

OHIO AUTOMATED RX REPORTING SYSTEM (OARRS)

INFORMATION

4715.14 REGISTRATION - NOTICE OF CHANGE OF ADDRESS.

- (A) (1) Each person who is licensed to practice dentistry in Ohio shall, on or before the first day of January of each even-numbered year, register with the state dental board. The registration shall be made on a form prescribed by the board and furnished by the secretary, shall include the licensee's name, address, license number, and such other reasonable information as the board may consider necessary, and shall include payment of a biennial registration fee of two hundred forty-five dollars. Except as provided in division (E) of this section, this fee shall be paid to the treasurer of state. Subject to division (C) of this section, a registration shall be in effect for the two-year period beginning on the first day of January of the even-numbered year and ending on the last day of December of the following odd-numbered year, and shall be renewed in accordance with the standard renewal procedure of sections 4745.01 to 4745.03 of the Revised Code.
- (2) (a) Except as provided in division (A)(2)(b) of this section, in the case of a licensee seeking registration who prescribes or personally furnishes opioid analgesics or benzodiazepines, as defined in section 3719.01 of the Revised Code, the licensee shall certify to the board whether the licensee has been granted access to the drug database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code.
- (b) The requirement in division (A)(2)(a) of this section does not apply if any of the following is the case:
- (i) The state board of pharmacy notifies the state dental board pursuant to section 4729.861 of the Revised Code that the licensee has been restricted from obtaining further information from the drug database.
 - (ii) The state board of pharmacy no longer maintains the drug database.
 - (iii) The licensee does not practice dentistry in this state.
- (3) If a licensee certifies to the state dental board that the licensee has been granted access to the drug database and the board finds through an audit or other means that the licensee has not been granted access, the board may take action under section 4715.30 of the Revised Code.
- (B) A licensed dentist who desires to temporarily retire from practice and who has given the board notice in writing to that effect shall be granted such a retirement, provided only that at that time all previous registration fees and additional costs of reinstatement have been paid.
- (C) Not later than the thirty-first day of January of an even-numbered year, the board shall send a notice by certified mail to a dentist who fails to renew a license in accordance with division (A) of this section. The notice shall state all of the following:
- (1) That the board has not received the registration form and fee described in that division;
 - (2) That the license shall remain valid and in good standing until the first day of April following the last day of December of the odd-numbered year in which the dentist was scheduled to renew if the dentist remains in compliance with all other applicable provisions of this chapter and any rule adopted under it;
 - (3) That the license may be renewed until the first day of April following the last day of December of the odd-numbered year in which the dentist was scheduled to renew by the payment of the biennial registration fee and an additional fee of one hundred dollars to cover the cost of late renewal;
 - (4) That unless the board receives the registration form and fee before the first day of April following the last day of December of the odd-numbered year in which the dentist was scheduled to renew, the board may, on or after the relevant first day of April, initiate disciplinary action against the dentist pursuant to Chapter 119. of the Revised Code;
 - (5) That a dentist whose license has been suspended as a result of disciplinary action initiated pursuant to division (C)(4) of this section may be reinstated by the payment of the biennial registration fee and an additional fee of three hundred dollars to cover the cost of reinstatement.
- (D) Each dentist licensed to practice, whether a resident or not, shall notify the secretary in writing or electronically of any change in the dentist's office address or employment within ten days after such change has taken place. On the first day of July of every even-numbered year, the secretary shall issue a printed roster of the names and addresses so registered.
- (E) Twenty dollars of each biennial registration fee shall be paid to the dentist loan repayment fund created under section 3702.95 of the Revised Code.

Amended by 130th General Assembly File No. TBD, SB 276, §1, eff. 3/19/2015.

Amended by 130th General Assembly File No. TBD, HB 394, §1, eff. 3/19/2015.

Amended by 130th General Assembly File No. TBD, HB 341, §1, eff. 1/1/2015.

Amended by 130th General Assembly File No. TBD, HB 483, §101.01, eff. 1/1/2015.

Amended by 128th General Assembly File No. 44, HB 215, §1, eff. 9/13/2010.

Amended by 128th General Assembly File No. 34, HB 190, §1, eff. 8/31/2010.

Effective Date: 10-29-2003

4715.302 DENTIST'S REVIEW OF PATIENT INFORMATION AVAILABLE THROUGH DRUG DATABASE.

- (A) As used in this section :
- (1) "Drug database" means the database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code.
 - (2) "Opioid analgesic" and "benzodiazepine" have the same meanings as in section 3719.01 of the Revised Code.
- (B) Except as provided in divisions (C) and (E) of this section, a dentist shall comply with all of the following as conditions of prescribing a drug that is either an opioid analgesic or a benzodiazepine, or personally furnishing a complete or partial supply of such a drug, as part of a patient's course of treatment for a particular condition:
- (1) Before initially prescribing or furnishing the drug, the dentist or the dentist's delegate shall request from the drug database a report of information related to the patient that covers at least the twelve months immediately preceding the date of the request. If the dentist practices primarily in a county of this state that adjoins another state, the dentist or delegate also shall request a report of any information available in the drug database that pertains to prescriptions issued or drugs furnished to the patient in the state adjoining that county.
 - (2) If the patient's course of treatment for the condition continues for more than ninety days after the initial report is requested, the dentist or delegate shall make periodic requests for reports of information from the drug database until the course of treatment has ended. The requests shall be made at intervals not exceeding ninety days, determined according to the date the initial request was made. The request shall be made in the same manner provided in division (B)(1) of this section for requesting the initial report of information from the drug database.
 - (3) On receipt of a report under division (B)(1) or (2) of this section, the dentist shall assess the information in the report. The dentist shall document in the patient's record that the report was received and the information was assessed.
- (C) (1) Division (B) of this section does not apply if a drug database report regarding the patient is not available. In this event, the dentist shall document in the patient's record the reason that the report is not available.
- (2) Division (B) of this section does not apply if the drug is prescribed or personally furnished in an amount indicated for a period not to exceed seven days.
- (D) The state dental board may adopt rules that establish standards and procedures to be followed by a dentist regarding the review of patient information available through the drug database under division (A)(5) of section 4729.80 of the Revised Code. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.
- (E) This section and any rules adopted under it do not apply if the state board of pharmacy no longer maintains the drug database.

Amended by 130th General Assembly File No. TBD, SB 276, §3, eff. 4/1/2015.

Amended by 130th General Assembly File No. TBD, HB 394, §3, eff. 4/1/2015.

Amended by 130th General Assembly File No. TBD, HB 341, §1, eff. 4/1/2015.

Amended by 130th General Assembly File No. TBD, HB 483, §101.01, eff. 4/1/2015.

Amended by 129th General Assembly File No. 156, SB 301, §1, eff. 3/13/2013.

Added by 129th General Assembly File No. 19, HB 93, §1, eff. 5/20/2011.

4715-6-01 STANDARDS AND PROCEDURES FOR REVIEW OF OHIO AUTOMATED RX REPORTING SYSTEM (OARRS).

- (A) Definitions: for the purposes of this rule:
- (1) "Delegate" means an authorized representative who is registered with the Ohio board of pharmacy to obtain an OARRS report on behalf of a dentist;
 - (2) "OARRS" means the "Ohio Automated Rx Reporting System" drug database established and maintained pursuant to section 4729.75 of the Revised Code.
 - (3) "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.
 - (4) "Personally furnish" means the distribution of drugs by a prescriber to the prescriber's patients for use outside the prescriber's practice setting. Personally furnish does not include the administration of a drug, as set forth in 4715-3-01(B)(1) of the Administrative Code.
 - (5) "Reported drugs" means all the drugs listed in rule 4729-37-02 of the Administrative Code that are required to be reported to the drug database established and maintained pursuant to section 4729.75 of the Revised Code, including controlled substances in schedules II, III, IV, and V.
- (B) Standards of care: the accepted and prevailing minimal standards of care require that when prescribing or personally furnishing a reported drug, a dentist shall take into account all of the following:
- (1) The potential for abuse of the reported drug;
 - (2) The possibility that use of the reported drug may lead to dependence;
 - (3) The possibility the patient will obtain the reported drug for a nontherapeutic use or distribute it to other persons; and
 - (4) The potential existence of an illicit market for the reported drug.
 - (5) In considering whether a prescription for or the personally furnishing of a reported drug is appropriate for the patient, the dentist shall use sound clinical judgment and obtain and review an OARRS report consistent with the provisions of this rule.
- (C) OARRS Review: a dentist shall obtain and review an OARRS report to help determine if it is appropriate to prescribe or personally furnish an opioid analgesic, benzodiazepine, or reported drug to a patient as provided in this paragraph and paragraph (F) of this rule:
- (1) A dentist shall obtain and review an OARRS report before prescribing or personally furnishing an opiate analgesic or benzodiazepine to a patient, unless an exception listed in paragraph (G) of this rule is applicable.
 - (2) A dentist shall obtain and review an OARRS report when a patient's course of treatment with a reported drug other than an opioid analgesic or benzodiazepine has lasted more than ninety days, unless an exception listed in paragraph (G) of this rule is applicable.
 - (3) A dentist shall obtain and review an OARRS report when any of the following red flags pertain to the patient:
 - (a) Selling prescription 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) Suffering an overdose, intentional or unintentional;
 - (f) Having a drug screen result that is inconsistent with the treatment plan or
 - (g) Having been arrested, convicted, or received diversion or intervention in lieu of conviction for a drug related offense while under the dentist's care;
 - (h) Receiving reported drugs from multiple prescribers, without clinical basis;
 - (i) Traveling with a group of other patients to the dentist's office where all or most of the patients request controlled substance prescriptions;
 - (j) Traveling an extended distance or from out of state to the dentist's office;
 - (k) 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;
 - (l) A known history of chemical abuse or dependency;
 - (m) Appearing impaired or overly sedated during an office visit or exam;
 - (n) Requesting reported drugs by street name, color, or identifying marks;
 - (o) Frequently requesting early refills of reported drugs;
 - (p) Frequently losing prescriptions for reported drugs;
 - (q) A history of illegal drug use;
 - (r) Sharing reported drugs with another person; or
 - (s) Recurring visits to non-coordinated sites of care, such as emergency departments, urgent care facilities, or walk-in clinics to obtain reported drugs.

- (D) Patient care documentation: a dentist who decides to utilize an opioid analgesic, benzodiazepine, or other reported drug in any of the circumstances within paragraphs (C)(2) and (C)(3) of this rule, shall take the following steps prior to issuing a prescription for or personally furnishing the opioid analgesic, benzodiazepine, or other reported drug:
- (1) Review and document in the patient record the reasons why the dentist believes or has reason to believe that the patient may be abusing or diverting drugs;
 - (2) Review and document in the patient's record the patient's progress toward treatment objectives over the course of treatment;
 - (3) Review and document in the patient record the functional status of the patient, including activities for daily living, adverse effects, analgesia, and aberrant behavior over the course of treatment;
 - (4) Consider using a patient treatment agreement including more frequent and periodic reviews of OARRS reports and that may also include more frequent office visits, different treatment options, drug screens, use of one pharmacy, use of one provider for the prescription or personally furnishing of reported drugs, and consequences for non-compliance with the terms of the agreement. The patient treatment agreement shall be maintained as part of the patient record; and
 - (5) Consider consulting with or referring the patient to a substance abuse specialist.
- (E) Follow-up OARRS Reports; Frequency:
- (1) For a patient whose treatment with an opioid analgesic or benzodiazepine lasts more than ninety days, a dentist shall obtain and review an OARRS report for the patient at least every ninety days during the course of treatment, unless an exception listed in paragraph (G) is applicable.
 - (2) For a patient who is treated with a reported drug other than an opioid analgesic or benzodiazepine for a period lasting more than ninety days, the dentist shall obtain and review an OARRS report for the patient at least annually following the initial OARRS report obtained and reviewed pursuant to paragraph (C)(2) of this rule until the course of treatment utilizing the reported drug has ended, unless an exception in paragraph (G) is applicable.
- (F) OARRS Reports; Time Periods; Adjoining States: for the purposes of paragraphs (C), (D), and (E) of this rule, when a dentist or their delegate requests an OARRS report in compliance with this rule, a dentist shall review and document receipt of the OARRS report in the patient record, as follows:
- (1) Initial reports requested shall cover at least the twelve months immediately preceding the date of the request;
 - (2) Subsequent reports requested shall, at a minimum, cover the period from the date of the last report to present;
 - (3) If the dentist practices primarily in a county of this state that adjoins another state, the dentist or their delegate shall also request a report of any information available in the drug database that pertains to prescriptions issued or drugs furnished to the patient in the state adjoining that county; and
 - (4) If an OARRS report regarding the patient is not available, the dentist shall document in the patient's record the reason that the report is not available and any efforts made in follow-up to obtain the requested information.
- (G) Exceptions: a dentist shall not be required to review and assess an OARRS report when prescribing or personally furnishing an opioid analgesic, benzodiazepine, or other reported drug under the following circumstances:
- (1) The reported drug is prescribed or personally furnished to a hospice patient in a hospice care program as those terms are defined in section 3712.01 of the Revised Code, or any other patient diagnosed as terminally ill;
 - (2) The reported drug is prescribed for administration in a hospital, nursing home, or residential care facility;
 - (3) The reported drug is prescribed or personally furnished in an amount indicated for a period not to exceed seven days;
 - (4) The reported drug is prescribed or personally furnished for the treatment of cancer or another condition associated with cancer; and
 - (5) The reported drug is prescribed or personally furnished to treat acute pain resulting from a surgical or other invasive procedure or a delivery.

Replaces: 4715-6

Effective: 9/12/2016

Five Year Review (FYR) Dates: 08/01/2021

Promulgated Under: 119.03

Statutory Authority: 4715.302

Rule Amplifies: 4715.30 , 4715.302

Prior Effective Dates: 1/10/12

Acute Pain Prescribing Guidelines

A companion to Ohio's Guidelines for the Management of Acute Pain Outside of Emergency Departments
These guidelines are to be used as a clinical tool, but they do not replace clinician judgment.

Patient Presents with Acute Pain

1 Pain Assessment:

- Medical history and physical examination, including pregnancy status
- Location, intensity, severity; and associated symptoms
- Quality of pain (somatic, visceral or neuropathic)
- Psychological factors, personal/family history of addiction

2 Develop a Plan:

- Educate patient and family and negotiate goals of treatment
 - Discuss risks/benefits of non-pharmacologic & pharmacologic therapies
 - Set patient expectations for the degree and the duration of the pain
- GOAL: Improvement of function to baseline as opposed to complete resolution of pain**

Options

Non-Pharmacologic Treatment

- Ice, heat, positioning, bracing, wrapping, splints, stretching
- Massage therapy, tactile stimulation, acupuncture/acupressure, chiropractic adjustment, osteopathic neuromusculoskeletal medicine
- Biofeedback
- Directed exercise such as physical therapy

Non-Opioid Pharmacologic Treatment

Role in Therapy	Somatic (Sharp or Stabbing)	Visceral (Ache or Pressure)	Neuropathic (Burning or Tingling)
First Line	Acetaminophen, NSAIDs, Corticosteroids		Gabapentin/pregabalin/TcAs/SNRIs
Alternatives	Gabapentin/pregabalin, skeletal muscle relaxants, SSRIs/SNRIs/TcAs	SNRIs/TcAs, dicyclomine	Anti-epileptics, baclofen, bupropion, low-concentration capsaicin, SSRIs, topical lidocaine

Opioid Pharmacologic Treatment

For All Opioids:

- **Complete risk screening** (e.g. age, pregnancy, high-risk psychosocial environment, personal/family history of substance use disorder).
- **Provide the patient with the least potent opioid** to effectively manage pain (e.g. APAP/codeine instead of oxycodone). **Refer to Morphine Equivalence Table.**
- **Prescribe the minimum quantity needed with no refills.**
- **Consider checking OARRS** for all patients who will receive an opioid prescription. (OARRS report is required for most prescriptions of 7 days or more.)
- **Avoid prescribing long-acting opioids** for acute pain (e.g. methadone, oxycodone).
- **Use caution when prescribing opioids** with patients on benzodiazepines and sedative-hypnotics or patients known to use alcohol.
- **Discuss how to safely and effectively wean** patient off opioid medication.
- **Remind that it is a unsafe and unlawful** to give away or sell their opioids.
- **Discuss proper storage and disposal of opioid medications.**
- **Coordinate care and communication** of complex patients with other clinicians.

Morphine Equivalence Table

Opioid Naive: Morphine Equivalence* Notable NSAIDs

Most Potent

Buprenorphine sublingual 42:1
 Hydromorphone PO 4:1
 Oxycodone 3:1
 Hydrocodone 1:1

Morphine 1:1

Meloxicam 0.67:1
 Diclofenac 0.2:1
 Codeine 0.15:1
 Tramadol 0.1:1
 Celecoxib 0.1:1

Least Potent

*Source: CDC, 5/2014

14 Days (Key Checkpoint)

Reassess patient within an appropriate time NOT exceeding 14 days

If pain is unresolved, reassess:

- Pain, consider standardized tool (e.g. Oswestry Disability Index for back pain)
- Treatment method
- Context and reason for continued pain
- Additional treatment options, including consultation

Six Weeks (Key Checkpoint)

- If pain is unresolved:
- Repeat the prior step
- Refer to Chronic Pain Guideline