



2025 Annual Report

# South Carolina Prescription Monitoring Program

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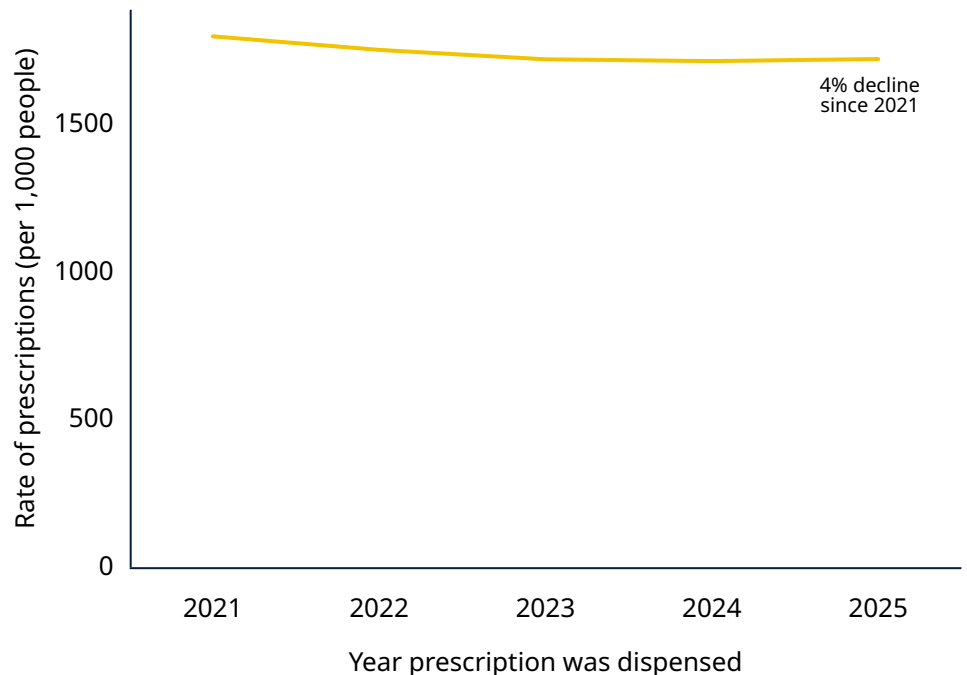


## I. Executive Summary

The South Carolina Prescription Monitoring Program (SC PMP) became fully operational on February 1, 2008. The purpose of the SC PMP is intended to improve the state’s ability to identify and stop the diversion of prescription drugs in an efficient and cost-effective manner that will not impede the appropriate medical utilization of licit controlled substances. This summary highlights (1) prescription trends, (2) trends in prescriber and pharmacist PMP utilization, (3) prescription trends by prescriber specialty, (4) prescription trends among in-state and out-of-state pharmacies, and (5) opioid antidote administration trends. The full report provides details regarding the dispensing patterns in SC by drug schedule.

In 2025, SC dispensed a total of 9,598,565 controlled substance prescriptions, reflecting an overall 4% decline in dispensing rates since 2021 (Figure 1). However, prescribing patterns shifted notably during this period (Figure 2). Benzodiazepine and opioid prescription rates each declined by approximately 13%, with the most substantial decrease—about 5%—occurring between 2021 and 2022. While these drug categories continue to trend downward, the pace of decline has slowed in subsequent years. In contrast, stimulant prescriptions increased by 17% from 2021 to 2025, with the most notable increase occurring between 2023 and 2024. Since 2022, dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate has consistently been ranked as the most frequently dispensed controlled substance in the state, with the largest year-over-year increase (17%) occurring between 2023 and 2024. For additional details on prescription characteristics, see Table 1.

**Figure 1. Rate of controlled substances dispensed, 2021 - 2025**



### Legislation passed

Legislation is passed mandating SC PMP.

February 2008

### SCRIPTS launched

SC PMP is launched.

January 2014

### Daily dispenser reporting

Legislation is passed requiring dispensers to upload their dispensations daily to SC PMP.

November 2014

### Revised pain management guidelines

Joint Revised Pain Management Guidelines are approved by the SC State Medical Board. SC Board of Dentistry and SC Board of Nursing considers registration and utilization of SC PMP “mandatory for prescribers to provide safe, adequate pain treatment.”

December 2014

### State plan to prevent and treat prescription drug abuse

The Governor’s Prescription Drug Abuse Prevention Council releases the State Plan to Prevent and Treat Prescription Drug Abuse.

September 2015

### First integrations

The first two emergency departments complete SC PMP integration into their electronic health records.

November 2015

### Online registration

SC PMP switches vendors and starts online registration for users, registration of delegate accounts, and online password resets.

May 2017

### Mandated prescriber use

State law mandates that prescribers must check the PMP prior to issuing any CII prescriptions greater than a five-day supply. (S.C. Code Ann. § 44-53-1645)

August 2017  
**Quarterly prescriber reports**

The first round of quarterly prescriber report cards of (approximately 8,000) were disseminated.

January 2018  
**First OERT meeting**

The Opioid Emergency Response Team holds their first meeting, marking the launch of a multi-lateral strategy aimed at coordinating rapid and effective responses to opioid-related public health emergencies.

May 2018  
**NarxCare began**

State law mandates limited initial opioid prescriptions for acute pain management or postoperative pain management to not exceed a seven-day supply, except when clinically indicated. (S.C. Code Ann. § 44-53-360) PMP begins using NarxCare for prescribers and pharmacists to use for clinical decision support.

November 2018  
**Mandated prescriber reports**

State law mandates quarterly prescriber report cards to provide a set of metrics which included patient risk categories. (S.C. Code Ann. § 44-53-1655)

March 2020  
**First Meeting for ORT**

The Overdose Response Team begins weekly meetings with multiple jurisdictions, aimed at delivering immediate and coordinated responses to drug overdoses.

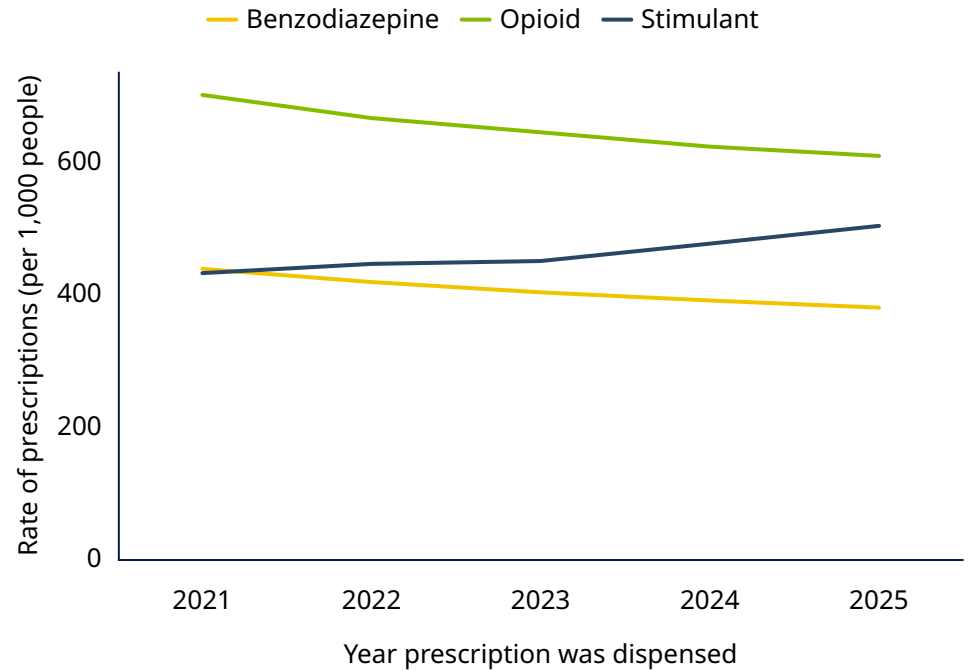
April 2020  
**Clinical alerts begin**

Targeted education efforts for veterinarians regarding dispensation reporting requirement are performed. Clinical alerts to alert prescribers of potential risks are turned on.

May 2020  
**Interactive prescriber reports**

Prescriber report cards became interactive when viewed in the PMP Aware portal.

**Figure 2. Rate of controlled substances dispensed by drug class, 2021 - 2025**



**Table 1. Characteristics of Controlled Substance Prescriptions Dispensed in SC, 2021 - 2025**

Characteristics	2021	2022	2023	2024	2025
Rate of Controlled Substance Prescriptions (per 1,000 people)	1,800	1,754	1,722	1,716	1,723
Number of Controlled Substance Prescriptions	9,346,294	9,265,421	9,254,398	9,402,380	9,598,565
Number of Unique Prescribers <sup>1</sup>	68,293	68,375	67,521	67,485	68,587
Number of Unique Pharmacies <sup>2</sup>	1,716	1,728	1,677	1,663	1,645

<sup>1</sup> Number of unique prescribers is defined as the number of individual prescribers that prescribed a controlled substance that was dispensed in SC. This number is derived based on the number of unique prescriber DEA numbers. A single prescriber can have multiple DEA numbers.

<sup>2</sup> The number of unique pharmacies is defined as the number of individual pharmacies that dispensed a controlled substance prescription in SC. This number is derived based on the number of unique pharmacy DEA numbers.

December 2020

**Interstate data sharing**

SCRIPTS users can access data from 44 other state PMPs, plus the District of Columbia, Puerto Rico and the Military Health System.

January 2021

**Opioid antidote administrations and electronic prescribing**

State law requires healthcare facilities and first responders to report opioid antidote administrations to DPH (formerly DHEC). (S.C. Code Ann. § 44-130-60 & S.C. Code Ann. § 44-130-80) All controlled substances must be sent via electronic prescribing. (S.C. Code Ann. § 44-53-360)

April 2021

**Naloxone co-prescribing and CII day-supply limitation**

Prescribers must offer naloxone and provide counseling when prescribing over 50 MME/day, combining opioids with benzodiazepines, or treatment patients at higher overdose risk. (S.C. Code Ann. §44-53-361) The 31-day limit for Schedule II drugs no longer applies to transdermal patches or surgically implanted delivery systems. (S.C. Code Ann. §44-53-360)

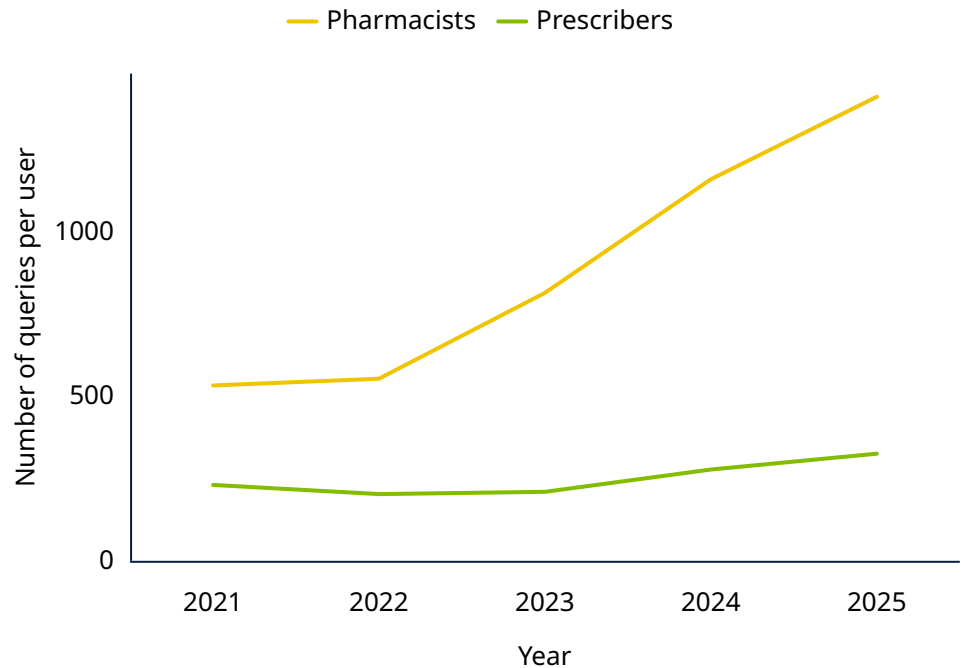
March 2024

**Telehealth and telemedicine modernization act**

South Carolina enacted the Telehealth and Telemedicine Modernization Act, establishing standards for all licensed providers delivering telehealth services, except where a provider’s specific practice act imposes additional requirements.

Between 2021 and 2025, engagement with the SC PMP rose sharply, with queries per prescriber increasing by 41% and queries per pharmacist surging by 165% (Figure 3). This substantial growth reflects the impact of sustained outreach and education efforts, including targeted presentations to pharmacists—such as those delivered through the SC Pharmacy Association—and prescriber-focused communications emphasizing mandatory use requirements. Together, these initiatives appear to have reinforced the importance of consistent PMP utilization.

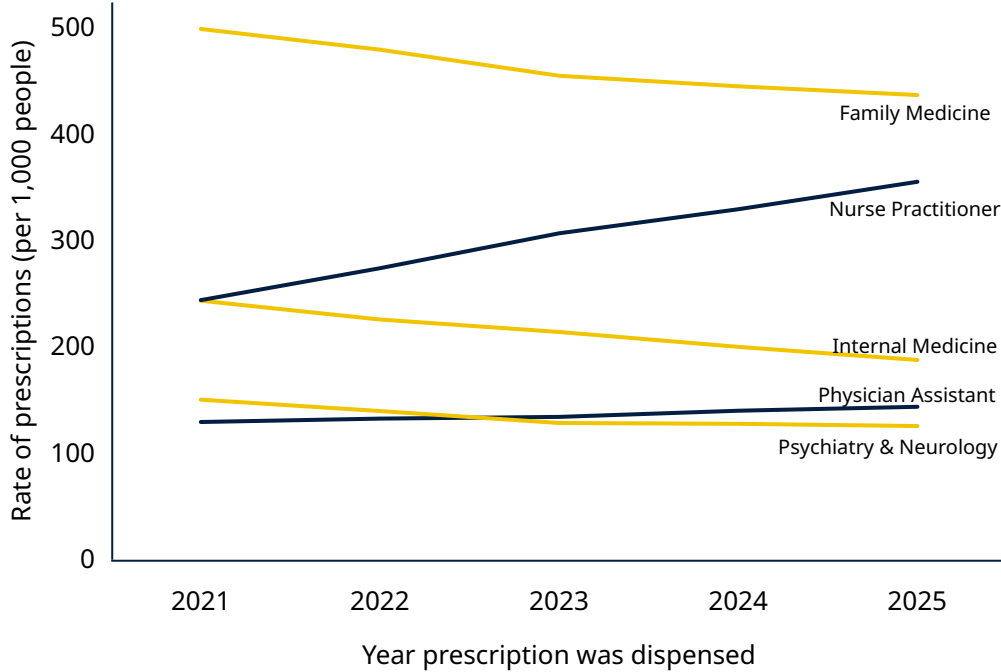
**Figure 3. Number of queries per user<sup>1</sup> type, 2021 - 2025**



<sup>1</sup>A PMP query is defined as an active PMP user that retrieves a patient report that either does not return a result or returns a patient’s dispensation history.

Family medicine remains the leading physician specialty for prescribing controlled substances in SC (Figure 4). Since 2021, the rate of controlled substance prescriptions has declined across the top five prescriber specialties, with the exception of nurse practitioners and physician assistants. The rate of controlled substance prescriptions increased by 46% for nurse practitioners and 11% for physician assistants. The most significant increase in the rate of prescriptions by nurse practitioners occurred between 2021 and 2022, whereas physician assistants saw their largest increase between 2023 and 2024. In 2025, the five most commonly prescribed controlled substances by nurse practitioners were dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate, alprazolam, clonazepam, tramadol, and lorazepam, with Schedule IV drugs accounting for the majority of prescriptions dispensed. In contrast, physician assistants primarily prescribed Schedule II medications, with their top five including hydrocodone bitartrate/acetaminophen, dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate, oxycodone HCl/acetaminophen, oxycodone HCl, and tramadol HCl.

**Figure 4. Rate of controlled substance prescriptions by prescriber specialty,<sup>1</sup> 2021 - 2025**

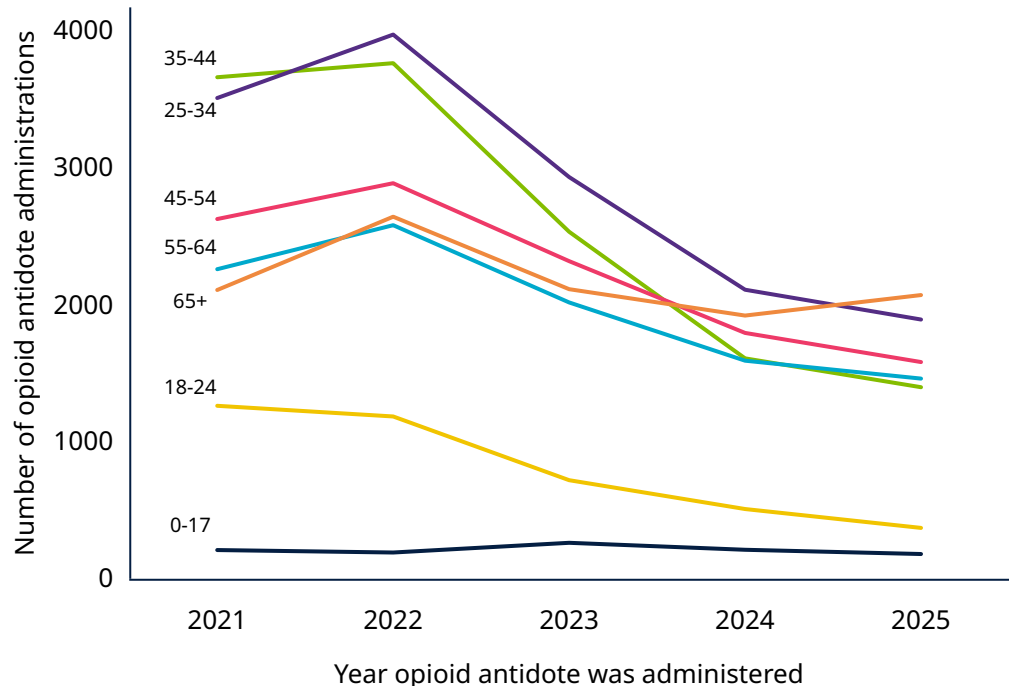


<sup>1</sup>This graph only depicts the top 5 specialties in 2025 and does not represent all prescriber specialties that have prescribed controlled substances in SC. Prescriber specialty is self-reported by the user and may not reflect their board-certified healthcare specialty. The blue line indicates an increase in the number of prescriptions from 2021, while the yellow line indicates a decrease.

During the years 2022 to 2025, approximately 223 pharmacies closed across SC. Prescriptions filled by out-of-state pharmacies have risen sharply, increasing by 24% since 2021, compared with just a 2% growth among in-state pharmacies. The most significant year-over-year increase in out-of-state dispensing occurred between 2022 and 2023. In 2025, patients using out-of-state pharmacies were notably older, with an average age of 64, compared to an average age of 52 among those using in-state pharmacies. Prescription patterns also differed by location: for in-state pharmacies, the most commonly dispensed medication was dextroamphetamine sulf-  
aspartate, whereas for out-of-state pharmacies, the most commonly dispensed medication was testosterone cypionate. Distinct gender patterns emerged among patients utilizing out-of-state pharmacies, with lorazepam being most commonly dispensed to women and testosterone cypionate to men.

Beginning January 1, 2021, healthcare facilities and first responders in SC were required to report all opioid antidote administrations to DPH. In that initial year, 15,668 administrations were recorded. Since then, reported administrations have decreased, reaching 8,977 in 2025. The most pronounced year-over-year decrease occurred between 2022 and 2023. This downward trend may reflect multiple factors that have expanded access to naloxone among SC residents, including the implementation of the 2021 co-prescribing law. Over the same period, the average age of individuals receiving an opioid antidote increased from 44 in 2021 to 50 in 2025. The largest decline occurred among individuals aged 18 to 24, with a 71% reduction since 2021 (Figure 5). Notably, while all other age groups continue to experience declines, the population aged 65 and older saw an 8% increase in administrations between 2024 and 2025. At the county level, opioid antidote administrations decreased across nearly all areas of the state, with the exceptions of McCormick, Allendale, Williamsburg, and Sumter counties, which experienced increases.

**Figure 5. Number of opioid antidote administrations by age group, 2021 - 2025**



## II. Introduction

In 2006, the SC PMP, known as SCRIPTS (SC Reporting & Identification Prescription Tracking System), was mandated by the SC General Assembly. S.C. Code Ann. § 44-53-1640 requires in-state and nonresident SC licensed dispensers to submit daily dispensation data on Schedule II - IV controlled substances to DPH. For details on the information required for each dispensation, please see Table 2.

**Table 2. Required prescription information**

Category	Domain Fields
Dispenser data	<ul style="list-style-type: none"> <li>• Dispenser DEA number</li> </ul>
Prescriber data	<ul style="list-style-type: none"> <li>• Prescriber DEA number</li> </ul>
Patient data	<ul style="list-style-type: none"> <li>• Name</li> <li>• Address</li> <li>• Date of birth</li> </ul>
Prescription data	<ul style="list-style-type: none"> <li>• NDC code</li> <li>• Prescription number</li> <li>• Date the prescription was issued by prescriber</li> <li>• Date the prescription was dispensed</li> <li>• If the prescription was a refill or new prescription</li> <li>• Quantity dispensed</li> <li>• Estimated days of supply</li> </ul>

The PMP continues to serve as a critical tool in addressing the misuse of controlled substances and promoting improved public health outcomes. This state-operated database captures patient-specific prescription information at the point of dispensation, offering real-time data access to prescribers and pharmacists. By providing timely and accurate information, the PMP supports safer prescribing practices and enhances clinical decision-making (Centers for Disease Control and Prevention, 2021). This report specifically focuses on the dispensation of Schedule II-IV controlled substances in SC and includes a special edition on dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate and ketamine. Drug classifications were determined using Lexicomp, while the scheduling of controlled substances was based on criteria established by the U.S. Food and Drug Administration (FDA) and the Drug Enforcement Administration (DEA) (FDA, 2022; United States Drug Enforcement Administration, 2026; Wolters Kluwer, 2024).

### III. Schedule II

#### 3.1 Overview

Schedule II (CII) prescriptions are defined by the United States Drug Enforcement Administration (DEA) as substances with a high potential for abuse and a risk of severe psychological and physical dependence (United States Drug Enforcement Administration, 2026). In 2025, the most commonly dispensed CII medications in SC included dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate, hydrocodone bitartrate/acetaminophen, oxycodone HCl, oxycodone HCl/acetaminophen, and lisdexamfetamine dimesylate. From 2021 to 2025, the overall dispensing rate of CII prescriptions increased modestly by 2%, rising from 838 to 851 prescriptions per 1,000 residents (Figure 6). This upward trend began in 2023 and continued through 2025, with the largest year-over-year increase of 3% occurring between 2024 and 2025. Overall growth was partly driven by a 22% increase in CII stimulant dispensing, while CII opioid prescriptions declined by 13% during the same period. However, opioid trends varied by pharmacy location: in-state pharmacies dispensed approximately 8% fewer opioid prescriptions in 2025 compared to 2021, whereas out-of-state pharmacies dispensed 22% more.

Figure 6. Rate of dispensed CII prescriptions, 2021 - 2025

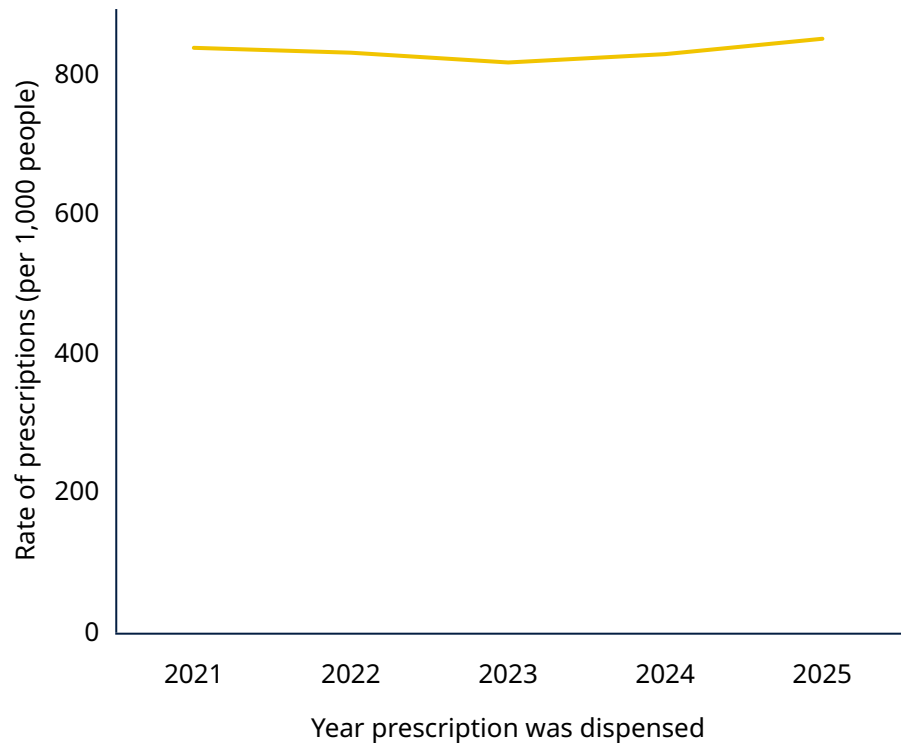
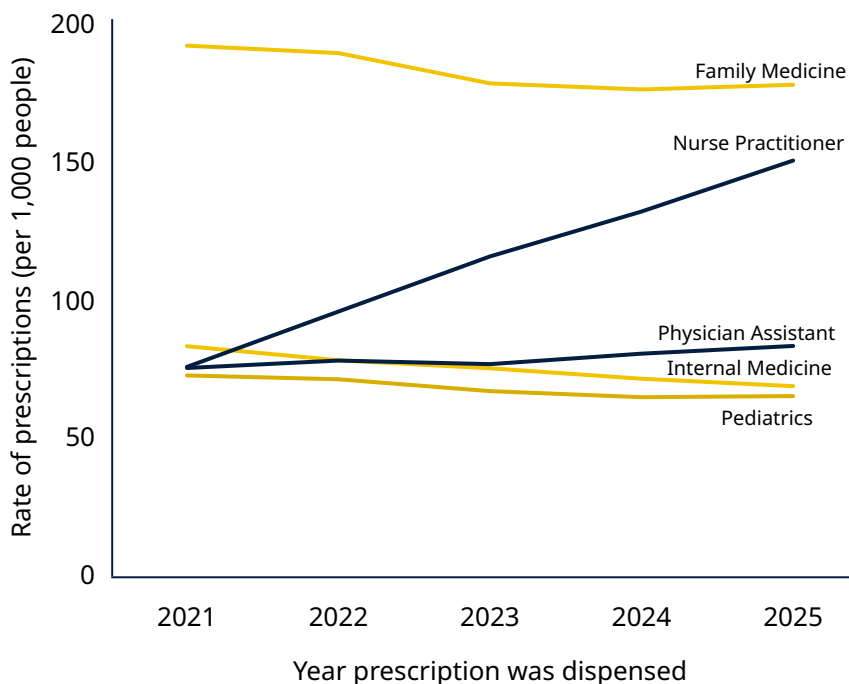


Figure 7. Rate of CII prescriptions by prescriber specialty,<sup>1</sup> 2021 - 2025



#### 3.2 Prescriber Specialty

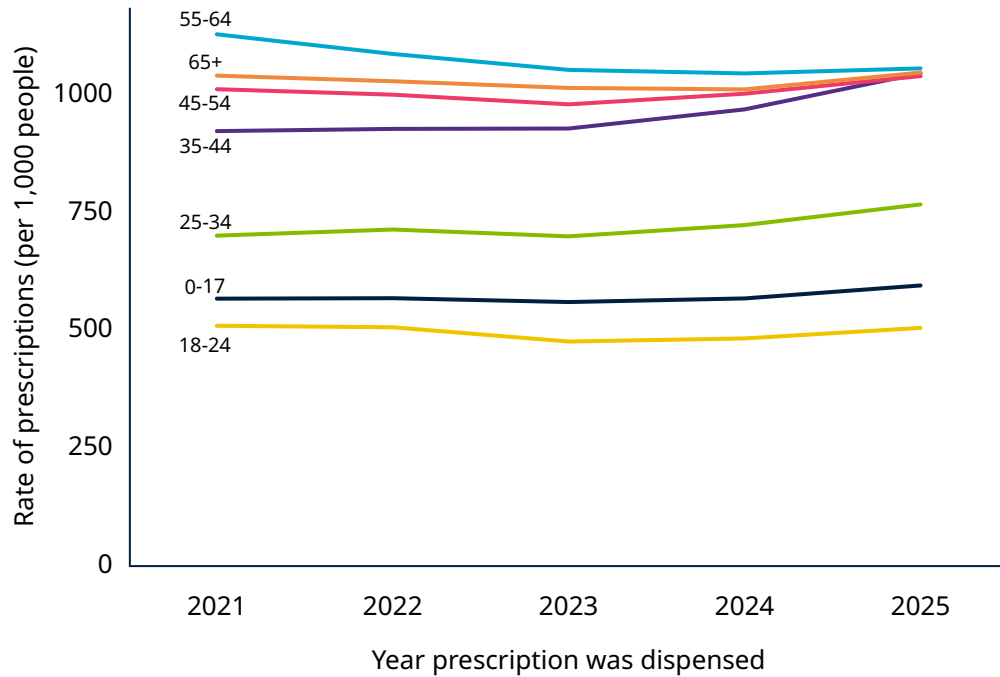
In 2025, the top five specialties prescribing CII medications were family medicine, nurse practitioners, physician assistants, internal medicine, and pediatrics (Figure 7). Family medicine continues to be the leading prescriber specialty; however, the rate of CII prescriptions dispensed has declined by 7% since 2021. In contrast, nurse practitioners and physician assistants have experienced substantial growth in CII prescribing rates, increasing by 99% and 11%, respectively, over the same period. Additionally, after adjusting for population, age-specific prescribing patterns in 2025 show that family medicine and nurse practitioners most frequently prescribe controlled substances to individuals aged 35–44, physician assistants to those aged 55–64, and internal medicine providers to patients 65 and older.

<sup>1</sup> This graph only depicts the top 5 specialties in 2025 and does not represent all prescriber specialties that prescribed CII prescriptions in SC. Prescriber specialty is self-reported by the user and may not reflect their board-certified healthcare specialty. The blue line indicates an increase in the number of prescriptions from 2021, while the yellow line indicates a decrease.

### 3.3 Patient Demographics

In 2025, the average age of patients dispensed CII prescriptions in SC was 46 years, with the highest prescription rate observed among individuals aged 55 to 64. Although most age groups—including those aged 0 to 17, 25 to 54, and 65 and older—saw an increase in CII prescriptions compared to 2021, the 18 to 24 and 55 to 64 age group experienced a decrease in dispensing rates (Figure 8). The most significant rise occurred among individuals aged 35 to 44, who saw a 13% increase in the rate of dispensed prescriptions since 2021. The most commonly dispensed CII prescription varied by age group: methylphenidate HCl was most common among those aged 0 to 17, dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate was most frequently prescribed to individuals aged 18 to 54, and hydrocodone bitartrate/acetaminophen was the top prescription among those aged 55 and older. Gender differences were also notable, with females receiving CII prescriptions at a higher rate than males—900 per 1,000 females compared to 754 per 1,000 males. Between 2021 and 2025, the dispensing rate for females increased by 5%, while the rate for males declined by 1%.

**Figure 8. Rate of dispensed CII prescriptions by patient age,<sup>1</sup> 2021 - 2025**



<sup>1</sup> Age may be self-reported from the patient to the pharmacist. Please note that if age was unknown, it was not included in this analysis.

### 3.4 Geographic Location (Patient County)

In 2025, the rate of CII prescriptions surpassed the state’s rate in Abbeville, Fairfield, and Greenwood counties while this was not the case in 2021 (Figures 9 and 10). The counties with the highest CII prescription rates in 2025 were Pickens, Union, Darlington, Lexington, and Oconee counties after adjusting for age and population. Of the 46 counties in SC, 20 experienced a decrease in their prescription rates from 2021 to 2025. However, 5 counties experienced notable increases, Greenwood, Abbeville, Saluda, Sumter, and Greenville counties, each reporting over a 10% increase in the rate of CII prescriptions during the corresponding time period.

Figure 9. Rate of CII prescriptions per 1,000 people by patient county for 2021

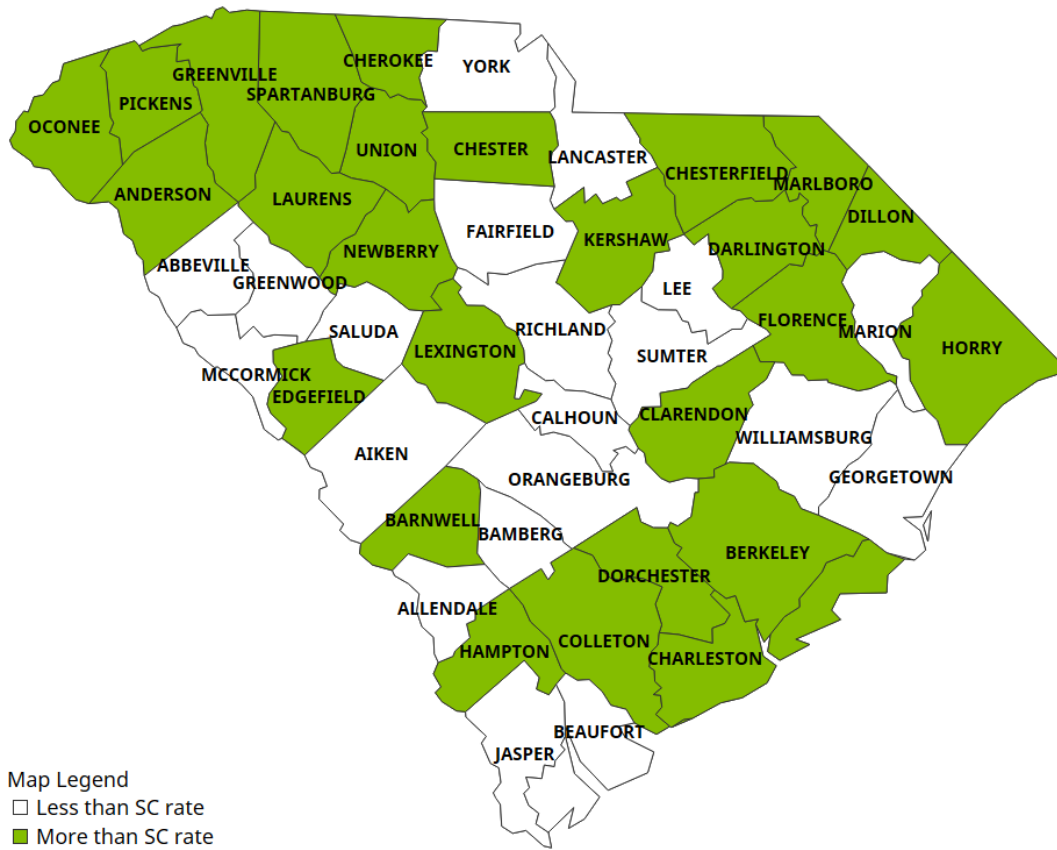
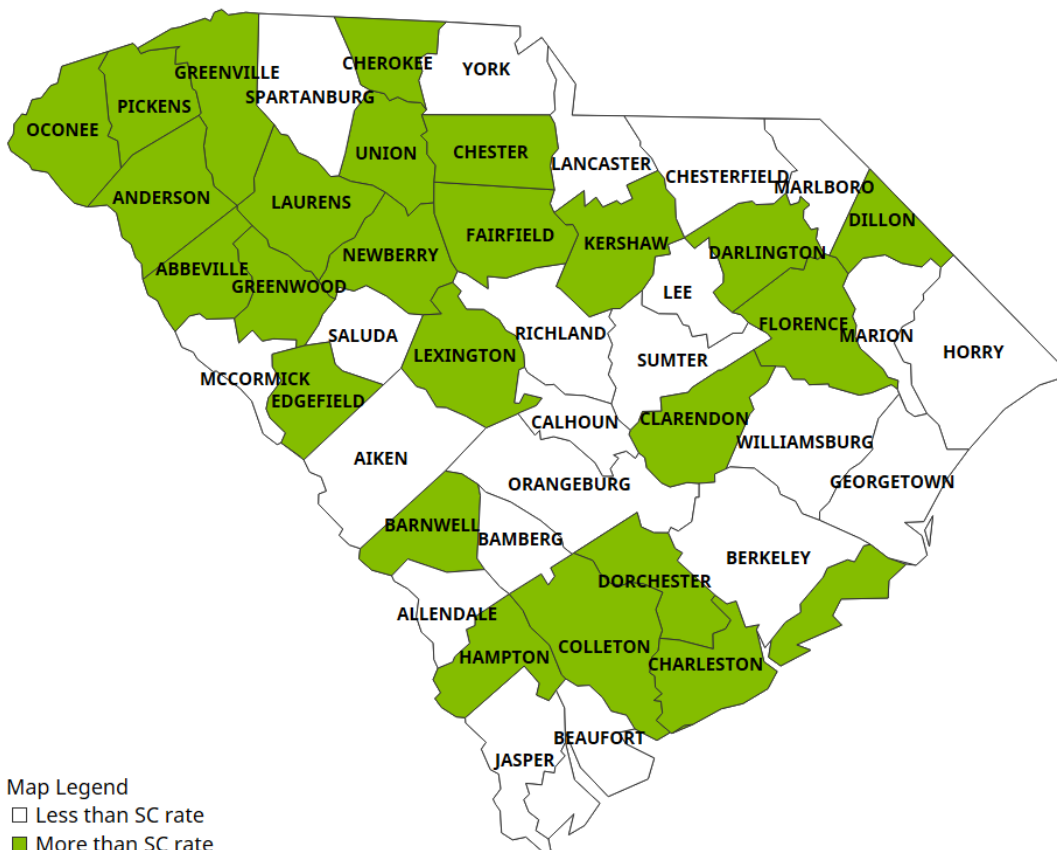


Figure 10. Rate of CII prescriptions per 1,000 people by patient county for 2025



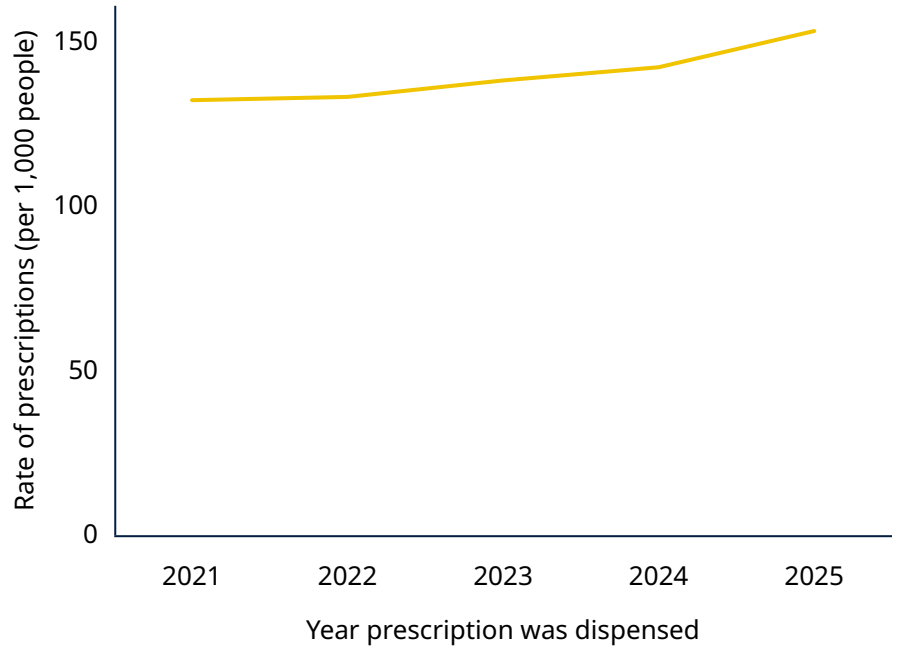
## IV. Schedule III

### 4.1 Overview

Schedule III (CIII) prescriptions are defined by the United States DEA as substances with a “moderate to low potential for physical and psychological dependence” (United States Drug Enforcement Administration, 2026). In 2025, the most commonly dispensed CIII prescriptions in SC included testosterone cypionate, buprenorphine HCl/naloxone HCl, testosterone micronized, testosterone, and buprenorphine HCl. Between 2021 and 2025, the dispensing rate of CIII prescriptions increased by 15%, rising from 132 to 153 prescriptions per 1,000 people (Figure 11). The sharpest growth occurred between 2024 and 2025, with a 7% increase during that single year. This upward trend appears to be driven primarily by a 51% rise in testosterone cypionate prescriptions since 2021.

Dispensing patterns varied by pharmacy location. In-state pharmacies dispensed 18% more CIII prescriptions in 2025 compared to 2021, while out-of-state pharmacies saw a much larger increase of 118%. Out-of-state pharmacies experienced particularly notable growth in dispensing opioids (73% increase) and general anesthetics (593% increase).

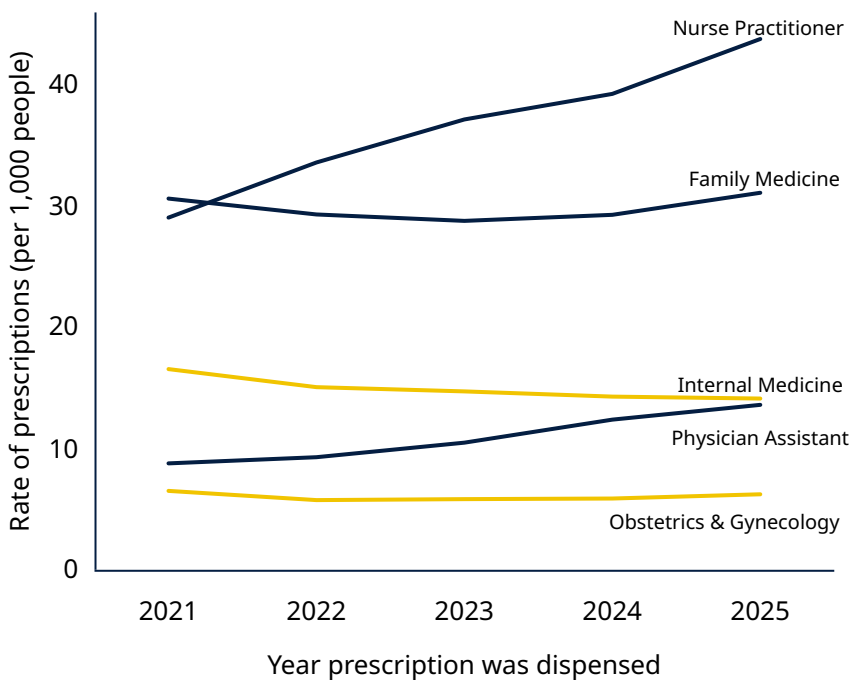
Figure 11. Rate of dispensed CIII prescriptions, 2021 - 2025



### 4.2 Prescriber Specialty

In 2025, prescribing patterns for CIII medications continued to shift across clinical specialties. The five specialties with the highest prescribing rates were nurse practitioners, family medicine, internal medicine, physician assistants, and obstetrics and gynecology (Figure 12). Notably, nurse practitioners—who surpassed all other specialties in 2022—remained the leading prescriber.

Figure 12. Rate of CIII prescriptions by prescriber specialty<sup>1</sup>, 2021 - 2025



Across most specialties, the rate of CIII prescriptions increased over the 2021–2025 period, with the exceptions of internal medicine and obstetrics and gynecology, both of which experienced declines (15% and 4%, respectively).

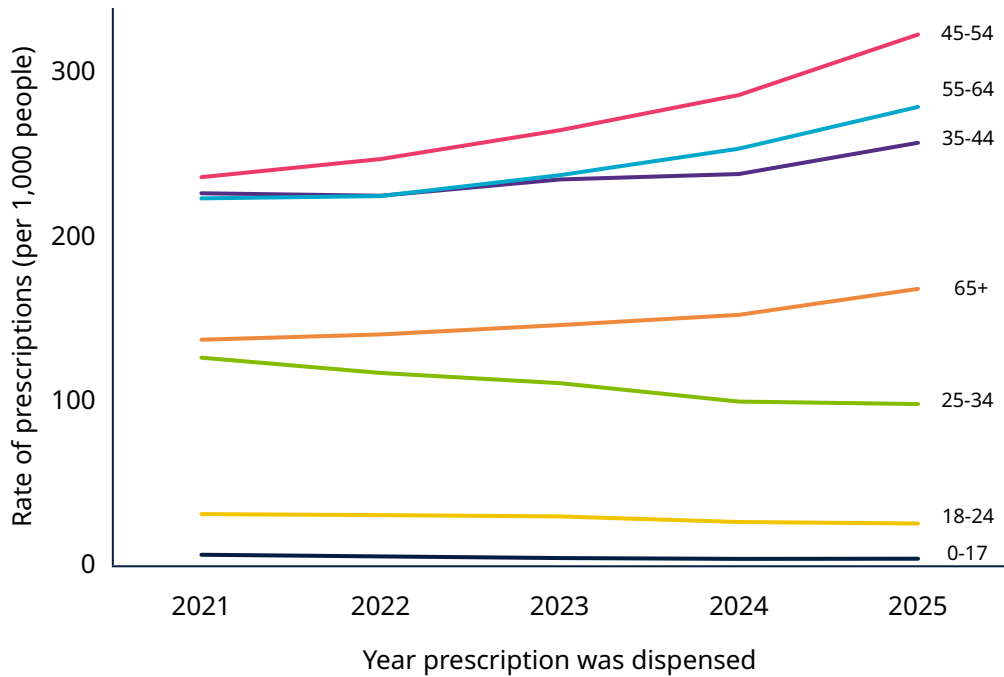
Physician assistants showed the most pronounced growth, with prescribing rates rising 55% during this timeframe. Patterns also varied by medication type. In 2025, nurse practitioners and physician assistants most frequently prescribed buprenorphine HCl/naloxone. In contrast, family medicine and internal medicine most commonly prescribed testosterone cypionate, while obstetrics and gynecology most frequently prescribed testosterone micronized. Age distribution of patients further highlighted differences in prescribing focus. After adjusting for population, nurse practitioners issued the majority of CIII prescriptions to individuals aged 35–44. Family medicine and physician assistants most often prescribed to those aged 45–54, whereas internal medicine and obstetrics and gynecology most often prescribed to patients aged 55–64.

<sup>1</sup>This graph only depicts the top 5 specialties in 2025 and does not represent all prescriber specialties that prescribed CIII prescriptions in SC. Prescriber specialty is self-reported by the user and may not reflect their board-certified healthcare specialty. The blue line indicates an increase in the number of prescriptions from 2021, while the yellow line indicates a decrease.

### 4.3 Patient Demographics

In 2025, the average age of SC residents dispensed CIII prescriptions was 52. Individuals aged 45 to 54 had the highest prescription rate. From 2021 to 2025, prescription rates increased across all age groups 35 and older (Figure 13), with the most substantial rise—a 37% increase—occurring among those aged 45 to 54. Patterns in the types of CIII medications dispensed also varied by age group after adjusting for population. In 2025, buprenorphine HCl was the most commonly dispensed CIII medication among individuals aged 0 to 17. Testosterone cypionate was most frequently dispensed to those aged 18 to 24 and to adults aged 45 and older, while buprenorphine HCl/naloxone HCl was the leading prescription among individuals aged 25 to 44. Gender differences were also evident. Males received CIII prescriptions at a substantially higher rate than females—190 per 1,000 males compared to 109 per 1,000 females. Between 2021 and 2025, the dispensing rate for males increased by 24% and by 6% for females. In 2025, the most frequently dispensed CIII medication for females was buprenorphine HCl/naloxone HCl, while testosterone cypionate was the top medication dispensed to males.

**Figure 13. Rate of dispensed CIII prescriptions by patient age<sup>1</sup>, 2021 - 2025**



<sup>1</sup> Age may be self-reported from the patient to the pharmacist. Please note that if age was unknown, it was not included in this analysis.

### 4.4 Geographic Location (Patient County)

In 2025, Beaufort County’s CIII prescription rate exceeded the statewide rate—a reversal from 2021, when its rate fell below the SC average (Figures 14 and 15). After adjusting for age and population, the highest CIII prescription rates in 2025 were found in Union, Dillon, Florence, Darlington, and Barnwell counties. While most counties experienced increases in age-adjusted prescription rates from 2021 to 2025, six of SC’s 46 counties saw a decline during this period. In contrast, several counties reported substantial growth. Barnwell, Cherokee, and McCormick counties each recorded increases of more than 30% in their age-adjusted CIII prescription rates.

Figure 14. Rate of CIII prescriptions per 1,000 people by patient county for 2021

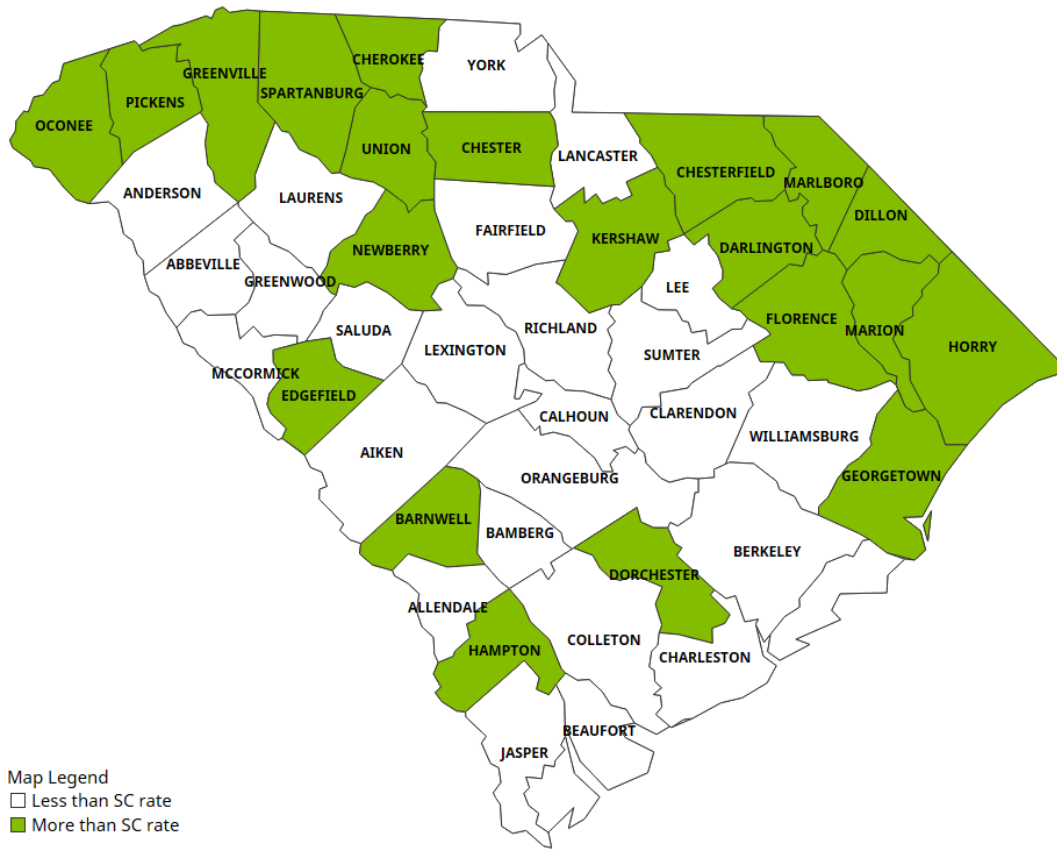
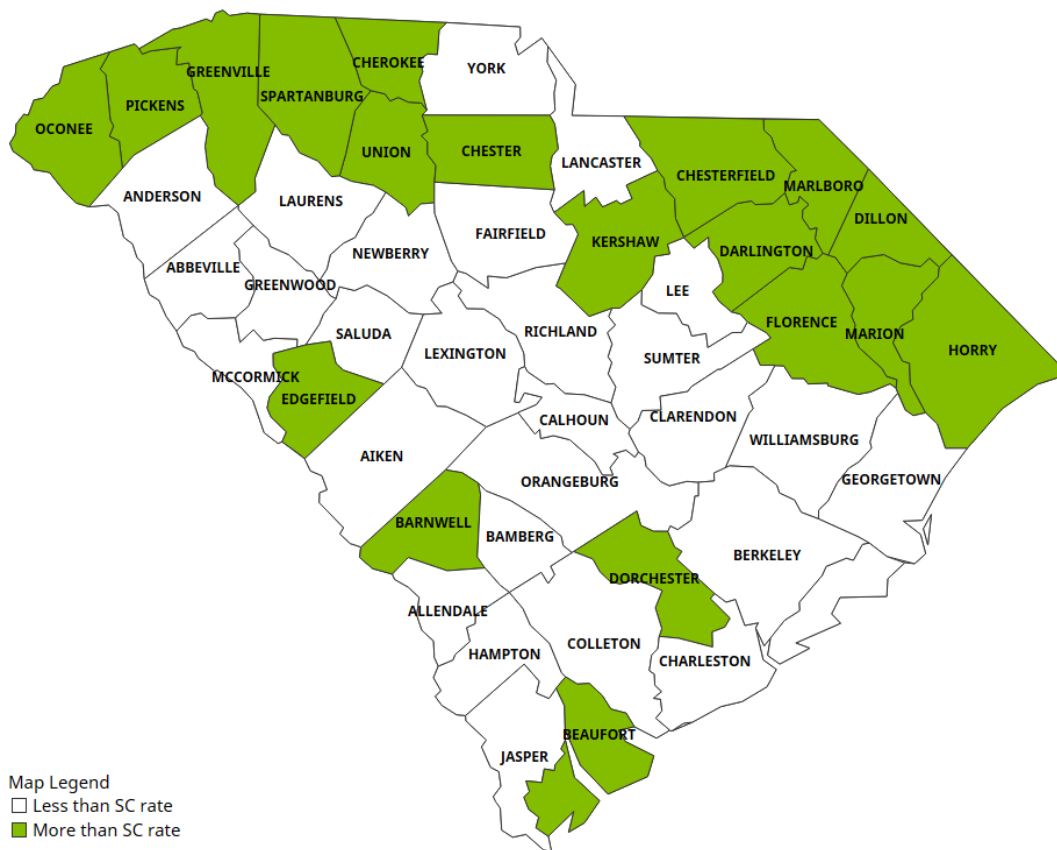


Figure 15. Rate of CIII prescriptions per 1,000 people by patient county for 2025

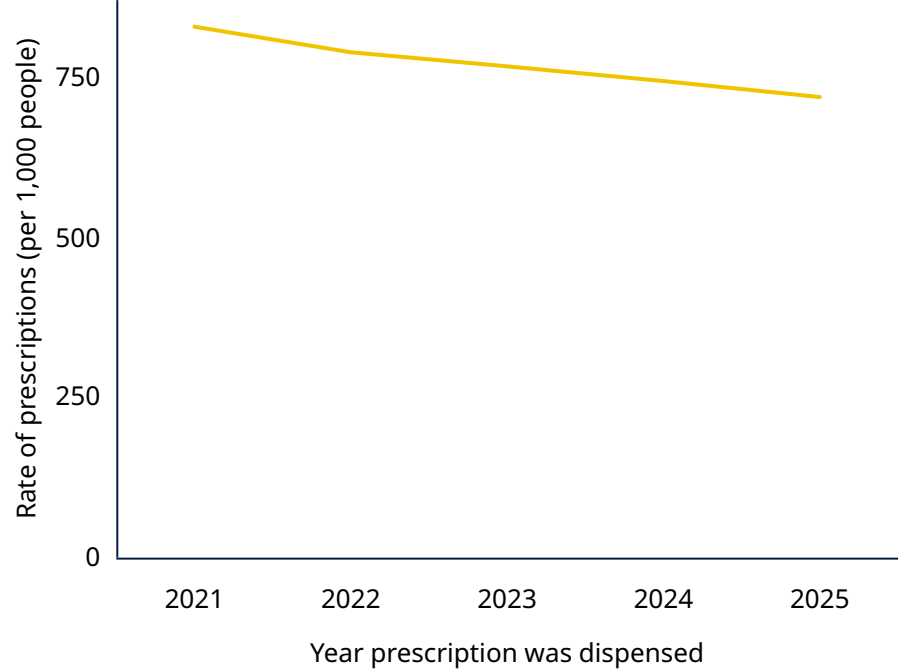


## V. Schedule IV

### 5.1 Overview

Schedule IV (CIV) prescriptions are classified as substances with a “low potential for abuse and low risk of dependence” (United States Drug Enforcement Administration, 2026). In SC, dispensing patterns for these medications continued to evolve between 2021 and 2025. In 2025, the most commonly dispensed CIV prescriptions were alprazolam, tramadol HCl, zolpidem tartrate, lorazepam, and clonazepam—medications frequently used to treat anxiety, pain, and sleep-related conditions. Statewide utilization of CIV medications declined over this period. From 2021 to 2025, the overall dispensing rate fell by 13%, decreasing from 830 to 720 prescriptions per 1,000 residents (Figure 16). Dispensing patterns also differed by pharmacy location. In-state pharmacies dispensed 7% fewer CIV prescriptions in 2025 compared to 2021, while out-of-state pharmacies dispensed 2% more. Growth among out-of-state pharmacies was particularly notable for stimulant medications, which increased by 69% during this period. Differences were also evident in the specific medications dispensed: alprazolam was the most frequently dispensed CIV prescription from SC pharmacies in 2025, whereas lorazepam was the top CIV medication dispensed by out-of-state pharmacies.

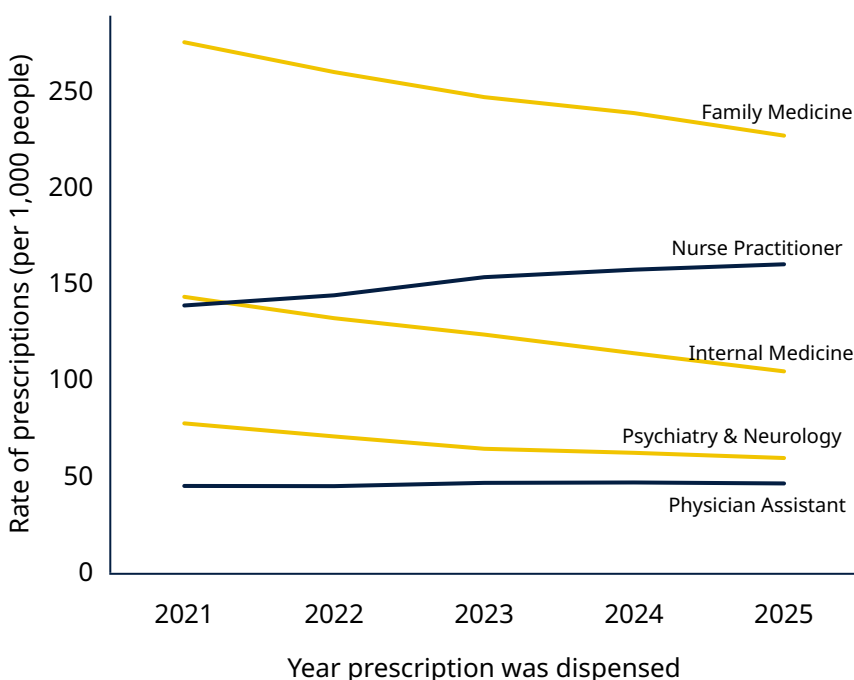
**Figure 16. Rate of dispensed CIV prescriptions, 2021 - 2025**



### 5.2 Prescriber Specialty

In SC, prescribing patterns for CIV medications vary considerably across clinical specialties. In 2025, the top five prescriber specialties were family medicine, nurse practitioners, internal medicine, psychiatry and

**Figure 17. Rate of CIV prescriptions by prescriber specialty, 2021 - 2025**



neurology, and physician assistants (Figure 17). Family medicine continued to serve as the leading source of CIV prescriptions statewide. While most of these specialties experienced declines in CIV prescribing rates from 2021 to 2025, nurse practitioners and physician assistants showed modest increases—15% and 3%, respectively. Prescribing patterns also differed by medication type. In 2025, alprazolam was the most frequently prescribed CIV medication among family medicine providers and nurse practitioners, while internal medicine providers most often prescribed zolpidem tartrate. Tramadol HCl was the top CIV medication among physician assistants. For psychiatry and neurology providers, clonazepam was the most frequently prescribed CIV medication, aligning with its use in managing anxiety-related conditions. Age-adjusted prescribing patterns further highlight differences in patient populations served by each specialty. In 2025, family medicine, internal medicine, and nurse practitioners

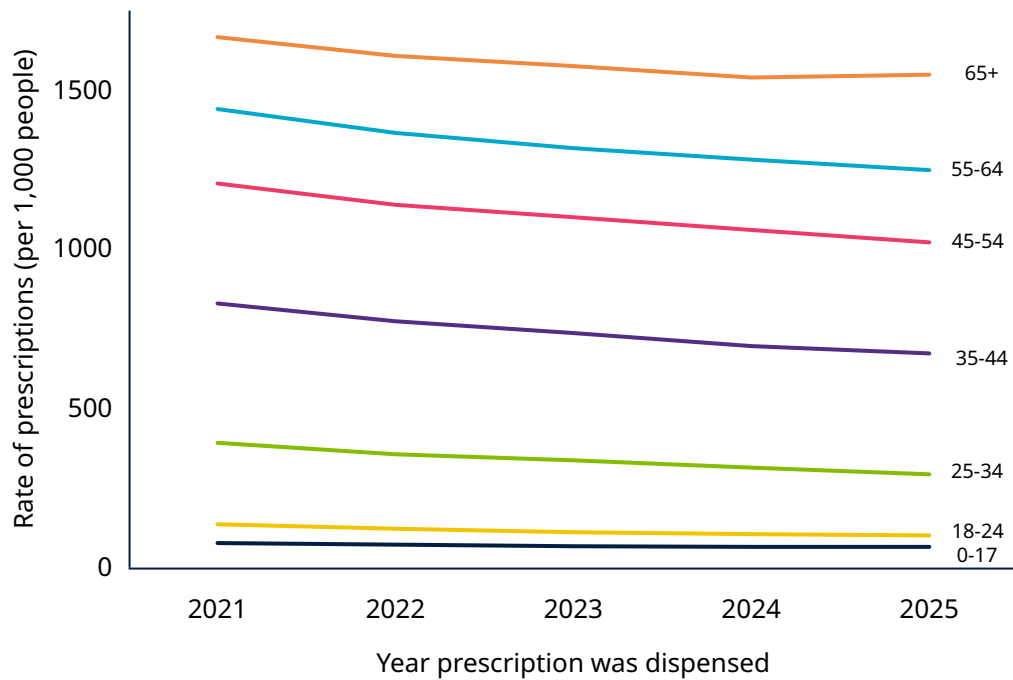
<sup>1</sup> This graph only depicts the top 5 specialties in 2025 and does not represent all prescriber specialties that prescribed CIV prescriptions in SC. Prescriber specialty is self-reported by the user and may not reflect their board-certified healthcare specialty. The blue line indicates an increase in the number of prescriptions from 2021, while the yellow line indicates a decrease.

most frequently prescribed CIV medications to adults aged 65 and older. In contrast, physician assistants and psychiatry and neurology providers more commonly prescribed to individuals aged 55 to 64.

**5.3 Patient Demographics**

In 2025, the average age of patients dispensed CIV prescriptions was 59 years, with the highest prescription rate recorded among individuals aged 65 and older. Overall, the rate of CIV dispensing declined from 2021 to 2025 (Figure 18), with the steepest reductions—approximately 25%—occurring among individuals aged 18 to 24 and 25 to 34. The type of medication used also varied substantially by age group. In 2025, phenobarbital was the most commonly dispensed CIV medication among individuals aged 0 to 17, while clonazepam was most frequently dispensed to those aged 18 to 34. Alprazolam was the leading CIV prescription for adults aged 35 to 64, and tramadol HCl was most commonly dispensed to individuals aged 65 and older. Gender differences were pronounced. Females received CIV prescriptions at nearly twice the rate of males—907 per 1,000 females compared to 481 per 1,000 males. Despite this disparity, both groups experienced similar declines in dispensing rates from 2021 to 2025, with each decreasing by 12%. In 2025, alprazolam was the most frequently dispensed CIV medication among females, while tramadol HCl was the top medication dispensed to males.

**Figure 18. Rate of dispensed CIV prescriptions by patient age<sup>1</sup>, 2021 - 2025**



<sup>1</sup> Age may be self-reported from the patient to the pharmacist. Please note that if age was unknown, it was not included in this analysis.

**5.4 Geographic Location (Patient County)**

In 2025, the prescription rate for Bamberg, Dillon, Greenwood, and Marlboro counties exceeded the state’s rate, reversing the trend from 2021 when it was lower than the state rate (Figures 19 and 20). Notably, in 2025, the highest CIV prescription rates were found in Pickens, Lexington, Florence, Chester, and Kershaw counties after adjusting for age and population. Overall, 45 out of SC’s 46 counties experienced a decline in prescription rates from 2021 to 2025, with Marlboro County being the sole exception, seeing a 5% increase during this period.

Figure 19. Rate of CIV prescriptions per 1,000 people by patient county for 2021

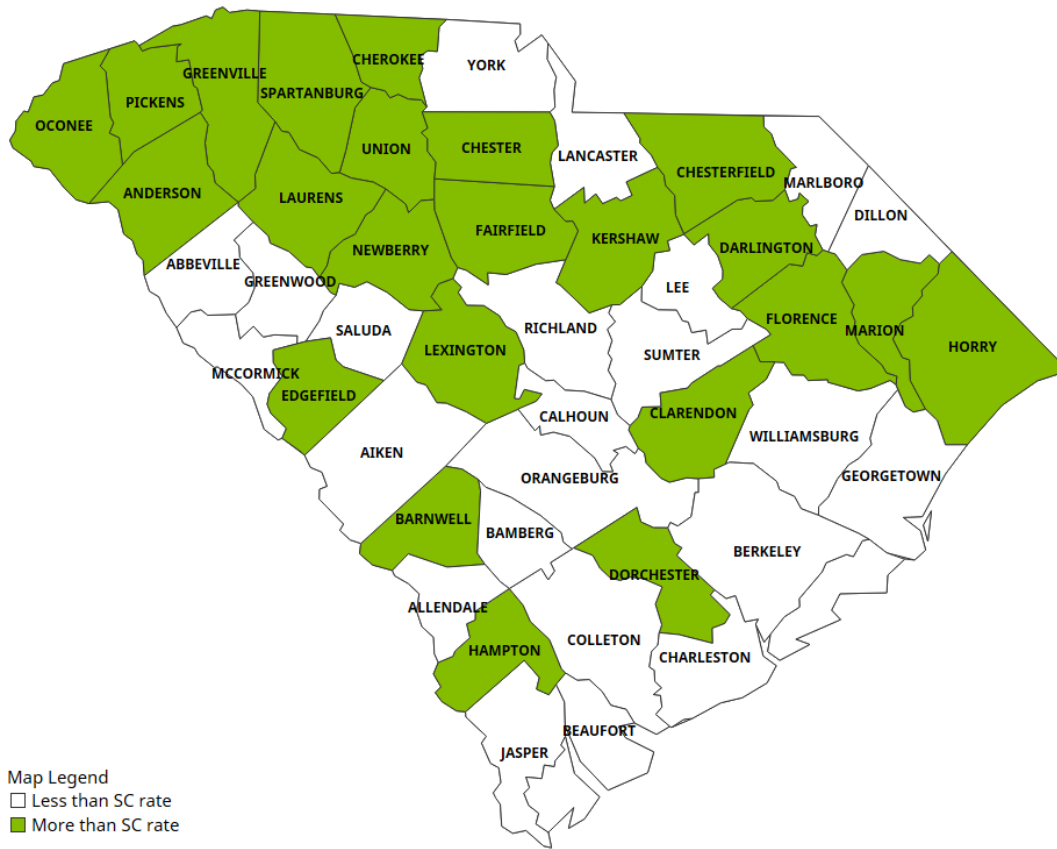
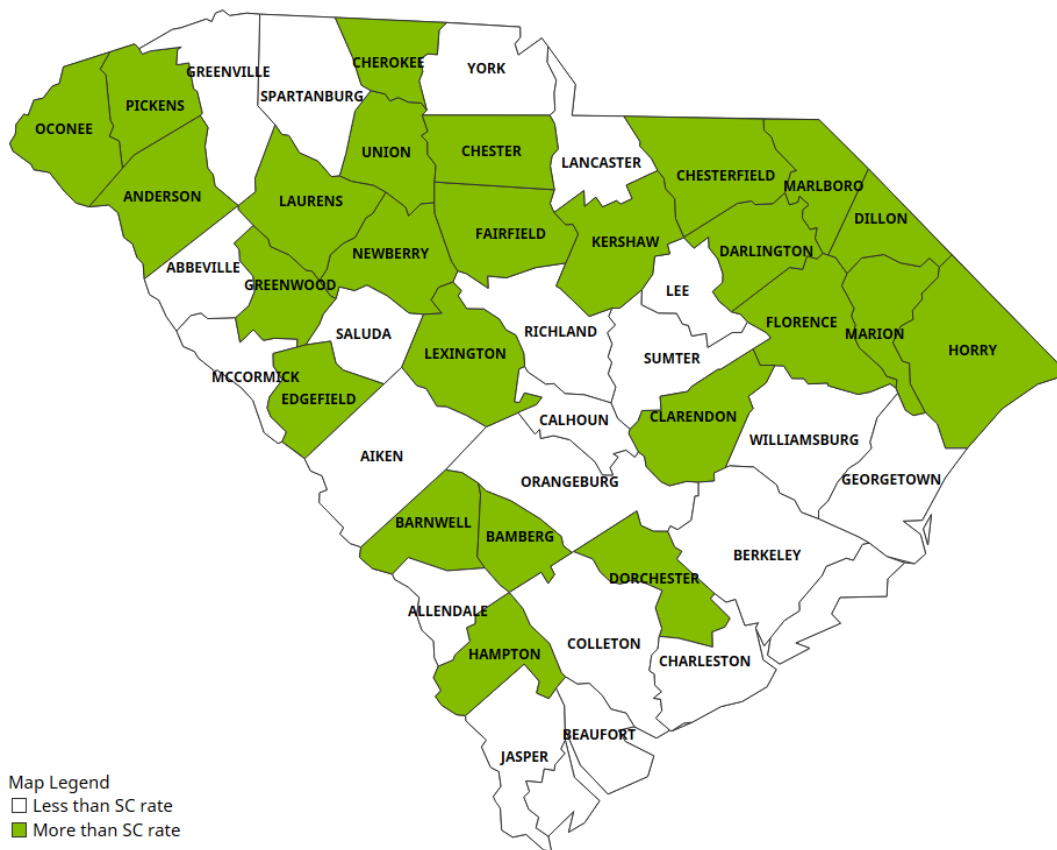


Figure 20. Rate of CIV prescriptions per 1,000 people by patient county for 2025

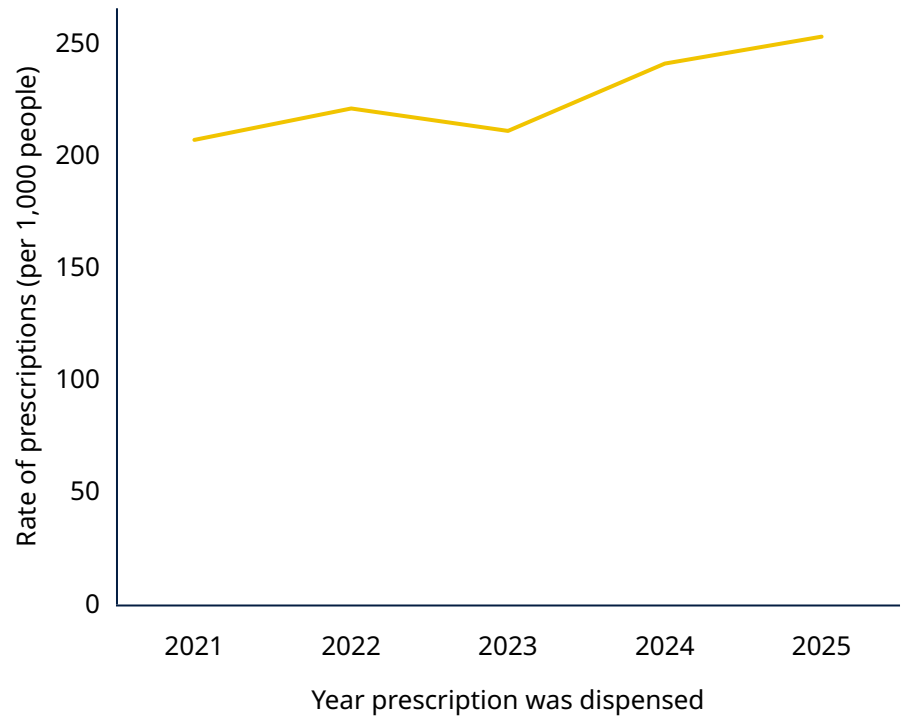


## VI. Stimulants

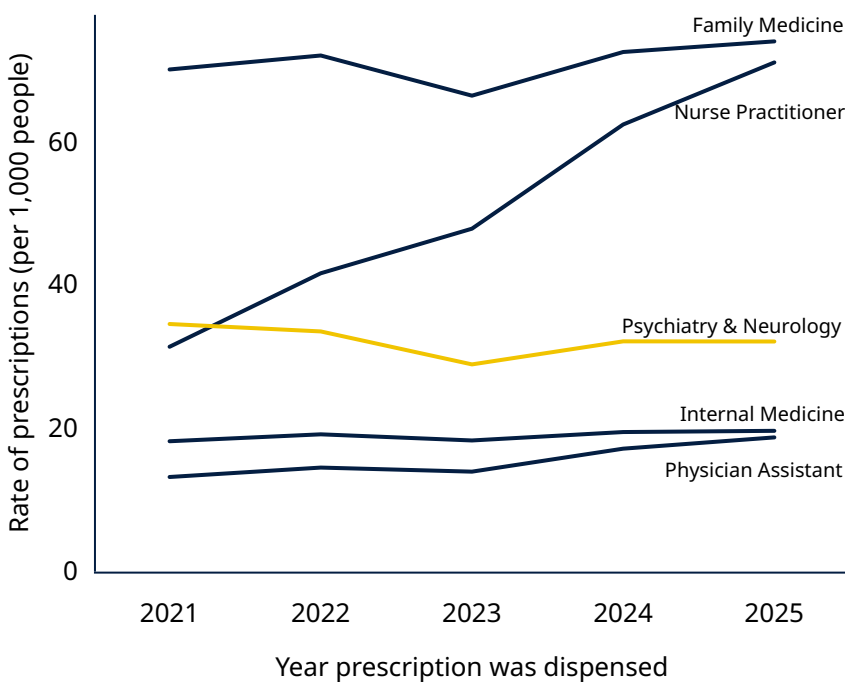
### 6.1 Overview

Stimulants are a class of medications commonly prescribed to enhance alertness, attention, and energy, particularly for individuals diagnosed with attention-deficit hyperactivity disorder (ADHD) or narcolepsy (NIDA, 2018). In SC, the most frequently dispensed prescription in 2025 was dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate—more widely recognized by brand names such as Adderall, Adderall XR, or Mydayis. For clarity and consistency, this report refers to the medication as dextroamphetamine/amphetamine. Between 2021 and 2025, SC experienced a 22% increase in the rate of dispensed dextroamphetamine/amphetamine prescriptions, rising from 207 to 253 prescriptions per 1,000 residents (Figure 21). This upward trend was not linear. Prescriptions declined by 5% from 2022 to 2023, reflecting a temporary dip that aligns with national reports of stimulant shortages and shifting prescribing patterns (Currie & Malinovskaya, 2026). However, the following year saw a sharp rebound—the largest year-over-year increase, a 14% rise from 2023 to 2024. Patterns in dextroamphetamine/amphetamine dispensing also varied notably by pharmacy location. In-state pharmacies experienced a 31% increase in prescriptions and out-of-state pharmacies saw a much sharper rise of 59%.

**Figure 21. Rate of dispensed dextroamphetamine/amphetamine prescriptions, 2021 - 2025**



**Figure 22. Rate of dextroamphetamine/amphetamine prescriptions by prescriber specialty<sup>1</sup>, 2021 - 2025**



<sup>1</sup> This graph only depicts the top 5 specialties in 2025 and does not represent all prescriber specialties that prescribed dextroamphetamine/amphetamine prescriptions in SC. Prescriber specialty is self-reported by the user and may not reflect their board-certified healthcare specialty. The blue line indicates an increase in the number of prescriptions from 2021, while the yellow line indicates a decrease.

### 6.2 Prescriber Specialty

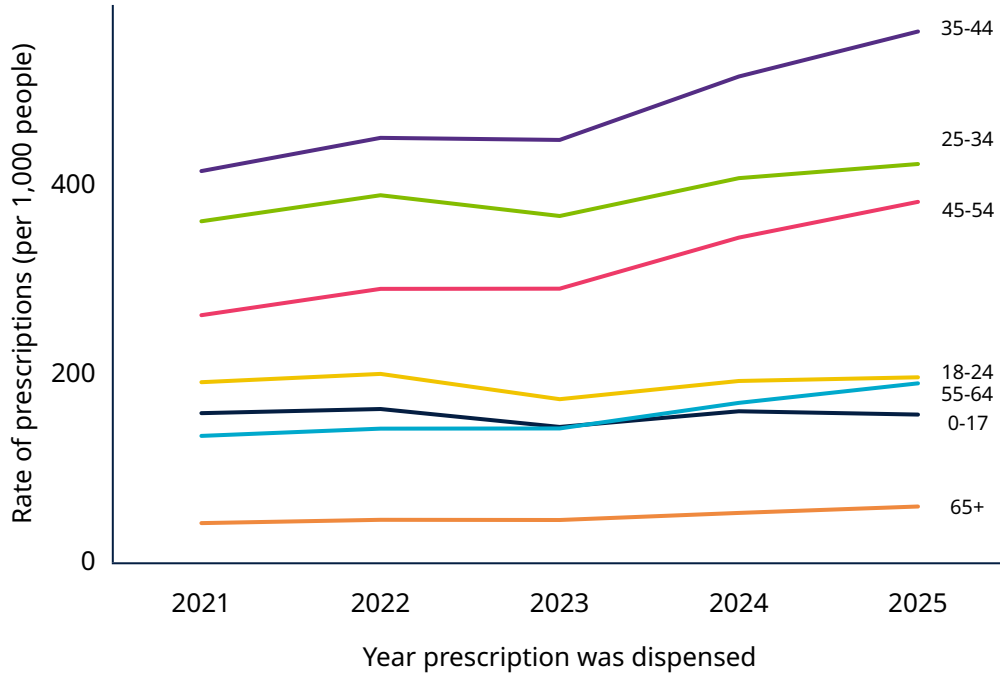
In 2025, the top five prescriber specialties prescribing dextroamphetamine/amphetamine medications in SC were family medicine, nurse practitioners, psychiatry and neurology, internal medicine, and physician assistants (Figure 22). Physician assistants surpassed pediatrics in 2025 for being ranked in the top 5 prescriber specialties for prescribing dextroamphetamine/amphetamine medications. Most of these specialties have seen an increase in dextroamphetamine/amphetamine prescriptions over recent years, with the exception of psychiatry and neurology. Nurse practitioners have experienced the steepest rise, with a 127% increase in prescription rate since 2021.

### 6.3 Patient Demographics

In 2025, the average patient receiving a dextroamphetamine/amphetamine prescription was 38 years old, reflecting a continued concentration of use among adults. Prescription rates rose across nearly every age group, with the 0–17 group being the only exception, showing a slight 1% decline (Figure 23). Among adults, the 35–44

age group maintained the highest overall prescribing rates, while the 45–54 group experienced the most striking growth—a 46% increase since 2021. Gender patterns also differed during this period. Females were prescribed these medications at a higher rate than males, with 278 prescriptions per 1,000 females compared with 209 per 1,000 males. Although both groups saw increases over time, the rise was more substantial among females, whose prescription rates grew 29%, compared with an 18% increase for males.

**Figure 23. Rate of dispensed dextroamphetamine/amphetamine prescriptions by patient age, 2021 - 2025**



<sup>1</sup> Age may be self-reported from the patient to the pharmacist. Please note that if age was unknown, it was not included in this analysis.

### 6.4 Geographic Location (Patient County)

Between 2021 and 2025, dextroamphetamine/amphetamine prescribing patterns shifted notably across SC. While Edgefield County’s prescription rate was below the state average in 2021, by 2025 it had risen above the statewide rate (Figures 24 and 25). In 2025, the highest age- and population-adjusted prescription rates were concentrated in Charleston, Lexington, Pickens, Oconee, and Kershaw counties. Statewide, the upward trajectory was nearly universal. Only one of SC’s 46 counties experienced a decline in prescription rates. Several counties saw particularly sharp increases: Abbeville, Marlboro, and Sumter each recorded rate increases of more than 40%.

Figure 24. Rate of dextroamphetamine/amphetamine prescriptions per 1,000 people by patient county for 2021

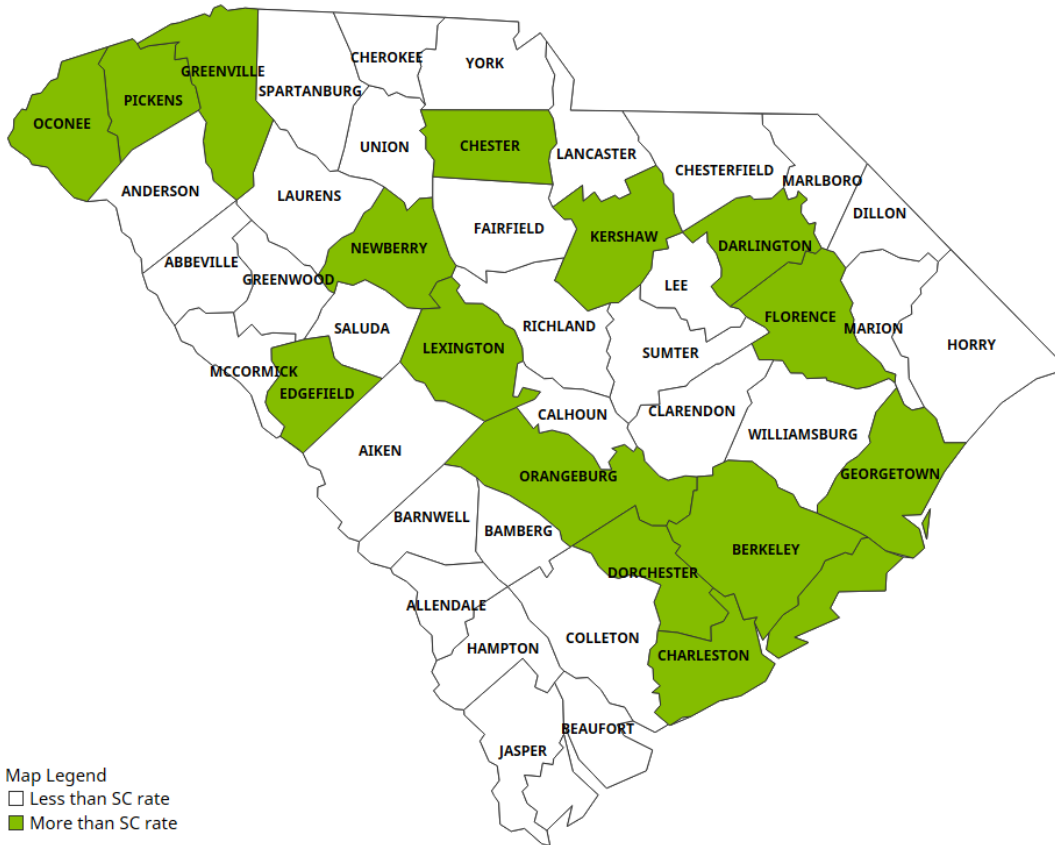
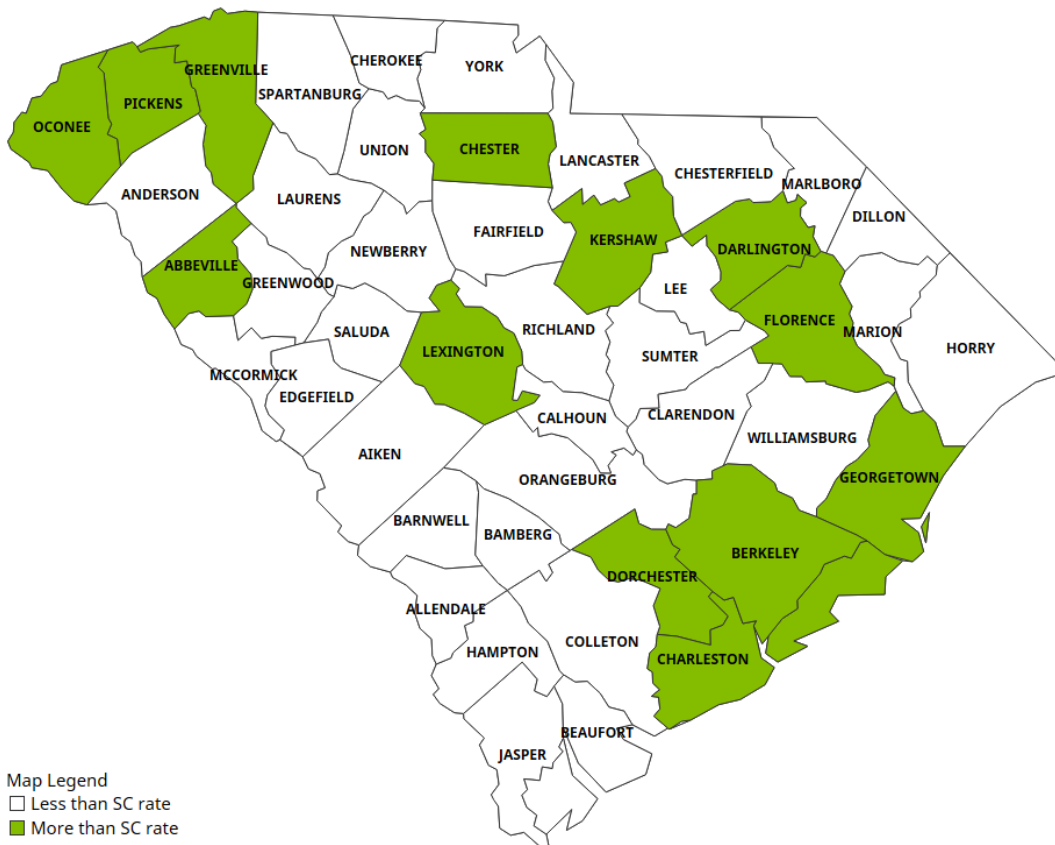


Figure 25. Rate of dextroamphetamine/amphetamine prescriptions per 1,000 people by patient county for 2025

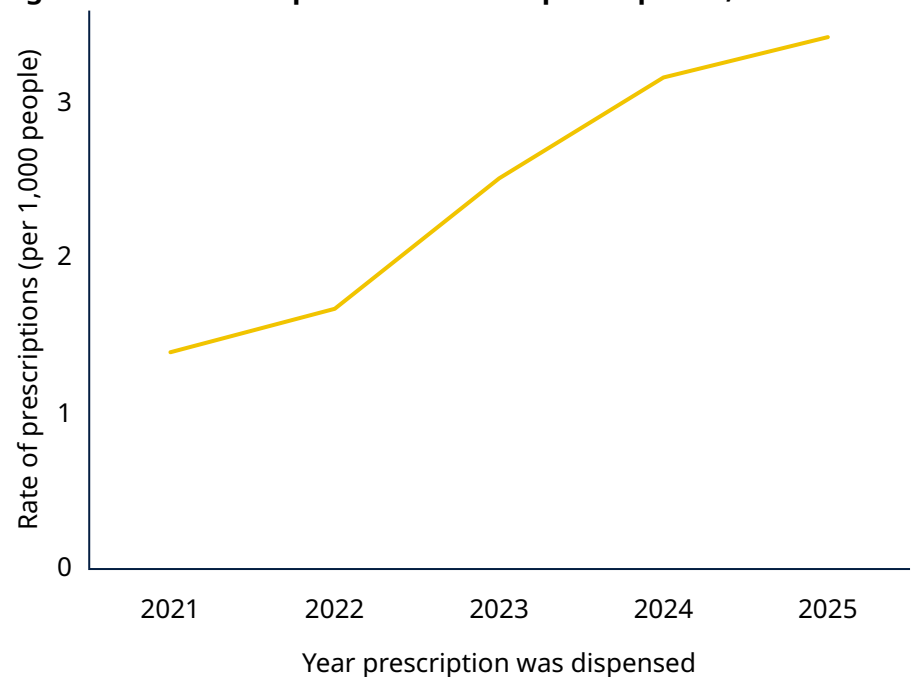


## VII. Ketamine

### 7.1 Overview

Ketamine and esketamine hydrochloride, classified as CIII, are primarily used in the treatment of major depressive disorder, with ketamine hydrochloride also indicated for analgesia (Wolters Kluwer, 2024). In 2022, the U.S. Food and Drug Administration (FDA) issued a risk alert highlighting concerns over the potential misuse of these medications (U.S. Food & Drug Administration, 2023). Among all controlled substances in SC, ketamine has shown the most rapid increase in dispensation rate. For the purposes of this report, the term “ketamine” refers collectively to both ketamine and esketamine hydrochloride, and only includes prescriptions dispensed from pharmacies—not infusions administered in clinical settings. The rate of dispensed ketamine prescriptions increased sharply from 2021 to 2025, rising 146%—from 1.4 to 3.4 prescriptions per 1,000 people (Figure 26). This growth reflects a substantial expansion in ketamine utilization across the state. Notably, dispensing patterns varied by pharmacy location: out-of-state pharmacies experienced a far steeper rise in ketamine dispensing, with a 544% increase compared to a 103% increase among in-state pharmacies.

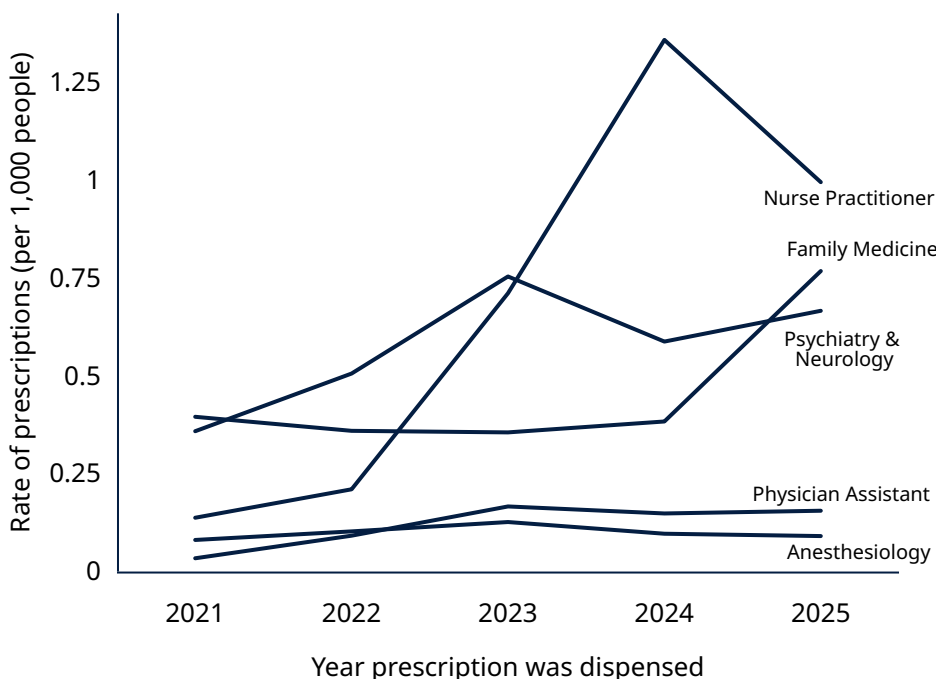
Figure 26. Rate of dispensed ketamine prescriptions, 2021 - 2025



### 7.2 Prescriber Specialty

In 2025, the leading specialties prescribing ketamine in SC were nurse practitioners, family medicine, psychiatry and neurology, physician assistants, and anesthesiology. A notable shift occurred that year: family medicine surpassed psychiatry and neurology, becoming the state’s second-highest ketamine prescriber (Figure 27). Although all specialties saw increases in ketamine prescribing, the rise among nurse practitioners was especially striking, with a 624% increase in prescription rates since 2021. This trend mirrors findings from a recent DEA report, which also highlighted substantial growth in ketamine prescribing by nurse practitioners (IQVIA Government Solutions, 2024). However, between 2024 and 2025, their prescribing rate declined by 27%. Age-specific patterns further illustrate how prescribing varies across specialties. After adjusting for population in 2025, family medicine clinicians and nurse practitioners most frequently prescribed ketamine to adults aged 35–44. Physician assistants and providers in psychiatry and neurology had higher prescribing rates among adults aged 55–64, while anesthesiologists most commonly prescribed ketamine to individuals 65 and older.

Figure 27. Rate of ketamine prescriptions by prescriber specialty,<sup>1</sup> 2021 - 2025

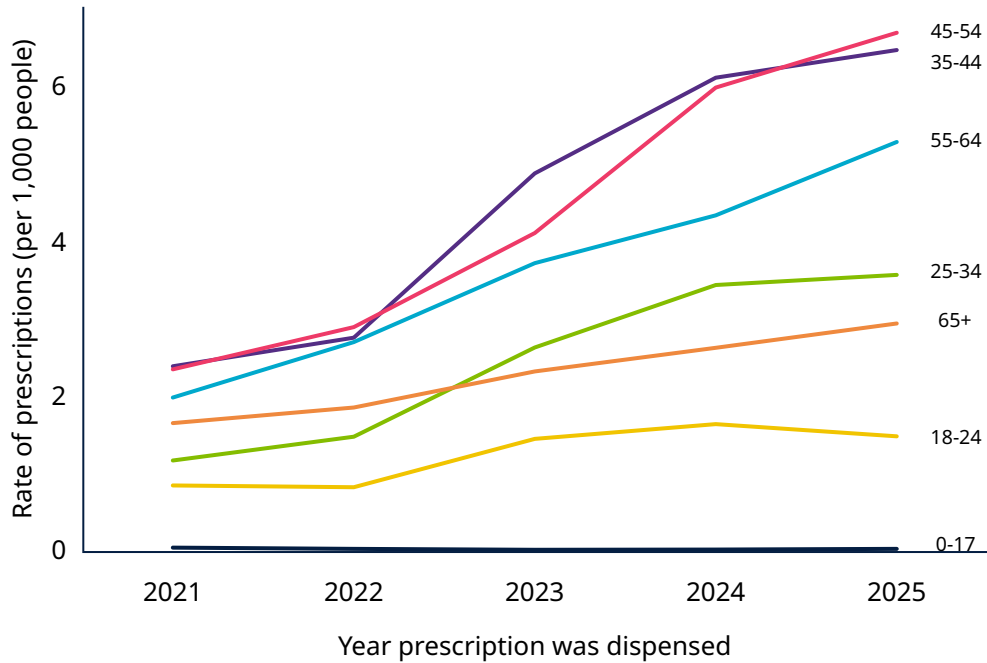


<sup>1</sup>This graph only depicts the top 5 specialties in 2025 and does not represent all prescriber specialties that prescribed dextroamphetamine/amphetamine prescriptions in SC. Prescriber specialty is self-reported by the user and may not reflect their board-certified healthcare specialty. The blue line indicates an increase in the number of prescriptions from 2021, while the yellow line indicates a decrease.

### 7.3 Patient Demographics

In 2025, the average age of patients receiving ketamine prescriptions in SC was 49 years, reflecting a pattern of use concentrated among middle-aged and older adults. Prescription rates increased across all age groups 18 and older compared with 2021. By 2025, individuals aged 45–54 had the highest prescribing rate, overtaking the 35–44 group, which previously held the top position (Figure 28). The most rapid growth occurred among adults aged 25–34, whose ketamine prescription rate rose 205% since 2021. Gender differences were also evident. Females were dispensed ketamine at twice the rate of males—4 prescriptions per 1,000 females compared with 2 per 1,000 males. Between 2021 and 2025, prescription rates increased for both groups, but the rise was more pronounced among females, whose rate grew 168%, compared with a 121% increase among males.

**Figure 28. Rate of dispensed ketamine prescriptions by patient age,<sup>1</sup> 2021 - 2025**



<sup>1</sup>Age may be self-reported from the patient to the pharmacist. Please note that if age was unknown, it was not included in this analysis.

### 7.4 Geographic Location (Patient County)

In 2025, ketamine prescription rates in Abbeville, Anderson, Greenville, Greenwood, Horry, Lexington, McCormick, Oconee, and Pickens counties surpassed the state rate—an increase not observed in 2021 (Figures 29 and 30). After adjusting for age and population, the highest prescription rates were recorded in Charleston, McCormick, Greenwood, Oconee, and Pickens counties. Overall, only 4 of the state’s 46 counties experienced a decline in prescription rates from 2021 to 2025, indicating a broad and consistent rise in ketamine dispensations. Particularly striking were the increases in Cherokee, Greenwood, Jasper, Laurens, and McCormick counties, each of which saw prescription rates climb by more than 1,000% during this time period.



## VIII. Summary

The SC PMP remains a critical component of safe prescribing and statewide public health strategy, consistently demonstrating its value in reducing medication misuse, lowering preventable hospitalizations, and supporting early identification of substance use concerns (Puac-Polanco, et al., 2020). Although overall dispensing of controlled substances has declined since 2021, increases in stimulant and ketamine prescribing highlight the continued need for vigilant monitoring and targeted education. In SC, the program's impact is evident in sustained year-over-year growth in provider participation and a corresponding decline in opioid antidote administrations—clear indicators that PMP data are shaping clinical decisions and community outcomes. Looking ahead, the PMP team remains committed to deepening partnerships with healthcare systems, pharmacies, and public health agencies; enhancing real-time data accessibility; and expanding educational outreach to ensure all prescribers and dispensers can use the system effectively. Continued investment in user training, integration with electronic health records, and data-driven policy development will further strengthen the program's ability to support clinicians, protect patients, and sustain the positive trends already underway.

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