Board of Pharmacy

Ohio Automated Rx Reporting System

Ohio Automated Rx Reporting System (OARRS) E-Newsletter - Summer 2025

A Message from our Executive Director

Dear OARRS User,

On December 16, 2024, OARRS went live with an alert to notify clinicians of non-fatal overdose events treated at Ohio emergency departments. Research shows that people at risk of overdose frequently interact with the healthcare system and that patients who have recently experienced a non-fatal overdose are at an elevated risk of death. The information presented in the non-fatal overdose alert provides critical information to prescribers and pharmacists when deciding on the appropriate prescribing and/or dispensing of medications.

The alert is designed to notify the clinician of the date and time of the overdose event, as well as the name and location of the hospital that treated the patient, and the diagnosis code of the condition treated.

When evaluating a patient OARRS report it is important to remember several things:

The presence of an alert should not be the lone reason for not prescribing/dispensing a medication.

- Patients who are abruptly cut off from a long-term medication without the proper taper, guidance, and treatment are at an increased risk of overdose and death.
- Patients who are experiencing substance use disorder are still subject to acute issues for which a controlled substance may be indicated. It is important to have an open, honest dialogue with the patient and other providers in order to provide the patient with treatment that provides benefits with the least amount of risk possible.

The absence of an alert does not mean that an overdose has not occurred.

- Overdose events occurring prior to April 8, 2024 will not be present in OARRS.
- Overdose events treated outside of an Ohio emergency department (i.e., treated by EMS but patient refuses transport) will not be present in OARRS.

The non-fatal overdose is not calculated into the Overdose Risk Score.

- These indicators should be used in conjunction with one another to determine the best course of action for the patient.

RecoveryOhio, the Ohio Board of Pharmacy, the State Medical Board of Ohio, the Ohio Board of Nursing, and the Ohio State Dental Board have collaborated to create guidance documents for healthcare professionals to provide talking points, resources, and best practices when working with a patient with a history of overdose. These documents can be accessed here:

Quick Reference Guide: **www.pharmacy.ohio.gov/NFQR**

Guidance for Pharmacists: **www.pharmacy.ohio.gov/NFpharmacist**

Guidance for Prescribers: **www.pharmacy.ohio.gov/NFprescriber**

Thank you for all that you do to keep Ohioans safe and healthy.

Sincerely,

Steven W. Schierholt
Executive Director
Ohio Board of Pharmacy

People call, text, and chat the 988 Lifeline to talk about a lot of emotional needs—not just thoughts of suicide. Whatever your reason, the #988Lifeline is there to help. There is hope.

OARRS Updates

Personally Furnished Medications

Ohio law (**ORC 4729.291**) specifies may only personally furnish up to a 72-hour supply to a single patient and may not exceed 2,500 dosage units dispensed to all patients within a 30-day period. Exceptions to this statute include:

- Methadone personally furnished for the purpose of treating drug dependence or addiction assuming that the practitioner is registered with the DEA as a narcotic treatment program (sometimes referred to as an opioid treatment program), and they are compliant with DEA regulations regarding treatment qualifications, security, records, and unsupervised use of the drugs.
- Buprenorphine personally furnished for the purpose of treating drug dependence or addiction as part of an opioid treatment program.

Any medication that is personally furnished, including samples, is subject to the same OARRS reporting requirements as medications dispensed from outpatient pharmacies. The full rule can be found **here**. If you have any questions pertaining to reporting personally furnished medications, please email **support@pharmacy.ohio.gov**.

Reminders:

- OH1111119 should only be used when dispensing gabapentin or naltrexone for a prescriber that does not have a DEA number. It should never be used when dispensing controlled substances as a DEA number is required to prescribe controlled substances.
- Sharing accounts is not permitted! Each user MUST have their own account. Sharing your account with another person is subject to criminal penalties under **ORC 4729.86**.
- Please take a moment to review your OARRS account to ensure that your information is up-to-date and accurate. Periodically reviewing your account helps to ensure that you receive the proper communications and reduces the chances of disruption to your OARRS access. If your information has changed, please do not register for a new OARRS account, but rather update your existing account, or contact OARRS support for assistance in updating your account.
- If you need assistance with your OARRS account, please email your request to **support@pharmacy.ohio.gov**. Please be detailed in your request and provide

information to verify your identity (full name, DOB, license number, and email address on your account if different from the email address from which you are emailing).

Use of OARRS Reports by Fatality Review Committees

In response to questions about how OARRS can be used by fatality review committees, the Board recently developed a Frequently Asked Questions document that can be accessed at: **www.pharmacy.ohio.gov/oarrsfatalityreview**.

For additional guidance on operating a fatality review committee, visit: **https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/fatality-reviews**

Updated OARRS and ASAP 5.0 Rules

Effective August 1, 2025, the following OARRS rules go into effect:

- **4729:8-1-01: Ohio automated Rx reporting system - definitions. (AMEND)** Provides the definition section for the division of the OAC. Adds references to central fill and originating pharmacy. Also adds references to dispensaries for the purposes of medical marijuana reporting.
- **4729:8-3-01: Entities required to submit information. (AMEND)** Lists the entities required to submit data to OARRS. Adds references to medical marijuana dispensaries and exempts OTPs from having to report patient data as this data is reported via the state's central registry.
- **4729:8-3-04: Frequency requirements for submitting drug database information. (AMEND)** Includes the requirements for the frequency of reporting patient information to OARRS. Makes minor grammatical updates to the rule.
- **4729:8-3-05: Corrections to the drug database. (AMEND)** Specifies the process for making corrections to data reported to OARRS. Adds specific requirements for making corrections if a pharmacy utilizes a central fill pharmacy to dispense prescriptions.
- **4729:8-4-01: Procedures for obtaining drug database information and access by peer review committees and fatality review committees. (AMEND)** Establishes standards for hospital peer review committees to access OARRS. Removes requirement to have patient notarize a request form and allows Board of Pharmacy staff who participate on fatality review committees to access OARRS on behalf of the committee.
- **4729:8-4-03: Access to opioid treatment program data provided by the Ohio department of mental health and addiction services. (AMEND)** Specifies who can access data provided by the Ohio Department of Mental Health and Addiction Services that is reported to OARRS. Updates the language to reflect statutory changes in ORC 4729.80 and makes one minor grammatical update.

(Click on the rule number to access the full text of the rule and to familiarize yourself with the changes)

Additionally, on March 6, 2023, the American Society for Automation in Pharmacy (ASAP) **released a new version, ASAP Version 5.0**, of its standard for prescription drug monitoring program reporting. To ensure the most up-to-date reporting standards, the Board is also making the following rules effective July 1, 2026:

- **4729:8-3-02: Information required for submission. (AMEND)** Provides the data that are required to be submitted to the Board for outpatient prescriptions that meet the requirements of the rules. The rule is being amended to add additional data fields that are part of the ASAP 5.0 data standard to improve data quality.
- **4729:8-3-03: Electronic format required for the transmission of drug sales. (NEW)** Requires all reporting be conducted in accordance with the ASAP 5.0 data standard by July 1, 2026. Permits the Board's Executive Director to grant extensions to the requirements of this rule. Replaces the current version of the rule.

(Click on the rule number to access the full text of the rule and to familiarize yourself with the changes)

These rules provide licensees until July 1, 2026, to begin reporting to OARRS using the ASAP Version 5.0 format. The rule also permits the Board's Executive Director to authorize an additional six-month extension if a pharmacy or prescriber has made all reasonable and prudent attempts to meet the deadline.

Additional Questions

For questions regarding the rules, the most expedient way to have them answered will be to e-mail the Board office by visiting: **www.pharmacy.ohio.gov/contact**

Xylazine Wholesale Reporting

In 2023, Ohio made the decision to add xylazine as a Schedule III-controlled substance due to increasing evidence of abuse. Due to this reclassification, it is now a requirement that all wholesale sales of xylazine to prescribers or terminal distributors of dangerous drugs are reported to the Ohio Automated Rx Reporting System (OARRS). Please ensure that all required sales of xylazine made by your company are being reported. Instructions for reporting wholesale transactions can be found **here**.

If you have questions pertaining to wholesale reporting requirements to OARRS, please refer to **OAC 4729:8-3-01** and **OAC 4729:8-2-01**, or contact OARRS support at **support@pharmacy.ohio.gov**.

Free Continuing Education for Pharmacists and Pharmacy Technicians

The National Association of State Controlled Substances Authorities (NASCSA) has published a free continuing pharmacy education (CPE) activity for pharmacists and pharmacy technicians. Take advantage of this free ACPE accredited educational opportunity providing 1 hour of continuing education for pharmacists and pharmacy technicians. This program, developed in partnership with NASCSA and 12 prescription monitoring program (PMP) administrators, analyzes the importance and value of complete, accurate data reported by dispensers to PMPs and assesses the impact of intentional or non-intentional data entry errors and data omissions on patient safety. It also discusses the downstream impacts of pharmacy-reported PMP data on clinical decision-making processes and helps pharmacy staff identify and implement changes that can be made in their practice setting to improve PMP data integrity. For more information, visit: **https://ce.talemhealth.com/a/MWEORC**.

If you received credit for this CE prior to 10/22/24, you are still able to retake the CE and receive credit.
