

4731-11-11

Standards and procedures for review of Ohio Automated Rx Reporting System (OARRS).(A) For purposes of this rule:

- (1) "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.
- (2) "Other state's report" means a report of information related to a specified patient generated by the drug database or prescription monitoring program established and maintained by the state in which the patient resides.
- (3) "Reported drugs" means all controlled substances in schedules II, III, IV, and V, and all prescription drugs containing carisoprodol, and all prescription drugs containing tramadol.

(B) In utilizing reported drugs a physician shall use sound clinical judgment in deciding whether and how often to review an OARRS report. At a minimum, the physician shall request and document review of an OARRS report and other state's report, where applicable, if the physician becomes aware of a patient suffering from addiction, drug abuse, or engaging in diversion of drugs, or if any of the following occur:

(1) The physician becomes aware of the patient:

- (a) Having a known history of substance abuse or chemical dependency;
- (b) Having a drug screen that is inconsistent with the treatment plan or refusal to take a drug screen;
- (c) Exceeding the frequency or dosage listed in the physician's directions for use of reported drugs;
- (d) Withholding information relevant to the decision to provide reported drugs;
- (e) Receiving reported drugs from multiple prescribers;
- (f) Having recurring emergency department visits;
- (g) Requesting name brand reported drug when generic medication is available;
- (h) Reporting early prescriptions of reported drugs;
- (i) Appearing overly sedated or intoxicated during an office visit;

(j) Reporting the theft or loss of reported drugs or a prescription for reported drugs;

(k) Sharing reported drugs with another person;

(l) Concurrently using illicit drugs;

(m) Having a record of arrest for, intervention in lieu of, or conviction of any drug offense, or any felony; or

(n) Having a record of jail time or is jailed after becoming a patient.

(2) Law enforcement, pharmacists, other health care professionals, or members of the patient's family present concerns about the patient's use of drugs.

(C) A physician utilizing reported drugs to treat a patient for a chronic condition or a condition that requires or may reasonably be expected to require in excess of twelve weeks of treatment with a controlled substance shall, at a minimum, request and document review of an OARRS report and other state's report, where applicable, upon each of the following:

(1) The commencement of treatment;

(2) At least every twelve weeks; and

(3) Upon the appearance of any of the occurrences listed in paragraph (B) of this rule.

(D) A physician shall document in the patient record all OARRS reports and other state's reports requested and the review of those reports.

(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.

(3) In the event the reports are not immediately available, the physician shall document the response from the drug database in the patient record. Once the report is available the physician shall document in the patient record the review of the report.

Effective:

R.C. 119.032 review dates:

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Certification

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Date

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