PRACTICE ADVISORY SERVICE FAQ

Information on Prescribing and Dispensing Drugs for Dentists

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Where do dentists get their authority to prescribe?

Dentists receive their authority to prescribe and dispense drugs from various provincial and federal statutes, including the Dentistry Act, 1991; the Drug and Pharmacies Regulation Act, 1990; the Food and Drugs Act, 1985; the Controlled Drugs and Substances Act, 1996; and the regulations made under them.

Prescribing Primer

*(Dispatch Article February/March 2013 pg. 37)*

Dentistry Act-section on Authorized acts

Do dentists have the authority to prescribe any drug for any individual?

No. A dentist’s privileges to prescribe and dispense drugs are limited to the scope of practice of dentistry. A dentist may only prescribe and dispense drugs for patients of record. This means that a dentist can only prescribe or dispense drugs for the purpose of diagnosing, treating or preventing conditions of the oral-facial complex for patients that they are treating.

Before prescribing any drug, a dentist must have current knowledge of the patient’s true health status and clinical condition. This can only be acquired by obtaining a medical history and conducting an appropriate clinical examination of the patient in order to make a diagnosis or differential diagnosis, or otherwise establishing a clinical indication for the use of a drug. There must be a logical connection between the drug prescribed and the diagnosis or clinical indication.

Prescribing ABCs

*(Dispatch Article November/December 2008 pg. 57)*

Guidelines on the Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice
Can dentists prescribe for themselves?

No. It is inappropriate for a dentist to self-prescribe any drugs.

Prescribing ABCs
(Dispatch Article November/December 2008 pg. 57)

Can dentists prescribe for friends or family members?

Yes. A dentist in Ontario can prescribe drugs for friends and family members who are their patients of record, provided these prescriptions are for the purpose of treating conditions within the scope of practice of dentistry. It is inappropriate for a dentist to prescribe drugs for a non-dental purpose.

Prescribing Primer
(Dispatch Article February/March 2013 pg. 37)

Prescribing ABCs
(Dispatch Article November/December 2008 pg. 57)

Can dentists employ drugs to induce sedation or general anesthesia?

Yes. However, dentists who wish to employ any modality of sedation or general anesthesia must be appropriately trained and regulate their practice in accordance with the College's Standard of Practice on the Use of Sedation and General Anesthesia in Dental Practice. Furthermore, dentists who wish to administer oral moderate sedation, parenteral conscious sedation, deep sedation and/or general anesthesia in dental offices or facilities must apply to the College and have their training reviewed and approved by the College.
**What information must be included with a prescription?**

Dentists must provide the following information with a prescription:

- name of the patient;
- full date (day, month and year);
- name of the drug, drug strength and quantity or duration of therapy;
- full instructions for use of the drug;
- refill instructions, if applicable;
- printed name of the prescriber;
- address and telephone number of the dental office where the patient’s records are kept;
- signature of the prescriber or, in the case of electronically produced prescriptions, a clear and unique identifier, which signifies to the dispenser that the prescriber has authorized the individual prescription.

If the prescription is for a monitored drug, as defined in the Narcotics Safety and Awareness Act, 2010, dentists must also provide:

- their RCDSO registration number;
- an identification number for the patient and the type of identification used.
What are the acceptable forms of patient ID?

This is the list of approved forms of identification from the Ministry of Health and Long-Term Care:

- Ontario Health Card or other health card issued by a Province or Territory in Canada
- Valid Driver’s Licence or Temporary Driver’s Licence (issued by Ontario or other jurisdiction)
- Ontario Photo Card
- Birth Certificate from a Canadian province or territory
- Government-issued Employee Identification Card
- Ontario Outdoors Card
- BYID (age of majority card)
- Certificate of Indian Status
- Valid Passport – Canadian or other country
- Certificate of Canadian Citizenship
- Canadian Immigration Identification Card
- Permanent Resident Card
- Old Age Security Identification Card
- Canadian Armed Forces Identification Card
- Royal Canadian Mounted Police/Provincial/Municipal Police Identification
- Firearms Possession and Acquisition Licence

The College strongly recommends that dentists select the Ontario Health Card or other health card issued by a Province or Territory in Canada as the preferred form of patient ID.

Ministry of Health and Long-Term Care
Narcotics Strategy - Information at Glance
(Dispatch Article February/March 2012 pg. 6)
**What are the rules concerning repeat/refill prescriptions?**

In certain cases, prescribers may wish to authorize a specified number of refills.

For opioids and other narcotics, refills are NOT permitted.

For some controlled drugs, refills are permitted for written and verbal prescriptions, while for others, refills require a written prescription.

For all controlled drugs, the prescription must also specify the intervals between refills.

For benzodiazepines and other targeted substances, refills are permitted for written and verbal prescriptions. Please note, however, that the prescription (with any refills) is valid for only one year from the date it was issued.

**Can dental office staff call in a verbal prescription for a patient on behalf of a dentist?**

Yes. However, the use of intermediaries (e.g. office staff) has been identified as a prominent source of medication error. The prescribing dentist is responsible for ensuring the accuracy of the information transmitted to the pharmacy. Accordingly, if a dentist wishes to call in a verbal prescription, it is recommended that they communicate the verbal prescription themselves. If this is not possible, it is recommended that the dentist consider asking a staff person who has an understanding of the drug and indication to communicate the prescription information, unless the prescription is a refill.

**Guidelines on the Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice**

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**Who is responsible for confirming the authenticity of a prescription?**

Pharmacists are responsible for confirming the authenticity of each prescription, which may require direct confirmation with the prescriber before the prescription is filled.

**Can a prescription written by a dentist in Ontario be filled outside of Ontario?**

Dentists who practise in Ontario may prescribe for any of their patients, including those who live outside of Ontario. However, whether the prescription will be accepted and filled by a pharmacist outside of Ontario depends on the jurisdictional requirements of that province or country.
Do dentists need to document prescriptions in patient records?

Yes. As described in the College’s Guidelines on Dental Recordkeeping, dentists are required to document details of their prescriptions in the patient’s chart, including the name of the drug, drug strength and quantity, and instructions for use.

Can dentists order drugs for in-office use?

Yes. Dentists are able to order drugs for office use, including antimicrobials, analgesics, sedatives and medical emergency drugs. The types of drugs that may be ordered for in-office use will be determined by the scope of a particular dentist’s practice and the conditions for which they have the expertise and competence to manage.

It should be emphasized, however, that there is no provision for dentists or their staff to access in-office supplies of drugs that normally require a prescription for their own use or by their family members. Dentists should take reasonable precautions to prevent the unauthorized use of in-office supplies of drugs by staff and other individuals with access to the office.

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Can dentists dispense drugs from in-office supplies to patients for use at home?

Yes. This is usually done if a drug is necessary for the immediate treatment of a patient, in an emergency or where the services of a pharmacist are not readily available. In most cases, however, no more than a three-day supply of a drug should be dispensed. Normally, the drug is dispensed at no charge. If the dentist chooses to charge the patient for the drug, the fee must be the actual cost of the drug.

A drug should be dispensed in a CSA-approved child-resistant package that is labelled with the following information:

- the name of the drug;
- the drug strength and quantity;
- the date the drug is dispensed;
- the name and address of the prescriber;
- the name of the person for whom it is prescribed;
- the directions for use.

In addition, an entry should be made in the patient’s chart, noting that the drug was dispensed to the patient.

Prescribing and Dispensing of Drugs by Dentists

(Dispatch Article November/December 2007 pg. 54)
Do dentists need to keep a register for in-office supplies of drugs?

Yes. A drug register must be maintained. The register must record and account for all opioids and other narcotics, controlled drugs, benzodiazepines and targeted substances that are kept on-site. The register must provide the name and quantity of the drug purchased, the date it was purchased, the name and address of the person or pharmacy from which the drug was purchased or received, and the purchase price. The register should be kept in a secure area in the office, preferably with the drugs, and reconciled on a regular basis.

Whenever drugs in the above-mentioned classes are used or dispensed, a record containing the name of the patient, the quantity used or dispensed, and the date should be entered in the register for each drug. Each entry should be initialled or attributable to the person who made the entry. In addition, this same information should be recorded in the patient’s chart, along with any instructions for use.

How long should a drug register be kept?

Like other administrative records, a drug register must be kept for 10 years after the date of the last entry in the record.
What is the proper way to store drugs in a dental office?

Dentists must take adequate steps to protect opioids and other narcotics, controlled drugs, benzodiazepines and targeted substances in their possession from loss or theft. It is recommended that drugs stored in a dentist’s office be kept in a locked cabinet and out of sight.

Dentists are further advised to avoid storing drugs in any other location, including their homes, and never leave drug containers unattended or in plain view.

For more information:

Guidelines on the Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice

Prescribing and Dispensing of Drugs by Dentists

(Dispatch Article November/December 2007 pg. 54)

Why should dentists be cautious about prescribing opioids and other monitored drugs?

These drugs are highly susceptible to misuse, abuse and/or diversion, and may result in harm. If there are no appropriate or reasonably available alternatives, the benefits of prescribing an opioid must be weighed against its potential risks, especially when used long-term.

For more information:

Guidelines on the Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice
What practical steps can dentists take to prevent problematic opioid use?

When prescribing opioids, dentists must be alert for behaviour that suggests patients are experiencing problems with the appropriate use of opioids or have an opioid use disorder. Dentists should:

- Ensure that the patient’s identity has been verified; for example, by requesting two or three pieces of identification (e.g., health card, driver’s licence, birth certificate).
- Verify the presenting complaint and observe for indicators of problematic opioid use.
- Screen for current and past alcohol and drug (prescription, non-prescription, illicit) use.
- Consider whether the patient may be experiencing problems with opioid use or have an opioid use disorder if she/he:
  - requests a specific drug by name and/or states that alternatives are either not effective or he/she is “allergic” to them;
  - refuses appropriate confirmatory tests (e.g., x-rays, etc.);
  - indicates losing previous filled prescriptions or spillage of drugs.
- Ask to speak with the patient’s primary family health care provider and/or pharmacist.
- Ask if the patient has received any opioids in the last 30 days from another practitioner and look for any signs of evasiveness.

Under the Controlled Drugs and Substances Act, 1996, and its regulations, a person who has received a prescription for a narcotic, such as an opioid, shall not seek or receive another prescription or narcotic from a different prescriber without telling that prescriber about every prescription or narcotic that he or she has obtained within the previous 30 days.

For more information:

Guidelines on the Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice

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What was the rationale for Ontario's Narcotics Strategy, which was introduced by the Ministry of Health and Long-Term Care?

Ontario’s Narcotics Strategy aims to make the prescribing and dispensing of narcotics and other controlled substance medications safer and more secure by:

• providing education and raising public awareness about the safe use of these drugs;
• educating the health care sector on appropriate prescribing and dispensing practices;
• monitoring the prescribing and dispensing of narcotics and controlled substances through a provincial narcotics monitoring system;
• providing options for treatment and support for those addicted to prescription narcotics and controlled substances.

Ministry of Health and Long-Term Care Narcotics Strategy – Information at Glance

(Dispatch Article February/March 2012 pg. 6)

What is a monitored drug?

The Narcotics Safety and Awareness Act, 2010, defines monitored drugs as any controlled substance under the federal Controlled Drugs and Substances Act (S.C. 1996, c.19), such as narcotic analgesics (e.g. Tylenol® 3, Oxycontin®).

Also included are non-narcotic controlled drugs such as methylphenidate (e.g. Ritalin®), benzodiazepines (e.g. Valium®), and barbiturates (e.g. phenobarbital) as well as other opioid medications not listed in the Controlled Drugs and Substances Act, such as tramadol containing products (Ralivia®, Tramacet®, Apotramadol/acetaminophen®, Tridural®, Ultram®, Zytram XL®) and tapentadol (Nucynta®).

A list of monitored drugs can be found at:


Where can dentists find more information about Ontario’s Narcotics Strategy?

Information can be found on the Prescribing and Dispensing Monitored Drugs page under the Members section of our website.

http://www.rcdso.org/Members/PrescribingandDispensingMonitoredDrugs

If opioids from a dentist’s office supply are expired or unusable, can the dentist destroy them?

Dentists are responsible for protecting and accounting for all controlled substances in their possession, including expired, damaged and unusable drugs.

Most pharmacies offer take-back programs for the safe disposal of expired/unusable drugs. Dentists should contact the pharmacy at which the controlled drug was purchased to determine if it will accept the returns.

Otherwise, dentists must request and obtain permission for the destruction of any opioids and other narcotics and controlled drugs in their possession. A list of expired or unusable controlled drugs should be mailed or faxed to:

Compliance, Monitoring and Liaison Division
Office of Controlled Substances
Drug Strategy and Controlled Substances Program, Health Canada
Address Locator: 3502 B, Ottawa, ON K1A 1B9
phone: 613-954-1541
fax: 613-957-0110

Dentists will then receive a letter acknowledging receipt of their request from the Office of Controlled Substances. Dentists may destroy the products once this confirmation has been received.

Do dentists have to request permission for the destruction of benzodiazepines and other targeted substances?

No. A request to destroy unusable benzodiazepines and other targeted substances listed in the Benzodiazepines and Other Targeted Substances Regulations made under the Controlled Drugs and Substances Act is NOT required.
How should dentists destroy expired or unusable controlled substances?

All drugs should be destroyed through a waste disposal service that accepts biohazardous waste.

Drugs should never be thrown into the regular garbage and flushing medications down the toilet is discouraged for environmental reasons.

Disposal companies that accept biohazardous waste will provide a lined container into which products can be placed. Using soapy water or another suitable liquid, a “slurry” of expired and unusable drugs can be made and placed into the disposal container. Once full, the waste disposal service will accept responsibility for the container and transport it to a facility for incineration.

Prior to destruction, the dentist must record the name, strength and quantity of the drugs to be destroyed. The destruction must be witnessed by another dentist, pharmacist or another practitioner able to prescribe. The date of the destruction must be recorded and, immediately after the destruction has taken place, the dentist and witness must sign and print their names on a joint statement indicating that they witnessed the destruction.

Disposal of Drugs and Reporting Stolen Narcotics and Forged Prescriptions
(Dispatch Article July/August 2006 pg. 30)

What should a dentist do if controlled substances, including opioids and other narcotics from their office supply has been lost or stolen?

Dentists are required to report within 10 days of discovery the loss or theft from their office of controlled substances, including opioids and other narcotics, to the Office of Controlled Substances, Federal Minister of Health. Loss and theft report forms are available from the Office.

The contact information is:

Compliance, Monitoring and Liaison Division
Office of Controlled Substances
Drug Strategy and Controlled Substances Program, Health Canada
Address Locator: 3502 B Ottawa, ON K1A 1B9
phone: 613-954-1541
fax: 613-957-0110
How can dentists minimize the risk of forged/fraudulent prescriptions?

When issuing prescriptions for opioids and other narcotics, controlled drugs, benzodiazepines and targeted substances, dentists should consider taking the following precautions:

- If using a paper prescription pad:
  - write the prescription in words and numbers;
  - draw lines through unused portions of the prescription;
  - keep blank prescription pads secure.
- If using desk-top prescription printing:
  - use security features, such as watermarks;
  - write a clear and unique signature.
- If faxing a prescription:
  - confirm destination and fax directly to the pharmacy, ensuring confidentiality;
  - destroy paper copy or clearly mark it as a copy.

Trust is essential to the dentist-patient relationship. A dentist may wish to terminate the relationship if they discover that a patient has altered or forged a prescription.

In cases where a staff member has forged a prescription using a dentist’s prescription pad, the College advises the dentist to document all conversations with the staff member and obtain legal advice as to what their obligations are with respect to employment-related issues. On the face of it, forging a prescription may be grounds for dismissal for cause, but the dentist must obtain their own legal counsel if they are contemplating this type of action, as the College cannot provide legal advice.

Dentists may report the forgery to:

**Compliance, Monitoring and Liaison Division**
**Office of Controlled Substances**
**Drug Strategy and Controlled Substances Program, Health Canada**
Address Locator: 3502 B, Ottawa, ON K1A 1B9
phone: 613-954-1541
fax: 613-957-0110

**Disposal of Drugs and Reporting Stolen Narcotics and Forged Prescriptions**
*(Dispatch Article July/August 2006 pg. 30)*
Where can dentists obtain further information on the use of opioids in the management of pain?

In November 2015, the RCDSO published Guidelines on the Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice. The purpose of this document is to guide dentists in the appropriate use of opioids in the management of acute and chronic pain in dental practice, and to present “best practices” for their use.

Guidelines on the Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice