STATE OF OHIO
BOARD OF PHARMACY

OARRS RULES FOR **PHARMACISTS** (OAC 4729-5-20)

Effective February 1, 2016, prior to dispensing an outpatient prescription for a controlled substance, a pharmacist shall request and review an OARRS report covering at least a one year time period in any of the following circumstances:

NOTE: An OARRS report must also include a border state's information when the pharmacist is practicing in a county bordering another state if that state's information is available.

RULE 1: A patient adds a different or new controlled substance drug to their therapy that was not previously included.

What this means: The first time you fill a prescription for a new or different controlled substance, 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: Why did that patient drive so far to go see that prescriber?

Remember: To be valid, a prescription must be issued for a legitimate medical purpose by a prescriber acting in the usual course of his/her practice. The responsibility for the proper prescribing is upon the prescriber; however a corresponding responsibility also rests with the pharmacist who dispenses the prescription. An order purporting to be a prescription issued not in the usual course of bona fide treatment is not a prescription and the person knowingly dispensing such a purported prescription shall be subject to the penalties of law. Pharmacists shall use professional judgment when making a determination about the legitimacy of a prescription. **A pharmacist is not required to dispense a prescription of doubtful, questionable, or suspicious origin** (OAC 4729-5-20(G) 4729-5-30(A) & 4729-5-21(A)).

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

What this means: Why did that patient drive so far to go to your pharmacy?

RULE 5: A pharmacist has reason to believe the patient has received prescriptions for controlled substances 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: A review of a patient in the pharmacy dispensing system indicates the patient is visiting multiple prescribers in the past three months that are not part of the same group practice based on physical location.

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: The occasional early refill may be warranted. Patients may need to refill their medication before they go on a vacation. But to refill early every month just because the insurance will pay for it at a 75% exhaust level allows a patient to stockpile medications, increasing the chance of an unintentional overdose. **Watch for accumulation of drugs.**

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.