The controlled substance database is a tool to improve your practice and to ensure patient safety. In order to promote the use of this tool, Tennessee law requires that the controlled substance database be checked before most initial controlled substance prescriptions are written.

Section 53-10-310 of the Tennessee Code provides that “[a]ll prescribers or their designated healthcare practitioner’s extenders, unless otherwise exempted under this part, shall check the controlled substance database prior to prescribing one of the controlled substances identified in subdivision (e)(3) to a human patient at the beginning of a new episode of treatment and shall check the controlled substance database for that human patient at least annually when that prescribed controlled substance remains part of the treatment.” Many times dentists are exempt from requirement because the controlled substances prescribed by dentists are only “an amount which is adequate for a single, seven-day treatment period and does not allow a refill.” See TENN. CODE ANN. § 53-10-310 (e)(5)(D).

Even if a particular issued prescription does not trigger a statutory obligation to check the controlled substance database, does not mean that you should not check the database prior to prescribing. Tennessee is currently facing an opioid epidemic and many patients are seeking medically unnecessary opioids from healthcare providers. For instance, a recent investigation revealed that a patient was able to obtain 89 prescriptions in a 90 day period by visiting a large number of dentists. This type of dentist shopping can be avoided by checking the controlled substance database before issuing a prescription. The database could have shown many of those prescribers that the patient in question was regularly receiving prescriptions from other practitioners and was actively taking opiates procured from those practitioners.

The controlled substance database is a tool that can and should be used to determine drug seeking behavior and help you keep your patients safe.