



## **Mandatory OARRS Registration and Requests**

**Updated 4/18/19**

**IMPORTANT: This guidance DOES NOT apply to veterinarians.**

### **Q1) What is OARRS?**

OARRS stands for the Ohio Automated Rx Reporting System. Established in 2006, OARRS is a system that collects information on all outpatient prescriptions for controlled substances that are dispensed by Ohio licensed pharmacies and personally furnished by licensed prescribers in Ohio. The information in OARRS is available to prescribers (or their delegates) when they treat patients, pharmacists (or their delegates) when presented with prescriptions from patients, and law enforcement officers and health care regulatory boards during active investigations.

### **Q2) Do I have to register for an OARRS account?**

Ohio law requires that each prescriber who prescribes or personally furnishes opioid analgesics or benzodiazepines, as well as all pharmacists who dispense or plan to dispense controlled substances within the state of Ohio, certify to their respective licensing board that they have registered for an OARRS account upon renewing their license.

Registration can be completed online. To register, visit:  
<https://www.ohiopmp.gov/Registration/Default.aspx>.

### **Q3) As a prescriber, under what circumstances am I required to request, assess, and document receipt of a patient's OARRS prescription history report?**

Ohio law establishes several new requirements for Ohio prescribers related to the Ohio Automated Rx Reporting System (OARRS):

- 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.
- The prescriber must also make periodic requests for patient information from OARRS if the course of treatment continues for more than 90 days. *The requests must be made at intervals not exceeding ninety days, determined according to the date the initial request was made.*
- Under the circumstances described above, the prescriber is required to assess the OARRS information and document in the patient record that a patient prescription history report was received and assessed.

**NOTE:** Ohio law no longer requires an optometrist holding a therapeutic pharmaceutical agents certificate to query OARRS in the situations listed above. However, an optometrist holding a therapeutic pharmaceutical agents certificate must comply with [rule 4725-16-04 of the Administrative Code](#) regarding when to access information in OARRS.

**IMPORTANT: There are other instances where OARRS checks must be conducted. Please see Q20 of this rule.**

#### **Q4) Are there any exceptions to the law?**

Yes. Exceptions to mandatory checks prior to prescribing an opioid analgesic or benzodiazepine include the following scenarios:

- The drug is prescribed or personally furnished to a hospice patient or to any other patient who has been diagnosed as terminally ill (advanced practice registered nurses, physician assistants, and physicians but not dentists and optometrists).
- The drug is prescribed or personally furnished in an amount indicated for a period not to exceed seven days (all prescribers except optometrists). NOTE: The law generally limits the personal furnishing of controlled substances - see ORC [4729.291](#) for more information.
- The drug is prescribed or personally furnished for the treatment of cancer or another condition associated with cancer (advanced practice registered nurses, physician assistants, and physicians but not dentists and optometrists);

- The drug is prescribed or personally furnished for administration in a hospital, nursing home, or residential care facility (advanced practice registered nurses, physician assistants, and physicians but not dentists and optometrists);
- The drug is prescribed or personally furnished to treat acute pain resulting from a surgical or other invasive procedure or a delivery (physicians only); and
- The OARRS report is not available (all prescribers).
- The law **DOES NOT** apply to veterinarians.

**Q5) How do I document that I have run a report?**

A prescriber who is required to review OARRS information must document in the patient's medical record that the report was received and the information was assessed. If for some reason the OARRS report is not available, the prescriber should document in the record when the report was requested and its unavailability.

**Q6) As a prescriber practicing in a county adjoining another state, am I required to check another state’s prescription monitoring program?**

Yes. If you are a prescriber who practices primarily in an Ohio county that adjoins another state, Ohio law requires you to request the adjoining state’s prescription drug information, which can be easily accessed through OARRS.

The following is a table to assist prescribers practicing in counties that adjoin another state in identifying the required interstate selections in OARRS:

<b>County of Practice</b>	<b>Required Interstate Selection(s)</b>
Adams	Kentucky
Athens	West Virginia
Belmont	West Virginia
Brown	Kentucky
Butler	Indiana
Clermont	Kentucky
Darke	Indiana
Defiance	Indiana
Fulton	Michigan
Gallia	West Virginia

Hamilton	Kentucky, Indiana
Jefferson	West Virginia
Lawrence	West Virginia, Kentucky
Lucas	Michigan
Meigs	West Virginia
Mercer	Indiana
Monroe	West Virginia
Paulding	Indiana
Preble	Indiana
Scioto	Kentucky
Van Wert	Indiana
Washington	West Virginia
Williams	Indiana, Michigan

**Q7) I am a physician assistant. How do I access prescription information provided from Kentucky’s prescription monitoring program, KASPER (Kentucky All Schedule Prescription Electronic Reporting)?**

Under Kentucky law, a physician assistant is not considered a prescriber and cannot access the system using their own account. Therefore, those physician assistants who have an OARRS prescriber account are not permitted to access KASPER information. An Ohio physician assistant that wishes to access Kentucky’s PMP in OARRS will have to do so using a delegate account.

**Q8) Is there a definition for opioid analgesics and benzodiazepines available?**

Section 3719.01 of the Ohio Revised Code defines an “opioid analgesic” as a controlled substance that has analgesic pharmacologic activity at the opioid receptors of the central nervous system, including the following drugs and their varying salt forms or chemical congeners:

Generic Name	Brand Name	Schedule
<b>Buprenorphine</b>	BUTRANS, BUPRENEX	Schedule III
<b>Butorphanol</b>	BUTORPHANOL NS	Schedule IV
<b>Codeine (acetaminophen and other combination products)</b>	TYLENOL W. CODEINE #3, TYLENOL W. CODEINE #4	Schedule III
<b>Dihydrocodeine/ASA/caffeine</b>	SYNALGOS-DC	Schedule III

<b>Fentanyl</b>	DURAGESIC, ACTIQ, ABSTRAL, LAZANDA, FENTORA, SUBSYS, SUBLIMAZE, ONSOLIS, IONSYS	Schedule II
<b>Hydrocodone</b>	ZOHYDRO ER	Schedule II
<b>Hydrocodone (acetaminophen combination products)</b>	XODOL, MAXIDONE, ZYDONE, LORCET, HYCET, ZAMICET, COGESIC, ZOLVIT, STAGESIC, LIQUICET, LORTAB, VICODIN, NORCO	Schedule II <i>(Effective October 6, 2014)</i>
<b>Hydrocodone (ibuprofen combination products)</b>	IBUDONE, REPREXAIN, VICOPROFEN	Schedule II
<b>Hydromorphone</b>	DILAUDID, EXALGO	Schedule II
<b>Meperidine</b>	DEMEROL	Schedule II
<b>Methadone</b>	DOLOPHINE, METHADOSE	Schedule II
<b>Morphine Sulfate</b>	MS CONTIN, AVINZA, DURAMORPH, KADIAN, DEPODUR, ASTRAMORPH, IMFUMORPH	Schedule II
<b>Oxycodone</b>	OXYCONTIN, ROXICODONE, OXECTA	Schedule II
<b>Oxycodone (acetaminophen, aspirin and other combination products)</b>	PERCODAN, PERCOCET, ROXICET, ENDOCET, XOLOX, TYLOX, PRIMLEV, MAGNACET, XARTEMIS XR	Schedule II
<b>Oxymorphone</b>	OPANA, NUMORPHAN	Schedule II
<b>Tapentadol</b>	NUCYNTA	Schedule II
<b>Tramadol</b>	ULTRAM, ULTRACET, RYZOLT, CONZIP, RYBIX	Schedule IV <i>(Effective August 18, 2014)</i>

Section 3719.01 of the Ohio Revised Code defines a “benzodiazepine” as a controlled substance that has United States Food and Drug Administration (FDA) approved labeling indicating that it is a benzodiazepine, benzodiazepine derivative, triazolobenzodiazepine, or triazolobenzodiazepine derivative, including the following drugs and their varying salt forms or chemical congeners:

<b>Generic Name</b>	<b>Brand Name</b>	<b>Schedule</b>	<b>FDA Label</b>
<b>Alprazolam</b>	ALPRAZOLAM, XANAX, NIRAVAM	Schedule IV	Benzodiazepine
<b>Chlordiazepoxide Hydrochloride</b>	A-POXIDE, CHLOR POX, CHLORDIA-XE	Schedule IV	

	CHLORDIAZEPOXIDE, CHLORDIAZEPOXIDE HCL CHLORDIAZEPOXIDE HYDROCHLORIDE, LIBACA, LIBRITABS, LIBRIUM, MITRAN, POXI, REPOSANS-10, RO-POXIDE, SEREEN, SK-LYGEN, SPAT-10, SPAZ-10, SPAZ- 5		Benzodiazepine
<b>Clobazam</b>	ONFI	Schedule IV	Benzodiazepine
<b>Clonazepam</b>	CLONAZEPAM, CLONAZEPAM, KLONOPIN	Schedule IV	Benzodiazepine
<b>Clorazepate Dipotassium</b>	CLORAZEPATE, CLORAZEPATE DIPOTASSIUM, GEN-XENE, TRANXENE, TRANXENE T-TAB, TRANXENE-SD	Schedule IV	Benzodiazepine
<b>Dextrose/Lorazepam</b>	LORAZEPAM-DEXTROSE	Schedule IV	Benzodiazepine
<b>Dextrose/Midazolam Hydrochloride</b>	MIDAZOLAM-DEXTROSE	Schedule IV	Benzodiazepine
<b>Diazepam</b>	DIASTAT, DIASTAT ACUDIAL, DIASTAT PEDIATRIC, DIASTAT UNIVERSAL, DIAZEPAM, DIAZEPAM INTENSOL, DIAZEPAM RECTAL DELIVERY SYSTEM, DIZAC, D-VAL, ED-VAL, Q-PAM, RO-AZEPAM, T-QUIL, VALIUM, VALRELEASE, X-O SPAZ, ZETRAN	Schedule IV	Benzodiazepine Derivative
<b>Estazolam</b>	ESTAZOLAM, PROSOM	Schedule IV	Triazolobenzodiazepine Derivative
<b>Flurazepam Hydrochloride</b>	DALMANE, FLURAZEPAM HYDROCHLORIDE, FLURAZEPAM	Schedule IV	Benzodiazepine
<b>Lorazepam</b>	ATIVAN, LORAZ, LORAZEPAM, LORAZEPAM AMERINET, NOVAPLUS LORAZEPAM, PROBATE, LORAZEPAM-SODIUM CHLORIDE	Schedule IV	Benzodiazepine
<b>Midazolam</b>	MIDAZOLAM, MIDAZOLAM HCL AMERINET CHOICE, MIDAZOLAM HYDROCHLORIDE, NOVAPLUS MIDAZOLAM HYDROCHLORIDE,	Schedule IV	

	VERSED, MIDAZOLAM HYDROCHLORIDE-SODIUM CHLORIDE		Benzodiazepine
<b>Oxazepam</b>	OXAZEPAM, SERAX	Schedule IV	Benzodiazepine
<b>Quazepam</b>	DORAL, DORMALIN	Schedule IV	Benzodiazepine
<b>Temazepam</b>	RESTORIL, TEMAZ, TEMAZEPAM	Schedule IV	Benzodiazepine
<b>Triazolam</b>	HALCION, TRIAZOLAM	Schedule IV	Triazolobenzodiaze pine

**Q9) Can a delegate run a patient's OARRS report on behalf of the prescriber in order satisfy the requirements of the law?**

A delegate may only run a patient's prescription history report and is not permitted to interpret the results. Please note that delegates must have their own OARRS account with their own unique user name and password. They may not run the report under the prescriber's user name and password. The law requires documentation in the patient's medical record by the prescriber that the report was received and the information was assessed.

**Q10) How many delegates can I have?**

The Ohio Board of Pharmacy has determined that a prescriber or pharmacist may have as many delegates as they believe they can adequately supervise. It is up to the supervising prescriber or pharmacist to decide how many delegates they designate.

**Q11) I am a prescriber that holds an Ohio license but practices out of state. Am I required to register for an OARRS account?**

No. Only prescribers that practice in the state of Ohio are required to obtain an OARRS account.

**Q12) I am a pharmacist who maintains an Ohio license but does not practice pharmacy. Am I required to register for an OARRS account?**

No. Only pharmacists who dispense controlled substances to patients residing in Ohio are required to register for an OARRS account.

**Q13) I am a pharmacy intern. Am I required to register for an OARRS account?**

No. Only pharmacists who dispense controlled substances to patients residing in Ohio are required to register for an OARRS account. Pharmacy interns are permitted to obtain delegate accounts under the oversight of a practicing pharmacist.

**Q14) Can I include an OARRS prescription history report in the patient's medical chart?**

Yes. Ohio law permits a prescriber or pharmacist to include an OARRS report as part of the patient's medical record. Once included in the chart, the report is deemed part of the medical record subject to disclosure on the same terms and conditions as listed in section [3701.74](#) of the Revised Code.

Be advised the law still requires documentation in the patient's medical record by the prescriber that the information in the report was assessed.

**Q15) Can I review a patient's OARRS report with the patient or a patient's representative?**

Yes. An Ohio prescriber or pharmacist can review the information included in an OARRS report with a patient.

**Q16) Who do I contact for more information?**

If you are a pharmacist, pharmacy intern, location licensed as a terminal distributor of dangerous drugs, or have an OARRS account-related question, please contact the Ohio State Board of Pharmacy at 614-466-4143 or visit <http://www.pharmacy.ohio.gov/contact.aspx>.

If you are a prescriber, please contact your respective regulatory board using the information below.

State Medical Board of Ohio: (614) 466-3934

Ohio Board of Nursing: [practice@nursing.ohio.gov](mailto:practice@nursing.ohio.gov)



Ohio State Dental Board: (614) 466-2580

Ohio State Optometry Board: (614) 466-5115

**Q17) Are staff (delegates) able to register for OARRS under multiple prescribers?**

A prescriber may have as many delegates as they want to supervise, and delegates may be assigned to multiple prescribers.

**Q18) Are some commonly prescribed sleep medications included in the definition of a benzodiazepine?**

No. Schedule IV controlled substance sleep medications such as Zolpidem (Ambien) and Lunesta Eszopiclone (Lunesta) are not included in the definition of a benzodiazepine. **However, there are a number of benzodiazepines that may be used to treat sleep disorders. For a definition of a benzodiazepine, please see Q8 of this document.**

**Q19) Can a prescriber or delegate run a report on a patient the day before that patient's scheduled appointment?**

Yes. As long as there is an existing or potential prescriber/patient relationship, a prescriber or delegate may query the system the day before a patient's scheduled appointment.

**Q20) Are there other situations where I am required to request a patient's prescription history report?**

Yes. The following health care regulatory boards have rules regarding required OARRS checks for controlled substance medications:

- Medical Board: OAC [4731-11-11](#); [4731-33](#); [4730-4](#)
- Nursing Board: OAC [4723-9-12](#)
- Dental Board: OAC [4715-6-01](#)
- Optometry Board: OAC [4725-16-04](#)
- Pharmacy Board: OAC [4729-5-20](#)

***NOTE: Please contact your respective licensing board for additional information.***

**Q21) I currently use OARRS through my electronic medical record. Does this meet the requirements to access and review patient data in the system?**

Accessing OARRS data through the integration service meets the requirement to request patient data. However, simply viewing it in an EMR does not meet the legal requirements to notate in the patient medical record that the information was assessed.

As a reminder, the law requires a prescriber who is required to review OARRS information to document in the patient's medical record that the report was received and the information was assessed.