

## South Carolina

PDMP name: **SCRIPTS**  
 Agency Responsible: **South Carolina Department of Health and Environmental Control**  
 Agency Type: **Department of Health**  
 PDMP Website: **<http://www.scdhec.gov/scripts>**  
 PDMP Email: **[scripts@dhec.sc.gov](mailto:scripts@dhec.sc.gov)** PDMP region: **South**

### Contact Information

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### Statistics

Statistics Year: **2015**  
 State population: **4,896,146**

DEA Registered Prescribers: **16,963**  
 DEA Registered Dispensers: **1,210**

### Technological Capabilities

#### ASAP Versions Accepted

- ☐ ASAP 1995  
☐ ASAP 1997  
☐ ASAP 3/2005  
☐ ASAP 4/2007  
☐ ASAP 4-1/2010  
☒ ASAP 4-2/2011

#### Data Transmission Methods Allowed

- ☒ Electronic data transmissio  
☒ Fax data transmission  
☐ Other  
☐ Mail data transmission  
☐ Media data transmission

#### Required Data Transmitters

- ☒ Pharmacy in-state  
☒ Pharmacy out-state/mail order  
☒ Pharmacy out-state other  
☒ Dispensing doctor  
☒ Veterinarian  
☒ Veterans Administration  
☐ Indian Health Services

Other: **We currently are under a MOU pilot with 1 Indian Health Sv provider to receive their dispensing data.**

#### Data Collection, Storage, Generation and Access

Data Collection Entity: **Vendor** Vendor name: **Appriss**  
 Data Storage Entity: **Vendor** Vendor name: **Appriss**  
 Report Generation Entity: **Vendor** Vendor name: **Appriss**  
 Data Access Entity: **Vendor** Vendor name: **Appriss**  
 Data Access Method: **Web Portal/On-Line**

### Data Sharing

- ☒ PMPi Hub      List of states involved in sharing:  
☐ RxCheck Hub      [AZ, AR, CO, DE, IN, KS, KY, LA, MI, MN, NM, ND, OH, SD, TN, VA, NV, NJ, WV, WI](#)  
☐ HIE method

### Data Access

- ☐ via Health Information Exchange  
☒ via Electronic Health Record  
☒ via Pharmacy Dispensing System

### Patient Matching

- ☐ Exact Match  
☐ Probabilistic Match  
☒ Probabilistic/Manual Match  
☐ Other Match for queries

## Policies and Procedures

### Controlled Schedules Monitored

- ☒ Schedule II monitored  
☒ Schedule III monitored  
☒ Schedule IV monitored  
☐ Schedule V monitored

### Other Substances Monitored

- ☐ Monitor other authority  
☐ Remove from Monitoring

### Data Collection and Pertinent Dates

Legislation enacted: [06-14-2006](#)      PDMP operational: [02-01-2008](#)  
Collection frequency: [1](#)      Require zero-reporting? ☐      Zero-reporting frequency:

### Relevant Statutes and Rules

Law/Rule Website: <http://www.scstatehouse.gov/code/t44c053.php>  
Law/Statute citation: [SC Code §§44-53-1610 to -1680; 16-1-90](#)  
Regulation/Rule citation:  
Dr Shopper law/statute: [Section 44-53-395 of the SC Controlled Substance Act](#)  
Pill Mill law/statute:  
Pain Clinic law/statute:  
Disclosure law/statute: [SC Code §44-53-1680](#)

### Data Retention

Data Retention Time:

- ☒ Data Retention Policy    ☐ Prescriber Information Purged    ☐ Patient Information Purged    ☐ Retain De-Identified Data  
☐ All Information Purged    ☐ Dispenser Information Purged    ☐ Drug Information Purged

### Select Data Fields Available

- ☐ Payment method captured  
☐ Patient Identification captured  
☐ Person dropping off captured  
☐ Person picking up captured  
☐ Ability to id prescriber specialty

### Miscellaneous Capabilities and Policies

- ☒ Authority to release de-identified data  
☒ Ability to de-identified data  
☐ Authority to release for epidemiological or educational purposes  
☐ Engaged in release for epidemiological or educational purposes  
☐ Required Notification to consumers  
☐ Mandated Use of Advisory Group  
☐ Patient Access to Query List  
☐ Collection of naloxone prescriptions

### PDMP Required Enrollment and Patient Query

- ☐ Required Enrollment - Prescriber      ☐ Required Enrollment - Dispenser
- ☒ Required Patient Query - Prescriber      ☐ Required Patient Query - Dispenser

South Carolina Department of Health and Human Services (SCDHHS) will require that providers verify Medicaid members' controlled substance prescription history through the South Carolina Reporting & Identification Prescription Tracking System (SCRIPTS) before issuing a prescription for any Schedule II through IV controlled substance. Providers must maintain documentation that the SCRIPTS database was verified prior to the issuance of a controlled substance prescription. Failure to perform an evaluation of the SCRIPTS database may result in recoupment of Medicaid funds for the office visit during which the prescription was issued. For Medicaid members treated chronically with controlled substances, SCDHHS will require that SCRIPTS be consulted at the initiation of therapy and at least every 90 days thereafter. The following instances are exempt from this requirement: Issuance of less than a five-day supply of a controlled substance; Issuance of a controlled substance prescription to a Medicaid member who is enrolled in hospice; Instances where a controlled substance is administered by a licensed health care provider.

### PDMP Requestor Training

Training Website: <http://www.scdhec.gov/Health/FHPF/DrugControlRegisterVerify/PrescriptionMonitoring/>

#### Available Training

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Prescriber       | <input checked="" type="checkbox"/> Attorney General |
| <input checked="" type="checkbox"/> Dispenser        | <input type="checkbox"/> Patient                     |
| <input checked="" type="checkbox"/> Law Enforcement  | <input type="checkbox"/> Research                    |
| <input checked="" type="checkbox"/> Regulatory Board |  |

#### Training Required Before PDMP Use

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Prescriber | <input type="checkbox"/> Attorney General |
| <input checked="" type="checkbox"/> Dispenser  | <input type="checkbox"/> Patient          |
| <input type="checkbox"/> Law Enforcement       | <input type="checkbox"/> Researcher       |
| <input type="checkbox"/> Regulatory Board      | <input type="checkbox"/> Other            |

#### Obtaining PDMP Account

Automatic PDMP Enrollment with License Application or Renewal? ☐

Prescriber: [State medical/nursing license number, DEA Registration number and valid government issued photo ID](#)

Dispenser: [State pharmacy license number and valid government issued photo ID](#)

### PDMP Available Reports

#### Available Reports to Selected Requestors

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Prescriber Access to Patient History | <input checked="" type="checkbox"/> Licensing Board Access to Patient History    |
| <input checked="" type="checkbox"/> Prescriber Access to Own History     | <input checked="" type="checkbox"/> Licensing Board Access to Licensee History   |
| <input checked="" type="checkbox"/> Dispenser Access to Patient History  | <input checked="" type="checkbox"/> Law Enforcement Access to Patient History    |
| <input type="checkbox"/> Dispenser Access to Own History                 | <input checked="" type="checkbox"/> Law Enforcement Access to Prescriber History |
|  | <input type="checkbox"/> Law Enforcement Access to Dispenser History             |

## Requestors and Reports Authorized to Generate

<u>Requestor Type</u>	<u>Solicited Reports</u>		<u>Unsolicited Reports</u>	
	<u>In-State</u>	<u>Out-of-State</u>	<u>In-State</u>	<u>Out-of-State</u>
Prescriber	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Local	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prosecutorial Authority	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner/Coroner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Drug Utilization and Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Treatment Provider	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-party Payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<input checked="" type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Requestors and Reports Being Generated

<u>Requestor Type</u>	<u>Solicited Reports</u>		<u>Unsolicited Reports</u>	
	<u>In-State</u>	<u>Out-of-State</u>	<u>In-State</u>	<u>Out-of-State</u>
Prescriber	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Local	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prosecutorial Authority	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner/Coroner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Drug Utilization and Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Treatment Provider	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-party Payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<input checked="" type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>