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South Carolina
Department of Labor, Licensing and Regulation

Board of Medical Examiners



Henry D. McMaster
Governor

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Director

Subject: Co-prescribing and Dispensing of Opioid Antagonists, such as Naloxone

Date: November 3, 2020

The Board offers this Advisory Opinion pursuant to the authority granted by S.C. Code Ann. § 40-47-10(I)(1). In 2017, Governor Henry McMaster declared a statewide public health emergency “relating to opioid misuse and abuse, opioid use disorder, and opioid-related deaths.” He also created the South Carolina Opioid Emergency Response Team (SCOERT). The SCOERT promotes interagency coordination for an efficient and comprehensive approach to the opioid crisis and has coordinated state-level collaboration by initiating a protocol for real-time overdose surveillance and rapid response as well as a framework for monitoring and responding to trends in suspected overdoses in South Carolina.

The same year, in 2017, the Board of Medical Examiners, in cooperation with the Boards of Dentistry, Nursing, and Pharmacy, issued its Revised Joint Pain Management Guidelines.¹ The Guidelines offered suggestions regarding offering Naloxone to patients when factors that increase risk for opioid-related harms are present.

The COVID-19 pandemic has presented new challenges in responding to the opioid crisis. As such, and in accordance with the efforts of the SCOERT, the Board concludes it is necessary to issue this Advisory Opinion to specifically highlight the Board’s position on the co-prescribing and dispensing of opioid antagonists, such as Naloxone.

As noted in the Joint Pain Management Guidelines, clinicians should consider offering opioid antagonists, such as naloxone, when prescribing opioids to patients at increased risk for overdose, including patients with a history of overdose, patients with a history of substance use disorder, patients taking benzodiazepines with opioids [. . .], patients at risk for returning to a high dose to which they are no longer tolerant (e.g., patients recently released from prison), and patients taking higher dosages of opioids (≥ 50 MME/day).

The Board understands that each patient is different and trusts that its licensees will use their professional judgment, considering the guidance set forth above, in determining whether the prescribing of an opioid antagonist, such as Naloxone, is appropriate.

¹ <https://llr.sc.gov/med/pdf/FINAL%20Joint%20Revised%20Pain%20Management%20Guidelines%20August%202017.pdf>