

# Frequently Asked Questions

Rule 4731-11-11

Standards and Procedures for Accessing OARRS

**STATE MEDICAL BOARD OF OHIO**

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**Rule 4731-11-11, Ohio Administrative Code  
Standards and Procedures for Accessing OARRS  
FREQUENTLY ASKED QUESTIONS**

**Background and purpose:**

The Ohio Automated Rx Reporting System (OARRS) was established in 2006 as a tool to assist healthcare professionals in providing improved and safer treatment for patients. House Bill 93 of the 129th General Assembly authorized the Board to adopt Ohio Administrative Code (OAC) Rule 4731-11-11, Standards and Procedures for Accessing OARRS, in an effort to encourage prescribers to access OARRS. An OARRS Prescription History Report can assist in assuring that a patient is getting the appropriate drug therapy, is taking their medication as prescribed, and may alert prescribers to signs of possible misuse or diversion of controlled substances. The system serves a secondary purpose to enhance the monitoring of the misuse and diversion of controlled substances.

A prescriber is authorized to request an OARRS Prescription History Report on an individual **only if**: (1) the request is for the purpose of providing medical treatment and (2) the prescriber has a current prescriber-patient relationship with the individual named in the request. Please note that unauthorized accessing of an OARRS Report may be in violation of Board of Pharmacy laws.

**Question 1: How do I register for OARRS?**

**A:** The Ohio Board of Pharmacy maintains and operates the OARRS system. Information on registering with OARRS, acceptable use policies, and assigning delegates can be obtained by contacting the Ohio Board of Pharmacy.

**Question 2: Can I have my office staff access OARRS on my behalf?**

**A:** Yes. Licensed individuals, such as nurses and physician assistants may obtain an account from the Board of Pharmacy to access OARRS on your behalf. Under House Bill 93, a physician may also name non-licensed staff such as medical assistants or other office personnel, as delegates to access OARRS on the physician's behalf. The Board of Pharmacy limits the number of non-licensed delegates to three per physician. For more information please contact the Ohio Board of Pharmacy.

**Question 3: What types of drugs are reported to OARRS?**

**A:** Currently controlled substances in schedules II, III, IV, V, and all dangerous drug products containing carisoprodol or tramadol are required to be reported to OARRS. These drugs are referred to as "reported drugs" in Rule 4731-11-11.

**Question 4: Does the OARRS rule apply to drugs administered in an in-patient or office based setting?**

**A:** No. Rule 4731-11-11 only applies to instances when you either prescribe or personally furnish controlled substances, carisoprodol, or tramadol to a patient and does not apply to the administration of drugs in an in-patient or office based setting. An example of administering drugs in an in-patient or office based setting would be the filling or refilling of morphine pumps, in this situation you would not be required by rule to check OARRS, though you may still choose to do an OARRS check based upon your professional discretion. Furthermore, if you are either providing or

furnishing drugs for a patient to take home or providing a written prescription then you should be checking OARRS under the appropriate circumstances.

**Question 5: When do I need to check OARRS?**

**A:** Rule 4731-11-11 outlines situations for accessing OARRS prior to prescribing or personally furnishing a controlled substance, tramadol or carisoprodol which include the following:

- a. If a patient is exhibiting signs of drug abuse or diversion;
- b. When you have a reason to believe the treatment of a patient with the above listed drugs will continue for twelve weeks or more; and
- c. At least once a year for patients thereafter for patients receiving treatment with the above listed drugs for twelve weeks or more.

**Question 6: What signs of drug abuse or diversion require an OARRS Report?**

**A:** The following signs of drug abuse or diversion require a physician to access an OARRS report prior to prescribing or personally furnishing a controlled substance, carisoprodol, or tramadol:

<b>REQUIRED OARRS REPORT</b>	
Having a drug screen result that is inconsistent with the treatment plan or refusing to participate in a drug screen	Increasing the dosage of reported drugs in amounts that exceed the prescribed amount
Forging or altering a prescription	Selling prescription drugs
Stealing or borrowing reported drugs	Receiving reported drugs from multiple prescribers, without clinical basis
Having been arrested, convicted or received diversion, or intervention in lieu of conviction for a drug related offense while under the physician’s care	Having a family member, friend, law enforcement officer, or health care professional express concern related to the patient’s use of illegal or reported drugs

**Question 7: Are there other instances where a physician may consider checking OARRS?**

**A:** Yes. A physician may consider checking OARRS prior to prescribing or personally furnishing controlled substances, carisoprodol, or tramadol to a patient exhibiting the following signs of possible drug abuse or diversion. Please note this list is not all inclusive and there may be other legitimate basis for checking OARRS:

<b>OPTIONAL OARRS REPORT</b>	
A known history of chemical abuse or dependency	Frequently requesting early refills of reported drugs
Appearing impaired or overly sedated during an office visit or exam	Frequently losing prescriptions for reported drugs
Requesting reported drugs by specific name, street name, color, or identifying marks	Recurring emergency department visits to obtain reported drugs
A history of illegal drug use	Sharing reported drugs with another person

**Question 8: When I run an OARRS report is it required to cover a specific time period?**

**A:** Yes. An initial report should cover a time period of at least one year from the current date (though personal discretion and circumstances related to the type or number of signs of abuse or diversion may suggest a report covering a longer time period of up to two years). Subsequent reports should cover the period from the date of the last report to present.

**Question 9: Should a copy of an OARRS report be maintained in a patient's medical record?**

**A:** The preferred method of documenting the receipt and assessment of an OARRS report is to notate the date the report was requested and received, as well as any pertinent findings in the patient's medical record. A notation suggests that you or your delegate did not just take the report and file it. If you do maintain a copy of the actual OARRS report in the patient's medical record it should be in a non-reproducible portion of the record.

Please note that unauthorized disclosure of an OARRS Report may be in violation of Board of Pharmacy laws and/or federal privacy laws such as HIPAA. As with all medical records, take the necessary steps to maintain confidentiality. For more information please contact the Ohio Board of Pharmacy.

**Question 10: What do I do if an OARRS report is not immediately available?**

**A:** In the event an OARRS report is not immediately available a physician should document the reason why the report was unavailable. Examples may include network outages or a report being held for review by OARRS. It may be necessary for follow-up to obtain the report based upon personal discretion and circumstances related to the type or signs of drug abuse or diversion.

**Question 11: Does Rule 4731-11-11 apply to hospice patients?**

**A:** NO. Rule 4731-11-11 provides an exception for prescribing to hospice patients who are in a hospice program.

**Question 12: Can a physician assistant supervisory plan or an advanced practice nurse collaborative agreement include guidelines for checking OARRS?**

**A:** Yes. As part of either the supervisory plan with a physician assistant or the standard care arrangement (collaborative agreement) with an advanced practice nurse a physician and the practitioners with whom they are working may establish guidelines for the circumstances and degree of collaboration necessary for checking OARRS or consultation prior to prescribing or personally furnishing drugs to a patient.

**For More Information:**

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4731-11-11 **Standards and procedures for review of Ohio Automated Rx Reporting System (OARRS)**

(A) For purposes of this rule:

- (1) "OARRS" means the "Ohio Automated Rx Reporting Sysytem" drug database established and maintained pursuant to section 4729.75 of the Revised Code.
- (2) "OARRS report" means a report of information related to a specified patient generated by the drug database established and maintained pursuant to section 4729.75 of the Revised Code.
- (3) "Personally furnish" means the distribution of drugs by a prescriber to the prescriber's patients for use outside the prescriber's practice setting.
- (4) "Protracted basis" means a period in excess of twelve continuous weeks.
- (5) "Reported drugs" means all the drugs listed in rule 4729-37-02 of the Administrative Code that are required to be reported to the drug database established and maintained pursuant to section 4729.75 of the Revised Code, including:
  - (a) Controlled substances in schedules II, III, IV, and V, and
  - (b) All dangerous drug products containing carisoprodol or tramadol.

(B) If a physician believes or has reason to believe that a patient may be abusing or diverting drugs, the physician shall use sound clinical judgment in determining whether or not the reported drug should be prescribed or personally furnished to the patient under the circumstances.

- (1) To assist in this determination, the physician shall access OARRS and document receipt and assessment of the information received if the patient exhibits the following signs of drug abuse or diversion:
  - (a) Selling prescription drugs;
  - (b) Forging or altering a prescription;
  - (c) Stealing or borrowing reported drugs;
  - (d) Increasing the dosage of reported drugs in amounts that exceed the prescribed amount;
  - (e) Having a drug screen result that is inconsistent with the treatment plan or refusing to participate in a drug screen;
  - (f) Having been arrested, convicted or received diversion, or intervention in lieu of conviction for a drug related offesne while under the physician's care;

- (g) Receiving reported drugs from multiple prescribers, without clinical basis; or
- (h) Having a family member, friend, law enforcement officer, or health care professional express concern related to the patient's use of illegal or reported drugs.

(2) Other signs of possible abuse or diversion which may necessitate accessing OARRS include, but are not limited to the following:

- (a) A known history of chemical abuse or dependency;
- (b) Appearing impaired or overly sedated during an office visit or exam;
- (c) Requesting reported drugs by specific name, street name, color, or identifying marks;
- (d) Frequently requesting early refills of reported drugs;
- (e) Frequently losing prescriptions for reported drugs;
- (f) A history of illegal drug use;
- (g) Sharing reported drugs with another person; or
- (h) Recurring emergency department visits to obtain reported drugs.

(C) A physician prescribing or personally furnishing reported drugs to treat a patient on a protracted basis shall, at a minimum, document receipt and assessment of an OARRS report in the following circumstances:

- (1) Once the physician has reason to believe that the treatment will be required on a protracted basis; and
- (2) At least once annually, thereafter.

(D) A physician shall document receipt and assessment of all OARRS reports in the patient record.

- (1) Initial reports requested in compliance with this rule shall cover a time period of at least one year;
- (2) Subsequent reports requested in compliance with this rule shall, at a minimum, cover the period from the date of the last report to present.

(E) In the event an OARRS report is not available prior to writing a prescription for a reported drug or personally furnishing the reported drug, a physician shall document in the patient record why the the OARRS report was not available.

(F) Paragraph (C) of this rule does not apply to a hospice patient in a hospice care program as those terms are defined in section 3712.01 of the Revised Code.