



WHEN TO CHECK OARRS – PHARMACISTS

Per OAC 4729:5-5-08, prior to dispensing an outpatient prescription for a controlled substance or a drug containing gabapentin, at a minimum, a pharmacist shall request and review an OARRS report covering at least a one year time period in any of the following circumstances:



RULE 1: A patient adds a new or different controlled substance or a drug containing gabapentin to the patient's therapy that was not previously included.



RULE 2: An OARRS report has not been reviewed for that patient during the preceding 12 months, as indicated in the patient profile.



RULE 3: A prescriber is located outside the usual pharmacy geographic area.



RULE 4: A patient is from outside the usual pharmacy geographic area.



RULE 5: A pharmacist has reason to believe the patient has received prescriptions for controlled substances or a drug containing gabapentin from more than one prescriber in the preceding three months, unless the prescriptions are from prescribers who practice at the same physical location (i.e. same group practice).



RULE 6: Patient is exhibiting signs of potential abuse or diversion. This includes, but is not limited to, over-utilization, early refills, appears overly sedated or intoxicated upon presenting a prescription for a reported drug, or an unfamiliar patient requesting a reported drug by specific name, street name, color, or identifying marks.

Remember: To be valid, a prescription must be issued for a legitimate medical purpose by a prescriber acting in the usual course of their practice. The responsibility for the proper prescribing is upon the prescriber; however, a corresponding responsibility also rests with the pharmacist who dispenses the prescription. Pharmacists shall use professional judgment when making a determination about the legitimacy of a prescription.

A pharmacist **shall not** dispense a prescription of doubtful, questionable, or suspicious origin [OAC 4729:5-5-08 (G), 4729:5-5-10 (A), & 4729:5-5-15 (A)].

It's OK to say no. You might just save a life.



WHEN TO CHECK OARRS—**PRESCRIBERS**

Ohio Law:

Before initially prescribing or personally furnishing an opioid analgesic or a benzodiazepine to a patient, the prescriber must request patient information from OARRS that covers at least the previous 12 months.

Follow-up OARRS reports should be obtained:

- The drug is prescribed or personally furnished to a hospice patient or to any other patient who has been diagnosed as terminally ill (applies to APRN, PA, MD, and DO).
- The drug is prescribed or personally furnished in an amount indicated for a period not to exceed seven days (applies to all prescribers).
- The drug is prescribed or personally furnished for the treatment of cancer or another condition associated with cancer (applies to APRN, PA, MD, and DO).
- The drug is administered in a hospital, nursing home, or residential care facility (applies to APRN, PA, MD, and DO).
- The drug is prescribed or personally furnished to treat acute pain resulting from a surgical or other invasive procedure or a delivery (applies to physicians only).
- The OARRS report is not available (applies to all prescribers).

Ohio Regulations

Ohio's health care regulatory boards have also adopted regulations on when an OARRS report must be requested:

Medical Board Rules: 4731-11-11, 4731-33-02, 4730-2-10 & 4730-4-02

Nursing Board Rules: 4723-9-12, 4723-9-13

Dental Board Rule: 4715-6-01