2023 Annual Report

South Carolina Prescription Monitoring Program

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Timeline

2006
Legislation passed
- Legislation was passed mandating SC PMP.

February 2008
SCRIPTS Launched
- SC PMP was launched.

January 2014
Legislation passed
- Legislation was passed requiring dispensers to upload their dispensations daily to SC PMP.

November 2014
Revised Pain Management Guidlines
- Joint Revised Pain Management Guidelines Approved by the SC State Medical Board, SC Board of Dentistry, and SC Board of Nursing consider 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 released the State Plan to Prevent and Treat Prescription Drug Abuse.

September 2015
First integrations
- First two integrations of SC PMP into Emergency Departments' electronic health records were completed.

**November 2015**
Online registration
- SC PMP switched vendors and started online registration for users, registration of delegate accounts, and online password resets.

I. Executive Summary

The South Carolina Prescription Monitoring Program (SC PMP) became fully operational on February 1, 2008. The purpose of the PMP is intended to improve the state's ability to identify and stop 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 among in-state and out-of-state prescribers, and (4) updates on PMP education efforts. The full report provides details regarding the dispensing patterns in SC by drug schedule.

In 2023, the number of controlled substance prescriptions dispensed in SC was 9,234,070. This number has declined by approximately 4% since 2019 (Figure 1). Benzodiazepine and opioid prescriptions have also continued to decrease since 2019 (Figure 2). However, stimulant prescriptions have increased by 15% from 2019 to 2023. Continuing with the trend observed in 2022, dextroamphetamine sulf-saccharate/amphetamine sulf-asparate continues to be the number one controlled substance dispensed in SC. For further details regarding the characteristics of the controlled substances dispensed in SC, please see Table 1.

Figure 1. Number of controlled substances dispensed, 2019 - 2023

4% decline since 2019
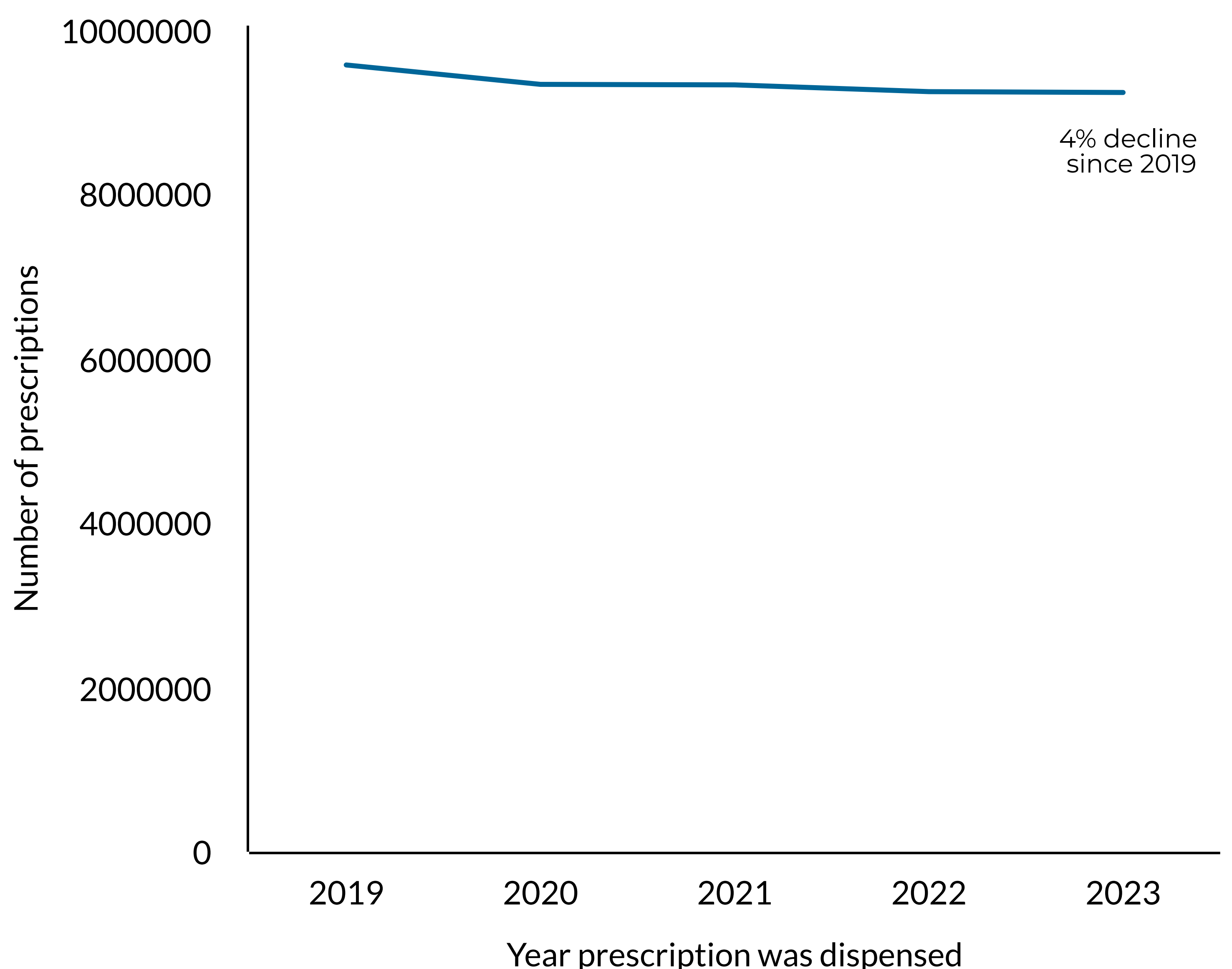
May 2017

Mandated prescriber use of PMP

- Mandated that prescribers must check the PMP prior to issuing any CII prescriptions greater than a 5-day supply. (S.C. Code Ann. § 44-53-1645)

August 2017

Quarterly prescriber reports

- Sent out first round of quarterly prescriber report cards of approximately 8,000 prescribers.

May 2018

NarxCare began

- 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 began using NarxCare for prescribers and pharmacists to use for clinical decision support.

November 2018

Mandated prescriber reports

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

April 2020

Clinical alerts began

- Performed targeted education efforts to veterinarians regarding dispensation reporting requirements.
- Turned on clinical alerts to alert prescribers of potential risks including polypharmacy, multiple prescriber episodes, daily MME > 90, and overlapping opioid and benzodiazepine prescriptions.

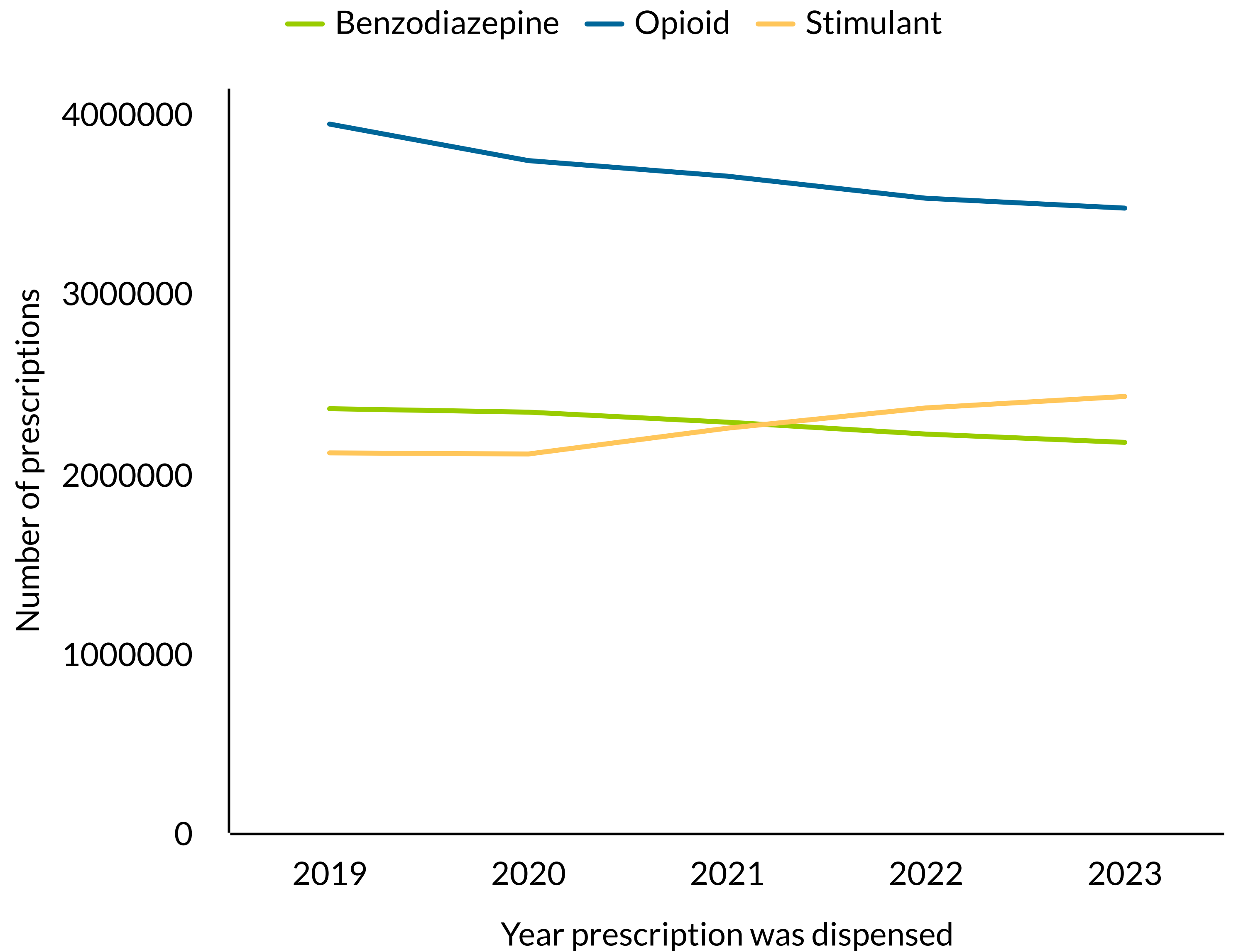**Figure 2. Number of controlled substances dispensed by drug class, 2019 - 2023**

Table 1. Characteristics of controlled substance prescriptions dispensed in SC, 2019 - 2023

Characteristics	2019	2020	2021	2022	2023
Number of Controlled Substance Prescriptions	9,568,699	9,332,870	9,326,557	9,244,308	9,234,070
Prescription Quantity[1]	475,185,854	461,963,178	452,403,771	441,596,180	433,248,254
Number of Unique[2] Prescribers	65,843	67,843	68,165	68,226	67,395
Number of Unique[3] Pharmacies	1,721	1,808	1,713	1,723	1,673

[1] Prescription quantity only includes controlled substances that were classified as capsules or tablets.
[2] Number of unique prescribers is determined based on the number of unique prescriber DEA numbers. A single prescriber can have multiple DEA numbers.
[3] The number of unique pharmacies is determined based on the number of unique pharmacy DEA numbers.

May 2020

Interactive prescriber reports

- Prescriber reports are interactive when viewed in the PMP Aware portal.

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

- Healthcare facilities and first responders are required to report opioid antidote administrations to 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 and Schedule II prescriptions

- Prescribers must offer naloxone prescriptions to a patient if they prescribe: (1) an opioid greater than 50 morphine milligram equivalents per day, (2) an opioid concurrently with a benzodiazepine, or (3) to any patients that presents with an increased risk of an overdose. Naloxone counseling and education must be provided to the patient or patient's caregiver. (S.C. Code Ann. § 44-53-361)
- Schedule II controlled substance day supply limitation law was amended to exclude transdermal patches and surgical implanted drug delivery systems from the 31-day supply limitation. (S.C. Code Ann. § 44-53-360)

In 2023, the total number of patient queries conducted by pharmacists and prescribers increased by approximately 52% and the number of users increased by approximately 37% since 2019. From 2019 to 2023, the number of queries conducted per prescriber decreased by 14%. Queries per pharmacist has continued to increase with approximately 848 queries conducted per pharmacist during the year 2023, a 67% increase from 2019 (Figure 3). This large increase may be due primarily to the PMP's education efforts around integration. PMP integration works directly into the workflow process and has been shown to save an average of four minutes per patient search.(Bamboo Health, 2024) South Carolina's Publix Pharmacies received educational outreach from PMP staff. As a result of these education efforts, Publix implemented software system changes that yielded quicker and easier access to the PMP for their pharmacy teams. This directly resulted in a larger volume of patient queries.

Figure 3. Number of prescribers and pharmacists queries[1] per user, 2019 - 2023
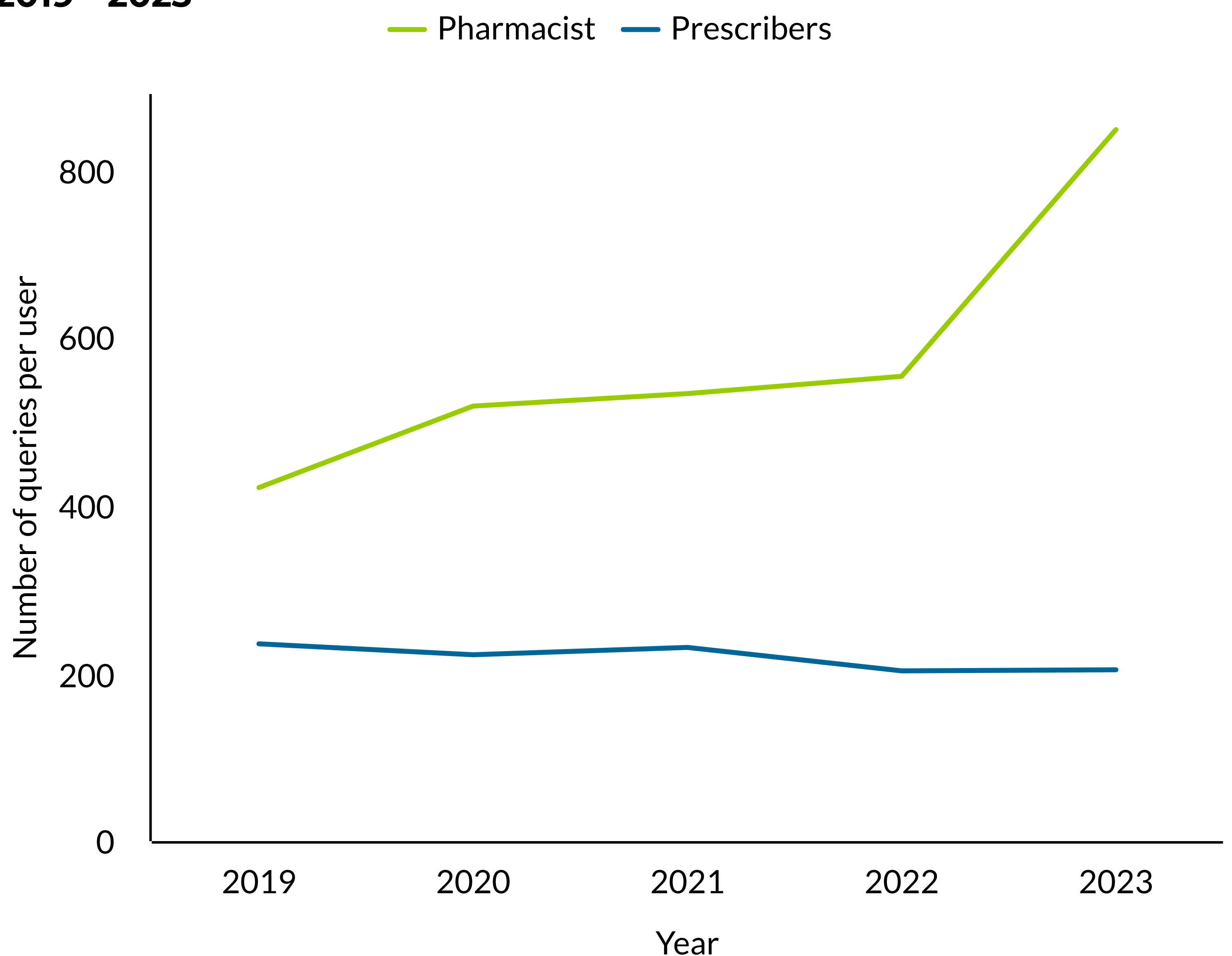
[1] A PMP query is defined as an active PMP user that retrieves a patient report that either does not return a result or returns a patient's dispensation history.

In March 2020, the DEA granted exceptions to telemedicine providers to avoid lapses in care for patients during the COVID-19 Public Health Emergency.(DEA, 2023b) These exceptions allowed for telemedicine providers to prescribe controlled substances via telemedicine interactions without a need to conduct in-person evaluations. This exception has been extended to December 31, 2024.(DEA, 2023b) The number of controlled substances dispensed in SC has continued to decline for both prescriptions prescribed from in-state and out-of-state prescribers. However, the percentage of decline has been slightly greater for out-of-state prescribers (14%) compared to in-state prescribers (3%) from 2019 to 2023 (Figure 4).

Figure 4. Number of dispensed controlled substance prescriptions by prescriber location, 2019 - 2023
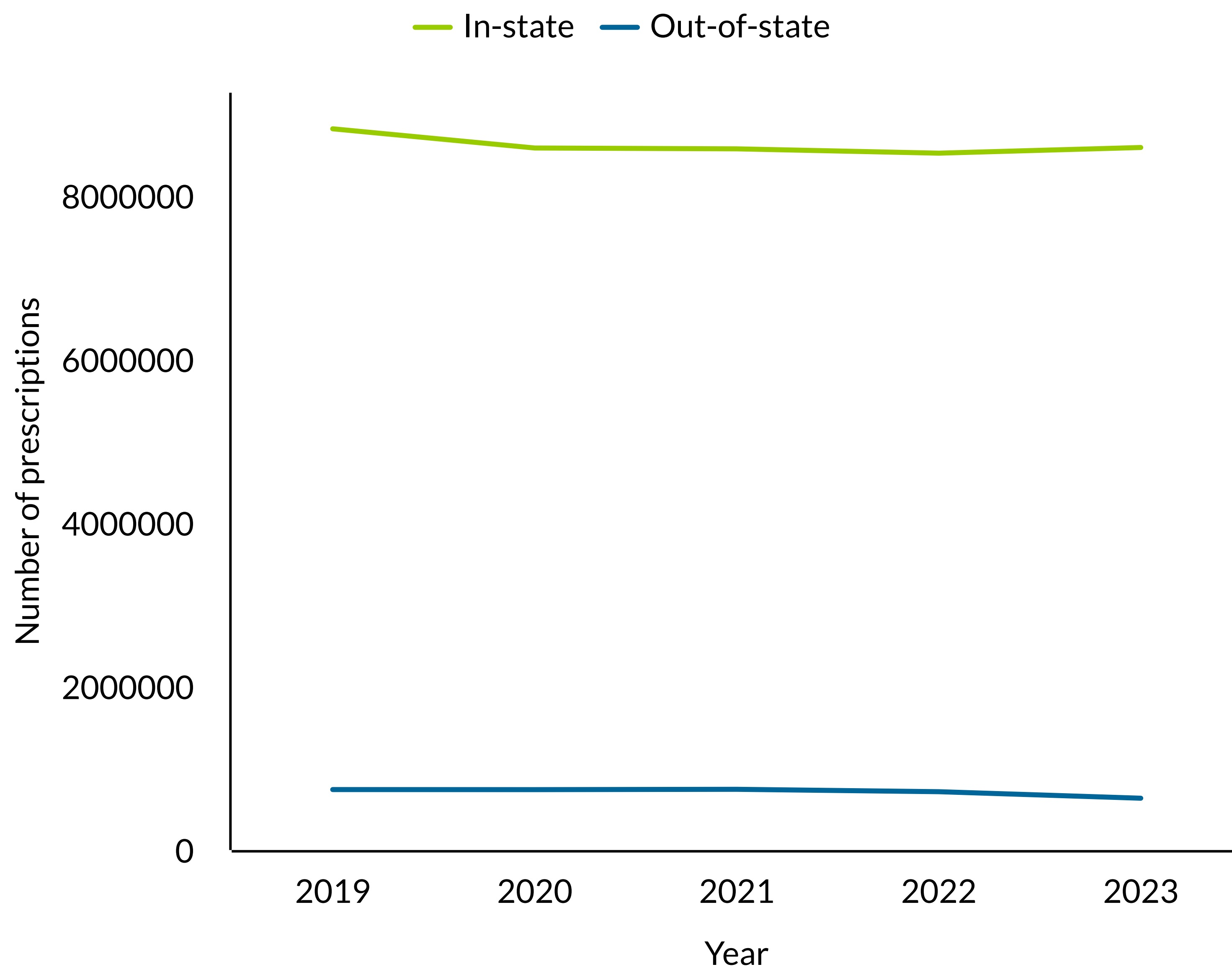
The SC PMP is always striving to improve data quality. Therefore, in 2023, the SC PMP partnered with 11 other state PMP administrators on the National Association of State Controlled Substances Authorities PMP Data Integrity Committee to draft a continuing education (CE) for pharmacists and pharmacy technicians on the importance of data quality at the data entry level. This CE has been taken by pharmacists and pharmacy technicians in 47 states and will continue to be offered until October 2024.

Top 5 Controlled Substances Dispensed in 2023

1. dextroamphetamine sulf-saccharate/amphetamine sulf-asparate (Adderall, Adderall XR, Mydaysis)
2. hydrocodone bitrate/acetaminophen (Vicodin, Lortab)
3. tramadol HCl (Ultram)
4. alprazolam (Xanax)
5. zolpidem tartrate (Ambien)

II. Introduction

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

Table 2. Required prescription information

Category	Domain Fields
Dispenser data	• Dispenser DEA number
Prescriber data	• Prescriber DEA number
Patient data	• Name • Address • Date of birth
Prescription data	• NDC code • Prescription number • Date the prescription was issued by prescriber • Date the prescription was dispensed • If the prescription was a refill or new prescription • Quantity dispensed • Estimated days of supply

The PMP continues to be a promising strategy to "improve opioid prescribing, inform clinical practice, and protect patients at risk".(Centers for Disease Control and Prevention, 2021) The PMP is a state-run database that collects patient-specific prescription information at the point of dispensation. This report focuses on Schedule II-IV controlled substance dispensing patterns in SC with a special edition on dextroamphetamine sulf-saccharate/amphetamine sulf-asparate and ketamine. All drug classes were classified through Lexicomp, and all drug schedules discussed in this report were classified through the DEA and FDA.(FDA, 2022; United States Drug Enforcement Administration, 2022; Wolters Kluwer, 2024)

III. Schedule II

3.1 Overview

Schedule II prescriptions are defined as substances with a "high potential for abuse, with use potentially leading to severe psychological and physical dependence".(United States Drug Enforcement Administration, 2022) In 2023, the most common CII prescriptions dispensed in SC were dextroamphetamine sulf-saccharate/amphetamine sulf-asparate, hydrocodone bitartrate/acetaminophen, oxycodone HCl/acetaminophen, oxycodone HCl, and methylphenidate HCl. From 2019 to 2023, the number of dispensed CII prescriptions decreased by 1% (4,431,757 vs 4,387,632, respectively) (Figure 5). The average quantity of dispensed CII prescriptions decreased by 5% during the same time period (Figure 6).

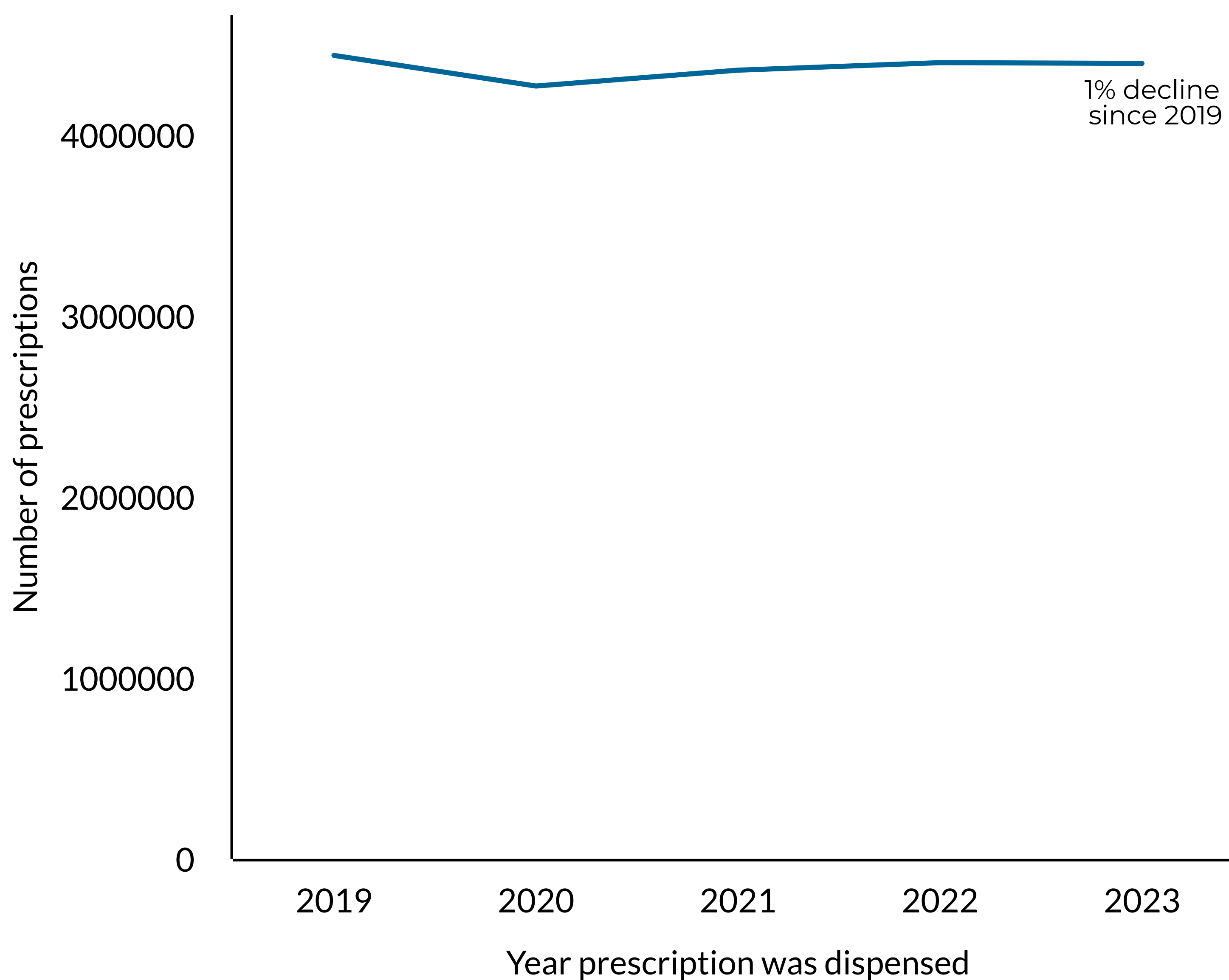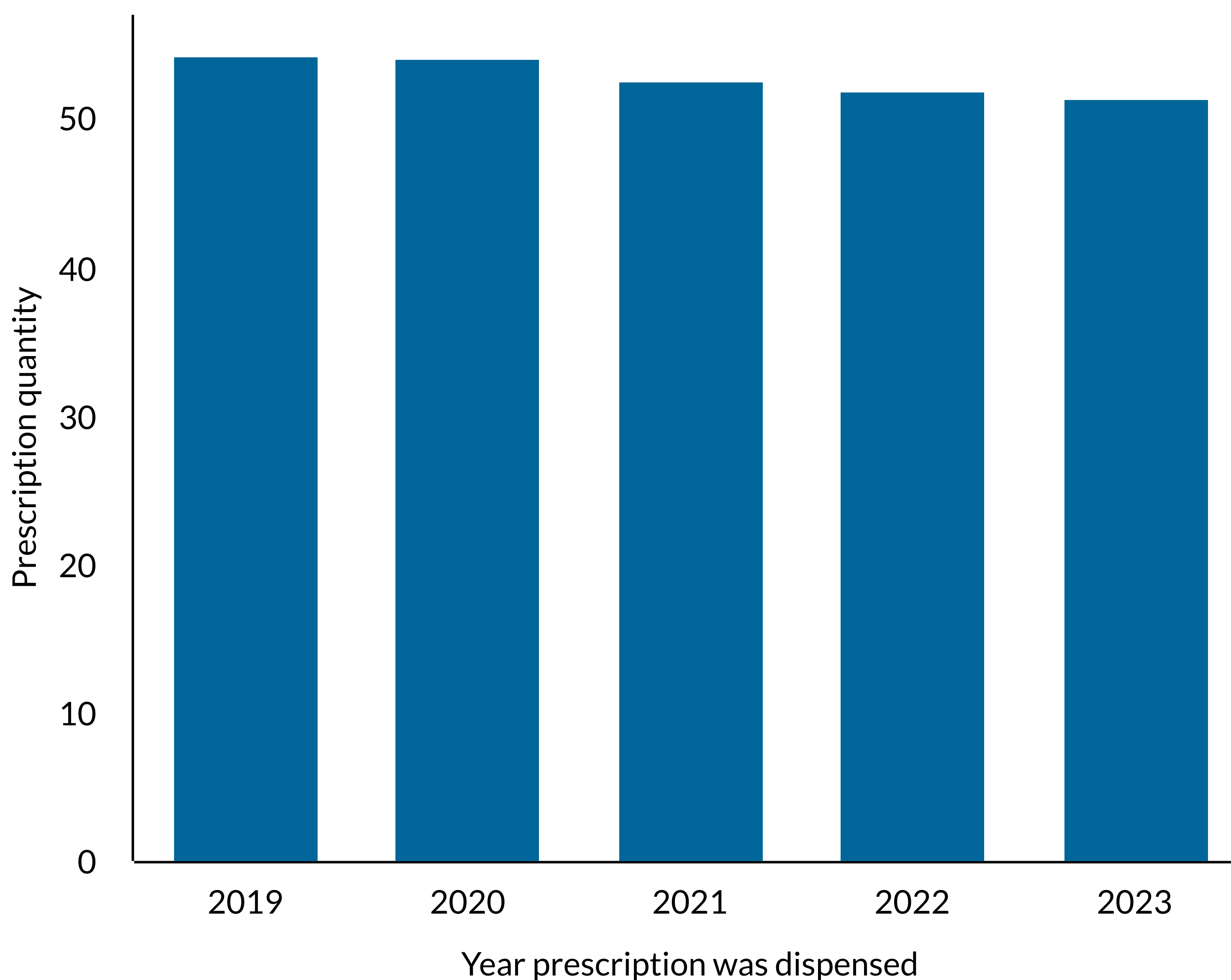**Figure 5. Number of dispensed CII prescriptions, 2019 - 2023**

1% decline since 2019

Figure 6. Average prescription quantity[1] dispensed for CII prescriptions, 2019 - 2023


[1] Prescription quantity is defined as a CII prescription in a capsule or tablet form.

3.2 Patient Demographics

In 2023, the average age of patients dispensed CII prescriptions in SC was 46 years of age. Patients ages 0 to 17 and 45 to 64 were dispensed less CII prescriptions in 2023 compared to 2019; however, patient ages 18 to 44 and 65 and older were dispensed more CII prescriptions in 2023 (Figure 7). Females were dispensed more CII prescriptions than males in 2023 (2,316,210 versus 1,880,950, respectively). Dispensed CII prescriptions increased by 1% for females and decreased by 6% for males from 2019 to 2023.

Figure 7. Number of dispensed CII prescriptions by patient age,[1] 2019 - 2023
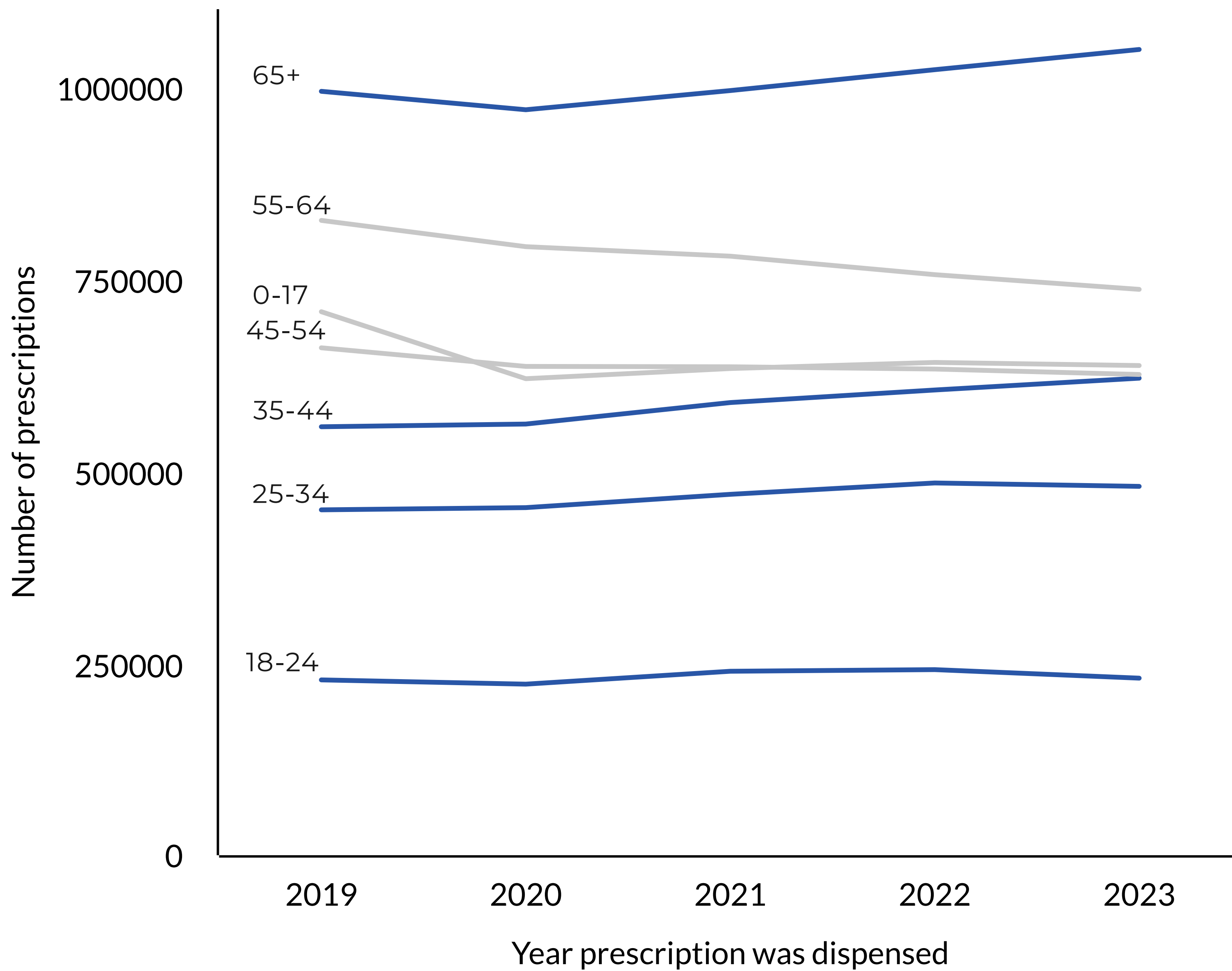
[1] Age may be self-reported from the patient to the pharmacist. Please note that if age was unknown, it was not included in this analysis. The blue line indicates an increase in the number of prescriptions from 2019, while a gray line indicates a decrease.

3.3 Geographic Location (Dispenser County)

The rate of dispensed CII prescriptions has declined from 860.8 per 1,000 people in 2019 to 816.5 per 1,000 people in 2023. Please note that the following counties were excluded from the dispenser county analysis due to their being less than 3 dispensers in the corresponding counties: Fairfield, McCormick, and Saluda. The rate of CII prescriptions was higher than the SC rate in Cherokee, Georgetown, Newberry, and Marlboro County in 2019, while this was not the case in 2023 (Figure 8 and 9). However, Clarendon was higher than the SC rate in 2023, while this was not the case in 2019. From 2019 to 2023, the number of CII prescriptions increased by more than 10% in Jasper and Pickens County. In 2023, Charleston, Greenville, Richland, Horry, and Lexington County had the highest rate of dispensed CII prescriptions.

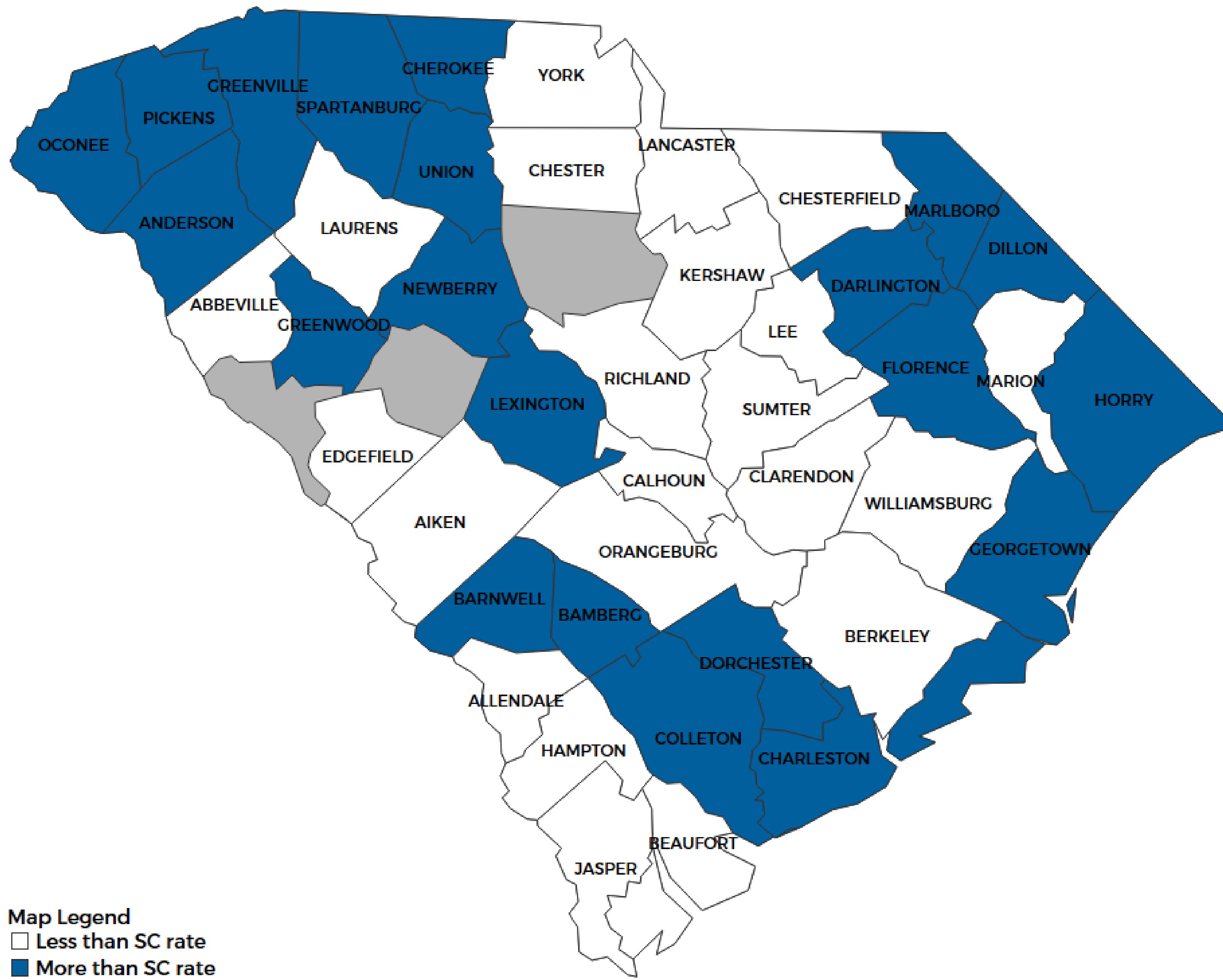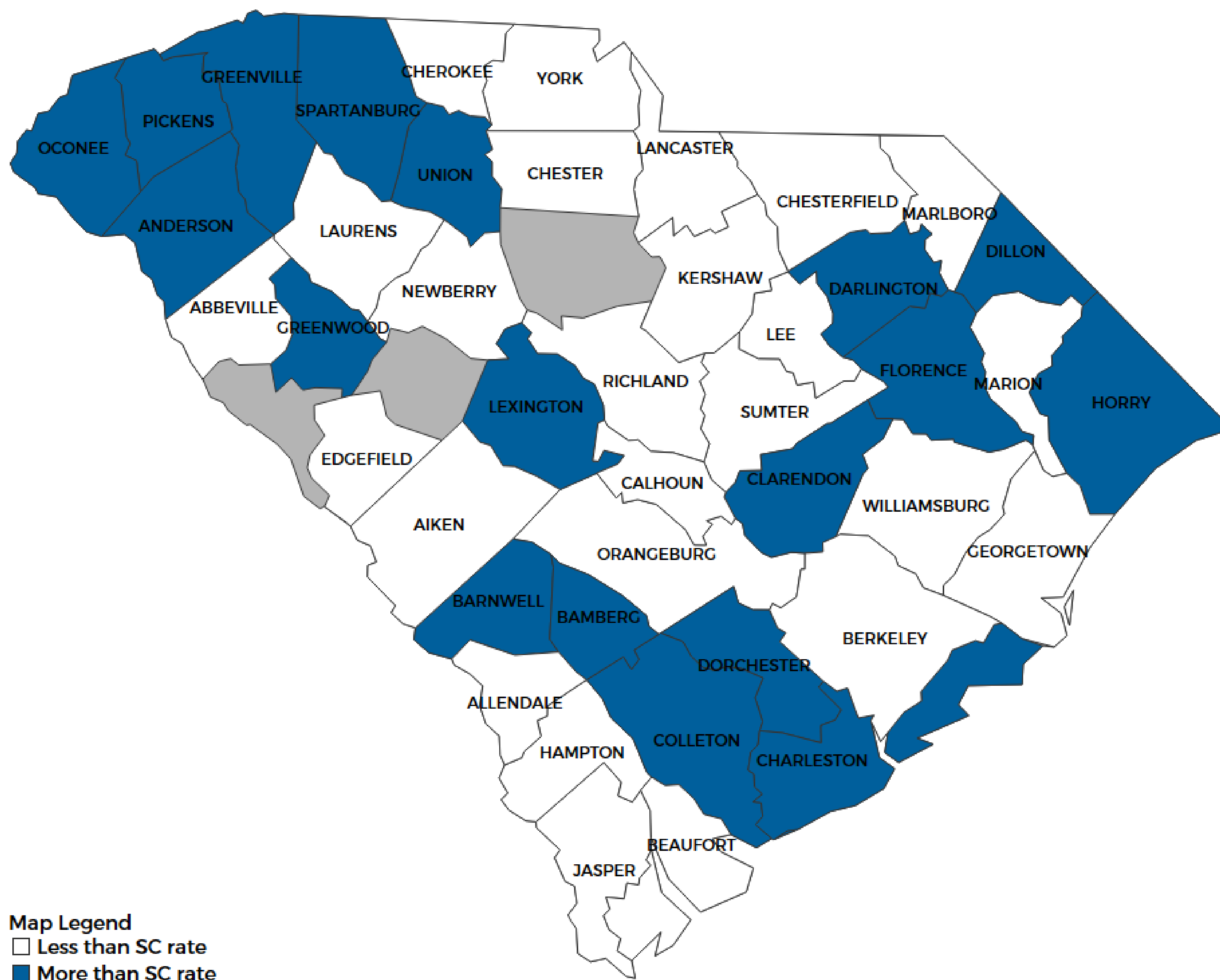**Figure 8. Rate of dispensed CII prescriptions per 1,000 people by dispenser county for 2019**

Map Legend
☐ Less than SC rate
■ More than SC rate

Figure 9. Rate of dispensed CII prescriptions per 1,000 people by dispenser county for 2023

Map Legend
☐ Less than SC rate
■ More than SC rate

IV. Schedule III

4.1 Overview

Schedule III prescriptions are defined as substances with a "moderate to low potential for physical and psychological dependence".(United States Drug Enforcement Administration, 2022) In 2023, the most common CIII prescriptions dispensed in SC were buprenorphine HCl/naloxone HCl, testosterone cypionate, acetaminophen with codeine phosphate, testosterone micronized, and buprenorphine HCl. From 2019 to 2023, the number of dispensed CIII prescriptions increased by 10% (660,397 to 728,819, respectively) (Figure 10). Additionally, the average quantity of CIII prescriptions increased by 11% during the same time period (Figure 11). It is important to note that the increase in CIII prescriptions is likely due to the increase in medicated-assisted treatment (MAT), which has increased by 9% from 2019 to 2023. Additionally in January 2023, the DEA removed the X-waiver. This now allows telehealth prescribers to prescribe outpatient buprenorphine treatment for opioid use disorder.(DEA, 2023a) Please note, that due to federal statute restrictions, the SC PMP is unable to collect MAT prescriptions dispensed from Opioid Treatment Programs; therefore, these were excluded in this analysis.

Figure 10. Number of dispensed CIII prescriptions, 2019 - 2023

10% increase since 2019
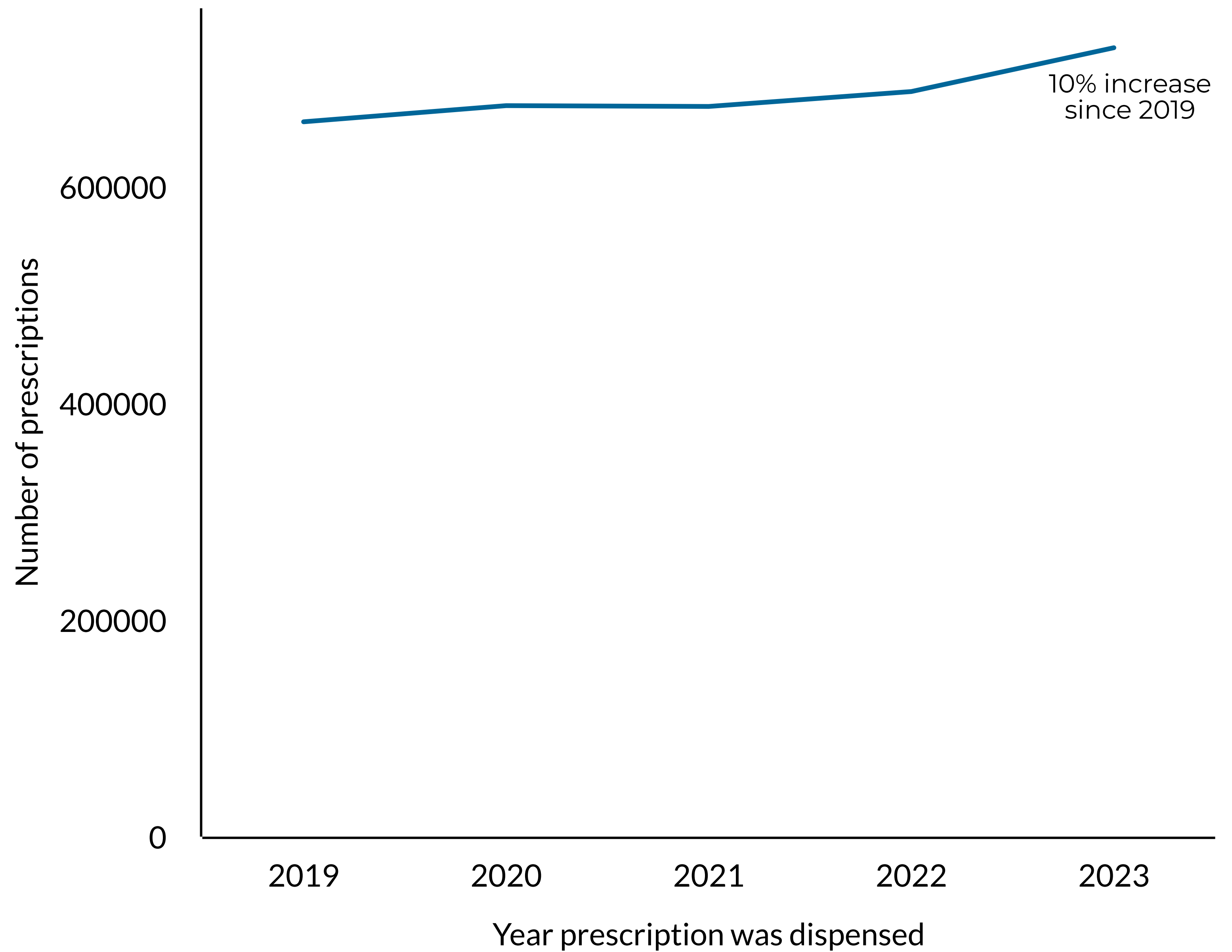
Figure 11. Average prescription quantity for CIII prescriptions, 2019 - 2023 [1]

[1] Prescription quantity is defined as a CIII prescription in a capsule or tablet form.

4.2 Patient Demographics

In 2023, the average age of patients that were dispensed CIII prescriptions was 51 years of age. Patients 0 to 34 years of age were dispensed less CIII prescriptions in 2023 compared to 2019; however, patients 35 and older were dispensed more CIII prescriptions in 2023 (Figure 12). Additionally, males were dispensed more CIII prescriptions than females in 2023 (426,246 versus 270,727, respectively). Dispensed CIII prescriptions increased by 2% for females and 14% for males from 2019 to 2023.

Figure 12. Number of dispensed CIII prescriptions by patient age[1], 2019 - 2023
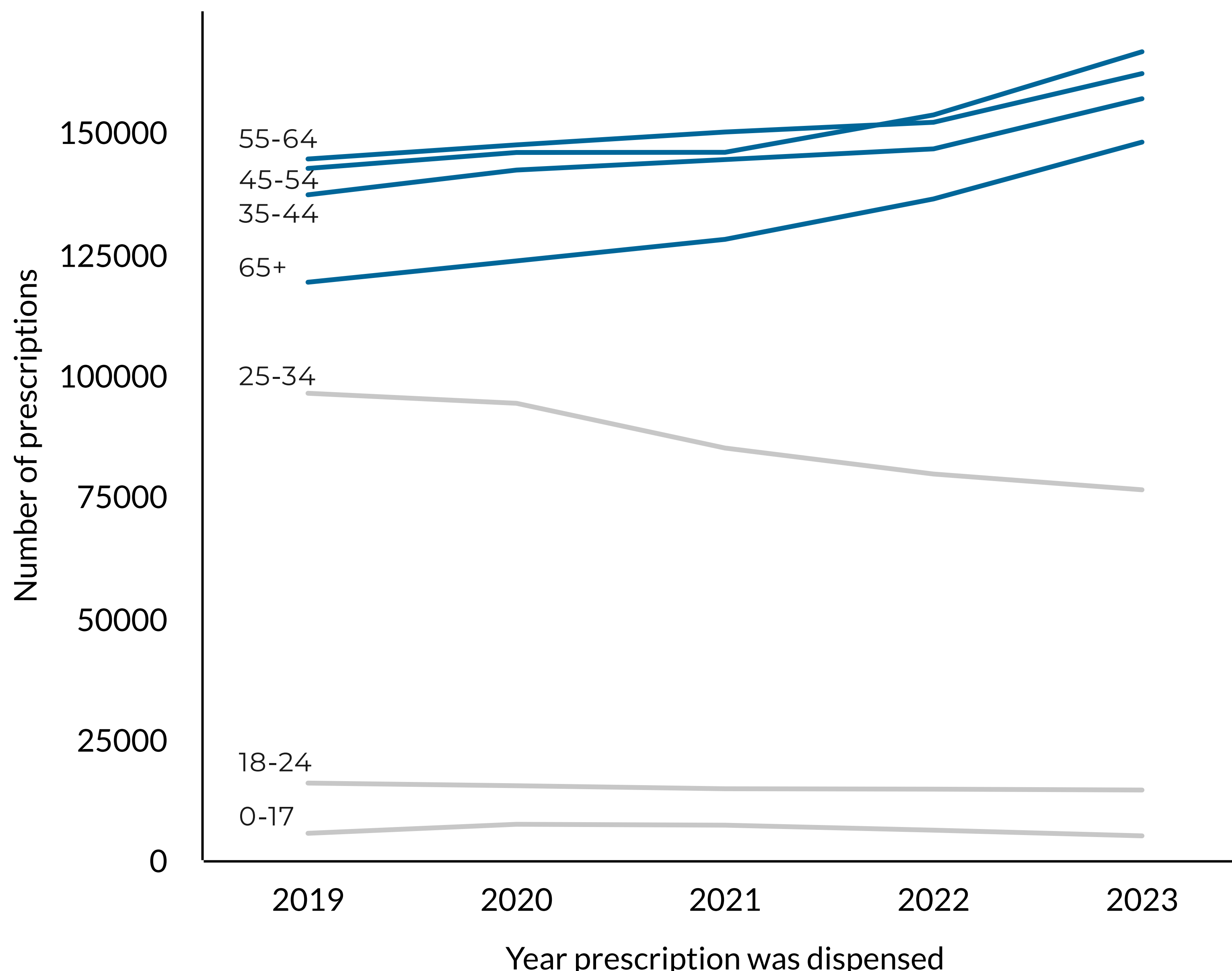
[1] Age may be self-reported from the patient to the pharmacist. Please note that if age was unknown, it was not included in this analysis. The blue line indicates an increase in the number of prescriptions from 2019, while a gray line indicates a decrease.

4.3 Geographic Location (Dispenser County)

The rate of dispensed CIII prescriptions increased from 128.3 per 1,000 people in 2019 to 135.6 per 1,000 people in 2023. Please note that the following counties were excluded from the dispenser county analysis due to their being less than 3 dispensers in the corresponding counties: Fairfield, McCormick, and Saluda. The rate of CIII prescriptions was higher than the SC rate in Bamberg, Colleton, Dorchester, Georgetown, Greenwood, Kershaw, and Richland County in 2019, while this was not the case in 2023 (Figure 13 and 14). Additionally, from 2019 to 2023, the number of CIII prescriptions increased by 25% or more in Abbeville, Cherokee, Spartanburg, and Oconee County. In 2023, Greenville, Charleston, Richland, Horry, and Spartanburg County had the highest rate of dispensed CIII prescriptions.

Figure 13. Rate of dispensed CIII prescriptions per 1,000 people by dispenser county for 2019
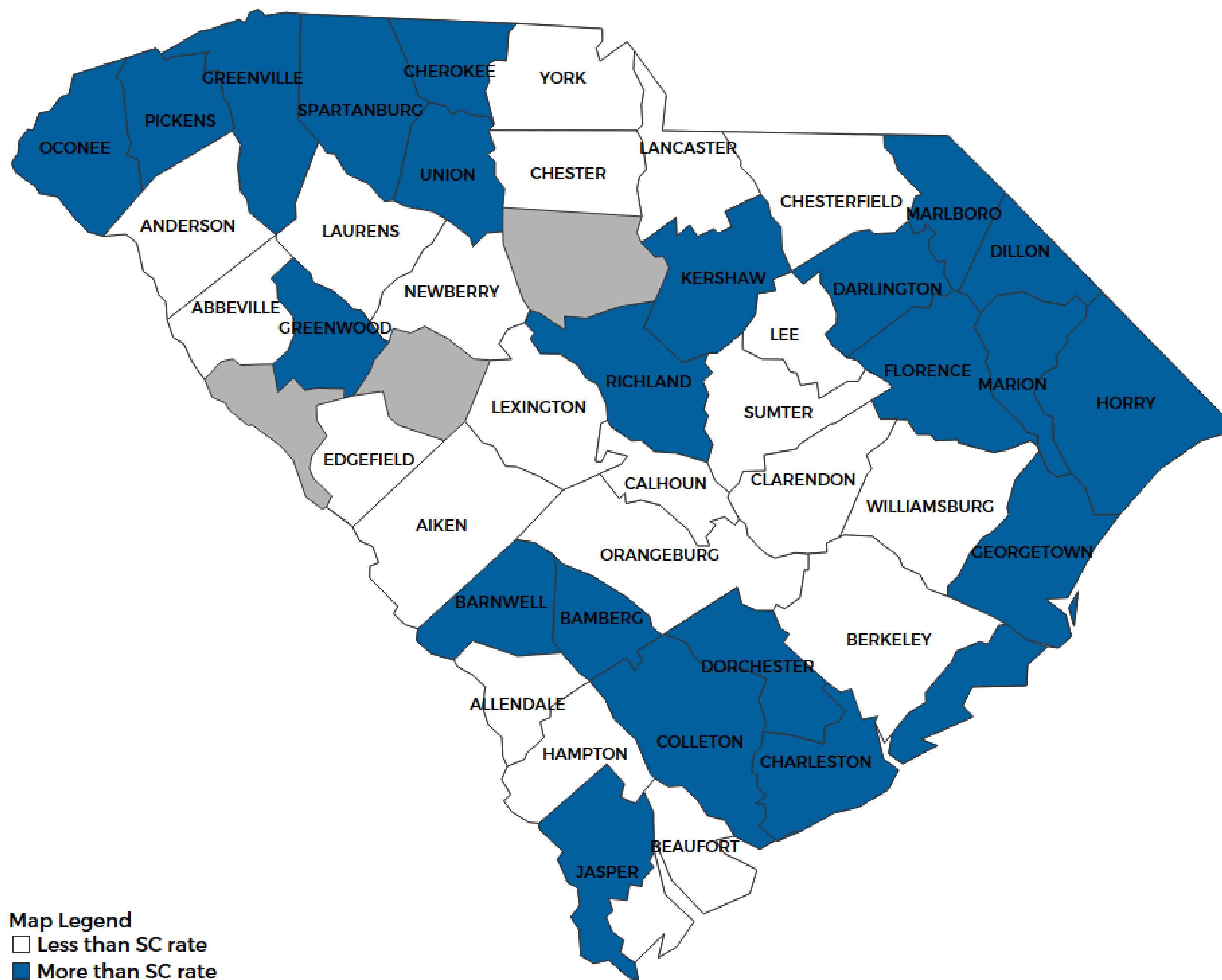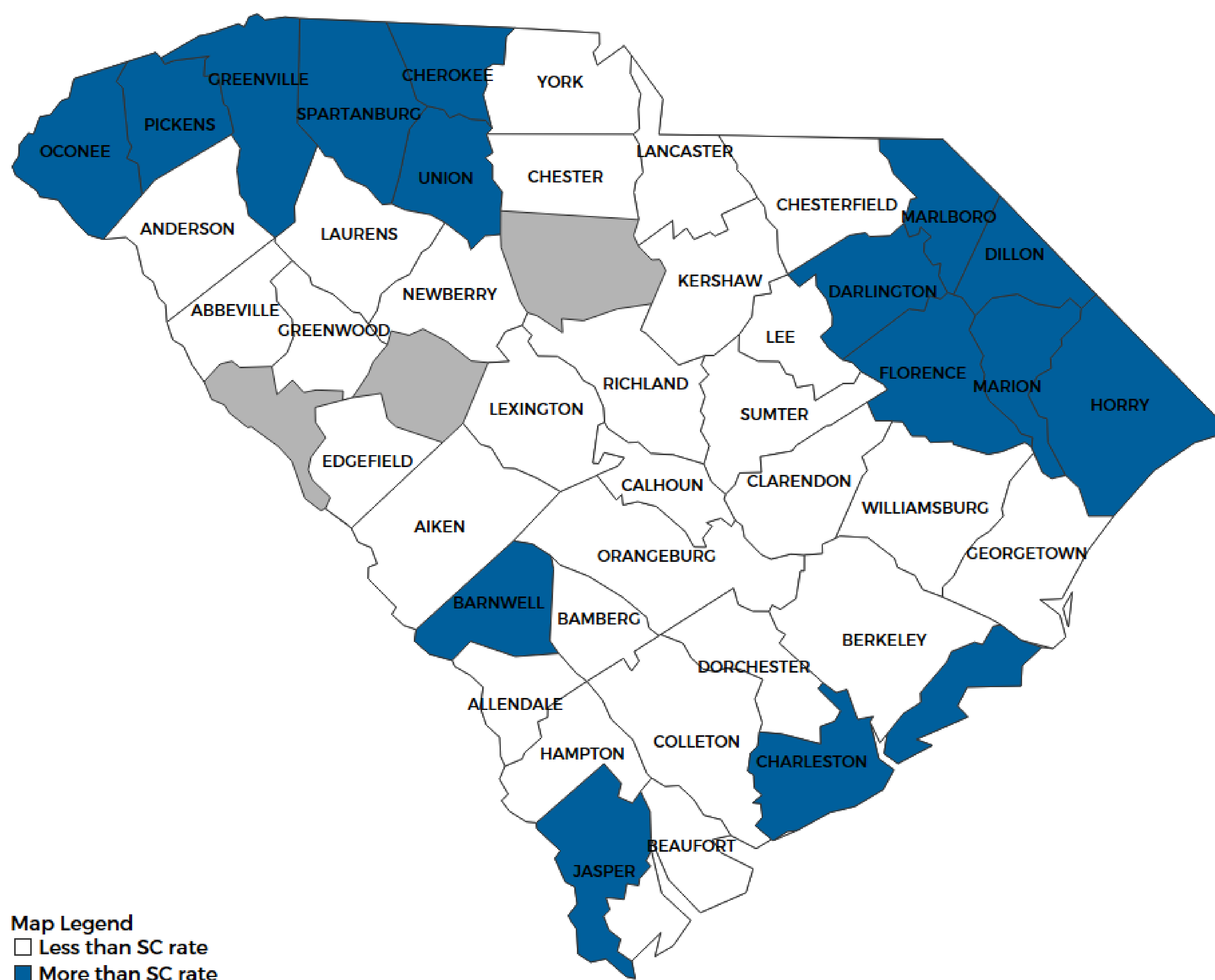

Map Legend
☐ Less than SC rate
■ More than SC rate

Figure 14. Rate of dispensed CIII prescriptions per 1,000 people by dispenser county for 2023

Map Legend
☐ Less than SC rate
■ More than SC rate

V. Schedule IV

5.1 Overview

Schedule IV prescriptions are defined as substances with a "low potential for abuse and low risk of dependence".(United States Drug Enforcement Administration, 2022) In 2023, the most common CIV prescriptions dispensed in SC were tramadol HCl, alprazolam, zolpidem tartrate, lorazepam, and clonazepam. From 2019 to 2023, the number of dispensed CIV prescriptions decreased by 8% (4,476,545 to 4,117,619, respectively) (Figure 15). Additionally, the average quantity of dispensed CIV prescriptions decreased by 5% during the same time period (Figure 16).

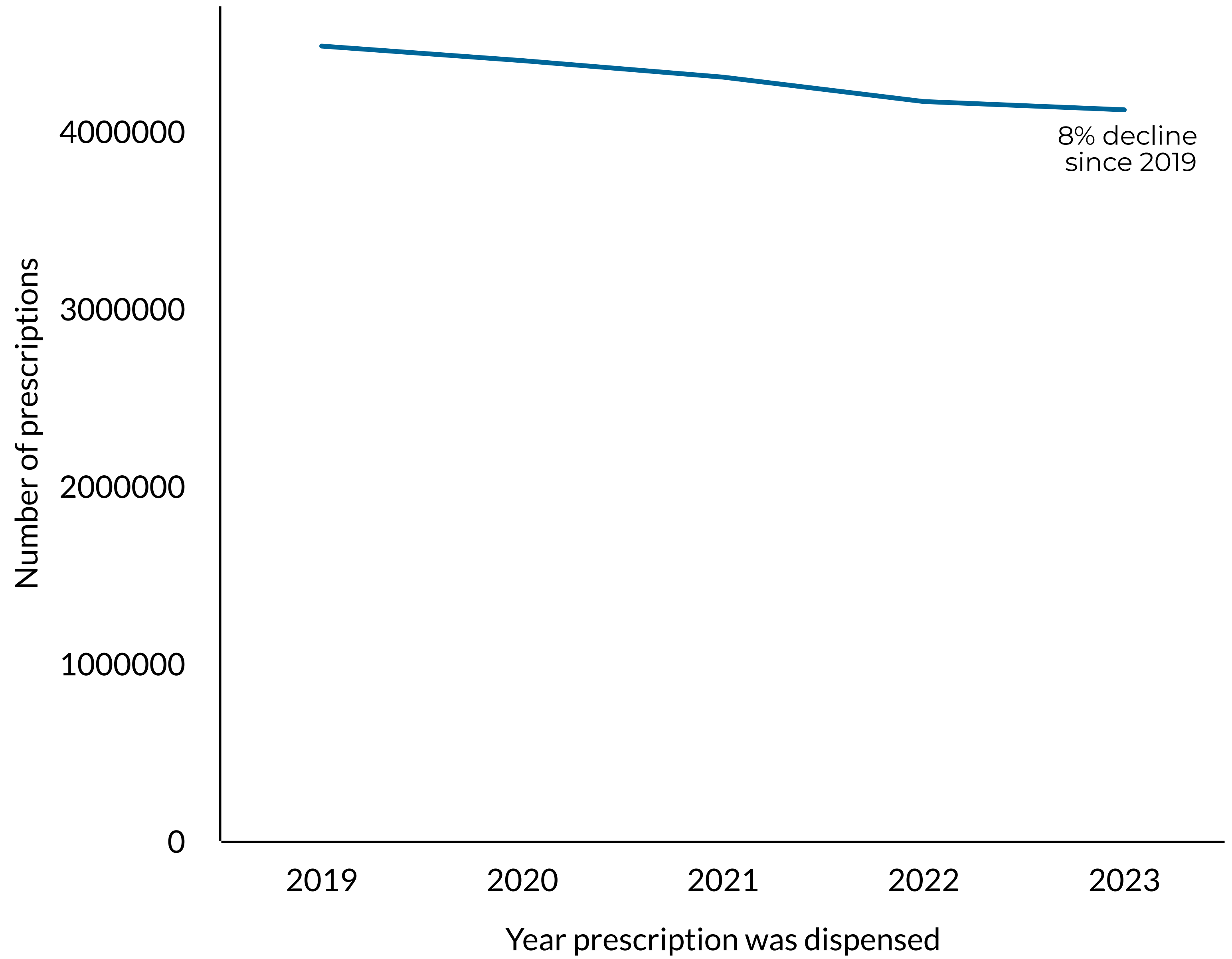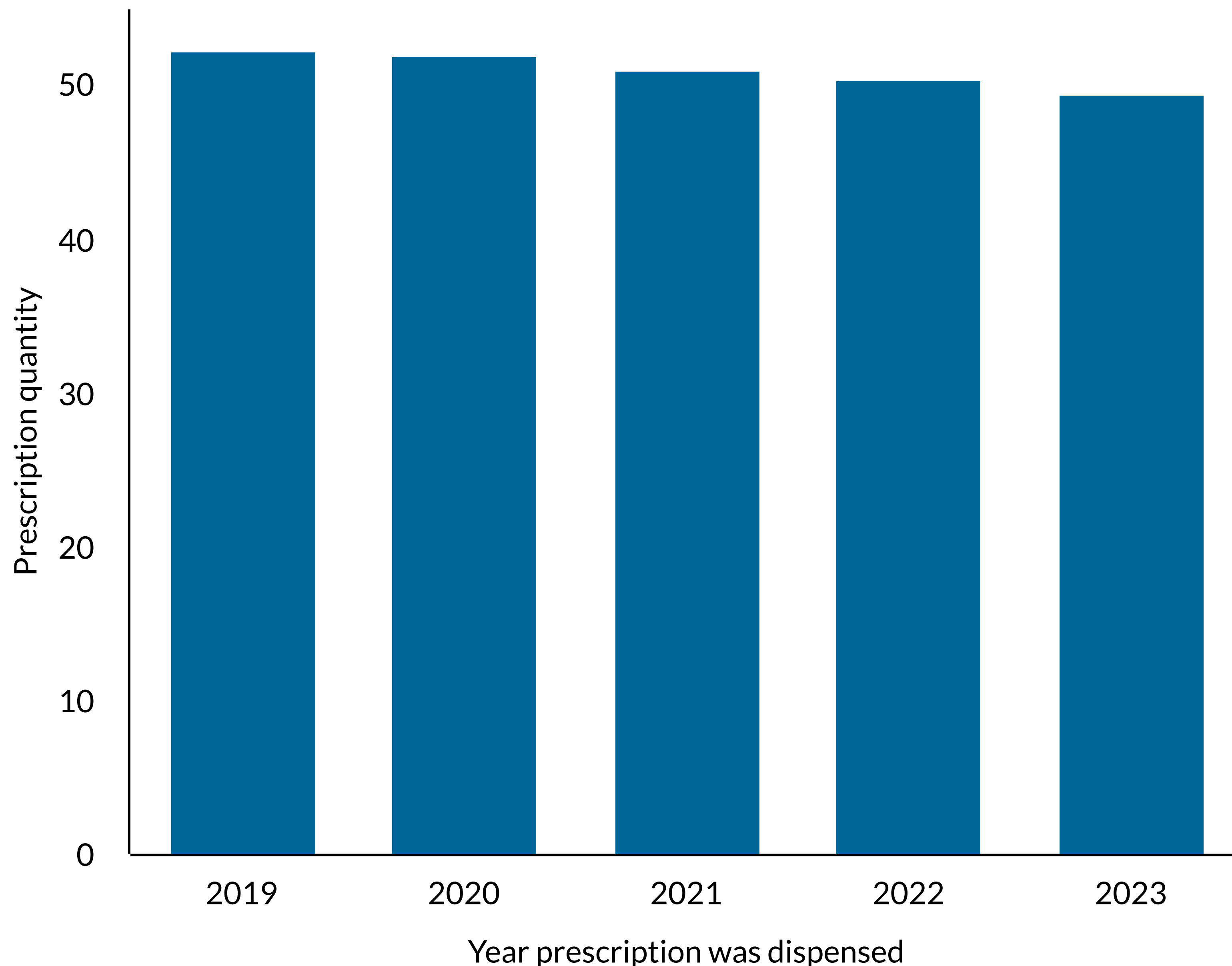**Figure 15. Number of dispensed CIV prescriptions, 2019 - 2023**

8% decline since 2019

Figure 16. Average prescription quantity[1] for CIV prescriptions, 2019 - 2023


[1] Prescription quantity is defined as a CIV prescription in a capsule or tablet form.

5.2 Patient Demographics

In 2023, the average age of patients dispensed CIV prescriptions was 58 years of age. Patients 65 years of age and older were dispensed more CIV prescriptions in 2023 compared to 2019, while all other age groups were dispensed less CIV prescriptions (Figure 17). Additionally, females were dispensed more CIV prescriptions than males in 2023 (2,627,658 versus 1,307,770, respectively). Dispensed CIV prescriptions decreased by 8% for females and 11% for males from 2019 to 2023.

Figure 17. Number of dispensed CIV prescriptions by patient age[1], 2019 - 2023
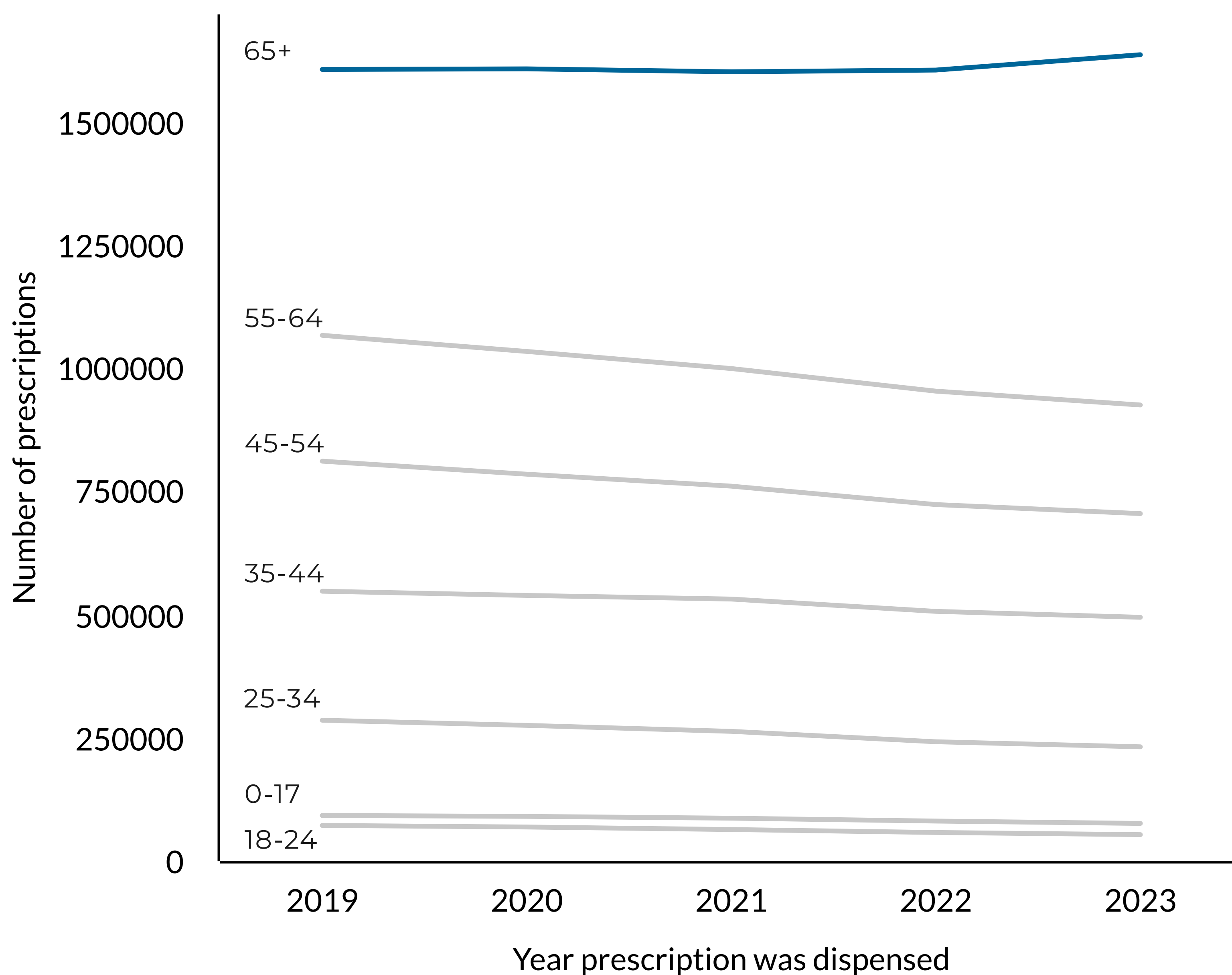
[1] Age may be self-reported from the patient to the pharmacist. Please note that if age was unknown, it was not included in this analysis. The blue line indicates an increase in the number of prescriptions from 2019, while a gray line indicates a decrease.

5.3 Geographic Location (Dispenser County)

The rate of dispensed CIV prescriptions has decreased from 869.4 per 1,000 people in 2019 to 766.3 per 1,000 people in 2023. Please note that the following counties were excluded from the dispenser county analysis due to their being less than 3 dispensers in the corresponding counties: Fairfield, McCormick, and Saluda. The rate of CIV prescriptions was higher than the SC rate in Aiken, Clarendon, and Hampton County in 2023, while this was not the case in 2019 (Figure 18 and 19). Additionally, from 2019 to 2023, the number of CIV prescriptions increased in only Horry and Jasper County. In 2023, Greenville, Charleston, Richland, Horry, and Lexington County had the highest rate of dispensed CIV prescriptions.

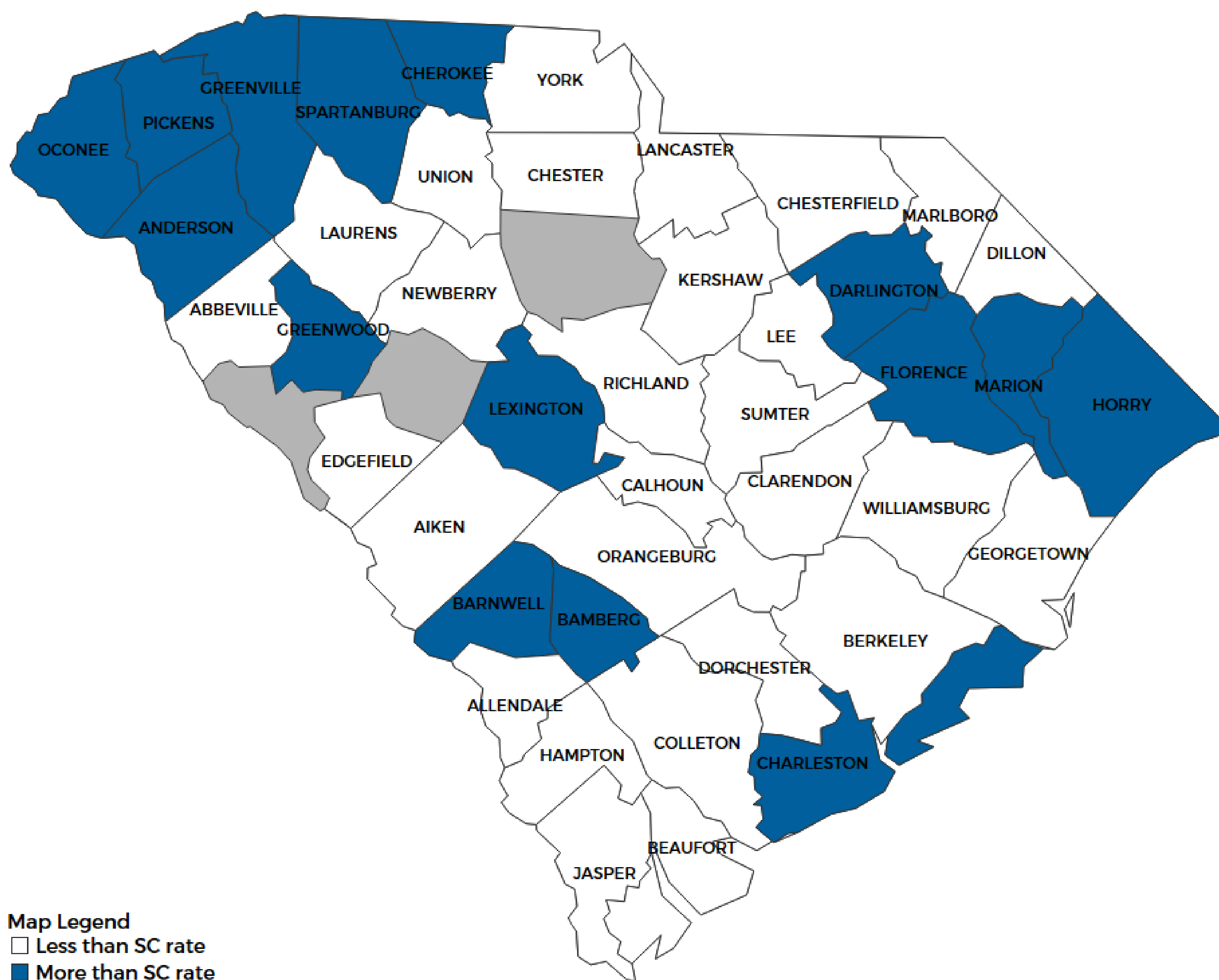**Figure 18. Rate of dispensed CIV prescriptions per 1,000 people by dispenser county for 2019**
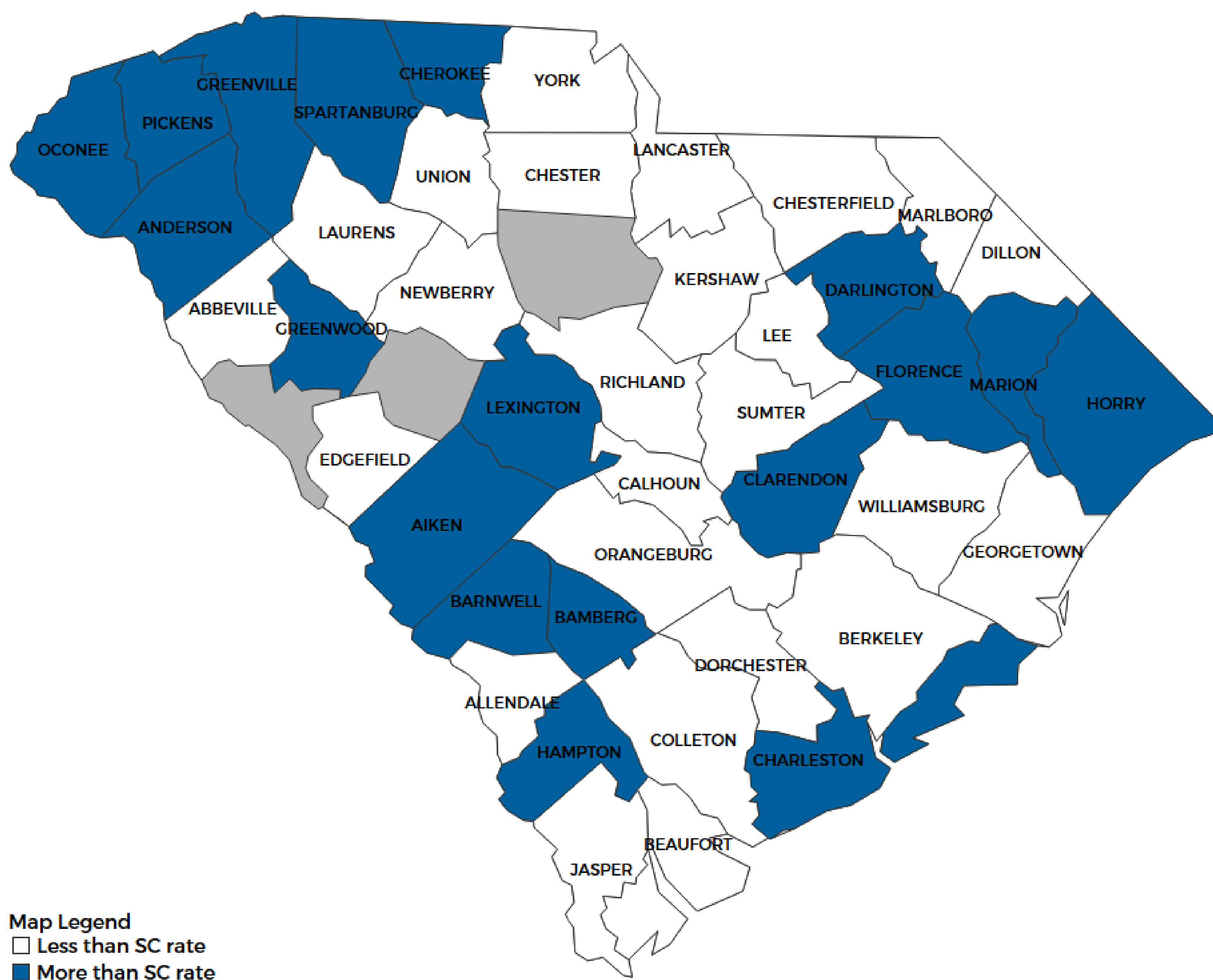

Figure 19. Rate of dispensed CIV prescriptions per 1,000 people by dispenser county for 2023

VI. Stimulants

6.1 Overview

Stimulants are a class of drugs used to increase alertness, attention, and energy for conditions such as attention-deficit hyperactivity disorder and narcolepsy.(NIDA, 2018) In 2023, the number one prescription dispensed in SC was dextroamphetamine sulf-saccharate/amphetamine sulf-asparate. Therefore, this section focuses on dextroamphetamine sulf-saccharate/amphetamine sulf-asparate, more commonly known as Adderall, Adderall XR, or Mydayis. For the purposes of this report, we will refer to this drug as dextroamphetamine/amphetamine throughout the remainder of this report. From 2019 to 2023, the number of dispensed dextroamphetamine/amphetamine prescriptions increased by 21% (936,436 to 1,133,780, respectively) (Figure 20). However, from 2022 to 2023 there was approximately a 3% decrease.

Figure 20. Number of dispensed dextroamphetamine/amphetamine prescriptions, 2019 - 2023
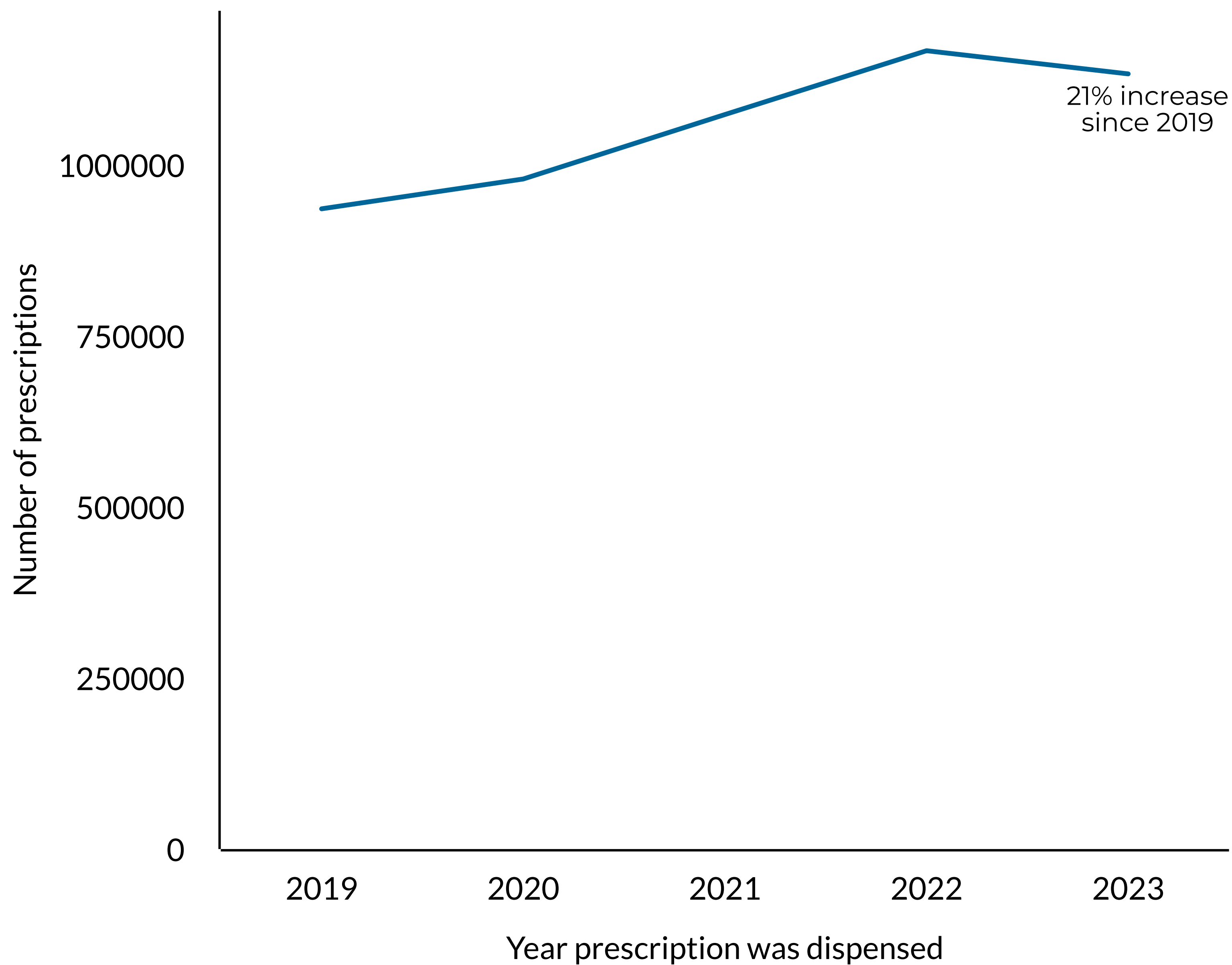
6.2 Patient Demographics

In 2023, the average age of patients that were dispensed dextroamphetamine/amphetamine prescriptions was 37 years of age. Patients 18 years of age and older were dispensed more dextroamphetamine/amphetamine prescriptions in 2023 compared to 2019 (Figure 21). Patients 35 to 44 years of age were dispensed the most dextroamphetamine/amphetamine prescriptions compared to any other age group. Additionally, more females were dispensed dextroamphetamine/amphetamine prescriptions than males in 2023 (617,242 versus 456,263, respectively). Dextroamphetamine/amphetamine prescriptions increased by 27% for females and 10% for males from 2019 to 2023.

Figure 21. Number of dispensed dextroamphetamine/amphetamine prescriptions by patient age,[1] 2019 - 2023
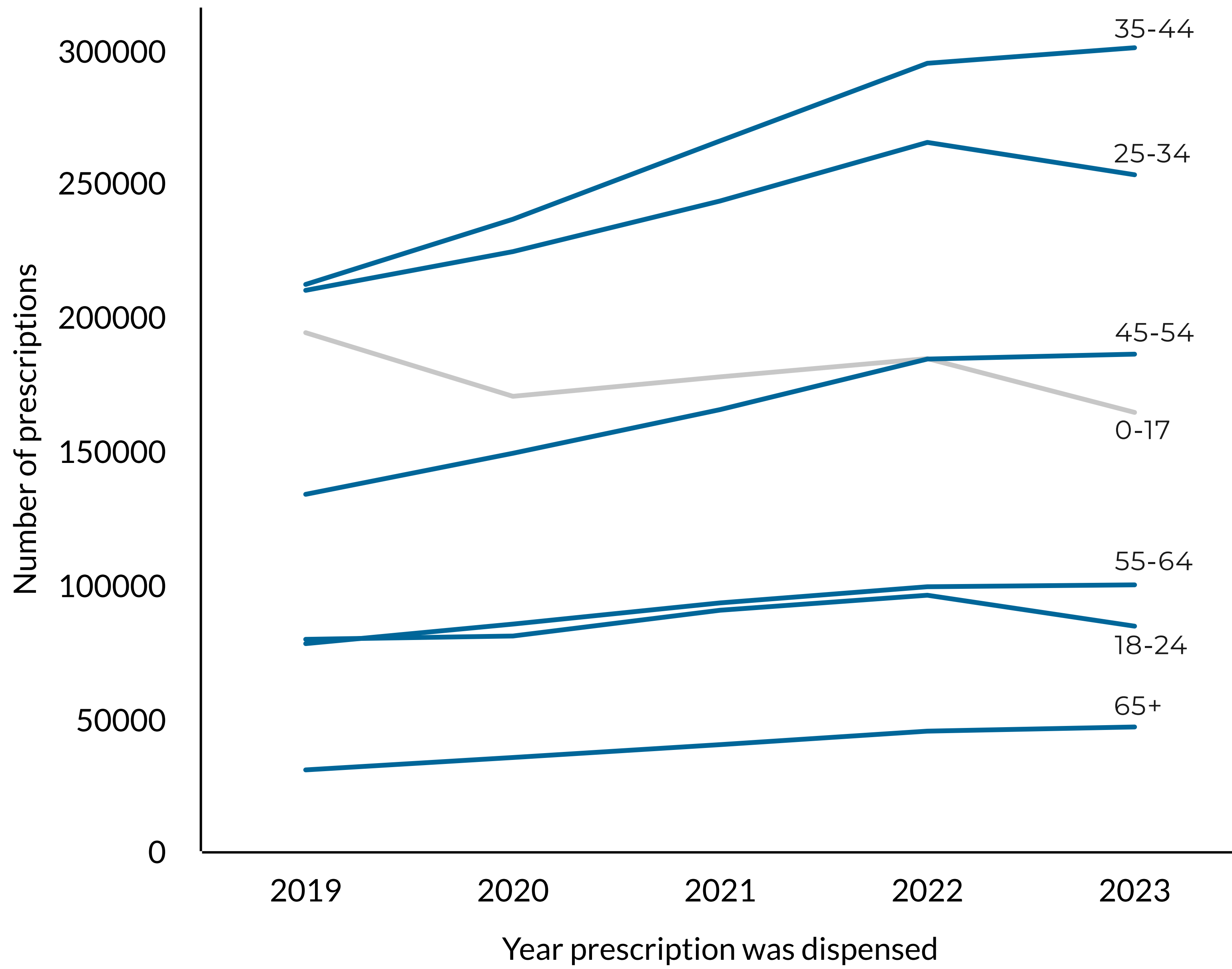
[1] Age may be self-reported from the patient to the pharmacist. Please note that if age was unknown, it was not included in this analysis. The blue line indicates an increase in the number of prescriptions from 2019, while a gray line indicates a decrease.

6.3 Geographic Location (Dispenser County)

The rate of dispensed dextroamphetamine/amphetamine prescriptions has increased from 181.9 per 1,000 people in 2019 to 211.0 per 1,000 people in 2023. Please note that the following counties were excluded from the dispenser county analysis due to their being less than 3 dispensers in the corresponding counties: Fairfield, McCormick, and Saluda. The rate of dextroamphetamine/amphetamine prescriptions was higher than the SC rate in Georgetown, Horry, and Orangeburg County in 2023, while this was not the case in 2019 (Figure 22 and 23). Additionally, from 2019 to 2023, the number of dispensed dextroamphetamine/amphetamine prescriptions increased more than 50% in Clarendon, Jasper, and Williamsburg County. In 2023, Charleston, Greenville, Richland, Lexington, and Horry County had the highest rate of dispensed dextroamphetamine/amphetamine prescriptions.

Figure 22. Rate of dispensed dextroamphetamine/amphetamine prescriptions per 1,000 people by dispenser county for 2019
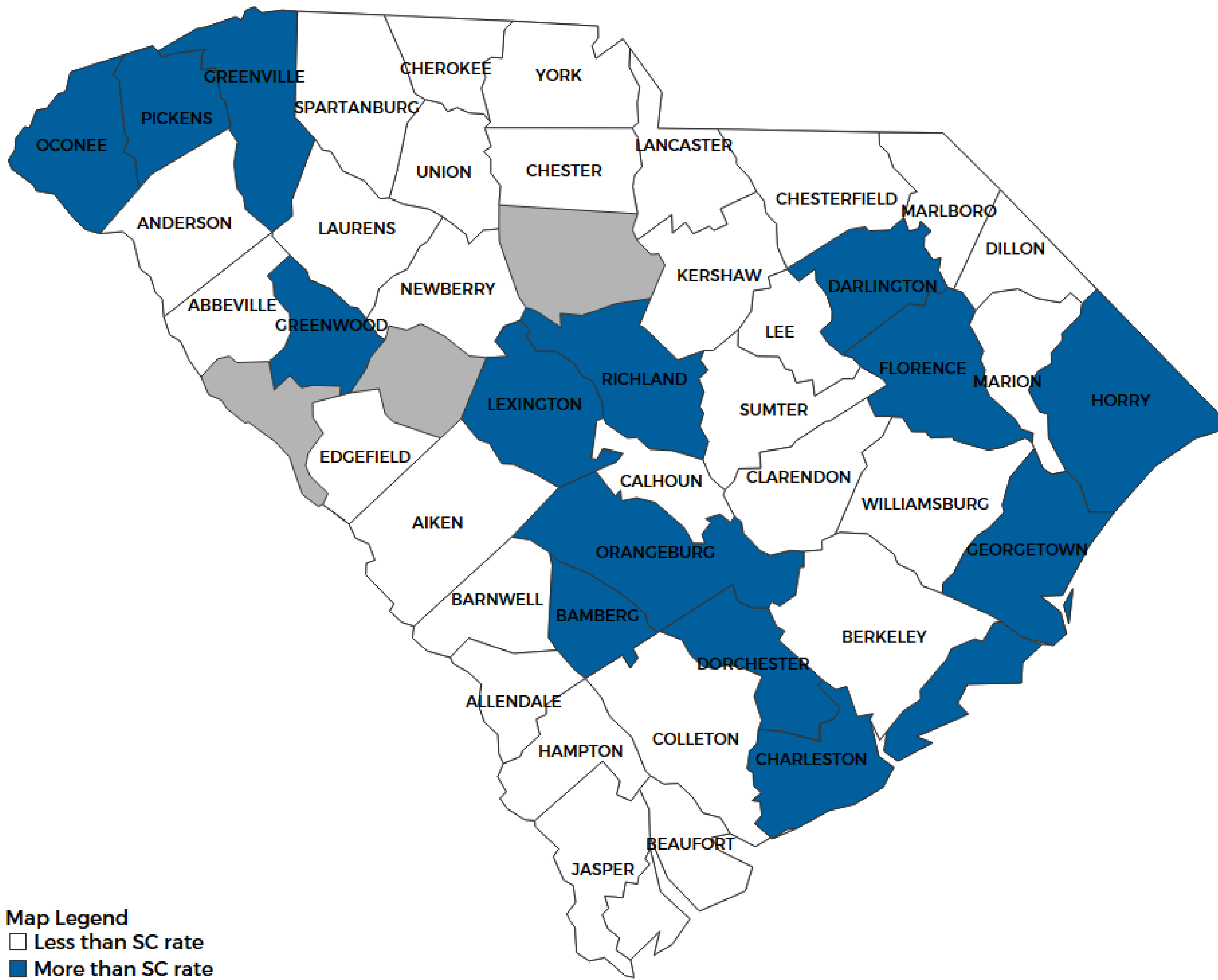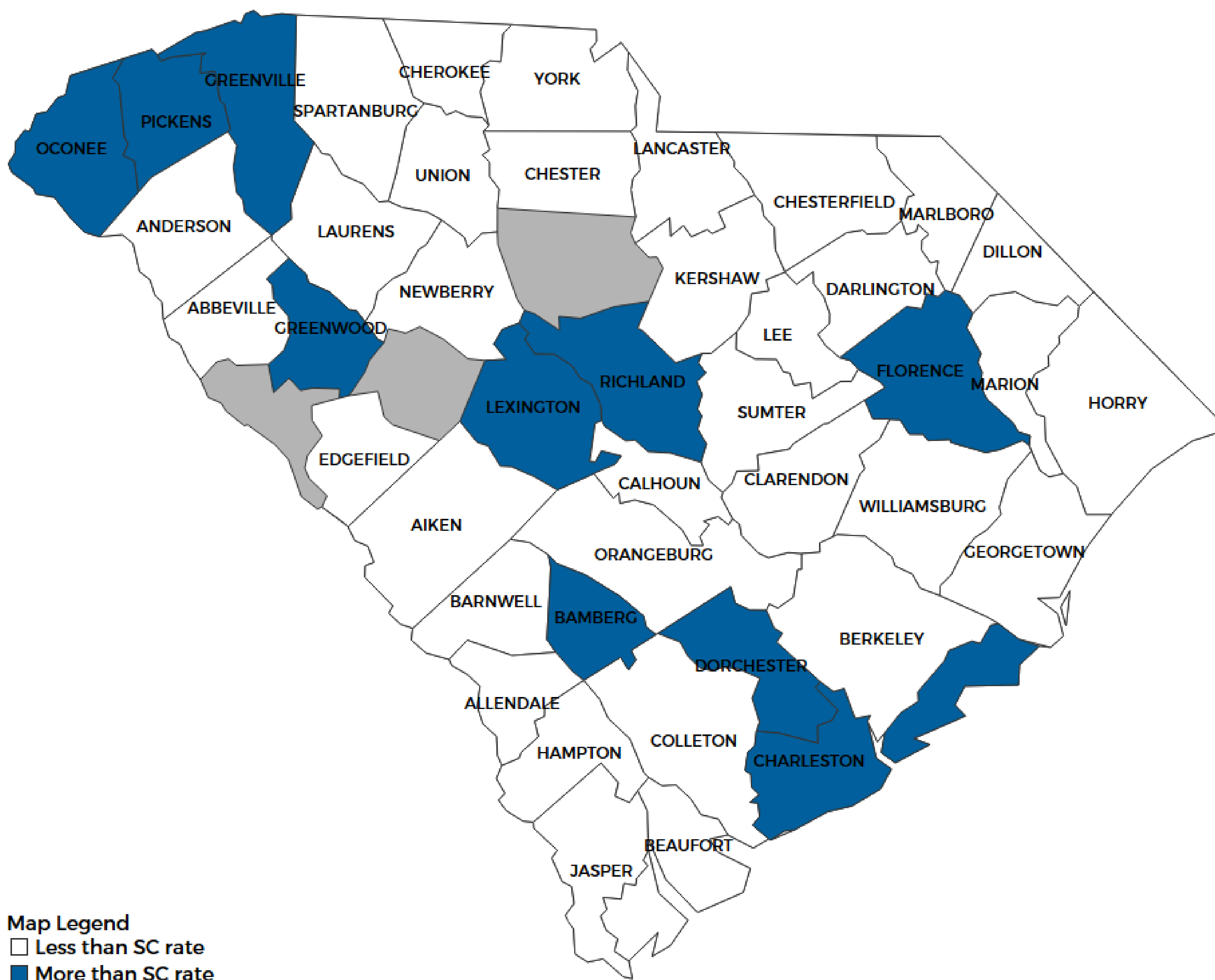

Figure 23. Rate of dispensed dextroamphetamine/amphetamine prescriptions per 1,000 people by dispenser county for 2023
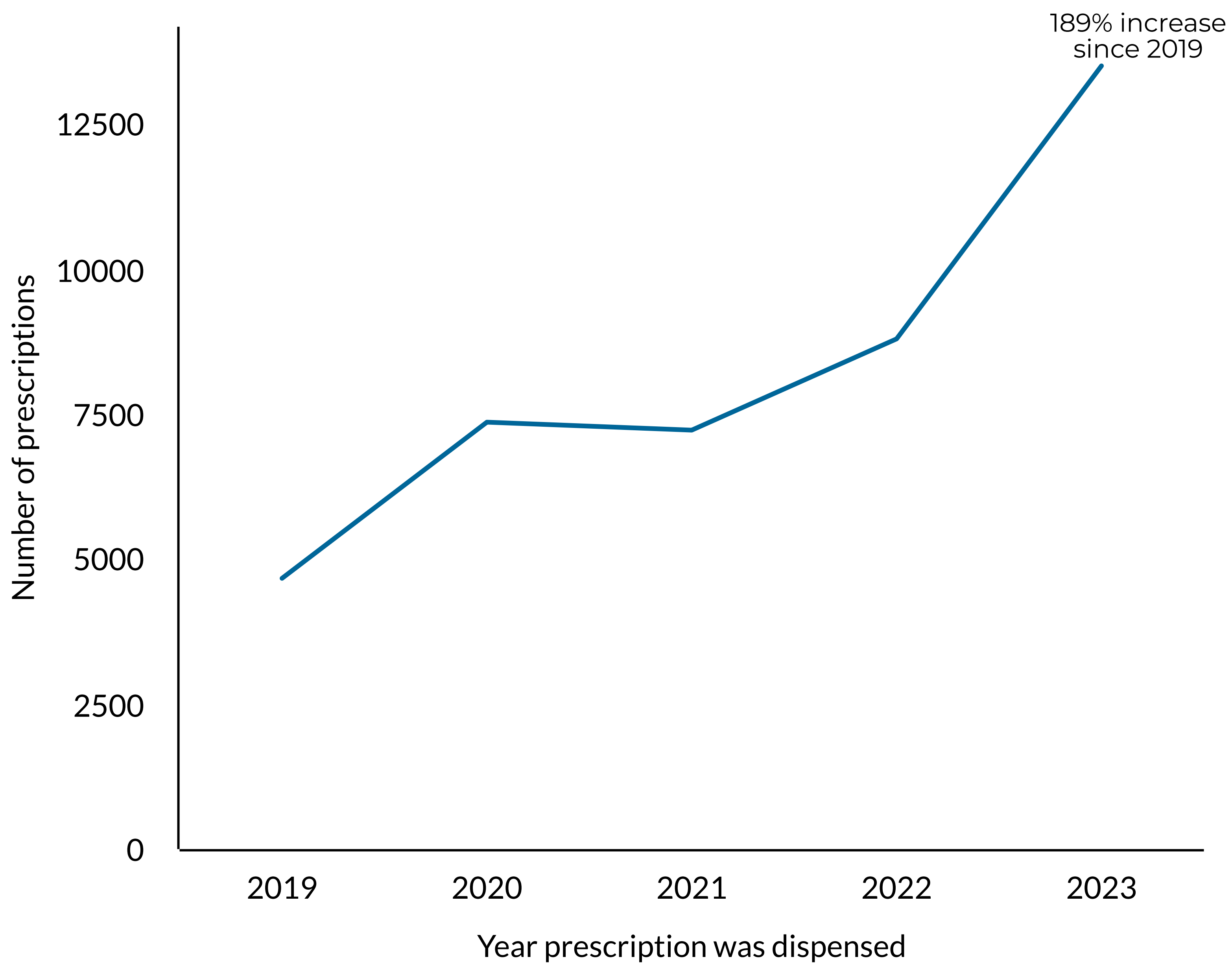
VII. Ketamine

7.1 Overview

Ketamine and esketamine hydrochloride are Schedule III prescriptions used to treat major depressive disorder.(Wolters Kluwer, 2024) Additionally, ketamine hydrochloride can be used for analgesia.(Wolters Kluwer, 2024) In 2022, the Food and Drug Administration (FDA) published a risk alert for the potential misuse of these drugs.(U.S. Food & Drug Administration, 2023) This controlled substance has increased more rapidly than any other controlled substance in SC. For the purposes of this report, we will use the term ketamine when referring to both ketamine and esketamine hydrochloride. It is important to note that in this report, we are only referring to ketamine that is dispensed and not ketamine infusions that are administered in a provider's office. From 2019 to 2023, the number of dispensed ketamine prescriptions increased by 189% (4,664 to 13,492, respectively) (Figure 24).

Figure 24. Number of dispensed ketamine prescriptions, 2019 - 2023

7.2 Patient Demographics

In 2023, the average age of patients that were dispensed ketamine prescriptions was 49 years of age. Patients of all age groups were dispensed more ketamine prescriptions in 2023 compared to 2019 (Figure 25). Additionally, more females were dispensed ketamine prescriptions than males in 2023 (8,148 versus 4,728, respectively). Ketamine prescriptions increased by 195% for females and 169% for males from 2019 to 2023.

Figure 25. Number of dispensed ketamine prescriptions by patient age[1], 2019 - 2023
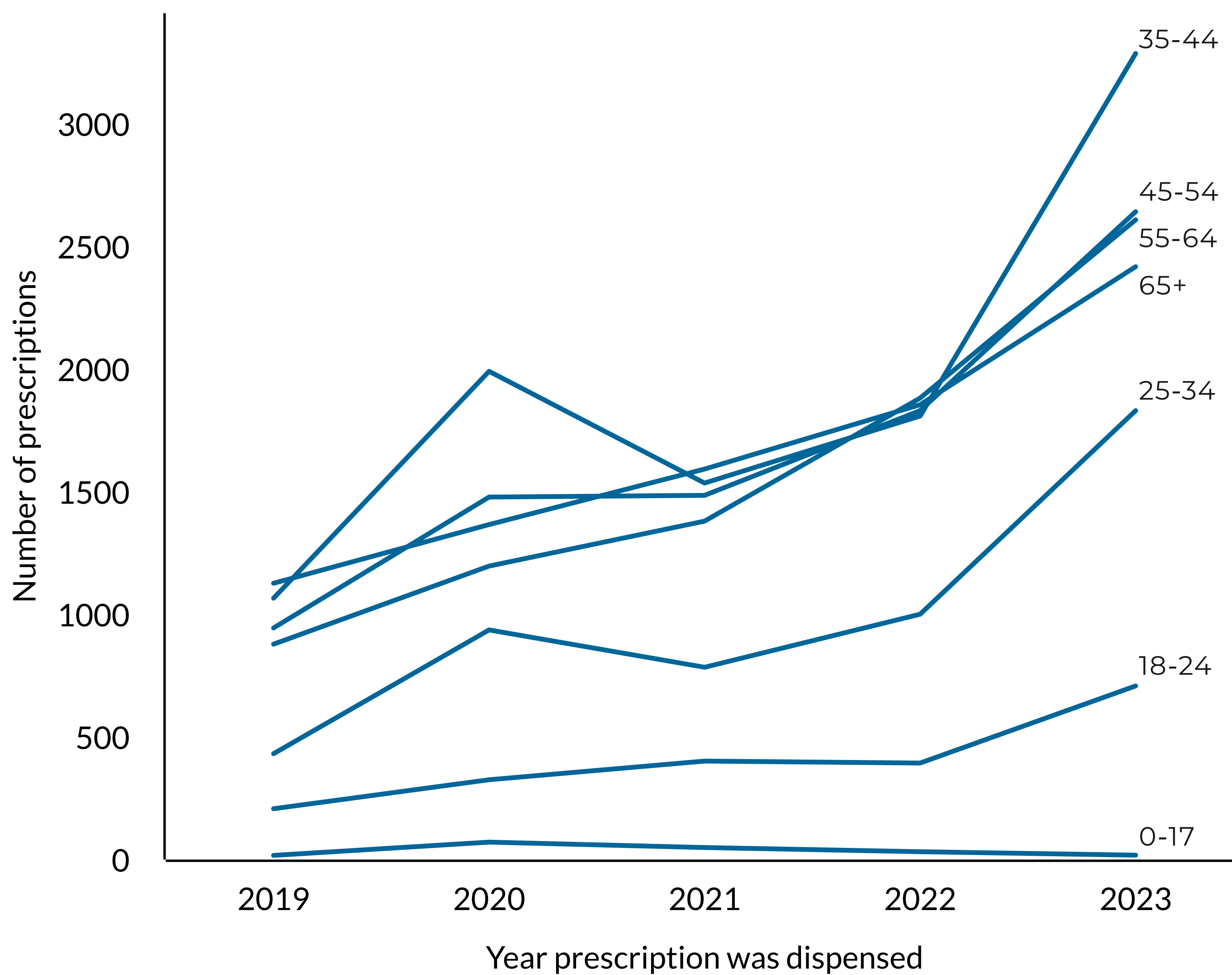
Year prescription was dispensed

[1] 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. The blue line indicates an increase in the number of prescriptions from 2019, while a gray line indicates a decrease.

7.3 Geographic Location (Dispenser County)

   The rate of dispensed ketamine prescriptions has increased from 0.9 per 1,000 people in 2019 to 2.5 per 1,000 people in 2023. From 2019 to 2023, the number of ketamine prescriptions increased in 16 out of the 22 counties that dispensed ketamine, with the largest increase being in Lexington County. In 2023, the rate of ketamine prescriptions was more than that of the SC rate in Charleston, Jasper, Laurens, and Lexington County. In 2023, Charleston, Richland, Greenville, Lexington, and Anderson County had the highest rate of dispensed ketamine prescriptions.

VIII. Summary

The PMP continues to be a clinical and public health surveillance tool. According to the latest Drug Overdose Death Report, drug overdose deaths increased by more than 25% in South Carolina from 2020 to 2021, making the usage of the PMP to assist in clinical decisions critical in addressing this continuing opioid epidemic.(DHEC, 2023) We will strive to work alongside other state agencies and assist in data dissemination and education efforts across the state. The impact of previous and on-going efforts by the SC PMP can be shown in yearly increases in PMP utilization and in the overall decreases in the total number of controlled substance prescriptions. The PMP staff look forward to advancing and expanding the program in 2024 and maintaining persistent positive data trends.

IX. References

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