South Carolina Reporting & Identification Prescription Tracking System

What We ALL Need To Know!

The SCPHCA Clinical Network Retreat
June 11, 2011
Myrtle Beach, South Carolina
SCRIPTS Learning Objectives

1. Explanation of DHEC- Bureau of Drug Control.
2. What does SCRIPTS stand for?
3. What controlled substance classes are included in the SCRIPTS tracking system?
4. Identify “important” controlled substance terms.
5. Explain how SCRIPTS works.
6. Who can gain direct and indirect access to SCRIPTS?
5. What role does a prescriber, pharmacist & pharmacy technician play in the SCRIPTS process?
6. Why is “accuracy” important?
7. Understand what can occur to those who do not report or disclose confidential information in a SCRIPTS report.
8. How does a Prescription Monitoring Program affect an practitioner’s prescribing of licit controlled substances?
9. Compare a prescriber’s experiences to Case Study examples.
Role of DHEC
Bureau of Drug Control (BDC)

- Maintaining accountability of controlled substances in possession of those persons legally authorized to possess them;

- Achieve and maintain compliance with applicable laws and regulations through education;
When Do I Need To Contact BDC?

- Cases of forged, altered, or fraudulent controlled substance prescriptions
- Deception or misrepresentation made by patients to obtain controlled substances
- Suspected “doctor-shopping”
Applicable Laws


- § 44-53-395: Illegal to withhold information that a medication of like therapeutic use obtained from another practitioner in a concurrent time period.
Prescription Forgery

- Commonly due to stolen or photocopied prescription blanks.
- Seeing an increase in scanned or computer-generated forgeries.
- Large number of fraudulent call-in prescriptions for C-III and C-IV, especially alprazolam and hydrocodone.
Suggestions to Prevent Forgeries

- Use prescription blanks that are difficult to photocopy or scan into computer.
- Always secure blank script pads.
  - Do not leave script blanks in exam rooms.
- Never pre-sign blank prescriptions.
Common Ways Prescriptions Are Altered!

- Altered quantity
- Altered refills
- Altered medication strength
- Altered issuance date
- Medications added at bottom of prescription
“DOCTOR SHOPPING”

- Ask direct questions:
  - Other physicians patient is seeing
  - Other medications patient is receiving
  - Pharmacy(s) patient uses
- Document responses
- Written sole-provider contracts
- Use resources that are available
Suggestions to Prevent Prescription Alterations

- Write out quantity in numerals and spell out alphabetically. \(\text{VIII}\) (eight)

- Line or zero out refills if none authorized.

- Line out unused portions of prescription or write total number of rx on script. \(3\)
E-prescribing Update from DEA

• E-prescribing is an option available to DEA registrants.

• However they must ensure they are using an approved vendor, when the vendor services become available.

  • As of April 2011, there were no approved vendors with the appropriate software for the e-prescribing of controlled substances.

As always, the DEA website has information on E-Prescribing.

Connie L. Overton
Group Supervisor
Columbia, SC District Office
Ofc (803)253-3441
Requires pharmacist or practitioner dispensers to electronically or manually (waiver) submit information regarding each controlled substance (CII, CIII & CIV) prescription dispensed.
“Dispenser” does not include:

- Hospital pharmacies that distribute controlled substances for inpatients, or dispenses controlled substances at time of discharge;
- Hospital emergency rooms/departments who do dispense no more than a 48-hour supply;
- Practitioners who administer controlled substances;
- Veterinarians who dispense no more than a 5-day supply;
- VA inpatient or outpatient pharmacies;
- Methadone Clinics;
- Most long-term care and assisted living dispensers;
- Wholesale distributors;
Important Controlled Substance Terms

- **Administer**
  - The direct application of a drug or device pursuant to a lawful order of a practitioner to the body of a patient by injection, inhalation, ingestion, topical application, or any other means.

- **Distribute**
  - The delivery of a drug or device other than by administering or dispensing. A practitioner provides at no charge drug manufacturer “sample” medication to their patients. Distribution of “samples” is not required to be reported to SCRIPTS; however, the distribution of these samples **MUST** be recorded & retained according to the CSA.

- **Dispense**
  - The transfer of possession of one or more doses of a drug or device by a licensed pharmacist or person permitted by law (ie: practitioner), to the ultimate consumer or his agent pursuant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to, or use by, a patient.
Important Controlled Substance Terms

**SCRIPTS Dispenser**  (Mandatory)
- A pharmacy or practitioner who “dispenses” CII-CIV controlled substances (CS) to their patient pursuant to a lawful order. Dispensers are required to report their data at least every 30 days between the 1st and the 15th of each month following the month the controlled substance was dispensed. Shorter reporting intervals are permitted and encouraged.

**SCRIPTS User**  (Optional)
- An appropriately credentialed and approved practitioner or pharmacist who may query the SCRIPTS database to review the CS dispensings for their patients. SCRIPTS is not intended to impede the appropriate medical utilization of licit controlled substances.
Prescription Monitoring Program

- Data collection began 1/1/2008

- As of June 1, 2011, SCRIPTS has over 32.2 million dispensing records

- PMP is currently supplying data to:
  - Our field staff of pharmacist inspectors
  - Columbia DEA investigators
  - Medicaid Provider & Recipient Fraud Unit investigators – AGO
  - Licensing Boards
  - Local & regional law enforcement
  - FBI
  - Veterans Administration – OIG
  - U.S Department of Homeland Security
Access to Rx Data without a PMP
Data Collection / Investigation without a PMP
Accurate Data Collection = Knowledgeable Prescribing/Dispensing & Successful Investigations
How Does Data Get Into The Database?

- **Dispensers** transmit prescription data to a collection agent via web upload, diskette, CD, DVD, secure email, tape, modem, or by paper reports, if granted a “waiver” by DHEC.

- DHEC’s agent, **Health Information Designs (HID)** will verify, compile and load onto secure server.
This is how it...... WORKS!
It’s time!
Calling all practitioners to apply for PMP Data access!

www.dhec.sc.gov
or
www.dhec.sc.gov/scripts
Practitioner/Pharmacist Database Access

South Carolina Department of Health and Environmental Control
We promote and protect the health of the public and the environment.

Drug Control - Prescription Monitoring Program (PMP)

South Carolina Reporting & Identification Prescription Tracking System (SCRIPTS)

The purpose of the S.C. Reporting & Identification Prescription Tracking System (SCRIPTS) is to collect data on all Schedule II, III, and IV controlled substances dispensed in and/or into the state of South Carolina.

The program 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 use of legal controlled substances.

In 2006, the S.C. General Assembly authorized DHEC’s Bureau of Drug Control (BDC) to establish and maintain SCRIPTS. Through the program the BDC monitors the prescribing and dispensing of all Schedule II, III, and IV controlled substances by professionals licensed to prescribe or dispense the substances in South Carolina.

All dispensers of Schedule II, III, and IV controlled substances are required to collect and report the following information to the data repository managed by Health Information Designs Inc. (HID) of Auburn, Alabama:

- Dispenser DEA number
PRACTITIONER / PHARMACIST DATABASE
ACCESS REQUEST PROCEDURES

The PMP database is a tool that should provide practitioners and pharmacists with an efficient and effective alternative for gathering dispensing activity of CII-CIV controlled substances for their patients that will not impede the appropriate medical utilization of licit controlled substances.

To request access to the PMP Database a Practitioner / Pharmacist must:

1. Complete a Practitioner / Pharmacist Database Access Request Form; and
2. Practitioner, your DEA # will be your user name. Pharmacist, the pharmacy’s DEA# AND your state pharmacist license # (ie: AB1234563-SC1234 or AB1234563-SC12345) will be your user name and you should propose a password;
   - Passwords must be at least 8 characters in length.
   - Passwords must not contain dictionary words or name.
   - Passwords must contain at least one (1) upper case letter and one (1) lower case letter and one (1) number.
   - Example
     H82bYb07 – would be acceptable
     Bob12345 – not be acceptable
     rsmith07 – not be acceptable
3. Complete a Privacy Statement Form; and
4. PRINT or TYPE all of the information requested, or the request may be denied; and
5. Sign and date form(s).

Mail the following items:

1. Completed and notarized Practitioner / Pharmacist Database Access Request Form; and
2. Signed and Dated copy of the Privacy Statement; and
3. Copy of Current Drivers License.

Mail to:
DHEC Bureau of Drug Control
Prescription Monitoring Program
2600 Bull Street
Columbia, SC 29201-1708

Health Information Designs, Inc (HID) will notify you by email that your request has been approved and you will be notified of your “USER NAME”, “PIN” and the access website address.
PRACTITIONER / PHARMACIST DATABASE ACCESS REQUEST

Pursuant to S.C. Code Ann. § 44-53-1600(D) and (C), a person who knowingly discloses, or uses this information in a manner or for a purpose in violation of this article is guilty of a felony and, upon conviction, must be fined not more than ten thousand dollars or imprisoned not more than ten years, or both.

REQUESTOR INFORMATION

Practitioner/Pharmacist Name ___________________________ State Board License # ___________________________

☐ MD ☐ RPh ☐ DO ☐ MD/DDS ☐ PA-C ☐ APRN

DEA # (Practitioner) ___________________________ DEA # (Pharmacy) ___________________________

Primary Practice Location Name ___________________________

Practice Location Street Address ___________________________

Practice Location Mailing Address ___________________________

City ___________________________ County ___________________________ State ___________________________ Zip ___________________________

Area Code & Telephone # ___________________________ Fax # ___________________________ E-mail Address ___________________________

Proposed Password ___________________________
(Must be at least 6 characters, 1 upper case, 1 lower case and 1 number, no dictionary words or names.)

I certify that the information I request will be kept confidential, and I understand that I will be held liable for any breach of that confidentiality.

Signature of Affiant ___________________________ Date ___________________________

STATE OF SOUTH CAROLINA )
COUNTY OF ________________ )

AFFIDAVIT

Before me, the undersigned authority in and for the State of South Carolina, personally appeared:

who is known to me and who after being first duly sworn deposes and says that the above and foregoing document is true and correct to the best of his/her knowledge, information, and belief formed after reasonable inquiry.

Subscribed and sworn to before me this ______ day of ______, 20____

Notary Public Seal ___________________________
Notary Signature ___________________________

FOR DEPARTMENT USE ONLY

Date Received ___________________________ ☐ Approved ☐ Disapproved ___________________________ Date of Action ___________________________
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PRACTITIONER / PHARMACIST PRIVACY STATEMENT

Statutory Authority:
The South Carolina Department of Health and Environmental Control (DHEC) is granted authority under S.C. Code Ann. § 44-53-1840(A) to establish and maintain a program to monitor the prescribing and dispensing of all Schedule II, III, and IV controlled substances by professionals licensed to dispense these substances in this State. This program 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 listed controlled substances.

Access to Information:
S.C. Code Ann. § 44-53-1850(D) provides that Drug Control may provide data in the prescription-monitoring program to the following persons:

1. A practitioner or pharmacist who requests information and certifies that the requested information is for the purpose of providing medical or pharmaceutical treatment to a bona fide patient;
2. An individual who requests the individual’s own prescription monitoring information in accordance with procedures established pursuant to state law;
3. A designated representative of the South Carolina Department of Labor, Licensing and Regulation responsible for the licensure, regulation, or discipline of practitioners, pharmacists, or other persons authorized to prescribe, administer, or dispense controlled substances and who is involved in a bona fide specific investigation involving a designated person;
4. A local, state or federal law enforcement or prosecutorial official engaged in the administration, investigation, or enforcement of laws governing illicit drugs and who is involved in a bona fide specific drug related investigation involving a designated individual;
5. The South Carolina Department of Health and Human Services regarding Medicaid program recipients;
6. A properly convened grand jury pursuant to a subpoena properly issued for the records;
7. Personnel of Drug Control for purposes of administration and enforcement of this article.

User Account and Password:
User account login and passwords will be assigned by the Prescription Monitoring Program (PMP) Management. User login and password accounts are never to be shared. All user account deletions, additions, access, permissions, and changes must be submitted in writing.

Unlawful Disclosure:
S.C. Code Ann. § 44-53-1850(A) provides that prescription information submitted to Drug Control is confidential and not subject to public disclosure under the Freedom of Information Act or any other provision of law.

S.C. Code Ann. § 44-53-1880(B) provides that a person or persons authorized to have prescription monitoring information pursuant to this article who knowingly disclose this information in violation of this article is guilty of a felony and, upon conviction, must be fined not more than ten thousand dollars or imprisoned not more than ten years, or both.

S.C. Code Ann. § 44-53-1890(C) provides that a person or persons authorized to have prescription monitoring information pursuant to this article who uses this information in a manner or for a purpose in violation of this article is guilty of a felony and, upon conviction, must be fined not more than ten thousand dollars or imprisoned not more than ten years, or both.

I understand that inappropriate access or disclosure of this information is a violation of South Carolina law and may result in disciplinary action by my licensing board and/or revocation of database access privileges.

Account Agreement:
By signing this agreement I hereby agree to follow the security and password policies of the PMP. I agree not to disclose or misrepresent any data or protected health information to any unauthorized person or party. I agree that I will not share my account information, login name, or password with anyone, even if they are authorized users of the program.

Signature: __________________________ Date: ______________
Print Name: ________________________
DON'T FORGET!
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- Dispenser DEA number
PRESCRIPTION MONITORING PROGRAM

- Navigational Instructions (optional)
- 01. The SC Prescription Monitoring Program - SCRIPTS
- 02. Accessing the Prescription Monitoring Program
- Conclusion
Now I Have Completed the E-learning Tool and Am Approved, How Do I Run A Query?

- Once you have submitted your Practitioner/Pharmacist Database Access Request Form, all required supporting documents, and you are approved by DHEC, Health Information Designs (HID) will notify you by e-mail (e-mail address MUST be specific to practitioner/RPh) that your request has been approved, your “user name” and “password”.
- HID will send a second notification supplying you with your “PIN” number. This number is required if you call the HID support center to assist you with forgotten passwords.
- The number to call for this assistance is 1-866-792-3149.
Welcome to the Health Informations Design system for monitoring Controlled Substance Use for South Carolina DHSS.

South Carolina DHEC
Prescription Drug Monitoring
Menu (192.168.216.15)
scpmpph.hidinc.com

- Report Instructions
- Practitioner/Pharmacist Query
- View Query Status

Log Out
Change Password
Practitioner/Pharmacist Query

South Carolina Liability statement for practitioner/pharmacist access

I certify that I am licensed to prescribe, dispense, or administer controlled substances in the State of South Carolina and have been approved by the South Carolina Department of Health and Environmental Control, Bureau of Drug Control (Drug Control) to access information in the controlled substance database.

I certify that the requested information is for the purpose of providing medical or pharmaceutical treatment to a bona fide patient of mine. I understand inappropriate access or disclosure of this information is a felony under South Carolina law and may result in criminal prosecution, disciplinary action by my licensing board and/or revocation of database access privileges.

Drug Control does not warrant any report to be accurate or fully complete. The Report is based on the search criteria entered and the data entered by the dispensing practitioner or pharmacy. Please note that there may be up to a six (6) week lag-time from the actual dispensing date until the date the data is available on-line. For more information about any prescription in a Report or to verify a prescription, please contact the practitioner or pharmacy that dispensed it.

☐ I accept the above conditions

You MUST accept the above conditions before you can continue
### Practitioner/Pharmacist Query

**Report Format:** Recipient Query

<table>
<thead>
<tr>
<th>Name Selection</th>
<th>Demographic Focus</th>
<th>County Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recipient</strong></td>
<td><strong>Sex</strong></td>
<td><strong>Statewide</strong></td>
</tr>
<tr>
<td>*Last Name</td>
<td>*Target DOB</td>
<td>Abbeville</td>
</tr>
<tr>
<td>*First Name</td>
<td></td>
<td>Aiken</td>
</tr>
<tr>
<td>dummy</td>
<td></td>
<td>Allendale</td>
</tr>
</tbody>
</table>

**Within**
- 1 Year
- 2 Years

**Dispensed Timeframe From:** 01/01/2008

**Dispensed Timeframe To:** 09/04/2008

*Required Field
All required fields must be filled in. However, for the best search results, fill in as many fields as possible.
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<thead>
<tr>
<th>Report Format:</th>
<th>Recipient Report</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recipient</strong></td>
<td>Dummy, Ima</td>
</tr>
<tr>
<td>Name Equals dummy, First Name Begins ima</td>
<td>01/01/1967</td>
</tr>
<tr>
<td>Born 01/01/1967</td>
<td>2 Columbia SC 29222 (Richland)</td>
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</table>

<table>
<thead>
<tr>
<th>Disposed Timeframe From:</th>
<th>Dispensed Timeframe To:</th>
</tr>
</thead>
<tbody>
<tr>
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<td>09/04/2008</td>
</tr>
</tbody>
</table>

<table>
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<table>
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<th>City:</th>
</tr>
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<tbody>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Address 2:</th>
<th>City:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Dispensed</td>
<td>Date Prescribed</td>
</tr>
<tr>
<td>---------------</td>
<td>----------------</td>
</tr>
<tr>
<td>07/31/08</td>
<td>07/20/08</td>
</tr>
<tr>
<td>07/20/08</td>
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<td>07/05/08</td>
</tr>
<tr>
<td>07/01/08</td>
<td>07/01/08</td>
</tr>
</tbody>
</table>

**Recipient Report**

**Dummy, Ima** - DOB: 01/01/67 - 123 Happy Court

Dispensed From 01/01/2008 to 09/04/2008

[Generate Report] [Map Results]
Query 2066 has been created. View Query Status to retrieve report when query finishes running.
| 378 | 2066 | 09/04/08 | Approved / Done | Recipient Report  
|      |      |         |                | Dummy, Ima - DOB: 01/01/1967 - 123 Happy Court  
|      |      |         |                | Dispensed From 01/01/2008 to 09/04/2008 | file-pdf |
**Patient Rx History Report**

**DUMMY IMA**

Search Criteria: Last Name 'dummy' and First Name 'ima' and D.O.B. = '01/01/67' and Address = '' and Request Period = '01/01/08' to '09/04/08'

<table>
<thead>
<tr>
<th>Fill Date</th>
<th>Product, Str, Form</th>
<th>Qty</th>
<th>Days</th>
<th>Pt ID</th>
<th>Prescriber</th>
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<th>RX#</th>
<th>N/R*</th>
<th>Pharm</th>
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<td>N</td>
<td>BA3333333</td>
</tr>
<tr>
<td>07/05/2008</td>
<td>HYDROCODONE-AFAP 10-325 TAELET</td>
<td>120.000</td>
<td>30</td>
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</tr>
</tbody>
</table>

*N/R N=New R=Refill

Prescribers for prescriptions listed

AE3333333 ETHICAL, BOB; 1 DOCTOR DRIVE, COLUMBIA SC 29212
AF1111111 PELLGOOD, AL; 15 PARK PLACE, CONWAY SC 29526
AN2222222 NOPAIN, CHUCK; 22 MAIN ST, COLUMBIA SC 29203

Pharmacies that dispensed prescriptions listed

AD5555555 DOWNTOWN DROG; 2 MAIN STREET, COLUMBIA SC 29203
BA3333333 ABC PHARMACY; 1 DOCTOR COURT, CONWAY SC 29526
BL7777777 LOW PRICE DROG; 3 HOSPITAL COURT, COLUMBIA SC 29212

Patients that match search criteria

01662038 DUMMY IMA, DOB 01/01/67; 123 HAPPY COURT, COLUMBIA SC 29222
South Carolina Reporting & Identification
Prescription Tracking System

ACCURACY OF DATA

4-2=2
5-3=2
4-2=2
6-4=2
7-5=2
8-6=2
9-7=2
What are the most prominent technical errors made when dispensing which affect data accuracy?

- Prescriber ID
  - Accuracy average 89%
- Day Supply
  - Accuracy average 72%
- Quantity
  - Accuracy average 69%
What other errors contribute to data inaccuracy?

- Name discrepancies
  - Ima Dummy; I. Mae Dummy; Ima Dummy-Too
- DOB discrepancies
  - Ima Dummy 01/01/67  123 Happy Ct  Columbia SC 29201
  - Ima Dummy 01/01/68  123 Happy Ct  Columbia SC 29201
- Reversals
  - Dispensers unable to reverse at this time;
    - Duplicate claims (similarities)
    - Prior authorization attempts denoted
    - Return to stock items
- Noncompliance with reporting requirements
  - A dispenser who knowingly fails to report is guilty of a misdemeanor, and is subject to a to a fine of up to $2000, or imprisonment of up to 2 years, or both.
Data Collection Policies

Long Term Care (LTC):
The Bureau of Drug Control has adopted a policy similar to many other states that sponsor a monitoring program. The Prescription Monitoring Program’s (PMP) policy is that pharmacies that provide (dispense) medications to LTC facility residents do not have to report this population’s controlled substance (CII-CIV) dispensing activity. However, if the pharmacy dispenses to non-LTC residents (i.e.: outpatient hospice, outpatient home infusion, pharmacy employees/families or outpatient retail customers) reporting to the PMP must occur.

Zero Reporting:
The Prescription Monitoring Program’s policy for a dispenser who has a month of dispensing activity of “0”, are required to report via the web-based system, please reference the Dispenser’s Implementation Guide for additional instructions.

Home Infusion:
The Prescription Monitoring Program’s policy is that any pharmacy that dispenses home infusion medications to outpatient hospice and/or outpatient home infusion patients, must report to the PMP.

Emergency Room / Department Dispensing:
The Prescription Monitoring Program’s policy is that any controlled substance (CII-CIV) dispensing activity, up to a forty-eight (48) hour supply, in a licensed institutional or hospital emergency room/department does not have to report to the PMP. However, if a facility emergency room/department dispenses quantities greater than a forty-eight (48) hour supply, the dispensing activity must be reported to the PMP.

Veterinarian Dispensing:
The Prescription Monitoring Program’s policy is that any controlled substance (CII-CIV) dispensing activity, up to a five (5) day supply; which occurs by a licensed veterinarian; after discharge pursuant to an office procedure/hospitalization OR after physical examination does not have to be reported to the PMP. However, any dispensings exceeding a five (5) day supply must be reported to the PMP. Dispensing veterinarians are exempt from reporting dispensings from 2008 and 2009; however, data must be retroactively reported from January 1, 2010.
Prescription Monitoring Program

Violations

A dispenser who knowingly fails to report is guilty of a misdemeanor, and is subject to a fine of up to $2000, or imprisonment of up to 2 years, or both.

A person who is authorized to have PMP information, and discloses it in violation of the Act, or who uses it in a manner or for a purpose in violation of the Act, is guilty of a felony and subject to a fine of up to $10,000, or 10 years imprisonment, or both.
CASE STUDIES

#1: The Case of the Missing Data!

#2: The Prescriber was NOT me, then who was it and guess what else was found?
CASE STUDIES

#3: How much Alprazolam 2mg is too much, especially when you have NEVER evaluated this 10 lb Shih Tzu, “Charlie”?

#4: I authorized Phenobarbital 32.4mg to be called in for “Dawgy” Smith but NEVER authorized Phentermine 37.5mg!
CASE STUDY #1
The Case of the Missing Data!

- Complaint by Prescriber
  - “Overlapping” scripts on a subject
  - Ran a SCRIPTS report
    - Findings: not enough overlap with a recurring frequency, closed case;
  - Complainant called inquiring on status
    - Practitioner provided dates of script issuance
- Where was the missing data?
- Found dispenser NOT reporting
CASE STUDY #1
The Inspector’s Perspective

The Case of the Missing Data!

- Rely and depend on the SCRIPTS data to be comprehensive and correct
- “Assumed” after a cursory review that the fill information
  - May incorrectly miss a violation
  - Inappropriate/criminal behavior could have continued!
CASE STUDY #2

The Prescriber was NOT me, then who was it and guess what else was found?

- Complaint by APRN
  - Utilizes SCRIPTS regularly
  - Queried SCRIPTS
    - Found 6 instances were her prescriber ID was on Rxs for hydrocodone
      - Last saw the patient ~1yr ago
      - Suspected patient forging Rxs
  - Inspector went to dispenser location
    - Findings:
      - Wrong # of refills entered
        - Five vs Zero (# authorized)
CASE STUDY #2

The Inspector’s Perspective

The Prescriber was NOT me, then who was it and guess what else was found?

- Rely and depend on the SCRIPTS data to be comprehensive and correct.
- Preliminary investigation revealed possible forgeries.
- Completed investigation revealed pharmacy dispensing errors: mislabeling & unauthorized refills.
- If initial complaint was not fully investigated, could have led to falsely accusing patient.
CASE STUDY #3
The Case of “too” much Alprazolam 2mg!

- Complaint by Pharmacist
  - “Overlapping” scripts on “Charlie”
  - Ran a SCRIPTS report
    - Findings: Rxs every 10-12 days for Alprazolam 2mg #60 Sig: i bid call-in Rxs at 8 pharmacies over 3 months.
- Pharmacist called the DVM inquiring about Charlie’s condition.
  - DVM did not have a chart on “Charlie”
  - How did “my” prescriber ID get on these Rxs?
  - Found office staff forging call-in as well as “office use only” Rxs!
SC Prescriber Utilization Rate 2010

15,472 = \# of SC Prescribers who actually issue CS Rxs

2,349 = \# of SC Prescribers registered to access PMP data

15.2 = \% of SC Prescribers who issue C/S Rxs who are registered to access PMP Data
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* = personnel change
Prescription Monitoring Program

AS OF MAY 2011

- **49** states/districts have enacted monitoring program legislation
  - **35** operational programs
  - **14** enacted but program not yet operational
  - **2** legislation pending
The South Carolina Prescription Monitoring Program (PMP), known as SCRIPTS (South Carolina Reporting & Identification Prescription Tracking System) went into effect on Feb 1, 2008 for pharmacies and dispensing prescribers to comply with submitting schedules II-IV controlled substance dispensing activity. SCRIPTS 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 where there is a valid prescriber-patient or pharmacist-patient relationship. As of June 1, 2011 SCRIPTS has over 32.2 million dispensing records in its database.

What is SCRIPTS? It is an on-line service available to prescribers and pharmacists. These licensed healthcare professionals must apply for access to the database by supplying the PMP with appropriate credentials prior to receiving any patient information.

Which drugs are included in the tracking system? Controlled Substances Schedules II, III & IV (i.e., OxyContin®; Percocet®; Vicodin®; Klonopin®; Xanax®; and Valium®)

What types of data are in the system? The SCRIPTS database includes all retail and outpatient hospital pharmacy dispensing of schedules II-IV controlled substances. It also includes any controlled substance dispensing activity of those substances which occurs into the state of South Carolina, i.e., mail-order pharmacies. The database does not include VA outpatient, most long-term care and assisted living; methadone clinic and emergency room/department (less than a 48-hour supply) dispensing.

Where is the data stored? The data is stored and maintained in a highly secure database. Confidentiality is of utmost importance to the PMP.

What is the turnaround time for a report? The website is available 24/7. In most cases, the patient report is available for viewing within minutes. PMP does not warrant any report to be accurate or fully complete. The report is based on the search criteria and data entered by the dispensing practitioner or pharmacy. For more information about any prescription in a SCRIPTS report or to verify a prescription, contact must be directed to the practitioner or pharmacy that dispensed it.

Is there a lag-time before the data is available? There may be up to a six (6) week lag-time from the actual dispensing date until the data is available on-line. The PMP encourages dispensers to report as often as weekly or bi-monthly. Most retail chain drug stores are voluntarily reporting weekly.

What are the uses for the report? A SCRIPTS report provides information for schedules II-IV controlled substance prescriptions a patient has had filled for the specified time period, as well as the prescriber who prescribed them and the dispenser who dispensed them. The report should be used to supplement a patient evaluation, to confirm a patient’s drug history, or document compliance with a therapeutic regimen.

What must a practitioner or pharmacist do to gain access? A prescriber or pharmacist must apply for an account and be credentialed by the PMP prior to receiving access to the database of patient information. This process usually takes 3 to 5 business days. It is the current policy of the PMP that prescribers and pharmacists who practice outside of SC may only gain access to SCRIPTS if they are currently licensed in SC and meet all other credentialing criteria. The credentialing process usually takes 3 to 5 business days.

What can occur to those who do not report or disclose confidential information? Dispensers who fail to report will be subject to a two thousand ($2,000) dollars fine and/or two (2) years imprisonment. Authorized users who knowingly disclose their account user information or breach confidentiality of the information will be subject to a ten thousand ($10,000) dollars fine and/or ten (10) years imprisonment.

For more information on the PMP, contact PMP staff or visit our website.

Phone: (803) 896-0688  Website: [http://www.dhec.sc.gov/scripts](http://www.dhec.sc.gov/scripts)
Any Questions?

Visit us at: www.dhec.sc.gov/scripts

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