

## **Rx Basics for Ohio Dentists**

### **Licensure**

- There is no state prescriber's license in Ohio.
- Dentists only need to obtain a DEA license to prescribe controlled substances.
- Dentists who do either of the following must obtain a terminal distributor of dangerous drugs license issued by the Ohio Board of Pharmacy:
  - Engage in the compounding of drugs or possess compounded drugs
  - Possess a schedule I, II, III, IV, or V controlled substance.

### **Terminal Distributor of Dangerous Drugs License**

Under Ohio law, dentists are required to obtain a terminal distributor of dangerous drugs license from the Ohio Board of Pharmacy in order to possess a dangerous compounded drug or a schedule I, II, III, IV, or V controlled substance. Such licensees are generally required to establish proper security protocols, maintain records of all dangerous drugs received, administered, dispensed, personally furnished, distributed, sold, destroyed, or used, as well as comply with specific labeling requirements for personally furnished dangerous drugs. Dentists who possess dangerous compounded drugs are required to comply with regulations specific to compounding, and dentists who possess scheduled controlled substances are required to comply with specific recordkeeping and inventory requirements.

### **OARRS Dangerous Drug Database**

The Ohio Automated Rx Reporting System (OARRS) is a database established to monitor the misuse and diversion of controlled substances (scheduled drugs) and other dangerous drugs identified by the Ohio Board of Pharmacy in rule. All prescriptions written and dispensed for these pharmaceuticals are recorded in the database and are accessible to certain persons, including registered prescribers.

### **Access to OARRS**

- The OARRS website is [www.ohiopmp.gov](http://www.ohiopmp.gov)
- Access to and utilization of OARRS is free.
- All prescribers, including dentists, must register with OARRS by January 1, 2015. Enforcement of this registration will be included as part of a dentist's licensure renewal with the Ohio State Dental Board.
- Access to OARRS is restricted. Dentists should not share OARRS log-in information with anyone. Dentist may designate certain staff members to obtain access to OARRS with their own unique identifier. Contact the ODA or Ohio Board of Pharmacy for updated information on this issue.

### **Utilization of OARRS**

- Dentists may only access OARRS to obtain Rx information on patients of record or prospective patients of record. Accessing OARRS to obtain information on individuals who are not patients or prospective patients constitutes a felony.
- Beginning April 1, 2015, dentists MUST access OARRS when issuing a prescription for an opioid analgesic or benzodiazepine in a larger than 7 day

supply. A prescription with a refill authorization extending beyond 7 days constitutes a prescription of greater than 7 days and would necessitate an OARRS report.

- OARRS reports required under the law should cover the previous year of patient activity and should be maintained as part of the patient record.
- Dental board rules also require dentists to consider whether to access OARRS, if the dentist knows or has reason to believe a patient is abusing or diverting drugs. The rules provide tips on identifying signs of drug abuse or diversion, including:
  - History of criminal drug activity
  - Receiving prescriptions from multiple prescribers
  - Associates or others express concern
  - History of dependency
  - Requesting drugs by street name, color, etc.
  - Frequent requests for early refills
  - Frequent loss of prescriptions

### **Parental Consent**

In certain limited circumstances a dentist may need to obtain a written consent known as the “Start Talking!” form from a parent or guardian if prescribing a controlled substance which contains an opioid to a minor patient. Additionally, the dentist may be required to discuss with the patient and parent/guardian: the risks of addiction and overdose, the increased risk of addiction to controlled substances of individuals suffering from both mental and substance abuse disorders, the dangers of taking controlled substances containing opioids with benzodiazepines, alcohol, or other central nervous system depressants, and information on the patient counseling information section of the labeling for the drug.

The above mentioned requirements do not apply if the prescription is written incident to a medical emergency, if it would be detrimental to the patient, if it is rendered in a hospital, ambulatory surgical center, nursing home or other locations, or if it is written incident to or associated with a surgery. The Ohio State Dental Board has defined surgery for these purposes as “any procedure that involves cutting or otherwise infiltrating hard or soft human tissue; including but not limited to, gingival, bone and tooth structure, by mechanical means, including laser surgery, ionizing radiation, therapeutic ultrasound.”

### **Furnishing Drugs to Patients**

Under Ohio law, a prescriber may dispense dangerous drugs to patients for a patient’s use outside of the dental office. This is termed as “personally furnishing” under the law. Some offices engage in the practice as a convenience to patients. However, dental practices should closely consider whether to undertake this practice as it carries several regulatory requirements, including:

- No more than a 72 hour supply may be provided to a single patient
- A prescriber may supply no more than 2,500 dosage units in a 30 day period
- All activity or inactivity with the drugs a prescriber possesses with the intent to personally furnish must be reported to the Ohio Board of Pharmacy on a daily basis pursuant to OAC 4729-37-07.

The aforementioned requirements do not apply to written prescriptions. Additionally, these requirements do not apply to the administration of a drug. In addition to the common meaning of administration, the dental board has clarified in rule that administration also includes “providing a patient with a single dose of a drug to be used incidental to or contemporaneously with a planned procedure.”

**General Information:**

Addiction can impact anyone so dentists are wise to expect the unexpected and not to hesitate to consult with treating physicians if the dentist suspects a patient may have an issue with prescription drugs. Dentists should learn to spot the Red Flags of drug seeking behavior:

- Unusual knowledge of controlled substances
- Reluctant to try alternatives to controlled substances
- Need to be seen and obtain an Rx immediately
- Claim to be visiting from out of town
- Claim non-narcotic alternatives are ineffective or allergic
- Claim to have lost a prescription