

4723-9-12

Standards and procedures for review of OARRS.**(A) For the purposes of this rule:**

- (1) "OARRS" means the Ohio automated rx reporting system established and maintained according to section 4729.75 of the Revised Code.
- (2) "OARRS report" means a report of information related to a specified patient generated by the drug database established maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code.
- (3) "Protracted basis" means a period in excess of twelve continuous weeks.
- (4) "Reported drugs" means all drugs listed in rule 4729-37-02 of the Administrative Code that are required to be reported to the drug database established and maintained according to section 4729.75 of the Revised Code, including:
 - (a) Controlled substance schedules II, III, IV, and IV; and
 - (b) All dangerous drug products containing carisoprodol or tramadol.

(B) In addition to the requirements set forth in rule 4723-9-08 and rule 4723-9-09 of the Administrative Code, if a nurse who holds a current valid certificate to prescribe believes, or has reason to believe, that a patient may be abusing or diverting drugs, the nurse shall use sound clinical judgment in determining whether or not a reported drug should be prescribed or personally furnished to the patient.

- (1) In making this determination, the nurse shall not personally furnish or prescribe a reported drug without first reviewing a patient's OARRS report if the patient exhibits the following signs of drug abuse or diversion:
 - (a) Illegally selling 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) Having a drug screen result that is inconsistent with the treatment plan or refusing to participate in a drug screen;
 - (f) Having been arrested, convicted, or received diversion, or intervention in lieu of conviction for a drug-related offense while under the nurse's care;

- (g) Receiving reported drugs from multiple prescribers; or
 - (h) 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.
- (2) Other signs of possible abuse or diversion that may necessitate review of the patient's OARRS report include, but are not limited to the following:
 - (a) A known history of chemical abuse or dependency;
 - (b) Appearing impaired or overly sedated during an office visit or examination;
 - (c) Requesting reported drugs by specific name, street name, color, or identifying marks;
 - (d) Frequently requesting early refills of reported drugs;
 - (e) Frequently losing prescriptions for reported drugs;
 - (f) A history of illegal drug use;
 - (g) Sharing reported drugs with another person; or
 - (h) Recurring emergency department visits to obtain reported drugs.
- (C) A nurse who holds a current valid certificate to prescribe and personally furnishes or prescribes a reported drug to a patient following review of an OARRS report under paragraph (B) of this rule, and determines, based on the OARRS report and indicia described in paragraph (B) of this rule that the patient may be misusing reported drugs, shall first consult with their collaborating physician prior to personally furnishing or prescribing a reported drug at the patient's next visit.
- (D) Following review of OARRS report information, the nurse who holds a current valid certificate to prescribe shall document receipt and assessment of the information in the patient's record, including any consultation with the collaborating physician that occurred based on the OARRS report information or required by paragraph (C) of this rule.
- (E) A nurse who holds a current valid certificate to prescribe and utilizes reported drugs to treat a patient on what the nurse has reason to believe will be a protracted basis shall, at minimum, review an OARRS report, and document receipt and assessment of the information in the patient's record:
 - (1) At the beginning of treatment; and

(2) At least once annually after treatment begins.

(F) In requesting OARRS reports according to this rule:

(1) Initial reports requested shall cover a time period of at least one year;

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

(3) In the event an OARRS report is not immediately available, the nurse who holds a current valid certificate to prescribe shall document the response from the drug database in the patient record.

(G) Paragraph (E) of this rule does not apply to a hospice patient in a hospice care program as those terms are defined in section 3712.01 of the Revised Code.

Effective:

R.C. 119.032 review dates:

Certification

Date

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