



**STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION  
BUREAU OF TENNCARE  
310 Great Circle Road  
Nashville, Tennessee 37243**

March 1, 2012

The Honorable Charles E. Grassley  
United States Senate  
Ranking Member  
Committee on Judiciary  
Washington, DC 20510-6275

Dear Senator Grassley,

We agree that inappropriate prescribing is a serious problem that can result in patient safety concerns and increased costs to the healthcare system. For this reason, TennCare has invested a great deal of effort to develop a multi-faceted approach to ensure that medications are used appropriately within our program. Beginning in 2004, TennCare implemented various point of sale edits to identify early refills, duplicate therapy, high doses, and drug-drug interactions. We also implemented a preferred drug list, which placed clinical criteria and quantity limits on many highly abused medications, including atypical antipsychotics and narcotic analgesics. In August of 2005, we adopted monthly prescription limits for non-institutionalized adults, limiting them to a maximum of 5 prescriptions per month, of which no more than two could be branded medications. TennCare also has an extensive pharmacy lock-in program that restricts individuals who appear to be abusing controlled substances to only one pharmacy.

As a result of these strategies, our program has significantly reduced drug utilization and spend, transforming from a \$2.4 Billion/year program that averaged 6 prescriptions per utilizing member per month to a \$780 Million/year program that averages 3 prescriptions per utilizing member per month. In addition, we have seen positive results from our pharmacy lock-in program, with our latest data analysis reflecting significant reductions for lock-in recipients in all of the following metrics: total prescription volume (-31.5%), total prescription spend (-26.4%), controlled substance volume (-45.8%), controlled substance spend (-31.6%), total physicians (-25.8%), and total pharmacies (-45.1%).

Senator Charles E. Grassley

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In addition to these efforts by TennCare, the Governor has recently introduced legislation that would create a multi-agency approach to address fraud and abuse of controlled substances within the state. It proposes expanded access to Tennessee's controlled substance database, mandatory checks of this database whenever prescribing or dispensing a controlled substance, and more severe penalties for failure to report any known fraud or abuse.

Given that information as a backdrop, we have included a spreadsheet providing summary data on the top ten prescribers of each of the eight drugs you identified, including the number of prescriptions written by each prescriber and the total amount paid for each drug in the years 2010 and 2011. As with our previous submission, we have blinded the listing of prescribers, using numerical and alphabetic codes. (Please note, prescribers with numeric codes are those who appeared on our reports for 2008 and 2009. Prescriber #1 in the 2008 and 2009 data would be reflected as Prescriber #1 in the 2010 and 2011 data, as well. Prescribers new to the report in 2010 and 2011 were assigned an alphabetic code.) In addition, we have also provided you with follow-up data on whether each of the providers identified in the 2008 and 2009 reports are still able to bill the TennCare program.

In conclusion, we share your commitment to ensure that taxpayer dollars are appropriately spent. However, we believe that other information, including but not limited to provider specialty, practice type and size, and adherence to evidence-based treatment guidelines, is needed to accurately interpret this data. To attempt to decipher the data without this additional insight may result in faulty conclusions.

Please feel free to call me if you have any additional questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "D. J. Gordon".

Darin J. Gordon

Deputy Commissioner

**1. What action, if any, has your agency taken with respect to the prescribers identified to the Committee?**

TennCare routinely reviews prescription claims data and shares such data with the managed care organizations (MCOs). When TennCare identifies a potential problem with a prescriber, the MCOs with which the provider is contracted assess the appropriateness of that provider's prescribing practices. In the case of prescribers who appear to be practicing outside the normal standard of care who are not contracted with any of the MCOs, TennCare's Drug Utilization Review (DUR) Board conducts further review. The DUR process involves review of blinded prescription history data and a subsequent decision regarding whether or not to block future prescriptions from the prescriber. Thus far, this DUR process has resulted in blocking 3 of the prescribers identified in Senator Grassley's initial request, with several others under review.

Any prescribers blocked by this process are referred to the Tennessee Board of Medical Examiners, as well as referred to the TennCare Provider Review Committee to determine if the provider should be reported to the Tennessee Medicaid Fraud Control Unit.

**2. If there has been no action taken with respect to these prescribers, please explain why not.**

As we mentioned in our response to the initial data inquiry in 2010, TennCare has many different controls in place to combat fraud and abuse. Our Retrospective Drug Utilization Review Board is composed of practicing physicians and pharmacists that identify and act upon any concerning provider prescribing patterns. Our pharmacy lock-in program involves regularly analyzing patient drug utilization patterns and taking action to "lock" patients into a single pharmacy if drug seeking behavior is suspected. In addition, we have monthly prescription limits, early refill edits, therapeutic duplication edits, and high dose edits. Furthermore, Tennessee operates a Controlled Substance Database that prescribers are required to check as part of the prior authorization criteria for narcotic analgesics. These controls have helped to reduce our overall narcotic use 51% from over 2.6 million prescriptions per year in 2005 to a little over 1.2 million today.

We agree that monitoring of prescribing practices is an integral component of efforts to combat fraud and abuse; however, such monitoring must be conducted in a manner that minimizes the likelihood of unfounded allegations against the prescribing community. Information such as specialty, practice type and size, adherence to evidence-based treatment guidelines, etc. is needed to accurately interpret pharmacy claims data. We believe that the controls we

have in place within our program allow us to adequately monitor and interpret our prescribing data and take appropriate action when needed.

**3. Please identify which of the providers identified to the Committee remain eligible to bill the Medicaid Program.**

Please see the attached CY08 spreadsheet indicating which prescribers remain eligible to bill the Medicaid Program (reflected in Column E).

**4. Please provide the 2010 and 2011 numbers for the top prescribers of these same drugs.**

Please see the attached spreadsheet reflecting the top prescribers of the selected drugs for calendar years 2010 and 2011. As before, we have provided blinded data for the medications requested. We used the same Provider ID numbers for providers who appeared on the initial request and a letter ID for providers who did not appear on the previous report.

**5. Has each of these prescribers been cross-checked for complaints or misconduct with the state medical board or the National Practitioner Data Bank? If not, do you plan to do so?**

The MCOs perform these checks as part of the provider credentialing process. Provider credentialing is performed on all providers when they initially join the MCO network, and then recredentialing is performed every 3 years thereafter. In addition, TennCare is in the process of moving to a provider registration process utilizing a Universal Provider Data source that will perform monthly checks through the state medical board.

**6. Have any of the prescribers identified to this Committee been referred to your state medical board?**

Any prescribers determined by the DUR Board to be prescribing outside the standard of care and subsequently blocked from filling prescriptions for the TennCare program are referred to the state board of medical examiners. At this time, 3 of the prescribers identified in Senator Grassley's initial request have been referred to the Tennessee Board of Medical Examiners.

**7. Is there any system set up in your state to identify and monitor excessive prescription writing? If not, why not?**

Yes, the TennCare program runs a semi-annual report to identify the top narcotics prescribers. This report is distributed to the MCOs for them to use in determining whether a corrective action plan is needed for any of their

prescribers. In addition, TennCare uses this report to identify outlier prescribers not participating in an MCO network who should be reviewed by the DUR Board for future blocking.

**8. Have you received any training or guidance from the Centers for Medicare and Medicaid Studies to help identify potential issues with prescription drugs?**

We are not aware of any recent guidance that has been issued regarding this topic and have not received training from CMS.

**9. Does your state maintain a database of all prescribed controlled-substances? If so, what entities have access to it?**

Yes, our state has a statewide electronic Controlled Substance Database. Access is granted to: authorized committee, board, or department of health personnel engaged in analysis of controlled substances prescription information as a part of the assigned duties and responsibilities of their employment; licensed health care practitioners having authority to prescribe or dispense controlled substances; licensed pharmacists having authority to dispense controlled substances; personnel with Office of Inspector General and the Medicaid Fraud Control Unit actively engaged in analysis of controlled substances prescription information as a part of their assigned duties and responsibilities related directly to TennCare: the bureau of TennCare's chief medical officer, associate chief medical directors, director of quality oversight, and associate director of pharmacy; law enforcement personnel provided, that such personnel are engaged in the official investigation and enforcement of state or federal laws involving controlled substances.

**10. Does your state have any point-of-sale restrictions related to maximum units, prior authorization, therapeutic duplication, or early refill? If not, why not?**

Yes, our state has max dose edits, quantity limits, prior authorization criteria, therapeutic duplication edits, and early refill edits. All atypical antipsychotics have clinical criteria that must be met prior to being approved by TennCare. All narcotic analgesics have quantity limits, and many require prior authorization before they will be approved. Due to the various controls we have in place, we have observed a 51% reduction in narcotic analgesic claim volume, a 57% reduction in narcotic analgesic spend, and a 48% reduction in atypical antipsychotics spend since 2005. Additionally, all benzodiazepines and barbiturates are not a covered service for adult recipients (age 21 and older). It should be noted; however, that beginning in 2014 due to a provision in the Affordable Care Act we will be required to begin covering benzodiazepines and barbiturates for adult recipients.

**11. Were any of these top ten prescribers identified in the federal-mandated Drug Utilization Review or CMS-based retrospective reviews?**

Yes, several of these top prescribers were identified through DUR reviews of high narcotics prescribing.

**12. Does your state have any programs in place to educate providers about the prescription of antipsychotics to children and adolescents?**

Yes, TennCare has several different programs geared towards ensuring appropriate use of antipsychotics in children and adolescents. A couple years ago, TennCare formed a multidisciplinary workgroup to examine use of atypical antipsychotics (AAPs) in preschool age children. This workgroup examined prescription claims data and investigated any utilization involving high doses or medications with little data supporting use in the pediatric population. One of the key activities of this workgroup was provider education, through distribution of an article published in the Journal of the American Academy of Child and Adolescent Psychiatry in December, 2007 titled: "Psychopharmacological Treatment for Very Young Children: Contexts and Guidelines" by Gleason et al. to prescribers having many pediatric patients on these drugs. This article provides an evidence-based discussion of the appropriate use of AAPs in children.

TennCare also works closely with the Department of Children's Services (DCS), which has an active process for monitoring any children in state custody on antipsychotic medications. In collaboration with DCS and the Department of Mental Health, TennCare is applying to participate in a learning collaborative with the Center for Health Care Strategies, to further refine our processes and share best practices with participating states. TennCare also utilizes Centers of Excellence in Child Mental Health at five locations throughout the state to provide consultation and evaluation of complex cases, including children requiring multiple psychotropic medications. These Centers of Excellence are located at major academic and clinical sites in Nashville, Memphis, Chattanooga, Knoxville, and Johnson City, TN.

In addition, our DUR Board has developed drug utilization review letters aimed at educating prescribers on appropriate use of atypical antipsychotics.

**Top 10 Prescribers:*****Abilify 2010***

<b>Blinded Prescriber ID</b>	<b># of Unique Members</b>	<b>Claim volume</b>	<b>Total Cost</b>
3	186	810	\$ 405,913.30
2	276	807	\$ 414,987.76
7	196	762	\$ 462,601.94
1	186	638	\$ 370,295.81
6	185	626	\$ 357,894.18
10	225	615	\$ 306,300.50
12	194	542	\$ 398,044.87
A	180	538	\$ 278,172.31
8	188	513	\$ 269,095.60
13	148	446	\$ 233,735.34
	1964	6297	\$ 3,497,041.61

***Abilify 2011***

<b>Blinded Prescriber ID</b>	<b># of Unique Members</b>	<b>Claim volume</b>	<b>Total Cost</b>
B	291	990	\$ 554,573.04
2	276	863	\$ 471,052.74
7	219	837	\$ 593,132.39
3	183	769	\$ 443,032.74
C	257	707	\$ 356,803.34
44	157	570	\$ 302,508.02
6	149	541	\$ 349,704.99
D	189	528	\$ 320,068.28
17	152	528	\$ 317,409.57
8	183	503	\$ 293,697.04
	2056	6836	\$ 4,001,982.15

**Top 10 Prescribers:*****Geodon 2010***

<b>Blinded Prescriber ID</b>	<b># of Unique Members</b>	<b>Claim volume</b>	<b>Total Cost</b>
D	125	295 \$	118,078.92
15	63	254 \$	124,680.11
16	56	245 \$	83,308.88
8	72	240 \$	108,719.77
2	77	232 \$	117,225.23
7	81	218 \$	72,806.02
E	40	207 \$	85,997.71
24	65	180 \$	75,073.04
70	31	180 \$	69,135.73
12	60	178 \$	69,160.63
	670	2229 \$	924,186.04

***Geodon 2011***

<b>Blinded Prescriber ID</b>	<b># of Unique Members</b>	<b>Claim volume</b>	<b>Total Cost</b>
B	141	526 \$	250,176.89
7	114	357 \$	132,159.18
D	133	329 \$	155,275.84
70	35	233 \$	106,513.20
16	53	230 \$	91,976.93
8	51	223 \$	107,734.19
24	61	201 \$	98,334.95
64	55	193 \$	84,150.87
15	36	185 \$	95,506.62
19	59	183 \$	85,133.97
	738	2660 \$	1,206,962.64



**Top 10 Prescribers:*****Oxycontin 2010***

<b>Blinded Prescriber ID</b>	<b># of Unique Members</b>	<b>Claim volume</b>	<b>Total Cost</b>	
31	134	322	\$ 233,307.90	BLOCKED
41	128	281	\$ 202,616.36	
35	52	259	\$ 120,304.58	
30	108	219	\$ 158,302.39	BLOCKED
37	46	195	\$ 88,596.62	
F	91	182	\$ 66,123.13	
50	28	136	\$ 82,256.54	
51	17	128	\$ 49,363.06	
53	28	117	\$ 185,895.41	
G	25	102	\$ 40,278.31	
	657	1941	\$ 1,227,044.30	

***Oxycontin 2011***

<b>Blinded Prescriber ID</b>	<b># of Unique Members</b>	<b>Claim volume</b>	<b>Total Cost</b>	
H	66	154	\$ 109,776.23	
35	21	144	\$ 74,684.18	
I	54	123	\$ 83,594.90	
37	20	115	\$ 61,540.69	
51	12	108	\$ 49,510.99	
41	50	106	\$ 74,445.33	
J	26	92	\$ 42,324.22	
K	32	85	\$ 46,739.68	
L	22	79	\$ 28,621.34	
50	12	76	\$ 40,798.64	
	315	1082	\$ 612,036.20	

**Top 10 Prescribers:*****Risperdal 2010***

<b>Blinded Prescriber ID</b>	<b># of Unique Members</b>	<b>Claim volume</b>	<b>Total Cost</b>
44	308	1728 \$	83,852.41
8	289	1201 \$	282,636.97
M	335	991 \$	146,147.90
12	234	990 \$	49,110.82
N	249	966 \$	147,949.61
O	220	882 \$	37,451.92
45	165	782 \$	17,064.84
P	285	728 \$	99,036.10
10	196	725 \$	36,483.70
48	165	723 \$	23,593.68
	2446	9716 \$	923,327.95

***Risperdal 2011***

<b>Blinded Prescriber ID</b>	<b># of Unique Members</b>	<b>Claim volume</b>	<b>Total Cost</b>
B	622	2084 \$	220,750.85
44	378	1736 \$	59,579.90
8	309	1148 \$	329,971.41
7	271	1058 \$	33,807.81
O	237	949 \$	33,204.50
M	346	945 \$	137,581.42
19	297	808 \$	85,946.64
47	174	776 \$	61,601.55
Q	79	713 \$	10,350.19
R	230	691 \$	260,035.16
	2943	10908 \$	1,232,829.43

**Top 10 Prescribers:*****Roxicodone 2010***

<b>Blinded Prescriber ID</b>	<b># of Unique Members</b>	<b>Claim volume</b>	<b>Total Cost</b>	
S	261	678	\$ 22,644.01	
41	286	610	\$ 38,788.25	
31	275	556	\$ 34,973.01	BLOCKED
55	240	540	\$ 24,573.85	
30	257	470	\$ 28,404.91	BLOCKED
35	118	462	\$ 20,071.68	
42	144	440	\$ 18,431.02	
T	164	366	\$ 10,744.29	
U	214	354	\$ 21,968.68	
V	91	321	\$ 10,146.67	
	2050	4797	\$ 230,746.37	

***Roxicodone 2011***

<b>Blinded Prescriber ID</b>	<b># of Unique Members</b>	<b>Claim volume</b>	<b>Total Cost</b>	
W	316	826	\$ 24,384.80	
X	215	656	\$ 17,140.71	
Y	295	605	\$ 15,636.83	
35	148	598	\$ 14,956.16	
Z	285	576	\$ 15,514.77	BLOCKED
42	140	558	\$ 16,182.60	
S	226	555	\$ 14,648.88	
AA	174	529	\$ 14,018.96	
AB	155	517	\$ 14,439.01	
AC	305	485	\$ 12,067.03	
	2259	5905	\$ 158,989.75	

**Top 10 Prescribers:*****Seroquel 2010***

<b>Blinded Prescriber ID</b>	<b># of Unique Members</b>	<b>Claim volume</b>	<b>Total Cost</b>
8	286	824	\$ 412,736.61
N	190	752	\$ 337,931.77
10	202	717	\$ 294,837.51
AD	352	710	\$ 123,072.53
6	173	644	\$ 178,584.44
E	156	591	\$ 194,213.41
7	163	584	\$ 238,246.85
AE	138	582	\$ 277,475.56
9	133	553	\$ 144,455.66
AF	213	544	\$ 163,947.91
	2006	6501	\$ 2,365,502.25

***Seroquel 2011***

<b>Blinded Prescriber ID</b>	<b># of Unique Members</b>	<b>Claim volume</b>	<b>Total Cost</b>
B	380	1278	\$ 576,222.22
AE	227	753	\$ 384,164.70
8	247	707	\$ 399,923.12
19	208	606	\$ 269,350.86
7	135	541	\$ 248,119.26
10	130	500	\$ 233,253.17
2	181	499	\$ 217,269.13
6	136	494	\$ 146,194.04
AG	117	490	\$ 201,645.45
AH	140	484	\$ 175,532.51
	1901	6352	\$ 2,851,674.46

## Top 10 Prescribers:

### *Xanax 2010*

Blinded Prescriber ID	# of Unique Members	Claim volume	Total Cost
64	79	317 \$	2,730.83
60	45	201 \$	1,700.17
65	50	190 \$	1,014.79
58	8	83 \$	650.42
AI	34	78 \$	510.91
AJ	24	77 \$	515.67
14	19	74 \$	467.54
AK	33	73 \$	647.32
66	17	65 \$	432.45
AL	21	60 \$	323.74
	330	1218 \$	8,993.84

### *Xanax 2011*

Blinded Prescriber ID	# of Unique Members	Claim volume	Total Cost
64	43	236 \$	1,817.22
AM	24	90 \$	743.13
58	10	80 \$	619.64
AN	14	77 \$	499.50
60	23	68 \$	508.92
AO	12	63 \$	2,368.58
AK	27	62 \$	743.57
14	11	53 \$	294.26
AJ	12	52 \$	326.28
66	16	46 \$	298.49
	192	827 \$	8,219.59

**Top 10 Prescribers:****Zyprexa 2010**

Blinded Prescriber ID	# of Unique Members	Claim volume	Total Cost
74	161	516 \$	467,613.11
E	116	483 \$	293,484.03
8	69	343 \$	354,768.09
N	53	228 \$	178,774.71
72	66	228 \$	165,922.73
10	50	223 \$	164,773.82
70	38	213 \$	221,237.26
4	82	202 \$	123,713.17
76	71	200 \$	149,665.31
AP	29	185 \$	196,654.57
	735	2821 \$	2,316,606.80

**Zyprexa 2011**

Blinded Prescriber ID	# of Unique Members	Claim volume	Total Cost
B	188	539 \$	444,026.48
74	179	502 \$	547,746.83
8	85	325 \$	413,405.73
R	109	297 \$	290,711.52
AQ	141	289 \$	217,951.27
19	106	263 \$	226,876.26
70	59	263 \$	276,507.07
N	67	214 \$	183,881.11
AR	34	193 \$	144,804.05
AS	80	182 \$	142,915.09
	1048	3067 \$	2,888,825.41

## Abilify

### Abilify Top Prescribers CY08

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
1	754	\$389,447.68	237	Yes
2	586	\$251,262.42	279	Yes
3	470	\$195,836.12	106	Yes
4	470	\$236,918.24	186	Yes
5	335	\$138,794.28	160	Yes
6	332	\$168,411.10	91	Yes
7	319	\$185,412.03	115	Yes
8	308	\$143,466.03	98	Yes
9	300	\$95,148.61	49	Yes
10	297	\$149,510.46	108	Yes
TOTAL	4,171	\$1,954,206.97	1,429	

### Abilify Top Prescribers CY09

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
1	1,119	\$583,331.93	387	Yes
2	1,082	\$494,896.53	429	Yes
3	765	\$333,369.13	198	Yes
10	657	\$314,237.02	269	Yes
7	611	\$341,463.17	186	Yes
11	610	\$302,004.55	224	Yes
6	494	\$256,916.63	163	Yes
12	458	\$298,272.33	172	Yes
13	442	\$207,931.27	163	Yes
14	427	\$229,556.70	178	Yes
TOTAL	6,665	\$3,361,979.26	2,369	

## Geodon

### Geodon Top Prescribers CY08

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
15	360	\$142,556.80	80	Yes
8	303	\$113,228.72	126	Yes
16	299	\$83,800.32	106	Yes
2	251	\$103,819.73	132	Yes
17	247	\$67,643.48	79	Yes
18	218	\$89,358.62	76	Yes
19	207	\$70,504.66	75	Yes
4	204	\$70,599.85	100	Yes
20	191	\$88,774.19	66	Yes
21	191	\$85,065.42	54	Yes
TOTAL	2,471	\$915,351.79	894	

### Geodon Top Prescribers CY09

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
22	421	\$169,608.21	93	Yes
15	295	\$112,695.19	61	Yes
19	270	\$98,678.27	75	Yes
16	261	\$81,053.50	70	Yes
2	260	\$114,387.55	110	Yes
11	219	\$65,611.84	89	Yes
8	200	\$84,731.33	83	Yes
23	179	\$83,300.36	46	Yes
24	178	\$70,834.11	93	Yes
25	178	\$71,662.13	40	Yes
TOTAL	2,461	\$952,562.49	760	



## Seroquel

### Seroquel Top Prescribers CY08

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
8	1,041	\$397,945.52	412	Yes
14	902	\$328,752.69	363	Yes
10	853	\$292,894.68	292	Yes
20	785	\$349,996.23	243	Yes
4	775	\$259,184.57	317	Yes
26	669	\$262,180.98	194	Yes
27	647	\$225,053.98	195	Yes
9	621	\$111,409.67	122	Yes
25	543	\$256,450.05	147	Yes
6	525	\$108,605.41	156	Yes
TOTAL	7,361	\$2,592,473.78	2,441	

### Seroquel Top Prescribers CY09

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
22	1,156	\$428,694.09	302	Yes
19	877	\$285,510.97	273	Yes
9	811	\$153,018.18	157	Yes
8	771	\$358,401.33	278	Yes
10	768	\$295,049.00	266	Yes
28	764	\$317,188.71	190	Yes
14	710	\$287,799.17	248	Yes
6	621	\$151,969.68	169	Yes
1	618	\$252,688.17	272	Yes
29	576	\$70,126.94	118	Yes
TOTAL	7,672	\$2,600,446.24	2,273	

## Oxycontin\*

### Oxycontin Top Prescribers CY08

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
30	578	\$319,118.47	216	No
31	465	\$261,544.89	190	No
32	285	\$147,832.92	89	Yes
39	188	\$121,637.35	69	Yes
33	178	\$99,006.94	104	Yes
50	167	\$78,488.89	42	Yes
37	160	\$62,266.82	56	Yes
35	150	\$59,375.30	56	Yes
51	147	\$42,239.38	31	Yes
53	139	\$171,655.48	31	Yes
<b>TOTAL</b>	<b>2,457</b>	<b>\$1,363,166.44</b>	<b>884</b>	

### Oxycontin Top Prescribers CY09

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
31	425	\$296,155.77	154	No
30	356	\$243,988.55	146	No
50	218	\$121,414.61	50	Yes
41	212	\$144,708.90	105	Yes
37	198	\$86,062.12	44	Yes
33	183	\$116,359.09	102	Yes
35	175	\$79,044.75	46	Yes
36	173	\$77,869.29	251	Yes
43	142	\$90,388.43	79	Yes
51	326	\$13,537.22	124	Yes
<b>TOTAL</b>	<b>2,408</b>	<b>\$1,269,528.73</b>	<b>1,101</b>	

\*Generics are included

## Risperdal\*

### Risperdal Top Prescribers CY08

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
44	1,670	\$359,819.15	503	Yes
8	985	\$386,331.82	414	Yes
45	983	\$144,235.78	318	Yes
46	961	\$308,813.05	382	Yes
10	918	\$245,925.18	382	Yes
4	854	\$254,018.33	442	Yes
47	794	\$186,461.82	359	Yes
48	781	\$174,420.48	275	Yes
6	696	\$196,023.38	275	Yes
19	663	\$286,155.53	307	Yes
<b>TOTAL</b>	<b>9,305</b>	<b>\$2,542,204.52</b>	<b>3,657</b>	

### Risperdal Top Prescribers CY09

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
22	1,481	\$351,947.79	579	Yes
44	1,293	\$168,850.59	375	Yes
23	1,207	\$396,540.69	465	Yes
47	1,076	\$159,792.21	468	Yes
19	927	\$294,067.13	381	Yes
45	917	\$82,287.72	316	Yes
48	892	\$101,056.59	293	Yes
8	880	\$260,031.24	342	Yes
12	868	\$106,692.75	328	Yes
49	851	\$215,745.98	386	Yes
<b>TOTAL</b>	<b>10,392</b>	<b>\$2,137,012.69</b>	<b>3,933</b>	

\*Generics are included

## Roxicodone\*

### Roxicodone Top Prescribers CY08

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
30	1,403	\$73,161.86	606	No
31	1,103	\$56,416.29	541	No
32	583	\$35,181.37	224	Yes
33	369	\$11,519.76	242	Yes
34	346	\$19,296.94	237	Yes
35	301	\$8,772.44	175	Yes
42	294	\$12,682.82	97	Yes
36	280	\$7,053.33	106	Yes
38	265	\$12,910.12	119	Yes
54	252	\$6,061.75	61	Yes
<b>TOTAL</b>	<b>5,196</b>	<b>\$243,056.68</b>	<b>2,408</b>	

### Roxicodone Top Prescribers CY09

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
31	984	\$51,839.25	506	No
30	954	\$52,754.66	479	No
40	782	\$34,351.22	404	No (Blocking in process)
42	555	\$22,290.10	160	Yes
41	514	\$31,302.02	321	Yes
55	385	\$17,662.81	203	Yes
36	383	\$10,520.85	140	Yes
33	383	\$16,722.44	251	Yes
4	346	\$4,835.60	267	Yes
35	326	\$13,537.22	124	Yes
<b>TOTAL</b>	<b>5,612</b>	<b>\$255,816.17</b>	<b>2,855</b>	

\*Generics are included

## Xanax\*

### Xanax Top Prescribers CY08

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
56	353	\$2,847.59	117	Yes
57	135	\$1,210.44	55	Yes
14	112	\$648.68	44	Yes
58	97	\$592.75	14	Yes
59	80	\$602.04	26	Yes
60	76	\$776.03	24	Yes
52	61	\$307.04	28	Yes
61	55	\$268.06	12	Yes
62	54	\$176.68	34	Yes
63	51	\$743.31	18	Yes
<b>TOTAL</b>	<b>1,074</b>	<b>\$8,172.62</b>	<b>372</b>	

### Xanax Top Prescribers CY09

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
56	287	\$2,542.74	89	Yes
64	203	\$1,724.40	56	Yes
57	179	\$1,894.41	71	Yes
60	177	\$1,664.19	57	Yes
65	146	\$898.03	46	Yes
58	102	\$739.76	14	Yes
14	99	\$665.69	33	Yes
66	91	\$644.78	27	Yes
67	88	\$761.10	28	Yes
68	79	\$725.62	14	Yes
<b>TOTAL</b>	<b>1,451</b>	<b>\$12,260.72</b>	<b>435</b>	

\*Generics are included

## Zyprexa

### Zyprexa Top Prescribers CY08

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
8	330	\$272,698.59	78	Yes
4	291	\$191,771.54	126	Yes
10	278	\$195,917.12	67	Yes
25	260	\$161,230.80	49	Yes
44	223	\$75,290.15	56	Yes
69	182	\$139,708.94	52	Yes
70	181	\$163,956.71	24	Yes
71	179	\$154,513.28	52	Yes
72	174	\$108,422.30	76	Yes
73	171	\$123,254.55	34	Yes
TOTAL	2,269	\$1,586,763.98	614	

### Zyprexa Top Prescribers CY09

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
8	309	\$289,814.61	60	Yes
74	275	\$226,631.94	102	Yes
19	274	\$151,369.57	77	Yes
22	257	\$162,698.19	68	Yes
72	228	\$134,137.11	67	Yes
75	228	\$153,592.56	42	Yes
70	220	\$218,318.66	28	Yes
4	212	\$144,260.70	72	Yes
76	203	\$131,066.16	55	Yes
10	197	\$138,122.89	52	Yes
TOTAL	2,403	\$1,750,012.39	623	