

**Governor's Prescription Drug Abuse Prevention Council  
STATE PLAN TO PREVENT AND TREAT PRESCRIPTION DRUG ABUSE  
PROGRESS SUMMARY EXCERPT**

**PRIORITY AREA: PRESCRIBERS**

Recommendation	Lead Entity/Entities	Status and Considerations
<p><i>The Council recommends that the Medical Board, the South Carolina Department of Health and Environmental Control, and other stakeholders work together to create a suggested list of topics for the education providers to include in the mandated training.</i></p>	<p>LLR/DHEC</p>	<p>The South Carolina Board of Medical Examiners (BME) has published an advisory opinion, a general information overview, and links to CME providers as guidance documents for physicians regarding the two hours of required continuing medical education pursuant to the amendment of S.C. Code Ann. §40-47-20(a), which went into effect on June 6, 2014. These resources are available via the BME's website at <a href="http://www.llr.state.sc.us/pol/medical/">http://www.llr.state.sc.us/pol/medical/</a> or via the following hyperlinks:</p> <p><a href="http://www.llr.state.sc.us/POL/Medical/Policies/BME_AO_CME_Prescribing_and_Monitoring_Controlled_Subs.pdf">http://www.llr.state.sc.us/POL/Medical/Policies/BME_AO_CME_Prescribing_and_Monitoring_Controlled_Subs.pdf</a></p> <p><a href="http://www.llr.state.sc.us/POL/Medical/Policies/CME_requirement_general_information.pdf">http://www.llr.state.sc.us/POL/Medical/Policies/CME_requirement_general_information.pdf</a></p> <p><a href="http://www.llr.state.sc.us/POL/Medical/Policies/Links_to_Controlled_Substance_CME_providers.pdf">http://www.llr.state.sc.us/POL/Medical/Policies/Links to Controlled Substance CME providers.pdf</a></p> <p>The BME amended its renewal application to add a certification of completion of the two hours of continuing medical education required regarding the responsible prescribing of controlled substances. The BME received renewal applications from approximately 16, 746 licensees during the most recent renewal cycle, 3/27/2015 to 9/30/2015. The BME is in the process of conducting a sampling audit to verify compliance.</p>

<p><i>The Council strongly encourages all prescribers to be familiar with the Revised Pain Management Guidelines contained in Appendix A to this Plan and to conform their prescribing practice to these Revised Guidelines.</i></p>	<p>LLR</p>	<p>The Joint Revised Pain Management Guidelines, which were approved by the Boards of Dentistry, Medical Examiners, and Nursing in November of 2014, are included in the CME “Responsible Opioid Prescribing” required by SC Dept. of Labor Licensing and Regulation when prescribers renew licenses and are available on the LLR website for prescribers’ convenient review or via this hyperlink:  <a href="http://www.llr.state.sc.us/POL/Medical/PDF/Joint_Revised_Pain_Management_Guidelines.pdf">http://www.llr.state.sc.us/POL/Medical/PDF/Joint_Revised_Pain_Management_Guidelines.pdf</a></p> <p>The BME is scheduled to review these guidelines at its upcoming meeting in November 2016 and will discuss any possible revisions, which may include references to the CDC’s Guidelines for Prescribing Opioids for Chronic Pain and the Joint Naloxone Protocol to be approved by the Boards of Medical Examiners and Pharmacy at their respective November 2016 meetings pursuant to H. 5193, which revised S.C. Code Ann. §44-130-40 to authorize pharmacists to dispense an opiate antidote without a prescription pursuant to a joint protocol. A copy of the CDC’s fact sheet is available via this hyperlink:  <a href="https://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf">https://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf</a></p>
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<p><i>The Council recommends that prescribers be knowledgeable about all state and federal laws and regulations regarding controlled substances.</i></p>	<p>LLR/DHEC</p>	<p>The South Carolina Board of Medical Examiners (BME) has published an advisory opinion, a general information overview, and links to CME providers as guidance documents for physicians regarding the two hours of required continuing medical education pursuant to the amendment of S.C. Code Ann. §40-47-20(a), which went into effect on June 6, 2014. These resources are available via the BME's website at <a href="http://www.llr.state.sc.us/pol/medical/">http://www.llr.state.sc.us/pol/medical/</a> or via the following hyperlinks:</p> <p><a href="http://www.llr.state.sc.us/POL/Medical/Policies/BME_AO_CME_Prescribing_and_Monitoring_Controlled_Subs.pdf">http://www.llr.state.sc.us/POL/Medical/Policies/BME_AO_CME_Prescribing_and_Monitoring_Controlled_Subs.pdf</a></p> <p><a href="http://www.llr.state.sc.us/POL/Medical/Policies/CME_requirement_general_information.pdf">http://www.llr.state.sc.us/POL/Medical/Policies/CME_requirement_general_information.pdf</a></p> <p><a href="http://www.llr.state.sc.us/POL/Medical/Policies/Links_to_Controlled_Substance_CME_providers.pdf">http://www.llr.state.sc.us/POL/Medical/Policies/Links to Controlled Substance CME providers.pdf</a></p> <p>The BME amended its renewal application to add a certification of completion of the two hours of continuing medical education required regarding the responsible prescribing of controlled substances. The BME received renewal applications from approximately 16, 746 licensees during the most recent renewal cycle, 3/27/2015 to 9/30/2015. The BME is in the process of conducting a sampling audit to verify compliance.</p>
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<p><i>The Council recommends prescribers treating patients with controlled substances consider prescribing Naloxone when clinically indicated.</i></p>	<p>LLR/DAODAS /DHEC</p>	<p>-The South Carolina Overdose Prevention Act passed in May 2015, and an amendment to the Act passed in May 2016 allows wider access to naloxone.</p> <p>-Information on prescribing Naloxone will be distributed to prescribers in a prescriber education package that will be distributed state-wide in 2016.</p> <p>- DAODAS, DHEC, and the Fifth Circuit Solicitor’s Office are collaborating on the <i>South Carolina Overdose Prevention Project</i>, train first responders, and opioid use disorder patients and their families to recognize opioid overdose and administer naloxone. An award of a federal grant will allow for programming and the purchase of naloxone for five years.</p> <p>The Joint Revised Pain Management Guidelines, which were approved by the Boards of Dentistry, Medical Examiners, and Nursing in November of 2014, are included in the CME “Responsible Opioid Prescribing” required by SC Dept. of Labor Licensing and Regulation when prescribers renew licenses and are available on the LLR website for prescribers’ convenient review or via this hyperlink:  <a href="http://www.llr.state.sc.us/POL/Medical/PDF/Joint_Revised_Pain_Management_Guidelines.pdf">http://www.llr.state.sc.us/POL/Medical/PDF/Joint_Revised_Pain_Management_Guidelines.pdf</a></p> <p>The BME is scheduled to review these guidelines at its upcoming meeting in November 2016 and will discuss any possible revisions, which may include references to the CDC’s Guidelines for Prescribing Opioids for Chronic Pain and the Joint Naloxone Protocol to be approved by the Boards of Medical Examiners and Pharmacy at their respective November 2016 meetings pursuant to H. 5193, which revised S.C. Code Ann. §44-130-40 to authorize pharmacists to dispense an opiate antidote without a prescription pursuant to a joint protocol. A copy of the CDC’s fact sheet is available via this hyperlink:  <a href="https://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf">https://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf</a></p>
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<p><i>The Council strongly encourages the Boards of Medical Examiners, Dentistry, and Nursing to continue to update the Revised Pain Management Guidelines as lessons are learned and when data suggests that changes are needed.</i></p>	<p>LLR</p>	<p>The Joint Revised Pain Management Guidelines, which were approved by the Boards of Dentistry, Medical Examiners, and Nursing in November of 2014, are included in the CME “Responsible Opioid Prescribing” required by SC Dept. of Labor Licensing and Regulation when prescribers renew licenses and are available on the LLR website for prescribers’ convenient review or via this hyperlink:  <a href="http://www.llr.state.sc.us/POL/Medical/PDF/Joint_Revised_Pain_Management_Guidelines.pdf">http://www.llr.state.sc.us/POL/Medical/PDF/Joint_Revised_Pain_Management_Guidelines.pdf</a></p> <p>The BME is scheduled to review these guidelines at its upcoming meeting in November 2016 and will discuss any possible revisions, which may include references to the CDC’s Guidelines for Prescribing Opioids for Chronic Pain and the Joint Naloxone Protocol to be approved by the Boards of Medical Examiners and Pharmacy at their respective November 2016 meetings pursuant to H. 5193, which revised S.C. Code Ann. §44-130-40 to authorize pharmacists to dispense an opiate antidote without a prescription pursuant to a joint protocol. A copy of the CDC’s fact sheet is available via this hyperlink:  <a href="https://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf">https://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf</a></p> <p>If the BME recommends any revisions, the proposed revisions will be forwarded to the Boards of Dentistry and Nursing for consideration and final approval.</p>
<p><i>SCRIPTS must be as user friendly as possible to facilitate easy use.</i></p>	<p>DHEC</p>	<p>DHEC has transitioned SCRIPTS to a new vendor, <i>Appriss</i>. The new system offers online registration, online password reset, registration of delegates, and prescribers’ ability to see all CII-IV controlled substance prescriptions issued under their name.</p>

<i>Based on the Revised Guidelines, the Council recognizes that patients requiring more than 80 MED present an increased risk of death from respiratory depression. Accordingly, the Council recommends that, when capable, SCRIPTS offer an MED calculator that can generate an alert for each patient whose record is accessed and for which the MED exceeds 80 MED. The MED calculator and alert function will provide an additional tool for the prescriber to utilize when assessing a patient's prescriptive needs. This threshold is not a substitute for a prescriber's clinical judgment, but merely one factor for consideration in the prescribing process.</i>	DHEC	The SCRIPTS report now lists the MED calculation of each narcotic prescription that has been filled for a patient.
<i>The BDC shall utilize the full analytical capabilities of SCRIPTS to identify prescribers engaged in questionable prescribing activities.</i>	DHEC	The Bureau of Drug Control uses the prescription drug monitoring program to identify prescribers engaged in questionable prescribing practices.
<i>Information shared between LLR and DHEC may be used to assist the BDC in promptly identifying a prescriber's area of specialization, if applicable, when investigating a licensee's prescribing behavior.</i>	DHEC	Communication between LLR and DHEC continues to serve the BDC in investigating prescribers' questionable activities.
<i>Prescribers identified by the BDC engaged in conduct rising to the level of criminal activity, shall be subjected to the standard process of investigation by the BDC, arrest, where appropriate, and referral to LLR for investigation of unprofessional conduct.</i>	DHEC/LLR	This is a mission of the Bureau of Drug Control. The BDC will continue to refer cases to LLR for investigation.

**PRIORITY AREA: THE SOUTH CAROLINA PRESCRIPTION MONITORING PROGRAM**

Recommendation	Lead Entity/Entities	Status and Considerations
<i>The Council recommends that prescriber registration and enrollment in SCRIPTS become required and recommends that each patient's prescription history is reviewed in certain circumstances prior to the prescription of controlled substances.</i>	Statute Change	As of September, 2016, there are 14,463 registered SCRIPTS users requesting more than 380,000 patient prescription requests each month.
<i>The Council recommends that DHEC proceed to acquire analytic services and/or products to work with SCRIPTS data, expanding the capacity to develop predictive models and to detect anomalies in prescriber patterns and patient prescription behaviors. The Council further recommends that DHEC send letters notifying prescribers of suspicious behavior identified by the analytics.*</i>	Statute Change	BDC plans to begin notifying prescribers of patients exhibiting questionable prescription behavior in the last quarter of 2016.
<i>The Council recommends that DHEC work with prescribers and healthcare providers to integrate SCRIPTS data into electronic health records, so that access to patients' controlled substance records does not interrupt prescriber workflow.*</i>	DHEC	<p>SCRIPTS has been integrated with two of the largest electronic health record vendors at two of the larger hospitals in the State. Palmetto Health and Lexington Medical Center now have SCRIPTS integrated into their electronic health records systems.</p> <p>Kroger pharmacy has integrated SCRIPTS data into the workflow of their pharmacy system.</p> <p>MUSC and Greenville Hospital System are in the process of integrating SCRIPTS into their EHR. They are expected to go live with this ability in 2016.</p> <p>Pharmacy software vendor QS 1 is finalizing testing of the integration of SCRIPTS into their software and expecting to offer to customers by the end of 2016.</p>
<i>The Council recommends that Governor Haley request by letter the States of North Carolina and Georgia enroll in the National Association of Boards of Pharmacy's Prescription Monitoring Program Interconnect hub to</i>	Office of Governor	<p>A letter has been sent to North Carolina.</p> <p>In August 2016, Georgia joined the Interconnect hub which now</p>

\*denotes potential fiscal impact

<i>afford enhanced regional monitoring.</i>		allows SCRIPTS users to access Georgia PMP data.
<i>The Council recommends that the BDC continue and expand initiatives to coordinate education and awareness campaigns for SCRIPTS, to include outreach to more stakeholders such as provider associations, licensing boards, and investigative agencies.</i>	DHEC	Information on registration and use of SCRIPTS is included in required continuing medical education at the point of licensure renewal with the SC Board of Medical Examiners. An education package developed at the South Carolina College of Pharmacy has been distributed to some providers and will be included in a prescriber education package that will be distributed state-wide in 2016.



**PRIORITY AREA: PHARMACY**

<b>Recommendation</b>	<b>Lead Entity/Entities</b>	<b>Status and Considerations</b>
<i>The Council recommends expanding prescription drug take-back programs across the state.*</i>	Multiple Agencies	With help from The Alliance for a Healthier South Carolina, DAODAS, and many other agencies are working to get at least one permanent receptacle in every county. There are over 50 permanent sites in 20 counties currently.
<i>The Council recommends regulating non-resident entities dispensing controlled substances into the state.</i>	DHEC	Bureau of Drug Control requires non-resident pharmacies, manufacturers and distributors to obtain a South Carolina Controlled Substances Registration. The requirement applies to any non-resident pharmacy, manufacturer or distributor who dispenses controlled substances into the state of South Carolina, including mail order pharmacies.
<i>The Council recommends increasing the number of pharmacists registered to use SCRIPTS.</i>	LLR/DHEC	The South Carolina Board of Pharmacy and South Carolina Pharmacy Association have each published newsletters, provided continuing education, and held presentations on the importance of registering and using SCRIPTS. As of August, 2016, there are 3,027 pharmacists registered to use SCRIPTS.

**PRIORITY AREA: THIRD-PARTY PAYERS**

<i>The Council recommends that third-party payers continue to adopt and revise interventions to address controlled substance misuse and abuse by beneficiaries, including participation in multi-agency data sharing with the Bureau of Drug Control Prescription Monitoring Program.</i>	HHS/PEBA/DOI	The South Carolina Department of Health and Human Services (SCDHHS) and the SC Public Employee Benefit Authority (PEBA) require physicians consult with the SCRIPTS, the SC Prescription Drug Monitoring Program, before issuing an opioid prescription to a patient covered under Medicaid or the State Health Plan. As a couple of notes: The requirement was effective March 15, 2016, for PEBA and April 1, 2016, for SCDHHS. PEBA enforces this requirement through provider network contracts that are managed by BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina.
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### PRIORITY AREA: LAW ENFORCEMENT

<i>The Council recommends expanding law enforcement sponsorship of prescription drug take-back programs.*</i>	Law Enforcement/Multiple Agencies	Twenty-seven law enforcement stations are sites for prescription drug collection. DAODAS is assisting development of partnerships between local law enforcement agencies and hospitals and pharmacies that are eligible to collect unused prescription drugs for local, DEA approved disposal.
<i>The Council recommends increasing awareness and education of law enforcement to identify potential misuse of prescription drugs.</i>	SLED and Multiple Agencies	The South Carolina Alcohol Enforcement Team has implemented training for the identification of impairment due to opiates and other specific drugs during standardized field sobriety testing. The team intendeds to increase the number of “Drug recognition experts” statewide.
<i>The Council recommends increasing law enforcement participation in community-based prevention programs.</i>	Multiple Agencies	This year, four county coalitions were granted prevention programming funds to target prescription drug misuse. Programming will be inclusive of law enforcement training and participation.

### PRIORITY AREA: TREATMENT

<b>Recommendation</b>	<b>Lead Entity/Entities</b>	<b>Status and Considerations</b>
<i>The Council recommends expanding medication-assisted treatment (MAT) services for prescription opioid dependency and addiction, and integrating MAT and medication management services with recovery support services, and therapeutic interventions for substance use disorders, so that both are available to all individuals as conditions indicate.*</i>	DAODAS	With new state funds, DAODAS has expanded the capacity of many treatment providers in areas of high need to provide MAT. Funding is available statewide for individuals who need medication assisted treatment but who are uninsured, ineligible for Medicaid, and unable to pay for services.
<i>The Council recommends coordinating substance use disorder treatment services with co-occurring, clinically</i>		LLR will defer to DAODAS as the treatment resource experts and its member boards will disseminate any guidelines or other

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<i>substantiated pain-management needs.</i>	LLR/DAODAS	resources shared with it to the respective licensee pools.
<i>The Council recommends establishing a protocol for primary care practitioners to refer cases of prescription drug addiction to treatment, and establishing a protocol for treatment providers to refer and navigate individuals to primary care.</i>	LLR/DAODAS	Components of a <i>Prescription Safety Campaign</i> targeting prescribers in South Carolina will include information on identifying substance use disorder, and steps to perform an intervention and referral options to substance use disorder treatment for patients in need. Over 5,000 prescribers will receive information in Fall of 2016. Fall of 2016 treatment providers will be given a protocol to navigate individuals to primary care.
<i>The Council recommends providing family education and services, inclusive of substance use disorder treatment and recovery services.</i>	DHEC/PEBA/ DAODAS	-20 of the 33 public treatment agencies in South Carolina have implemented steps to become a <i>Recovery Oriented System of Care</i> (ROSC). Essential elements of a ROSC include home and family support and involvement. -In October, 2016 DAODAS will hire an FTE to expand family and caregiver education and training for patients with opioid use disorder.
<i>The Council recommends expanding community-based services for substance use disorder treatment and recovery support.*</i>	DAODAS/DHHS	DAODAS has worked with community-based organizations in the last year to expand peer-support training and to build recovery environments that are inclusive of individuals who use medication to get to recovery.

#### **PRIORITY AREA: EDUCATION AND ADVOCACY**

<i>The Council recommends engaging a marketing firm or state or university employees to develop a marketing campaign and identify the target audience. The Council recommends that the campaign's message include, but not be limited to, the following three components:</i> <ul style="list-style-type: none"> <li><i>• dangers of prescription drug abuse;</i></li> <li><i>• proper disposal of prescription drugs, including available sites; and</i></li> </ul>	Multiple Agencies	Work on a <i>Prescription Safety Campaign</i> is underway, with development by stakeholders including; UofSC College of Pharmacy, DAODAS, Blue Cross Blue Shield of SC, DHEC, SCMA, DHHS, SCHS, SC Board of Pharmacy, and others. The communication approach will utilize the presence of unity among state authorities and commercial payers to reach all prescribers in the state with best prescribing practices tool-kit that includes information on
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<ul style="list-style-type: none"> <li>• <i>use of SC 211 information helpline for opioid addiction.*</i></li> </ul>		<p>identifying substance use disorder, and referral options and resources.</p> <p>The campaign will also involve a public awareness component that targets citizens with messages on the dangers of prescription drug abuse, proper disposal of unused prescription drugs, and treatment of substance use disorder.</p>
<p><i>Once the plan is developed, the Council recommends reaching out to the existing community coalitions, the South Carolina Department of Education, and professional associations to distribute marketing materials through schools, hospitals, physician and dental offices, and pharmacies. Further, the Council recommends reaching out to local communities without an existing coalition to assist them in building one.</i></p>	Multiple Agencies	<p>Public awareness material from the Prescription Safety Campaign will be dispersed at local levels.</p> <p>Information and education for healthcare providers will be distributed to all prescribing entities.</p> <p>DAODAS and the South Carolina Prevention Learning Community continue to assist local communities to build prevention coalitions.</p>

#### **PRIORITY AREA: DATA AND ANALYSIS**

<p><i>The Council recommends identifying medication-assisted treatment (MAT) options for individuals battling prescription drug addiction and tracking the use of MAT in South Carolina.</i></p>	DHEC/DAODAS	<p>DAODAS, DHEC, and RFA have worked closely together to share state and county-level data identifying individuals seeking and receiving treatment with public and private providers.</p>
<p><i>The Council recommends that coroners uniformly report causes and manner of death so that a comprehensive reporting system exists to track deaths associated with prescription drug abuse and/or overdose. To rectify this data error, the Council recommends that DHEC add a data field on the electronic death certificate that requires a coroner to specify the type of implicated drugs, prescription or illicit, in cases of overdose deaths.*</i></p>	DHEC	<p>DHEC's Office of Vital Statistics has implemented procedural changes, whereby queries are done on overdose deaths with no specified drug. Information received due to the query is added to the death record per procedure. In addition, a question was added to the Electronic Death Registration System prompting the medical certifier to include drug names if the death is due to drug abuse and/or overdose. These efforts combined have substantially improved the specificity of drug related deaths for years 2014 and 2015.</p>