

DEA Numbers and the Future of Optometry

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In 1977, optometrists in North Carolina and West Virginia gained the privilege to prescribe any medications, both oral and topical, required to care for their patients' ocular health. With this privilege, came the ability and necessity to obtain a Drug Enforcement Administration (DEA) number. In the years since 1977, the practice of optometry in the majority of states includes similar prescribing authority and the necessity for more optometrists to obtain DEA numbers. With practice expansion that includes often the use of lasers, performance of YAG capsulotomies, lesion excisions and more, a broad prescriptive authority has become even more necessary. Protecting this prescriptive authority is vital to the modern practice of optometry. Almost 30 years later, in 2005, optometrists in Mississippi were allowed to administer and prescribe oral pharmaceuticals, antibiotics and nonsteroidal anti-inflammatory medications, over-the-counter allergy medications and oral analgesic controlled substances in Schedule IV and V for pain. With the passage of [HB 1302](#) in 2021, Mississippi optometrist earned the right to prescribe "pharmaceutical medications which are rational and appropriate for the examination, diagnosis, management or treatment of visual defects, abnormal conditions or diseases of the eye and/or eyelids (Section 73-19-1) ...". This bill included the prescriptive authority to use oral steroids and updated pharmaceuticals to schedules II – V which require the optometrist to have a DEA license. ([Update DEA Schedules](#) and [Applicable Optometry Laws in Mississippi](#))

A DEA number is required to prescribe controlled substances. Although the typical optometrist rarely, if ever, has found the need to prescribe a controlled substance, simply having this ability is an excellent tool to have available when necessary. The event could be a patient with herpetic neuralgia requiring a gabapentin prescription or the patient with an ocular injury involving a toxic plant thorn requiring pain control only found with a controlled substance, or many other examples that any practicing optometrist might provide. Without the requisite DEA number, our ability to properly manage a patient could be severely hindered. A secondary benefit of having a DEA number is that a DEA number might be a requirement for certain insurance company credentialing. Some insurances will not reimburse practitioners for services provided without a DEA number. And some pharmacies require a DEA number in order to validate any prescription filled – controlled or non-controlled. All of the above can create a financial burden and other administrative issues for the optometrist attempting to practice without a valid DEA license.

DEA numbers are used in order to track the prescription of controlled substances to achieve greater accountability for prescribing and to aid in the control of abuse of these substances. In the United States, the impact of drug abuse has been known since the early days of opium dens in California and the common use of opium in patent drugs in society in the early 1800's. There is a long history of various laws attempting to control certain drug access and, thus, abuse. The earliest known law impacting drug use was the 1875 San Francisco Opium Den Ordinance that banned dens for the public smoking of opium. These early laws morphed into the 1906 Pure Food and Drug Act, the 1914 Harrison Narcotic Act, the 1956 Narcotic Control Act followed by the 1970 Controlled Substances Act which is administered by the DEA. The DEA uses a provider's DEA number to track every patient who is prescribed controlled substances written under that number along with the amount and type of controlled substance prescribed. This data can be used when the provider is suspected of abusing their prescribing privileges.

[DEA numbers](#) must be renewed every three years and must be updated if the provider changes physical locations. The application is [DEA Form 224](#). A DEA number is unique to the particular provider and cannot be shared within a practice with the exception of certain hospital-based practicing providers. The cost of is \$888 every three years (or \$296/year) and is considered a practice expense. Under the [Consolidated Appropriations Act of 2023](#), beginning on June 27, 2023, the DEA implemented the requirement that any provider seeking to obtain or renew a DEA license was required to attest to eight hours of continuing education on the treatment and management of patients with opioid or other substance use disorders. This is a one-time requirement that providers simply attest to on their applications while maintaining the continuing education confirmations with the provider ([AOA Resource](#)). One important note is that some states require additional Controlled Substance Registration in order to prescribe but Mississippi is not one of those states.

Attempting to prescribe a controlled substance under someone else's DEA number is illegal. All providers are required to independently evaluate any particular patient prior to prescribing any medications, much less a controlled substance. Fines have been in the millions of dollars in some cases for prescribing without seeing the patient or allowing another provider to use your DEA number to prescribe. Obtaining, maintaining and safeguarding a DEA number is a vital task that should not be skipped due to financial reasons or lack of use. If the trend of opting to not obtain a DEA license becomes widespread in the optometric community, the consequences could harm all of us and impede the quest to broaden our practice scope. Happy Coding...

The Anatomy of the DEA Number



First letter = identifies the sort of registrant (hospitals, practitioners, researchers, nurse practitioners, manufacturers etc.)

Second letter = first letter of the prescriber's last name

Six digits = unique provider identifier

Seventh digit formula+

Add digits 1, 3, 5

Add digits 2, 4, 6, then multiply by 2

Add results together and then add the resultant together for final check digit: $14+36=50$

This final number must match the last digit of the DEA number for it to be valid.

The last digit of the seven-digit DEA number is a check digit, which is used to verify the accuracy of the number. The check digit is not part of the registrant's information

Dr Patterson: CP2756344 is Valid

Step 1: Add digits 1, 3 and 5 = 10

Step 2: Add digits 2, 4 and 6 = $17 \times 2 = 34$

Step 3: Add the results for step 1 and 2 = 44

Last digit (4) & 2nd letter (P) matches so valid

Dr. Smith: CC8422965 is Invalid

Step 1: Add digits 1, 3 and 5 = 19

Step 2: Add digits 2, 4 and 6 = $12 \times 2 = 24$

Step 3: Add the results for step 1 and 2 = 43

Last digit (5) & 2nd letter (S) do not match formula so invalid