

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

(A) For purposes of this rule:

- (1) "Delegate" means an authorized representative who is registered with the Ohio board of pharmacy to obtain an OARRS report on behalf of a physician;
- (2) "OARRS" means the "Ohio Automated Rx Reporting System" drug database established and maintained pursuant to section [4729.75](#) of the Revised Code.
- (3) "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.
- (4) "Personally furnish" means the distribution of drugs by a prescriber to the prescriber's patients for use outside the prescriber's practice setting.
- (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 controlled substances in schedules II, III, IV, and V.

(B) Standards of care:

- (1) The accepted and prevailing minimal standards of care require that when prescribing or personally furnishing a reported drug, a physician shall take into account all of the following:
  - (a) The potential for abuse of the reported drug;
  - (b) The possibility that use of the reported drug may lead to dependence;
  - (c) The possibility the patient will obtain the reported drug for a nontherapeutic use or distribute it to other persons; and
  - (d) The potential existence of an illicit market for the reported drug.
- (2) In considering whether a prescription for or the personally furnishing of a reported drug is appropriate for the patient, the physician shall use sound clinical judgment and obtain and review an OARRS report consistent with the provisions of this rule.

(C) A physician shall obtain and review an OARRS report to help determine if it is appropriate to prescribe or personally furnish an opioid analgesic, benzodiazepine, or reported drug to a patient as provided in this paragraph and paragraph (F) of this rule:

- (1) A physician shall obtain and review an OARRS report before prescribing or personally furnishing an opiate analgesic or benzodiazepine to a patient, unless an exception listed in paragraph (G) of this rule is applicable.
- (2) A physician shall obtain and review an OARRS report when a patient's course of treatment with a reported drug other than an opioid analgesic or benzodiazepine has lasted more than ninety days, unless an exception listed in paragraph (G) of this rule is applicable.
- (3) A physician shall obtain and review an OARRS report when any of the following red flags pertain to the patient:
  - (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) Suffering an overdose, intentional or unintentional;
  - (f) Having a drug screen result that is inconsistent with the treatment plan or refusing to participate in a drug screen;
  - (g) Having been arrested, convicted, or received diversion or intervention in lieu of conviction for a drug related offense while under the physician's care;
  - (h) Receiving reported drugs from multiple prescribers, without clinical basis;
  - (i) Traveling with a group of other patients to the physician's office where all or most of the patients request controlled substance prescriptions;
  - (j) Traveling an extended distance or from out of state to the physician's office;
  - (k) 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;
  - (l) A known history of chemical abuse or dependency;
  - (m) Appearing impaired or overly sedated during an office visit or exam;
  - (n) Requesting reported drugs by street name, color, or identifying marks;
  - (o) Frequently requesting early refills of reported drugs;
  - (p) Frequently losing prescriptions for reported drugs;
  - (q) A history of illegal drug use;
  - (r) Sharing reported drugs with another person; or
  - (s) Recurring visits to non-coordinated sites of care, such as emergency departments, urgent care facilities, or walk-in clinics to obtain reported drugs.
- (D) A physician who decides to utilize an opioid analgesic, benzodiazepine, or other reported drug in any of the circumstances within paragraphs (C)(2) and (C)(3) of this rule, shall take the following steps prior to issuing a prescription for or personally furnishing the opioid analgesic, benzodiazepine, or other reported drug:
- (1) Review and document in the patient record the reasons why the physician believes or has reason to believe that the patient may be abusing or diverting drugs;
  - (2) Review and document in the patient's record the patient's progress toward treatment objectives over the course of treatment;
  - (3) Review and document in the patient record the functional status of the patient, including activities for daily living, adverse effects, analgesia, and aberrant behavior over the course of treatment;
  - (4) Consider using a patient treatment agreement including more frequent and periodic reviews of OARRS reports and that may also include more frequent office visits, different treatment options, drug screens, use of one pharmacy, use of one provider for the prescription or personally furnishing of reported drugs, and consequences for non-compliance with the terms of the agreement. The patient treatment agreement shall be maintained as part of the patient record; and
  - (5) Consider consulting with or referring the patient to a substance abuse specialist.
- (E) Frequency for follow-up OARRS reports:

(1) For a patient whose treatment with an opioid analgesic or benzodiazepine lasts more than ninety days, a physician shall obtain and review and OARRS report for the patient at least every ninety days during the course of treatment, unless an exception listed in paragraph (G) of this rule is applicable.

(2) For a patient who is treated with a reported drug other than an opioid analgesic or benzodiazepine for a period lasting more than ninety days, the physician shall obtain and review and OARRS report for the patient at least annually following the initial OARRS report obtained and reviewed pursuant to paragraph (C)(2) of this rule until the course of treatment utilizing the reported drug has ended, unless an exception in paragraph (G) of this rule is applicable.

(F) When a physician or their delegate requests an OARRS report in compliance with this rule, a physician shall document receipt and review of the OARRS report in the patient record, as follows:

(1) Initial reports requested shall cover at least the twelve months immediately preceding the date of the request:

(2) Subsequent reports requested shall, at a minimum, cover the period from the date of the last report to present;

(3) If the physician practices primarily in a county of this state that adjoins another state, the physician or their delegate shall also request a report of any information available in the drug database that pertains to prescriptions issued or drugs furnished to the patient in the state adjoining that county; and

(4) If an OARRS report regarding the patient is not available, the physician shall document in the patient's record the reason that the report is not available and any efforts made in follow-up to obtain the requested information.

(G) A physician shall not be required to review and assess an OARRS report when prescribing or personally furnishing an opioid analgesic, benzodiazepine, or other reported drug under the following circumstances, unless a physician believes or has reason to believe that a patient may be abusing or diverting reported drugs:

(1) The reported drug is prescribed or personally furnished to a hospice patient in a hospice care program as those terms are defined in section [3712.01](#) of the Revised Code, or any other patient diagnosed as terminally ill;

(2) The reported drug is prescribed for administration in a hospital, nursing home, or residential care facility;

(3) The reported drug is prescribed or personally furnished in an amount indicated for a period not to exceed seven days;

(4) The reported drug is prescribed or personally furnished for the treatment of cancer or another condition associated with cancer; and

(5) The reported drug is prescribed or personally furnished to treat acute pain resulting from a surgical or other invasive procedure or a delivery.

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