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## Common Questions and Answers Regarding OARRS for Pharmacists

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*Once the pharmacist obtains an OARRS report on a patient, professional judgment must also be utilized to then decide whether or not to dispense the prescription.*

## Introduction and Overview

The practice of pharmacy is an ever changing world full of rules and regulations. This is necessary due to the dynamic nature of medicine. However, it can be difficult to keep up-to-date with the most current information, which can lead to a great deal of confusion on the part of pharmacists. One major change that took place in October 2011 in Ohio was the requirement of pharmacists to utilize the Ohio Automated Rx Reporting System, more commonly known as OARRS.<sup>1</sup> This article hopes to alleviate concerns and answer questions that may arise due to this relatively new legislation.

Ohio Automated Rx Reporting System is a database used as a prescription monitoring program and is maintained by the Ohio State Board of Pharmacy. OARRS was created to monitor the misuse and diversion of controlled substances, as defined in section 3719.01 of the Revised Code. An OARRS report contains information about outpatient prescriptions, including Schedule II-V drugs, as well as tramadol, related to a specific patient, which is generated by the OARRS database. Information in OARRS is input by pharmacies and prescribers, and requesting a report will allow the user to see information that the system believes belongs to a particular patient. The system uses addresses, dates of birth and names to compile information into a report. Currently, the OARRS database has the ability to include additional states' information (for example, Michigan and Indiana), and it is likely that more states will be added to the system in the future.<sup>1,2</sup>

Prior to October of 2011, the use of OARRS was voluntary. However, the Board of Pharmacy has determined that reviewing an OARRS report is beneficial and that all pharmacists should be required to do so prior to dispensing an OARRS-related prescription, if certain circumstances are present. When House Bill (HB 93) passed, it implemented the changes detailed below.<sup>1,2</sup>

A pharmacist is required to review an OARRS report covering at least one year and/or another state's report if the pharmacist becomes aware that the patient meets any of the following conditions.<sup>1,3</sup>

- Receiving OARRS reported drugs from multiple prescribers
- Receiving OARRS reported drugs for more than 12 consecutive weeks
- Abusing or misusing OARRS reported drugs (early refills, overuse, patient appears sedated or intoxicated when presenting the Rx, or an unfamiliar patient requests an OARRS reported drug by a specific name, street name, color or identifying marks)
- Requesting the dispensing of OARRS reported drugs from a prescription issued by a prescriber with which the pharmacist is not familiar (prescriber is located out of state or outside the normal pharmacy geographic prescriber care area)
- Presenting a prescription for OARRS reported drugs when the patient resides outside the usual pharmacy geographic patient population

After the pharmacist reviews the initial OARRS report, he or she must use professional judgment based on standards of practice to determine when and how frequently other OARRS reports will be requested for each patient. Once the pharmacist obtains an OARRS report on a patient, professional judgment must also be utilized to then decide whether or not to dispense the prescription. It is also important to note that OARRS does not provide definitive evidence that a patient is misusing or abusing medications. A report is simply compiled data that pharmacies and physicians have submitted, which the OARRS system correlates to a specific patient. There may be more than one patient represented in a single OARRS report, though the software attempts to minimize this. OARRS is simply another tool that a pharmacist has at his or her disposal in order to aid in making professional judgments. It is essential to talk to the patient and potentially other pharmacies and prescribers to verify information.<sup>1</sup>

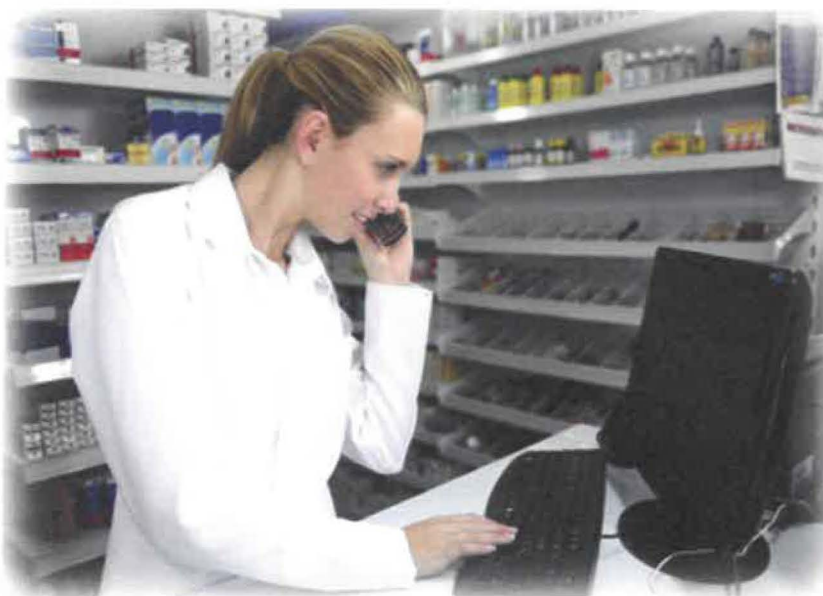


Image: <http://www.ok.gov/sib/images/Pharmacist%20Using%20Computer%20ORRS.jpg>

If an OARRS report is not immediately available, the pharmacist must use professional judgment to decide whether or not to fill the prescription prior to receiving the report. Also, pharmacies are required to have internet access, so that they are able to request these reports. If your pharmacy does not have internet access available, the law states that this must change.<sup>1</sup>

If you are not already registered, here are the steps for registering with OARRS:<sup>1</sup>

1. Go to [www.ohiopmp.gov](http://www.ohiopmp.gov)
2. Click on "Register"
3. Fill out the form online
4. Print the completed form
5. Sign the form in the presence of a notary public
6. Send in the form, along with copies of your pharmacist's ID card and driver's license
7. OARRS will send you an email, which you must respond to (in order to show that you have provided a legitimate e-mail address)
8. You will receive your user ID via email and password via U.S. Mail
9. Once you have both your ID and password, you will be able to access the system

### Questions and Answers<sup>3-5</sup>

#### Setting up and Accessing an OARRS Account

**Q:** What does a pharmacist need to know about setting up an OARRS account?

**A:** It is important to note that the application process can be greatly delayed if the pharmacist fails to complete all of the paperwork. If the application is not filled out thoroughly and completely, the Board will have to contact the pharmacist to acquire the missing information.

In regard to new graduates, future employers expect them to be able to run reports when needed. It is essential to have an OARRS account, but the graduates must be actively employed before they can actually create an account.

**Q:** When I lock myself out of my account, what are the necessary steps to log back in?

**A:** Your account locks you out after you enter your password incorrectly three times. This is done to protect you by keeping someone else from using your account. You must contact OARRS (phone number 614-466-4143) to regain access to your account.

**Q:** I have not logged into OARRS for a while and my password does not work, what should I do?

**A:** If you have not accessed OARRS in six or more months, your account has become inactive. You are required to contact OARRS (phone number 614-466-4143) in order to regain access to your account.

**Q:** Can a pharmacist access an OARRS report from their laptop or home computer?

**A:** Yes. However, the pharmacist needs to make sure they are following HIPAA policies.

#### Submitting Patient Information to OARRS

**Q:** What types of drugs must be reported to OARRS?

**A:** According to Rule 4731-11-11, "reported drugs" refer to schedules II, III, IV, V, and any tramadol-containing dangerous drug products.

**Q:** How do I avoid having multiple patients appear on a single requested OARRS report?

**A:** Information in OARRS is only as accurate as what you submit to it. The more specific you are in reporting patient information, the less chance you will have of pulling up multiple patients on one report.

When you submit/search be sure to include all of the following: full patient name, address including zip code, telephone number, and date of birth. Try to avoid using nicknames, and if the patient does not have a telephone number use the area code of the pharmacy then zeros for the phone number (e.g. 6140000000 for a patient in Columbus).

**Q:** How do you make corrections on the database once you have submitted information?

**A:** In order to have the most accurate data on file, entries may need to be omitted if prescriptions were reversed in the pharmacy, or may need to be edited if incorrect information was originally submitted. Rule 4729-37-11 discusses these issues.



Image: [http://www.cohcaonline.org/wp-content/uploads/2012/01/755993\\_17670480-538x218.jpg](http://www.cohcaonline.org/wp-content/uploads/2012/01/755993_17670480-538x218.jpg)

After the discovery of an omission and/or erroneous drug dispensing information, the pharmacy, prescriber or wholesaler must report the corrected information to the Board of Pharmacy during the next reporting time period.

If the erroneous information was discovered by the licensee, they must notify the Board of Pharmacy of the error immediately by telephone and submit written documentation that identifies the erroneous information.

If the omission or erroneous information is the result of a computer programming error, the pharmacy, prescriber or wholesaler must notify the Board of Pharmacy immediately by telephone and submit written documentation.

### **Requesting an OARRS Report**

**Q:** When is it necessary for me to check OARRS?

**A:** According to Rule 4731-11-11, in the following scenarios it is mandatory to consult OARRS prior to personally furnishing or prescribing a controlled substance or tramadol:

- a. If signs of drug abuse or diversion are evident in a patient;
- b. When a patient has received treatment with the controlled drug/dangerous drug product for more than 12 weeks.

**Q:** If an OARRS report is not available immediately at the time of request, what should I do?

**A:** A report may be unavailable for a variety of reasons such as network outages or being held for review by the OARRS committee. If this is the case, a pharmacist should document the reason for the unavailability of the report and follow up to obtain the report at a later time.

**Q:** How current is the data in OARRS?

**A:** Data is uploaded once weekly so the information in OARRS may be eight days behind.

**Q:** What is the time period an OARRS report is required to cover?

**A:** A timeframe of one year from the current date needs to be included when running an initial report. However, depending on the signs of diversion or drug abuse observed, you may choose to cover a longer period of time up to two years. Any ensuing reports need to cover the interval from the date of the last report to the present.

**Q:** After I request an initial OARRS report after 12 weeks of therapy, when do I have to request another one?

**A:** According to Rule 4729-5-20 (D) (5): The pharmacist should use his or her professional judgment in deciding the frequency of requesting additional OARRS reports for a patient.

**Q:** How long is information in OARRS?

**A:** Two years. It is a rolling database, so information that is over two years old is deleted and cannot be recovered.

### **Legalities of Sharing an OARRS Report**

**Q:** Can a pharmacist legally discuss the contents of an OARRS report with a physician?

**A:** Yes.

**Q:** Can a pharmacist show a physician an OARRS report that the pharmacist has requested?

**A:** Yes.

**Q:** Can a pharmacist provide a copy of an OARRS report to the physician?

**A:** No, the physician must request their own report. They are able to view the pharmacist's copy, but they cannot have a copy.

**Q:** A pharmacist requests an OARRS report and the patient wants a copy. Can the pharmacist provide a copy?

**A:** No, the patient must request their own report from the Board of Pharmacy.

**Q:** Am I allowed to give law enforcement a copy of a patient's report?

**A:** As a pharmacist, you are not allowed to provide a copy of an OARRS report to anyone else, including law enforcement, under any circumstance. You may, however, discuss the information about the patient in question and also provide the OARRS phone number (614-466-4143) or website ([www.ohiopmp.gov](http://www.ohiopmp.gov)). Law enforcement officers must obtain their own report when the patient is the subject of an open investigation involving a drug crime.

To obtain information from the database, state, federal, or local law enforcement must: complete and submit a request form to the Board of Pharmacy by giving required information including an active case number assigned by the investigating agency and approval by a supervisor.

**Q:** Can the pharmacist's technician or intern request an OARRS report?

**A:** Pharmacists are now permitted to have delegates that can access the OARRS system for them, effective March 13, 2013. The delegate must be employed or supervised by the pharmacist, and must obtain their own username and password for the OARRS system. If the delegate changes jobs or the supervising pharmacist changes, the delegate must notify OARRS. The pharmacist is responsible for the actions of their delegates while on OARRS, and the pharmacist is still the only one that can interpret information pulled from the system.

### **Institutional**

**Q:** For drugs administered in an office based or in-patient setting, is the OARRS rule still applicable?

**A:** No, it is not. Rule 4731-11-11 is required to be upheld only when prescribing or personally supplying tramadol or controlled substances to a patient. If a pharmacist was to refill a patient's morphine pump he or she would not be required to check OARRS since this administration of the drug takes place in an in-patient (office-based) setting. Of course, no matter what the setting, you may still decide to request a report based upon your professional judgment.

**Q:** A physician in the emergency department asks a pharmacist (who is registered with OARRS) to request an OARRS report on a patient as part of a "consult." Is this legal?

**A:** Yes, in an inpatient setting this is legal because the patient's medical record is kept by the hospital. However, this would not be legal in an outpatient setting because the patient's medical record is kept by the physician. Therefore, the physician would have to request their own copy of the OARRS report.

**Q:** A physician in the emergency department asks a nurse (who is registered with OARRS as the physician's agent) to pull a report on a patient. Is this legal?

**A:** Yes, licensed individuals, such as nurses and physician assistants may obtain an account from the Board of Pharmacy to access OARRS on the physician's behalf. A physician may also name non-licensed staff such as medical assistants or other office personnel, as delegates to access OARRS on the physician's behalf. However, the Board of Pharmacy limits the number of non-licensed delegates to three per physician.

**Q:** A physician in the emergency department gives a nurse his or her OARRS user ID and password and asks the nurse to pull a report on a patient. Is this legal?

**A:** No, pharmacists and physicians are not allowed to share their usernames or passwords with anyone else. Those credentials were authorized for their personal use only.

**Q:** A baby is in the NICU, and his mother is nowhere to be found. The baby displays symptoms of withdrawal. Can the pharmacist request an OARRS report on the mother to see what she was taking during pregnancy so that they know how to treat the baby's withdrawal symptoms?

**A:** No, the mother is not a patient in the hospital.

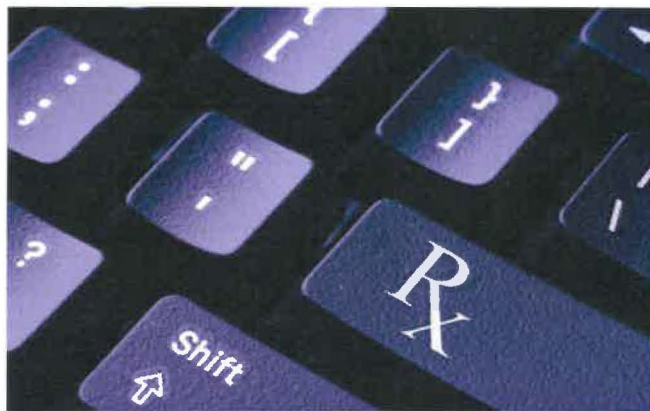


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### **Community**

**Q:** Does a copy of an OARRS report need to be kept in the medical record of a patient?

**A:** It is suggested that you do not simply take the entire report and file it, but notate the date the report was requested along with any important findings. This method of documenting the receipt and evaluation of an OARRS report is preferred, but if you do choose to maintain an actual copy of the OARRS report in the patient's file it should be in a part of the record that is non-reproducible.

It is essential to take every necessary measure to maintain patient confidentiality, as any unauthorized disclosure of an OARRS report is likely in violation of federal privacy laws (HIPAA) and/or laws from the Board of Pharmacy. If further information is desired, contact the Board of Pharmacy.

**Q:** If a patient is prescribed OARRS reported drugs and sees multiple doctors in a medical practice because it is a staff model health maintenance organization (HMO) or a Medicaid clinic, does this qualify as seeing multiple prescribers?

**A:** This is very common. However, the 12 weeks of consecutive therapy will most likely be the condition that triggers an OARRS report in this situation.

**Q:** Can I use the DEA number of a hospital for a physician?

**A:** Yes, however you must include his/her suffix assigned by the hospital both in the pharmacy records and in the report submitted to OARRS.

**Q:** Are prescriptions filled by the VA included in OARRS?

**A:** No, because it is a federal institution.

**Q:** Pharmacist 'A' pulls an OARRS report on a patient who has been taking Vicodin® for 12 weeks. The patient brings in another prescription 30 days later for Vicodin® and Pharmacist 'B' is working. Does Pharmacist 'B' have to request another OARRS report because it was a different pharmacist filling the prescription?

**A:** No, as long as Pharmacist 'A' documented in the patient record that the first OARRS report was done and his or her findings regarding the review of that report. However, Pharmacist 'B' can request an OARRS report if he or she deems it necessary.

**Q:** A pharmacist dispenses 10 weeks of alprazolam 1 mg and then the patient is switched to diazepam 2 mg for four weeks. Does this apply to the 12-week requirement for requesting an OARRS report?

**A:** Yes, since the drugs are in the same therapeutic class, the pharmacist must request an OARRS report.



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