



OARRS RULES FOR PHARMACISTS (OAC 4729:5-5-08)

Prior to dispensing an outpatient prescription for a controlled substance or drug containing gabapentin, 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 that was not previously included.

What this means: The first time you fill a prescription for a new or different controlled substance or gabapentin, you must run an OARRS report. First hydrocodone? Run it. Next day new RX for testosterone? Run it again. A week later another hydrocodone? Not required, but a good idea.

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

What this means: If you don't have a documented record of having run an OARRS report in the past year, run it. This creates your baseline.

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

What this means: While traveling a distance to a physician is not unheard of, it is not the norm for many circumstances. This could be a sign that a patient is traveling to a prescriber that will prescribe requested medications and may serve as a red flag for problematic prescribing.

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

What this means: While patients do experience illness or injury while traveling, extra vigilance is required when filling a controlled substance or gabapentin prescription for an unfamiliar patient. Patients who travel from long distances to your pharmacy could be a potential indicator of substance use disorder.

RULE 5: A pharmacist has reason to believe the patient has received prescriptions for controlled substances or 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).

What this means: Prescribers from the same office will often manage patients collaboratively. A patient receiving prescriptions from multiple prescribers from various locations may be a red flag for abuse/misuse of prescription medications. A pharmacist should never assume that OARRS was reviewed by the prescriber and should review OARRS to help exercise professional judgment before dispensing. Remember, when in doubt, communicate with the prescriber!

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, or an unfamiliar patient requesting a reported drug by specific name, street name, color, or identifying marks.)

What this means: An occasional early refill may be warranted. Patients go on vacation and may need to fill early to ensure they have enough while travelling. However, a pattern of early refills increases the likelihood of diversion and/or overdose due to stockpiling of medications. Pharmacists should be watching for safe medication utilization and should intervene if/when necessary.

Remember: To be valid, a prescription must be issued for a legitimate medical purpose by a prescriber acting in the usual course of the prescriber's 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)].

If in doubt, run the OARRS report. You don't know what you don't know.

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