



OKLAHOMA PMP

Prescription Monitoring Program

OBJECTIVES OF TRAINING



Physicians and Pharmacists will learn:

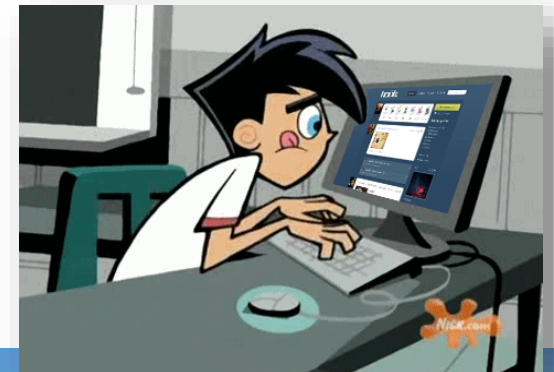
- Steps in accessing information in the PMP program
- Components of key historical reporting features & overview of Integration
- Common errors & mistakes within PMP



ACCESSING PMP

ACCESSING PMP

- <https://oklahoma.pmpaware.net>
 - (this will take you directly to the log in and create an account screen)
- www.ok.gov/obnidd
 - (“PMP Login” will be found in the lower right corner of the screen) – this page contains a lot of important information that is accessible by clicking on the ‘PMP Program’ button located on the left side of the screen



Home

Newsroom

District Offices

About OBND

Public Notices

Education

Evidence Property

Forms

Drug Endangered
Children

Human Trafficking

Jobs

OBND and HIPAA

OBND Lab Container
Program

OBND Registration Forms

PMP Program

Reserve Agent

Rules and Regulations

Rx Disposal Boxes

Training

In Memoriam

Links



MISSION STATEMENT

*COMMITTED TO HONOR, INTEGRITY, AND EXCELLENCE,
THE OKLAHOMA BUREAU OF NARCOTICS WILL SERVE
THE CITIZENS OF OKLAHOMA IN THE QUEST FOR A
DRUG FREE STATE.*



Start Here

OR

Here

NOTICE

Pursuant to SQ788, and the emergency rules passed by the Oklahoma State Department of Health, anyone who intends to become a distributor, manufacturer, researcher, or analytical lab for medical marijuana, must apply for an Oklahoma Bureau of Narcotics controlled dangerous substance registration. Before an applicant calls OBN to request an application, or submits a registration application, the applicant must FIRST be granted a license from the Oklahoma State Department of Health.

Please do not submit an application to OBN until you can provide proof you have received the Oklahoma State Department of Health license.



[Online Meth Registry
Check](#)

[Nonfatal Overdose
Report](#)

[Meth Registry](#)

[Court Fee for Marijuana
Fund](#)



[RENEWAL
INSTRUCTIONS](#)

[REGISTRATION
INSTRUCTIONS](#)



[Register for PMP](#)

[PMP Login](#)

REGISTERING FOR THE PMP- PRIMARY ACCOUNT HOLDER

Log In

Email

Password

[Reset Password](#)

Log In

Create an Account

[Need Help?](#)

Browsers Supported     (8+)

START WITH “CREATE AN ACCOUNT”

[? Registration Process Tutorial](#)
[Get Adobe Acrobat Reader](#)

Register for an Account

Please create your own account and do not create an account on behalf of someone else.

Email

Password

Password Confirmation

Password Must:

- Minimum of 8 characters
- Contain one upper case letter
- Contain one lower case letter
- Contain one special character (! @ # \$ etc.)
- Maximum of 72 characters

[Continue](#)

[Already have an account? Log In](#)

[Need Help?](#)

ENTER YOUR EMAIL ADDRESS- YOU CANNOT SHARE ACCOUNTS

CREATE A PASSWORD – MINIMUM OF 8 CHARACTERS, ONE MUST BE CAPITALIZED AND YOU MUST USE A SPECIAL CHARACTER

EXAMPLE: Temporary#9

CLICK “CONTINUE”

SELECT YOUR ROLE

Registration Process

Select your User Roles

- + Healthcare Professional
- + Agency Administration
- + Law Enforcement
- + Other

Save and Continue



▼ Healthcare Professional

- ☐ Physician (MD, DO)
- ☐ Dentist
- ☐ Nurse Practitioner / Clinical Nurse Specialist
- ☐ Midwife with Prescriptive Authority
- ☐ Physician Assistant
- ☐ Podiatrist (DPM)
- ☐ Optometrist
- ☐ Pharmacist
- ☐ Pharmacist in Charge
- ☐ Veterinarian
- ☐ Medical Intern with Prescriptive Authority
- ☐ Medical Resident with Prescriptive Authority
- ☐ IHS Prescriber
- ☐ Military Prescriber
- ☐ VA Prescriber
- ☐ Pharmacy Technician
- ☐ Pharmacist's Delegate - Unlicensed
- ☐ Pharmacist's Delegate - Licensed
- ☐ Prescriber Delegate - Unlicensed
- ☐ Prescriber Delegate - Licensed
- ☐ Dispensing Physician

Click "Save and Continue"

THE APPLICATION
FOR A PRESCRIBER

YOU WILL NEED TO
ENTER YOUR DEA#


Oklahoma PMP
Prescription Monitoring Program

Oklahoma PMP Aware
For Assistance Call, OR
(855) 285-4767

Help Log Out

— select a menu item —

Registration Process

Create an Account [Registration Process Tutorial](#)  [Get Adobe Acrobat Reader](#)

All fields with an asterisk (*) are required.

Personal

DEA Number(s) * [+ Add](#)

DEA Numbers Added

Controlled Substance ID *

Position, Title, or Rank *

First Name *


Middle Name

Last Name *

Date of Birth *

Add a Healthcare Specialty * [Browse All](#)

Search by keyword (e.g., Allergy, Internal, Sports, Clinical)

 Designates Primary Specialty

Primary Contact Phone *


Employer

Name *

Address *

Address Line 2

City *

State * 

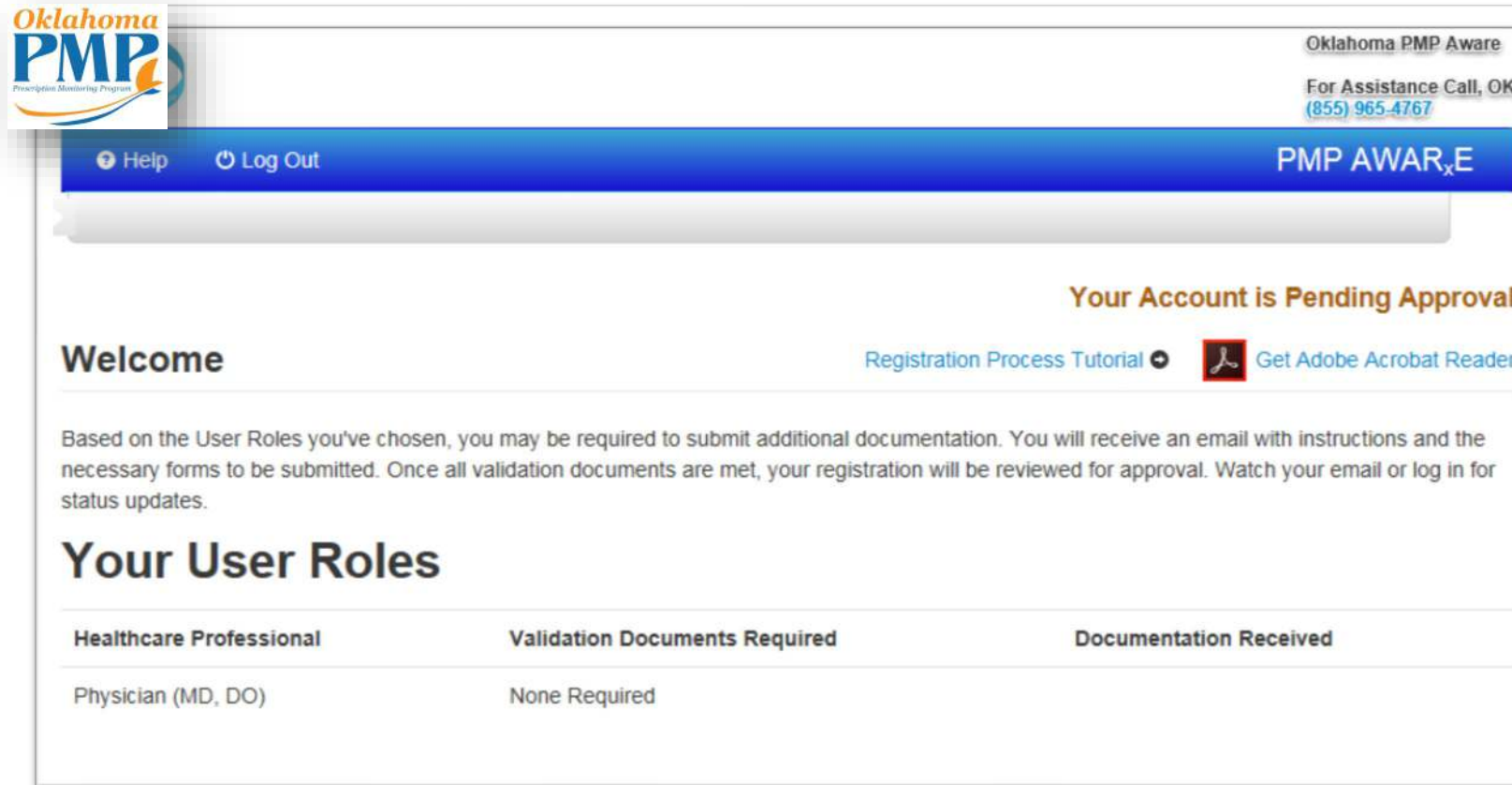
Zip Code *

Phone *

Fax

[Submit Your Registration](#)

SUBMIT YOUR REGISTRATION




Oklahoma PMP
Prescription Monitoring Program

Oklahoma PMP Aware
For Assistance Call, OK
(855) 965-4767

Help Log Out PMP AWARE

Your Account is Pending Approval

Welcome [Registration Process Tutorial](#)  [Get Adobe Acrobat Reader](#)

Based on the User Roles you've chosen, you may be required to submit additional documentation. You will receive an email with instructions and the necessary forms to be submitted. Once all validation documents are met, your registration will be reviewed for approval. Watch your email or log in for status updates.

Your User Roles

Healthcare Professional	Validation Documents Required	Documentation Received
Physician (MD, DO)	None Required	

PMP
ADMINISTRATION
WILL APPROVE YOUR
ACCOUNT WITHIN 3
BUSINESS DAYS OR
LESS

CHECK YOUR EMAIL
ACCOUNT FOR A
MESSAGE FROM A
"NO REPLY"
SENDER TO VERIFY
YOUR EMAIL.

PMP AWAxR SYSTEM SECURITY- WHAT YOU NEED TO KNOW

- **PASSWORD WILL EXPIRE YEARLY**
- **SYSTEM WILL AUTOMATICALLY TIME OUT AFTER 20 MINUTES OF INACTIVITY**
- **DELEGATES MUST APPLY FOR INDIVIDUAL ACCESS**
- **PRIMARY ACCOUNT HOLDERS ARE RESPONSIBLE FOR THEIR DELEGATES.**



DELEGATE REGISTRATION

- If you have anyone else check the patient for you, they must have their own PMP account and they must have you listed as a supervisor.
 - Follow the same process as prescriber registration. Except choose “prescriber delegate licensed or unlicensed”
 - Delegate will include each prescribers DEA# and complete the field “I am a delegate for” with the prescribers email address
 - Prescribers (primary account holder) will approve each delegate



SUBMITTING DATA

SUBMITTING DATA

- **§ 475:45-1-2. Required reporting of certain information**
 - (a) Every pharmacy or dispensing practitioner filling any schedule II, III, IV or V prescriptions must report the following information to a central repository maintained by the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control (OBN). The information must include, but not be limited to, the following:
 - (1) Recipient's name;
 - (2) Recipient's identification number;
 - (3) National Drug Code number of the substance dispensed;
 - (4) Date of the dispensation;
 - (5) Quantity of the substance dispensed;
 - (6) Prescriber's U.S. Drug Enforcement Administration registration number;
 - (7) Dispenser's registration number and location; and
 - (8) Recipient's phone number.
 - (b) The term 'recipient' is also intended to include reporting the required information concerning the recipient's agent as defined by 63 O.S. § 2-309B.
- **§ 475:45-1-5. Time limit for reporting**
 - The information required by this section must be reported to the central repository within five (5) minutes of the time that the controlled dangerous substance was dispensed.

SUBMITTING ACCURATE DATA

- **63-2-309C(D)**

- “Willful failure to transmit accurate information as required by this section shall be a misdemeanor punishable, upon conviction, by not more than one (1) year in the county jail, or by a fine of not more than One Thousand Dollars (\$1,000.00), or by both such imprisonment and fine, or administrative action may be taken pursuant to Section 2-304 of this title”

- **475:45-1-6. Failure to report**

- “Failure to accurately report the required information according to the rules set forth in this Chapter may result in administrative action against the registration of the pharmacy or dispensing practitioner, including, but not limited to, fines not to exceed Two Thousand Dollars (\$2000) per violation.”



PMP Reports

Prescriber Report

- Gives prescribers insight into their opioid prescribing patterns
- Reports are provided quarterly to PDMP users
- Data represented includes Schedule II-V drugs by dispensaries and pharmacies

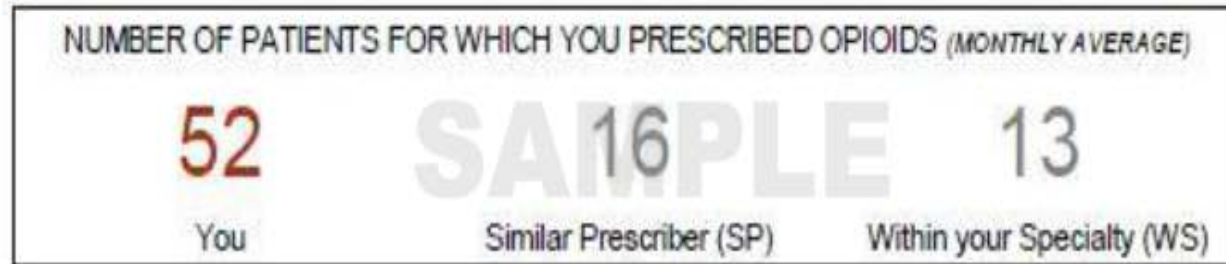
Accessing Prescriber Report

1. Login to Oklahoma.pmpaware.net
2. Click Menu from the top menu bar to expand the options
3. Click MyRX below RXSearch

Home	Data	RxSearch	Insight	User Profile
Dashboard	Accounts	Patient Request	New Reports	My Profile
PMP Announcements	Consolidation	Bulk Patient Search	Reports History	Default PMPi States
Quick Links	Rx Management	Requests History	Reports Processing	Delegate Management
		Requests Processing		Password Reset
		MyRx		Log Out
		Patient Alerts		
		Requests Approval		

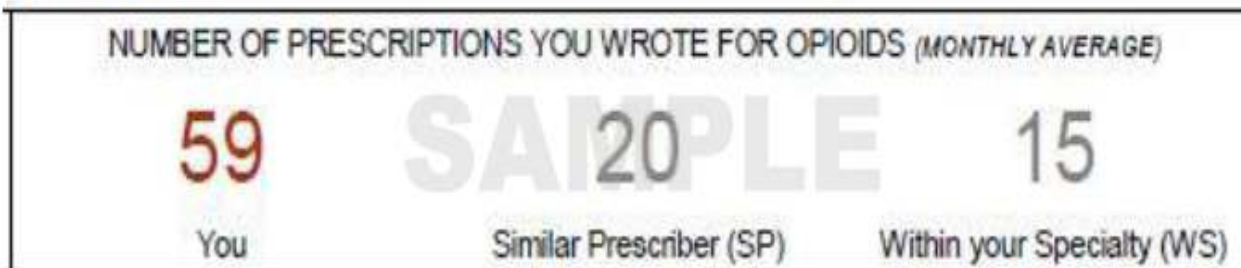
Number of patients for which you prescribed opioids (monthly average)

This represents a monthly average of your patients that were prescribed opioids compared to your peers.



Number of prescriptions you wrote for opioids (monthly average)

This represents a monthly average of opioid prescriptions that were written by you in comparison to your peers.



Dangerous Combination Therapy

DANGEROUS COMBINATION THERAPY			
PRESCRIPTIONS FOR OPIOID + BENZO IN SAME MONTH		PRESCRIPTIONS FOR OPIOID + BENZO + CARISOPRODOL IN SAME MONTH	
26	39	0	0
BY YOU	BY YOU + OTHER PRESCRIBERS	BY YOU	BY YOU + OTHER PRESCRIBERS

Represents the number of patients in the reporting period receiving a prescription for both an opioid and a benzodiazepine for an overlapping period within the reporting period.

Top Medications Prescribed (Full Report Period)

TOP MEDICATIONS PRESCRIBED (FULL REPORT PERIOD)		
ALPRAZOLAM	TRAMADOL HCL	LORAZEPAM


This metric represents the top three Schedule II-V drugs (listed by generic name) based on the number of prescriptions prescribed by you and reported to the PDMP.

Accessing Prescribing History

1. Login to Oklahoma.pmpaware.net
2. Click Menu from the top menu bar to expand the options
3. Click MyRX below RXSearch

Home	Data	RxSearch	Insight	User Profile
Dashboard	Accounts	Patient Request	New Reports	My Profile
PMP Announcements	Consolidation	Bulk Patient Search	Reports History	Default PMPi States
Quick Links	Rx Management	Requests History	Reports Processing	Delegate Management
		Requests Processing		Password Reset
		MyRx		Log Out
		Patient Alerts		
		Requests Approval		

Searching For Prescribing History

 Support: (855) 965-4767

MyRx Request

MyRx History

My Rx

* Indicates Required Field

Prescriptions Written

From*

MM/DD/YYYY

To*

MM/DD/YYYY

DEA Numbers

Generic Drug Name (Optional)

Drug Name

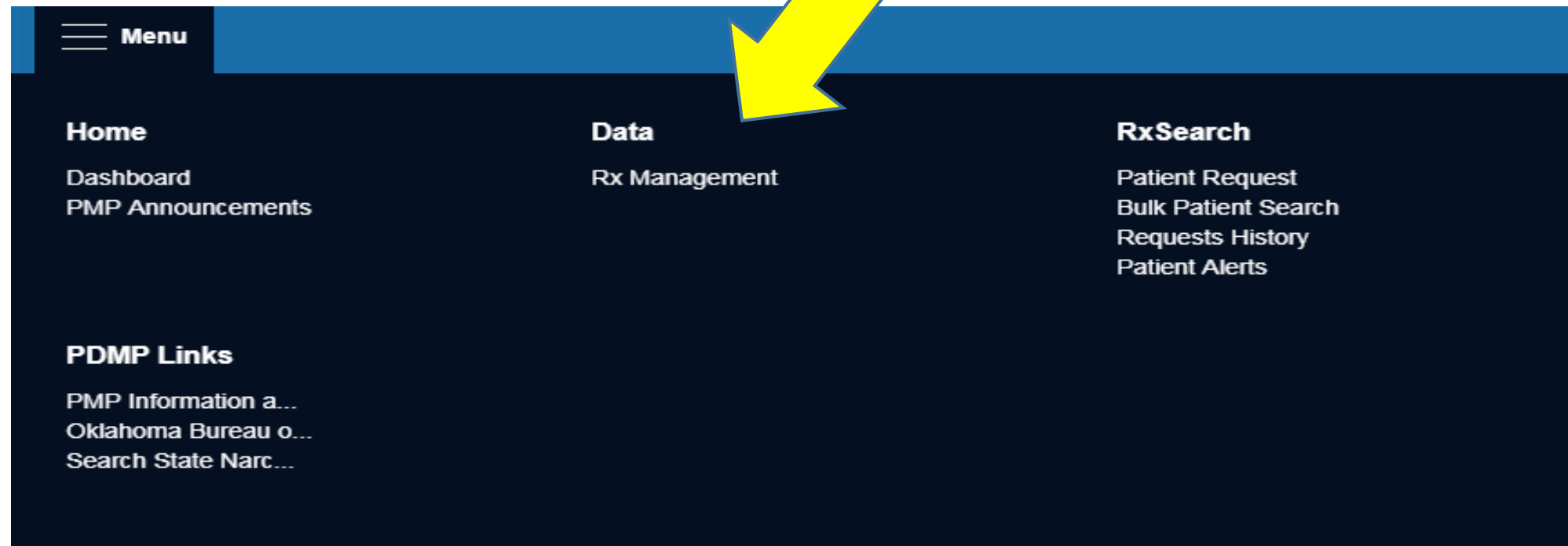
DEA Numbers

DEA Number	Prescriber Name	Address	City	State	Zip

Prescriptions

Date Written	DEA(Last 4)	Patient	Year of Birth	Drug Name	Days Supply	Pharmacy	Pharmacy Address
04/30/2020			1955	OXYCODONE HCL 10 MG TABLET	30		
04/30/2020			1956	ALPRAZOLAM 1 MG TABLET	30		
04/30/2020			1995	DEXTROAMP-AMPHETAMIN 30 MG TAB	30		
04/29/2020			1990	DEXTROAMP-AMPHETAMIN 20 MG TAB	30		
04/28/2020			1952	HYDROCODONE-ACETAMIN 10-325 MG	30		
04/28/2020			1990	DEXTROAMP-AMPHETAMIN 20 MG TAB	30		
04/27/2020			1977	VYVANSE 60 MG CAPSULE	30		
04/24/2020			1965	DEXMETHYLPHENIDATE	30		

RX Management



ERROR CORRECTIONS

Powered by **Awarx**

Support: 1-866-Appriss

Error Correction

Rx Maintenance

New Rx

PharmacyRx

PharmacyRx History

Advanced Options ▾

START DATE 06/01/2018

END DATE 06/20/2018

Search

Rx Error List

Download PDF

Download CSV

Displaying 7 of 7

Rx Number	Date Filled	Pharmacy Name	Pharmacy DEA	Pharmacy NCPDP	Errors
6U6wIacxzEjVN13u1	06/04/2018	Carter-Morissette	AS00000000	4305074	2
WXYyCL7G0bgSL	06/07/2018	Carter-Morissette	AS00000000	4305074	1
yXNJEaX91YMqA1VZp	06/07/2018	Carter-Morissette	AS00000000	4305074	1
NX6HIW2GIqfd9Iz53	06/07/2018	Carter-Morissette	AS00000000	4305074	1
UTzXQAYppaJyQs6e8Tcj	06/08/2018	Carter-Morissette	AS00000000	4305074	2
Ntxzu9Ycn	06/09/2018	Carter-Morissette	AS00000000	4305074	2
NwY	06/09/2018	Carter-Morissette	AS00000000	4305074	2

Rx #101882

3 Errors Unresolved



Patient

First Name*
John
Middle Name
MICHELLE
Last Name*
Smith
DOB*
03/28/1995
Gender*
Female

Address*
[Redacted]
Address Line 2
[Redacted]
City*
MCALESTER
State*
Oklahoma
Postal Code*
74501

ID Type*
Driver's License ID
ID Number*
[Redacted]
Phone Number
[Redacted]

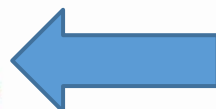
Pharmacy

Pharmacy Name*
So High Pharmacy
Address*
[Redacted]
Address Line 2
[Redacted]
City*
NORMAN
State*
Oklahoma
Postal Code*
73069

Pharmacy DEA #*
XX1234567
Pharmacy NPI #
[Redacted]
Pharmacy NCPDP #
[Redacted]
Pharmacy Chain Site ID
[Redacted]
Permit Number
[Redacted]
Contact Name
[Redacted]
Contact Phone
[Redacted]

Prescriber

First Name*
[Redacted] *
First name value must be present.
Middle Name
[Redacted]
Last Name*
[Redacted] *
Last name value must be present.
Phone Number
[Redacted]



Address One
[Redacted]
Address Two
[Redacted]
City
[Redacted]
State
Select State
Postal Code
[Redacted]

Prescriber DEA #*
FS8141787 *
Dea number must be a valid identifier.
Prescriber XDEA #
[Redacted]
DEA Suffix
[Redacted]
Prescriber NPI #
[Redacted]
State License #
[Redacted]



ERROR CORRECTIONS



POWERED BY **Awarx**

Support: 1-866-Apprise


Error Correction Rx Maintenance New Rx PharmacyRx PharmacyRx History


Advanced Options ▾

START DATE 06/01/2018END DATE 06/20/2018

Search

Rx Error List

Download PDF

Download CSV

Displaying 7 of 7

Rx Number	Date Filled	Pharmacy Name	Pharmacy DEA	Pharmacy NCPDP	Errors
6U6wIacxzEjVN13u1	06/04/2018	Carter-Morissette	AS00000000	4305074	2
IVXVycLZG0bgSL	06/07/2018	Carter-Morissette	AS00000000	4305074	1
yXNJEaX91YMqA1VZp	06/07/2018	Carter-Morissette	AS00000000	4305074	1
NX6HiW2GIqfd9Iz53	06/07/2018	Carter-Morissette	AS00000000	4305074	1
UTzXQAYppaJyQs6e8Tcj	06/08/2018	Carter-Morissette	AS00000000	4305074	2
Ntxzu9Ycn	06/09/2018	Carter-Morissette	AS00000000	4305074	2
NwY	06/09/2018	Carter-Morissette	AS00000000	4305074	2

Rx Maintenance

- Sometimes there are mistakes that enter the system
 - Misspelled Name
 - Mistyped birthday
 - Mistyped Prescriber information
 - Incorrect drug quantity
 - Incorrect dosage type
- These can be corrected in Rx Maintenance

Rx Search

*Requires at least one Pharmacy Identifier and Rx Fill Dates

Prescriptions Number

Rx Number

Prescriptions Fill Dates

From *

Search limit: 24 months

To *

Prescriber

Last Name

Pharmacy Identifiers

Rx Maintenance: Correcting Prescriptions

- Complete the fields on the Rx Search page.
- Pharmacy Identifiers and Prescription Fill Dates fields are required.

Rx Search Results

Identifier(s): FS4671601

Rx Fill Dates: 06/26/2016 (adjusted)-06/26/2018

Displaying all 5 entries

Rx Number	Date Filled	Written At	Patient Name	Prescriber	Pharmacy Name	Pharmacy Identifier
39467	2016-07-21	2016-07-18	DAVID SMITH	PAUL FARKAS, MD	SPRINGFIELD FAMILY PHARMACY, INC.	FS4671601
JD1528589	2016-09-09	2016-09-09	JOHN DOE	Appriss Hospital - Resident	SPRINGFIELD FAMILY PHARMACY, INC.	FS4671601
JD1528589	2016-09-19	2016-09-19	JOHN DOE	OHIO DOC	SPRINGFIELD FAMILY PHARMACY, INC.	FS4671601
123450	2017-12-19	2017-12-19	GEORGE TESTPATIENT	OHIO DOC	SPRINGFIELD FAMILY PHARMACY, INC.	FS4671601
457362	2018-01-10	2018-01-10	JOHN DOE	APPRISS HOSPITAL - RESIDENT	SPRINGFIELD FAMILY PHARMACY, INC.	FS4671601

New RX

- You can manually enter your prescription information into the Oklahoma PMP database using the Manual Submission Form within the PMP AWARxE web portal.
- This section allows you to enter patient, prescriber, dispenser, and prescription information.

Manual Submission Form

Patient

Patient Type:

☒ Human ☐ Animal

First Name*

Middle Name

Last Name*

DOB*

mm/dd/yyyy

Gender*

Unknown ▾

Address*

Address Line 2

City*

State*

Select State ▾

Postal Code*

ID Type

ID Number

Patient Location

Phone Number

Pharmacy

Pharmacy Name*

Pharmacy DEA #*

Pharmacy Rx

- ▶ This is the dispensing history of the Pharmacy

Error Correction

Rx Maintenance

New Rx

PharmacyRx

PharmacyRx History

Powered by **Awarx**
Support: 1-866-Appriss

PharmacyRx

DEA Numbers

☐ MD1234568

Prescription Fill Dates

From*

MM/DD/YYYY

To*

MM/DD/YYYY

Search

PharmacyRx										
Report Prepared: 06/18/2018										
Date Range: 01/01/2017 – 06/18/2018										
Download PDF										
Download CSV										
Street Address										
City										
State										
Zip										
Report Criteria										
Identifier Number										
AP1111119										
Dispensations										
Fill Date	Rx #	Name	Year of Birth	Drug Name	Qty	Supply	Refill Number	Prescriber Name	Pymt Type	
05/13/2018	152847	TESTPATIENT, BOB	1900	HYDROCODON-ACETAMINOPHN 10-325	30.0	10	0	Paul, Doctor	indian_nation	
05/12/2018	152846	TESTPATIENT, ALICE	1900	HYDROCODON-ACETAMINOPHN 10-325	30.0	10	0	Appriss, Inc	insurance	
04/26/2018	AT1152500	TESTPATIENT, BOB	1900	ACETAMINOPHEN-COD #3 TABLET	3.0	3	0	WALGREEN CO., CO.	paid	
04/25/2018	AT1152500	TESTPATIENT, ALICE	1900	ACETAMINOPHEN-COD #3 TABLET	3.0	3	0	Paul, Doctor	paid	
04/21/2018	152847B	TESTPATIENT, BOB	1900	HYDROCODON-ACETAMINOPHN 10-325	30.0	10	0	Paul, Doctor	insurance	

Patient Alerts

This function displays your available patient alerts.

Patient Alerts				
Select a patient to view more information.				
Patient Full Name	DOB	Alert Date	Alert Letter	Delivery Method
Adam Smith	01/01/1900	01/01/1900	Download PDF	Patient Alerts and Email
Adam Smith	01/01/1900	01/01/1900	Download PDF	Patient Alerts and Email
Adam Smith	01/01/1900	01/01/1900	Download PDF	Patient Alerts and Email
Adam Smith	01/01/1900	01/01/1900	Download PDF	Patient Alerts and Email
Adam Smith	01/01/1900	01/01/1900	Download PDF	Patient Alerts and Email



Integration



Common Errors & Mistakes

ERRORS DEFINED

- Data is usually submitted by the software company through “Clearinghouse”
- Sometimes the data has incorrect information that does not allow it to enter the system
 - Incorrect DEA Number
 - Incorrect NDC Number
- **Missing fields:** Animal Prescriptions
 - Patient name is the pet owner
 - Birthday is pet owners birthdate

MISTAKES DEFINED

- Misspelled name
- Mistyped birthday
- Mistyped prescriber information
- Incorrect drug quantity
- Incorrect dosage type

NOTES FROM THE FIELD

PHYSICIANS

- ACCOUNTABILITY OF MONITORING PMP
- ONE ACCOUNT FOR EACH PHYSICIAN
- LIST ALL DEA NUMBERS THAT YOU ARE ASSOCIATED
- DELEGATES MUST USE PRIMARY ACCOUNT HOLDER'S EMAIL ADDRESS
- DO NOT CREATE MORE THAN ONE ACCOUNT WHEN CHANGES OCCUR

PHARMACISTS

- ACCOUNTABILITY OF MONITORING PMP
- RECORD EACH DEA # YOU ARE ASSOCIATED
- DELEGATES MUST USE PRIMARY ACCOUNT HOLDER'S EMAIL ADDRESS
- DO NOT CREATE MORE THAN ONE ACCOUNT WHEN CHANGES OCCUR

QUESTIONS OR COMMENTS?

CONTACT INFORMATION:

- Devone Turner
- Oklahoma Bureau of Narcotics PMP Educator
- (405) 530-3772
- dvtturner@obn.state.ok.us

PMP Help Desk Numbers:

- Technical Support: 1-855-965-4767
- Administrative Support: 1-877-627-2674

