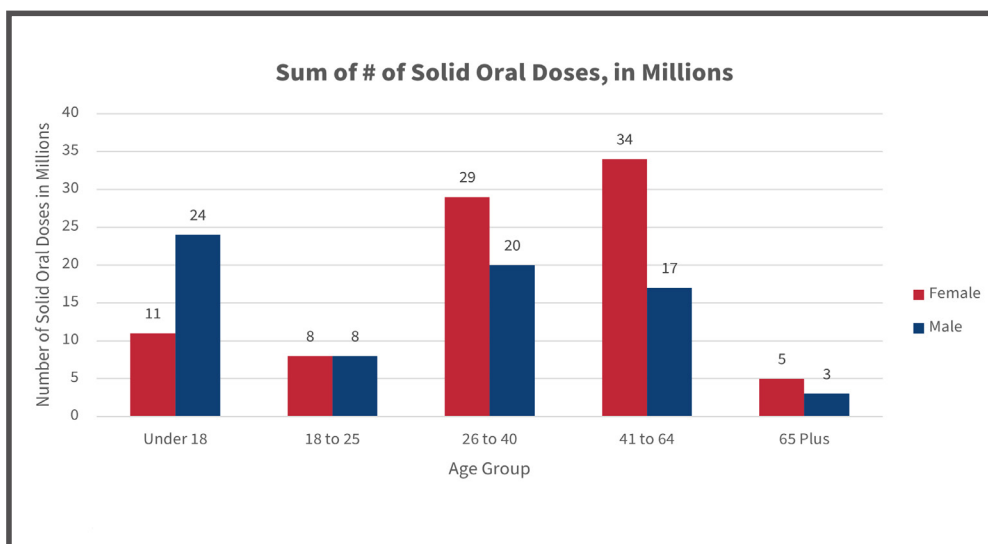
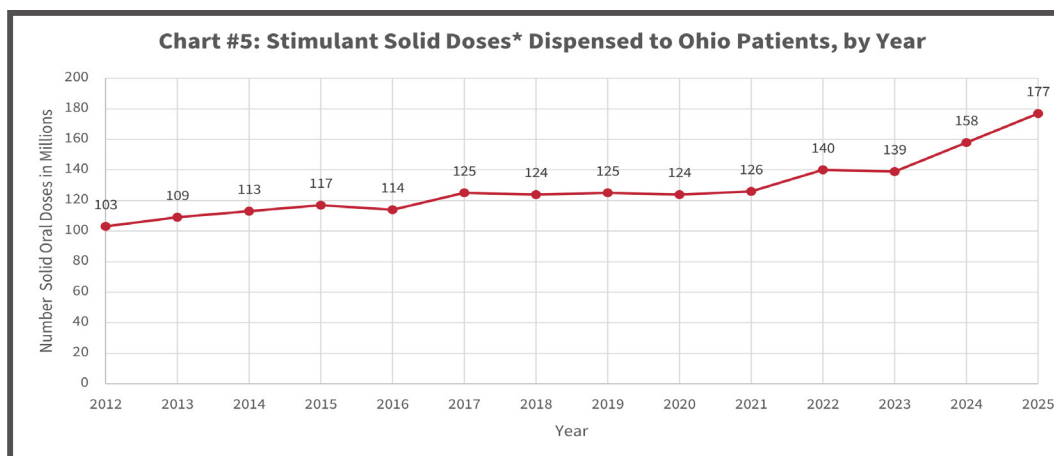
Chart #4: Benzodiazepine Prescriptions Dispensed to Ohio Patients, by Year



*Solid dosage units only (e.g., tablets, capsules, and patches). Liquids and powders are not included.

Section 4: Controlled Substance Stimulants Dispensed to Ohio Patients

In 2025, the number of stimulant doses* and prescriptions dispensed to Ohio patients increased compared to 2024 (Chart #5). The total number of stimulant prescriptions increased by 93.9 percent between 2012 and 2025 (Chart #6).



*Solid dosage units only (e.g., tablets, capsules, and patches). Liquids and powders are not included.

Section 5: Naltrexone Products Dispensed to Ohio Patients

Effective March 19, 2019, naltrexone products that are indicated for the treatment of alcohol dependence or the prevention of relapse to opioid dependence are required to be reported to OARRS. Pursuant to section 4729.85 of the Revised Code, the Board is required to report the following aggregate information on naltrexone:

- The number of prescribers who issued a prescription for or personally furnished* the drug (see Table #3);
- The number of patients to whom the drug was dispensed or personally furnished* (see Table #3);
- The average quantity of the drug dispensed per prescription or furnished* at one time (see Table #4).

Table #3 - Naltrexone Dispensing or Personally Furnishing*	2024	2025
Number of prescribers who issued a prescription or personally furnished the drug	11,688	12,665
Number of patients to whom the drug was dispensed or personally furnished	43,932	49,276

Table #4 - Average Quantity of Naltrexone Dispensed or Personally Furnished*	2024	2025
Average quantity of the drug dispensed per prescription or furnished at one time (50mg tablets)	33.29	35.40
Average quantity of the drug dispensed per prescription or furnished at one time (mg extended-release powder)	15.0	7.1

**Federal patient privacy rules prohibit the reporting of drugs used to treat substance use disorder that are personally furnished by prescribers to OARRS. The figures listed represent naltrexone dispensed by pharmacies to Ohio patients.*

WHAT IS NALTREXONE AND WHY IS THIS INFORMATION COLLECTED?

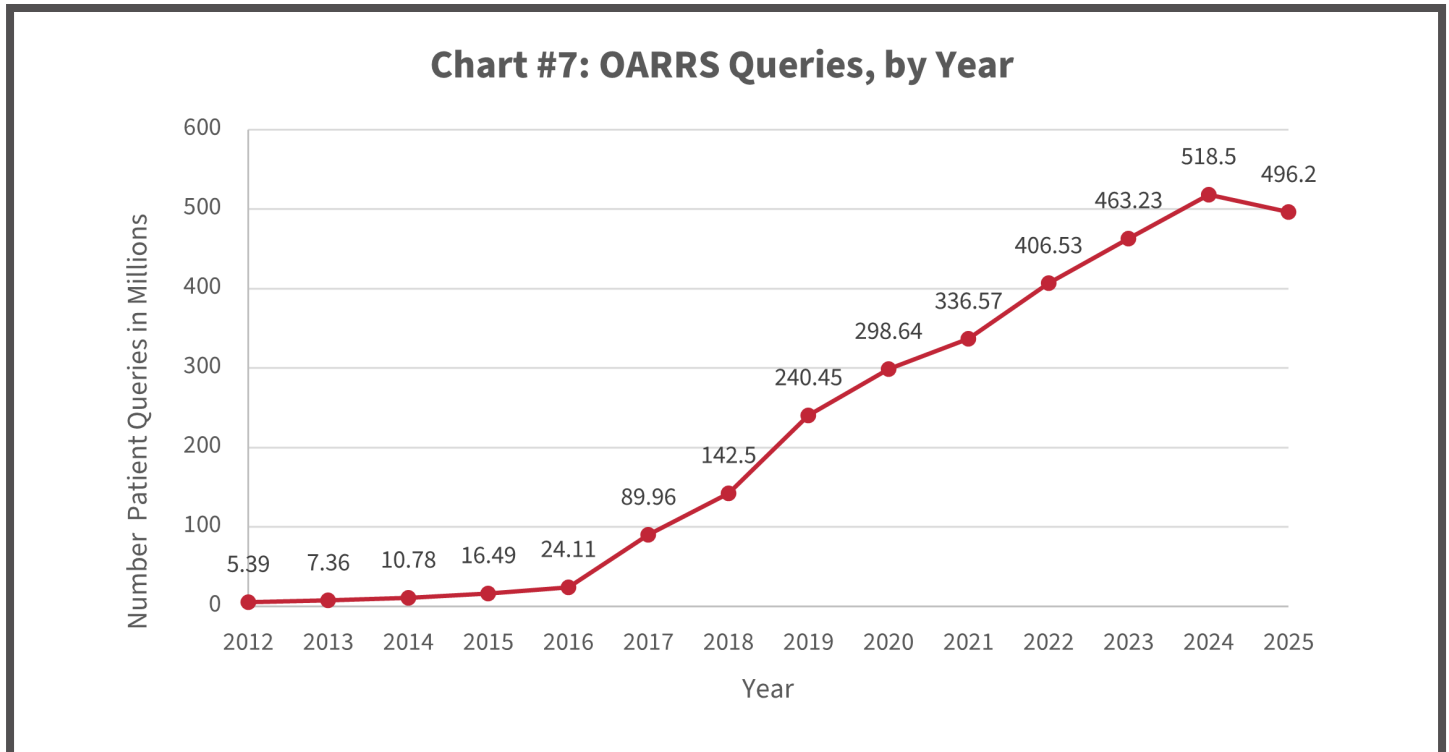
According to the Substance Abuse and Mental Health Services Administration, naltrexone is a medication approved by the Food and Drug Administration to treat opioid use disorders and alcohol use disorders. It comes in a pill form or as an injectable. The pill form of naltrexone (ReVia, Depade) can be taken at 50 mg once per day. The injectable extended-release form of the drug (Vivitrol) is administered at 380 mg once a month.

The collection of naltrexone information is intended to assist prescribers and pharmacists in identifying individuals who may be receiving treatment for substance use disorder. This information can be useful for healthcare providers who are considering the use of controlled substances to treat patients.

Section 6: OARRS Integration

In October 2015, Ohio became the first state in the country to offer statewide PDMP integration directly into electronic medical records and pharmacy dispensing systems.

The number of patient queries in OARRS increased from 5.39 million in 2012 to 496.2 million in 2025, an increase of more than 9,105 percent (see Chart #7).



REQUIRED USE OF OARRS & IT'S OK TO SAY NO

Required Use of OARRS: Ohio laws and rules require the use of OARRS by prescribers and pharmacists. For more information on the requirements for checking OARRS, visit: www.pharmacy.ohio.gov/check.

It's OK to Say NO: There are times when Ohio law and rules prohibit a pharmacist from dispensing a medication. Pharmacists are expected to use professional judgment when filling every prescription, which may mean they will decline filling a particular prescription. It may be too soon to refill or potentially unsafe to dispense a certain medication at a particular time. For more information about a pharmacist's obligation under the law, visit: www.pharmacy.ohio.gov/OKtoSayNo.

Section 7: OARRS Usage

The number of daily OARRS requests by healthcare providers decreased slightly in 2025. However, for the fifth year in a row, the average number of daily OARRS requests exceeded one million per weekday for each month (see Charts #8.1 and #8.2).

Chart #8.1: Average Weekday OARRS Requests in 2024, by Month

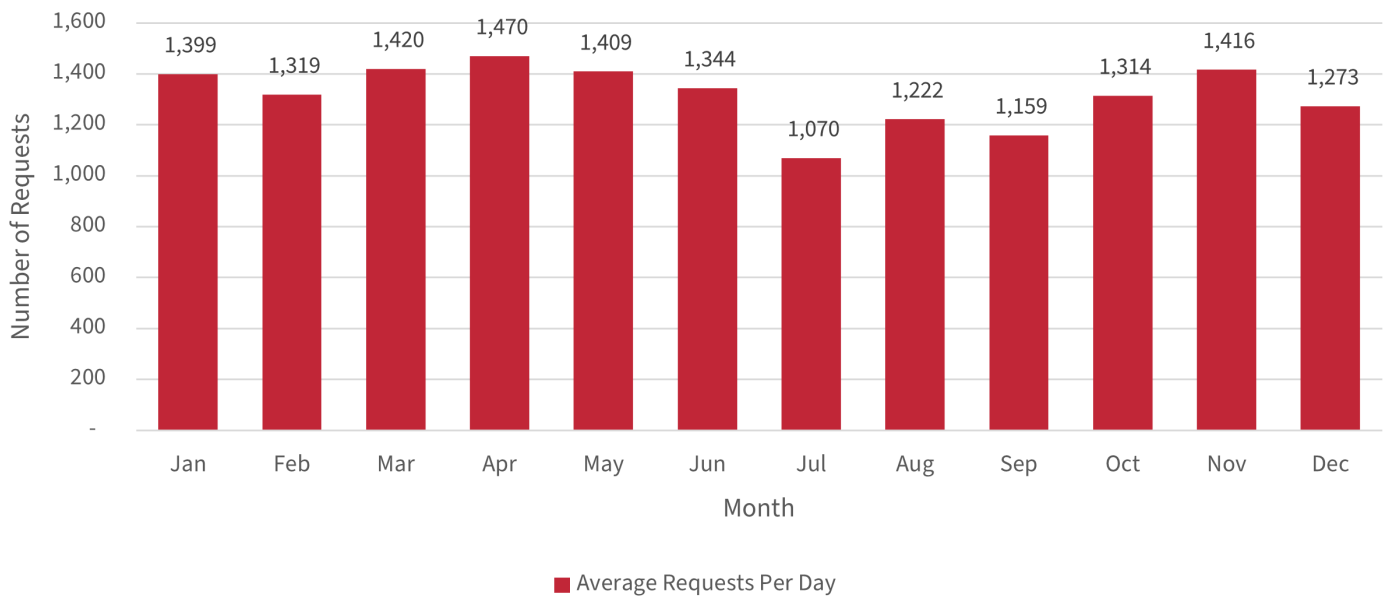
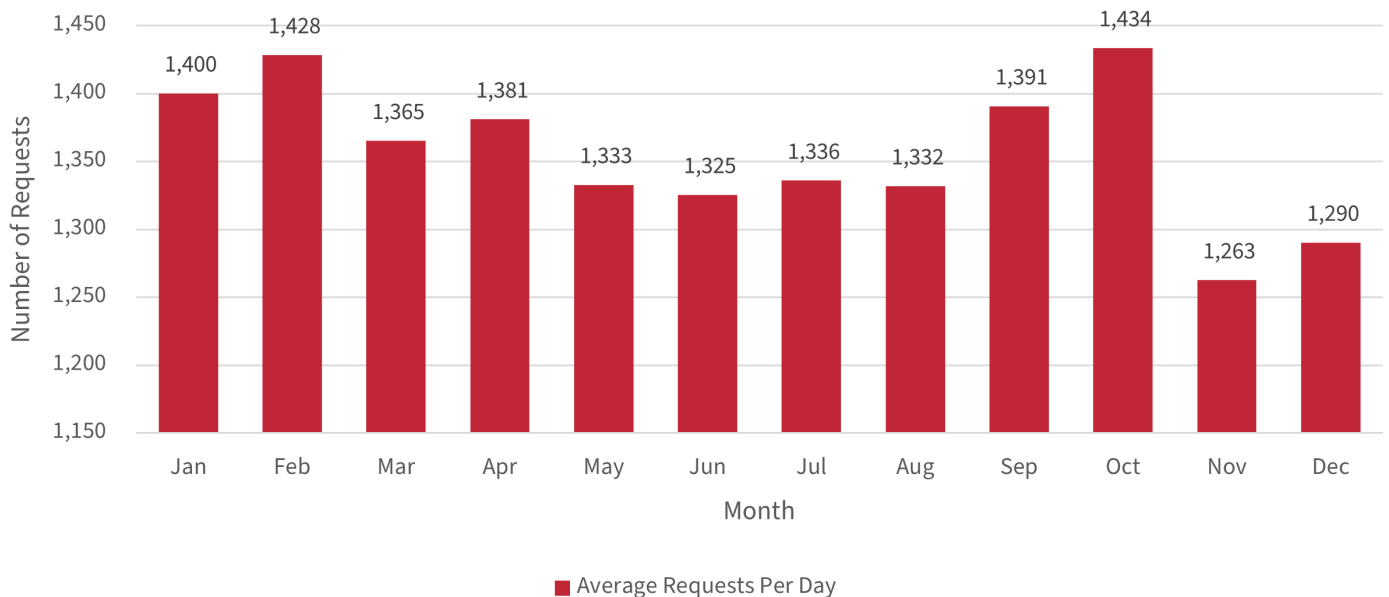


Chart #8.2: Average Weekday OARRS Requests in 2025, by Month



Section 8: Emerging Trends

OARRS is looking at ketamine as an emerging prescription trend over the past few years. The number of ketamine prescriptions went up from 9,684 in 2022 to 25,010 in 2025, a 158% increase (see Chart #9). Ketamine prescriptions have started to rise particularly within the 26-45 and 46-65 age groups between 2022 and 2025 (see Chart #10).

Chart #9: Ketamine Patient and Prescription Count since 2021

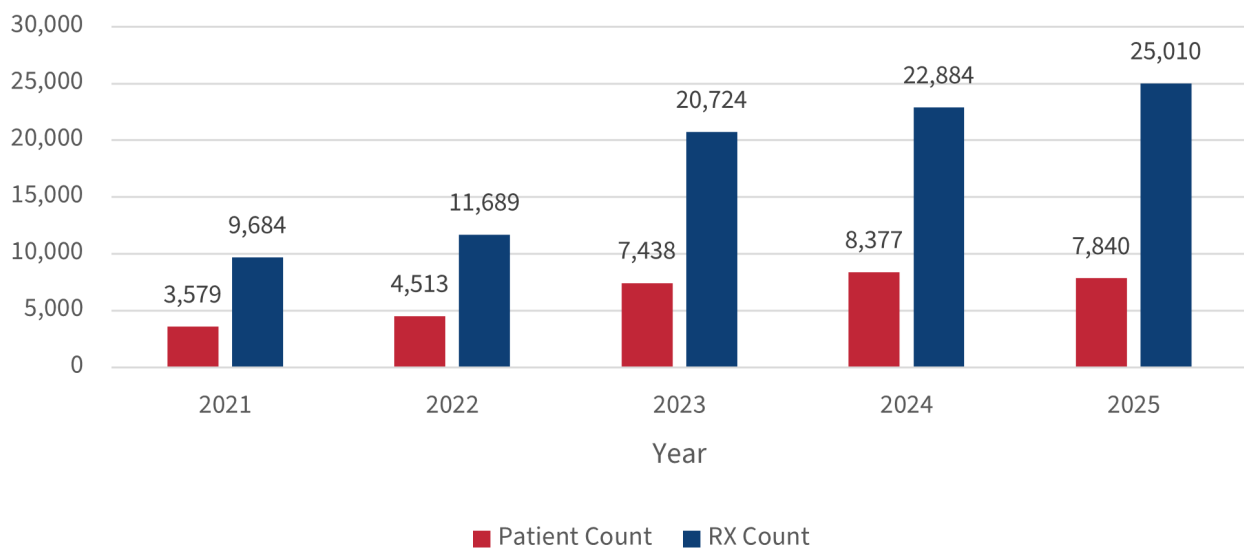
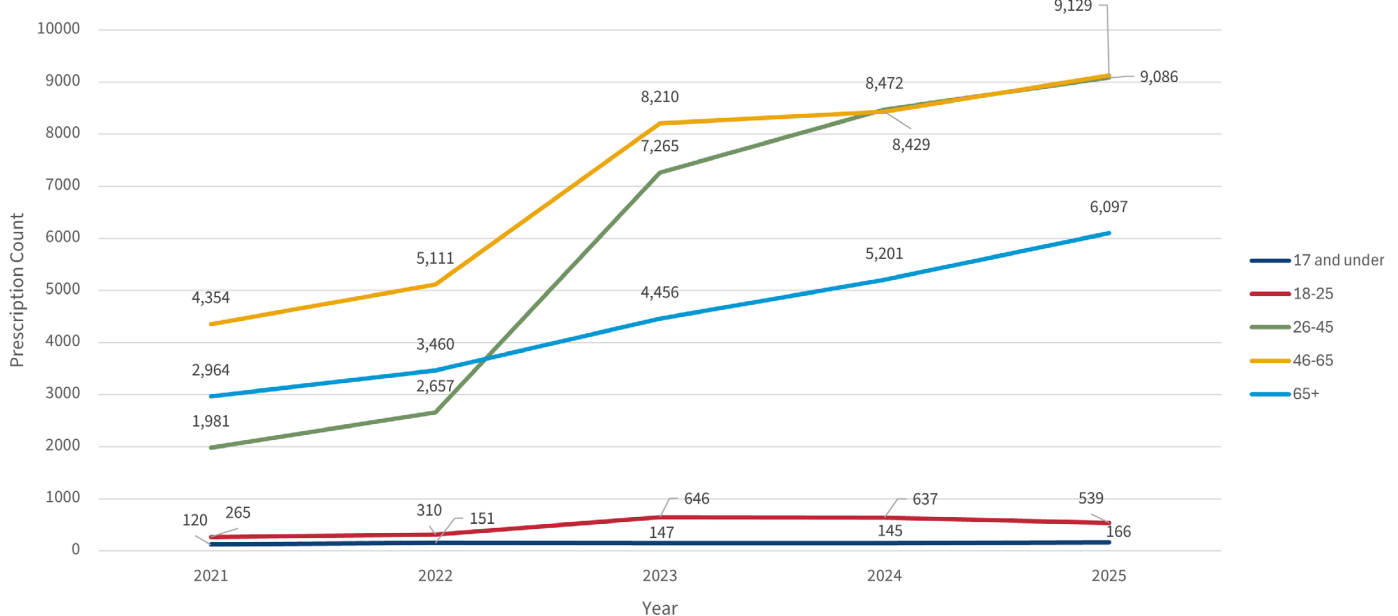


Chart #10: Ketamine Prescriptions by Age Group





Board of Pharmacy

The Ohio Board of Pharmacy is committed to protecting the health and safety of all Ohioans through the administration and enforcement of laws governing the legal distribution of dangerous drugs and the practice of pharmacy. Should you need any assistance or additional information, please do not hesitate to contact the Board.

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