

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>1-26-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>00285</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Feck, Post</i> <i>Classed 2/10/12, letter</i> <i>attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-6-12</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

From: Annmarie McCanne
To: Jan Polatty; Melanie Giese
Date: 1/25/2012 9:57 AM
Subject: Re: Fw: Fwd: Fw: Letter from Senator Grassley

Just gave to Bren to log.

>>> Jan Polatty 1/25/2012 9:24 AM >>>
Was this logged? I believe we should if not...

>>> Melanie Giese 1/24/2012 1:38 PM >>>
Tony wants to send ft. Fyi

*Sub folder?
Rz WP*

RECEIVED

JAN 25 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: "Bailey, Patrick (Judiciary-Rep)" <Patrick_Bailey@judiciary-rep.senate.gov>
To: "keck@scdhs.gov" <keck@scdhs.gov>
CC: "CEG (Judiciary-Rep)" <CEG@judiciary-rep.senate.gov>
Date: 1/23/2012 4:29 PM
Subject: Letter from Senator Grassley
Attachments: 2011-01-23 CEG to South Carolina.pdf

*Pat Bailey
cc: keck
1/23/12*

Hello,

Please find attached a letter from Senator Grassley. Please confirm receipt and ensure that all formal correspondence on this matter is sent electronically in PDF format to ceg@judiciary-rep.senate.gov, cc'd above. If you have any questions, feel free to contact me. Thank you.

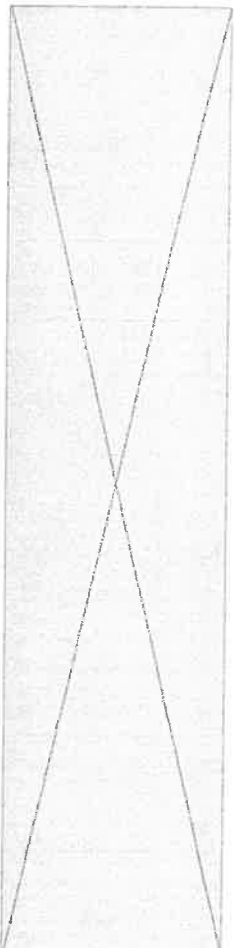
Best,

Patrick J. Bailey
Ranking Member Charles E. Grassley
U.S. Senate Committee on the Judiciary
202-224-7857

RECEIVED

JAN 25 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR



January 23, 2012

VIA ELECTRONIC TRANSMISSION

Anthony E. Keck
Director

South Carolina Department of Health and Human Services
P. O. Box 8206
Columbia, SC 29202-8206

Dear Mr. Keck:

In May 2010, your state provided my office with data regarding the top ten prescribers of several pain management and mental health drugs in your state. These types of drugs have addictive properties, and the potential for fraud and abuse by prescribers and patients is extremely high. Mental health drugs continue to be prescribed at astounding rates and pain management clinics are turning into a hotbed for black market painkillers. When these drugs are prescribed to Medicaid patients, it is the American people who pay the price for over-prescription, abuse, and fraud.

After an extensive review of prescribing habits of the serial prescribers of pain and mental health drugs in South Carolina, I have concerns about the oversight and enforcement of Medicaid abuse in your state. While I am sensitive to the concerns of misinterpretation of the data you provided, the numbers themselves are quite shocking.

For example, prescriber number 1720019607 wrote 494 scripts for Roxicodone in 2009, while the second highest prescriber wrote 197 prescriptions. The majority of the top ten prescribers for this drug wrote under a hundred scripts.

It is my intention to ensure that each of the states is adequately monitoring, investigating, and stopping fraud and over-prescription of these types of drugs. Therefore, please provide answers to the following questions:

1. What action, if any, has your agency taken with respect to the prescribers identified to the Committee ?
2. If there has been no action taken with respect to these prescribers, please explain why not.
3. Please identify which of the providers identified to the Committee remain eligible to bill the Medicaid Program.
4. Please provide the 2010 and 2011 numbers for the top prescribers of these same drugs.
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?
6. Have any of the prescribers identified to this Committee been referred to your state medical board?
7. Is there any system set up in your state to identify and monitor excessive prescription writing? If not, why not?
8. Have you received any training or guidance from the Centers for Medicare and Medicaid Studies to help identify potential issues with prescription drugs?
9. Does your state maintain a database of all prescribed controlled-substances? If so, what entities have access to it?
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?
11. Were any of these top ten prescribers identified in the federal-mandated Drug Utilization Review or CMS-base retrospective reviews?
12. Does your state have any programs in place to educate providers about the prescription of antipsychotics to children and adolescents?

Thank you in advance for your cooperation and attention in this matter. When responding to this letter, please number your answers in accordance with my questions. I would appreciate a response by February 13, 2012. If you have any questions, please do not hesitate to contact Erika Smith of my staff at (202) 224-5225.

Sincerely,

A handwritten signature in dark ink, reading "Chuck Grassley". The signature is written in a cursive, flowing style.

Charles E. Grassley
Ranking Member
Committee on the Judiciary

To Close -
000285

From: Jan Polatty
To: ceg@judiciary-rep.senate.gov
CC: Brenda James; Deirdra Singleton; Marie Brown; Patrick_Bailey@judiciar...
Date: 2/10/2012 3:18 PM
Subject: Response to Senator Grassley Letter of 1/23/2012
Attachments: SKMBT_C35312021115560.pdf

Attached is our response to Senator Grassley's letter of 1/23/2012. Please confirm receipt and please contact us if you have any questions for need further assistance. Thanks, Jan.

Jan Polatty
Director's Office
SCDHHS
1801 Main Street
Columbia, SC 29201
803-898-2504
803-255-8235 (fax)

Log # 285

February 10, 2012

The Honorable Charles E. Grassley
United States Senate
Committee of the Judiciary

Dear Senator Grassley:

Thank you for the opportunity to address your concerns about prescription drug abuse in the Medicaid program. The State of South Carolina, as well as the South Carolina Department of Health and Human Services (SCDHHS), does have programs in place to monitor and identify inappropriate use of anti-psychotic and controlled drugs.

In addition, please be aware that SCDHHS conducts on-going data mining to identify fraud and abuse in the Medicaid program that takes into account many factors besides the number of prescriptions written by an individual physician. Because it would be difficult to build a fraud case solely on the limited data sent to you in 2010, we take into account multiple types and sources of information in evaluating the potential for fraud or abuse associated with a Medicaid provider.

SCDHHS is committed to proactive and robust efforts to combat provider over-prescribing and beneficiary drug abuse, and I appreciate your support in combating waste, fraud, and abuse in the Medicaid program.

Our answers to your questions are provided in the following pages. Please do not hesitate to contact us if you need any other information. For questions about the information provided to you in this letter or the attachments, please contact Kathleen Snider in our Compliance and Performance Review Bureau at 803-898-1050.

Sincerely,



Anthony E. Keck
Director

AEK/ssb

Enclosure

cc: Patrick Bailey

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

SCDHHS identified the top ten prescribers for each of the eight drugs in question over a two-year period. This accounted for a total of 83 unique providers. The SCDHHS Division of Program Integrity has been involved in a total of 51 now closed and current investigations involving 34 of these providers. These reviews focused on the medical claims submitted by the providers, and were initiated by a complaint on the fraud hotline, other referrals, or data mining. The data mining was based on multiple data elements, not necessarily the prescribing habits of the physicians under review. The outcomes of these Program Integrity investigations are as follows:

- Three cases were referred to the Medicaid Fraud Control Unit in the South Carolina Attorney General's office.
- Abuse and/or overpayment were established in 31 of the cases, and the providers were required to pay back the amounts identified.
- Educational intervention was also provided in 14 cases.
- 13 cases were recently opened and/or are still on-going.

In addition, our Division of Program Integrity conducts data mining to look for patterns that indicate prescription drug abuse. For example, we recently developed a specific algorithm to identify physicians who prescribe drug "cocktails" – combinations of several narcotic and anti-anxiety drugs. These drug combinations have no therapeutic benefit and are sought by drug abusers. The results of this study are still under review, but are expected to generate further Program Integrity investigations.

Also, we will conduct further data drill downs on the providers shown as outliers in the four years of data we have now provided you for the drugs under review. This analysis takes into account the number of pills, the number of prescriptions per patient, patients' diagnoses, whether there is evidence of office visits to show a doctor-patient relationship, and other factors.

In addition, in 2009 SCDHHS implemented a Pharmacy Lock-In program. This program identifies Medicaid beneficiaries with problematic prescription drug utilization indicators, such as:

1. Use of multiple pharmacies and/or prescribers (four pharmacies or five prescribers within a six-month period),
2. History of prior abusive, duplicative, or wasteful pharmacy utilization practices,
3. Utilization patterns that deviate from peer group comparisons,
4. Duplication and inappropriate use of controlled substances or psychotropic drugs,
5. Contra-indications suggesting potential harm to the patient, and
6. Drug-seeking behaviors.

The beneficiary is "locked" into a single pharmacy and any attempt to fill

prescriptions at another pharmacy will result in a rejection of the claim. As of the end of state fiscal year 2011, 192 beneficiaries were in the lock-in program, and prescriptions use significantly declined among this population, with an average estimated savings of \$4,800 per beneficiary. The Division of Program Integrity is expanding the lock-in program to accommodate up to 400 beneficiaries at any one time.

Also, as part of a comprehensive federal review of SCDHHS program integrity activities, a review team from the Centers for Medicare and Medicaid (CMS) identified a noteworthy or "best" practice relating to South Carolina's "...direct involvement in beneficiary fraud cases and its close relationship with the beneficiary fraud unit housed in the State Attorney General's Office. The latter unit is known as the Medicaid Recipient Fraud Unit (MRFU)." The 2011 CMS review team noted that the State agency continues to expand its relationship with MRFU and has developed an effective beneficiary lock-in program.

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

Please see our answer to question 1.

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

Fifty-seven of the 83 providers are currently active in the South Carolina Medicaid program. Of the 26 who are no longer active, 16 are no longer enrolled, one was excluded, eight were involuntarily terminated, and one voluntarily terminated his Medicaid enrollment.

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

Please see the attached excel spreadsheets.

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?

Those providers on whom we have opened a program Integrity review were cross checked against the State medical licensing board. However, the SCDHHS Division of Program Integrity will now cross check all the providers identified in the data submitted to you for all four years.

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

Yes, three of these providers had been referred to the medical licensing board.

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

Yes. Please see the attached South Carolina legislation that established the Prescription Monitoring Program in 2006. The purpose of the program is 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. Through this program, the South Carolina Bureau of Drug Control (which is located in a sister state agency, the South Carolina Department of Health and Environmental Control) developed the "S.C. Reporting & Identification Prescription Tracking System" (SCRIPS). This system collects data on all prescriptions dispensed for Schedule I, II, and III controlled substances. Law enforcement agencies may access this information for bona fide specific drug related investigations involving a designated person. This includes both the Medicaid Fraud Control Unit and the Medicaid Recipient Fraud Unit in the South Carolina State Attorney General's Office. SCDHHS is also allowed access to the database but that access is limited only to information regarding Medicaid program recipients.

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

Yes. Through the Medicaid Integrity Institute, located at the National Advocacy Center in the University of South Carolina campus, all SCDHHS Program Integrity staff has received training in various Medicaid integrity areas, including pharmacy. There have been two sessions attended by SCDHHS staff dedicated to Medicaid pharmacy trends and strategies and techniques for the prevention and detection of fraud and abuse concerning prescription drugs. In addition, SCDHHS staff on November 16, 2011, attended the "South Carolina Prescription Drug Abuse Summit" coordinated by the U.S. Attorney's Office for the district of South Carolina. In addition, in May 2010 SCDHHS participated in "Roundtable Discussion" teleconference with the CMS Education Medicaid Integrity Contractor, Strategic Health Solutions, that focused on issues involving the over-prescribing of certain drugs. During this call specific information on South Carolina Medicaid drug claim data was presented and discussed.

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

Yes, the SCRIPS program described in question 7. The attached legislation describes fully which entities have access to this information.

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, South Carolina Medicaid incorporates all of these management tools through the pharmacy point of sale system.

Maximum Units – The SC Medicaid point of sale system for pharmacy claims has established limits for identified drugs which only allows for quantities consistent with FDA approved dosing guidelines. All of the identified antipsychotic medications, OxyContin®, and Xanax XR® are included in these edits.

Prior Authorization (PA) – PA requirements are currently in place for the following:

- All indicated antipsychotics prescribed for children 6 years of age and under require PA
- OxyContin® requires PA for all members
- Selected antipsychotics require PA for adult members

Drug Utilization Review Program – SCDHHS' Drug Utilization Review program includes a prospective DUR component. Prospective DUR means a review of the patient's drug therapy and prescription drug order occurs before each prescription is dispensed. The ProDUR system examines previously paid claims from all participating pharmacies as it reviews a beneficiary's Medicaid-reimbursed prescription history. Consequently, the ProDUR system detects potential problems that are communicated electronically to the pharmacist at point of sale. These potential problems include therapeutic duplication. Once the pharmacist receives a communication that a potential conflict exists, he or she must resolve the conflict prior to dispensing the medication.

Therapeutic Duplication – As noted above, the SC Medicaid point of sale system currently supports edits for therapeutic duplication for all of the identified medications.

Early Refill – Edits are currently in place for all identified products. PA may be granted for early refill on a case by case basis for antipsychotic medications if the clinical situation warrants. PA's are not granted for early refill for controlled substances (Xanax®, OxyContin®, Roxicodone®).

In addition, South Carolina Code of Laws, 44-53-360, which regulates controlled medications, further requires that Schedule II drugs are not allowed refills and must be on hard-copy prescription signed by the prescriber.

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

No. South Carolina Medicaid's Retrospective Drug Utilization Review Process (federal-mandated Drug Utilization Review) is a patient-centric approach to providing educational feedback to providers in an effort to improve quality of care; therefore, no provider profiling level evaluations were performed. However, at the patient level, recent reviews relevant to the identified medications include inappropriate utilization of benzodiazepines (Xanax®), polypharmacy, and evaluations of patients identified as high utilizers of prescription medications. The CMS retrospective reviews conducted by the Medicaid Integrity Contractors have

also not identified any of these prescribers since they have not been focused on physicians' prescribing patterns for anti-psychotics or narcotics.

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

Yes. Beginning November 1, 2009, SCDHHS began a six-month Pharmaceutical Care Coordination pilot program for children, 6 years old and younger, receiving antipsychotic drugs or sedative medications used to treat mental and behavioral health disorders. This program was administered through the agency's pharmacy point of sale contractor.

A second program, the South Carolina Offering Prescribing Excellence (SCORxE) Academic Detailing Project, is being used as a means to improve the quality and cost-effectiveness of care for South Carolina Medicaid beneficiaries with selected illnesses. SCDHHS initially contracted with the South Carolina College of Pharmacy (SCCP) to implement a medication-risk management program (academic detailing) to improve the drug therapy regimens of Medicaid beneficiaries with mental health disorders, HIV aids or cancer. The first illnesses targeted were schizophrenia and major depressive disorders. SCORxE clinical educators meet face-to-face with Medicaid prescribers and provide balanced, clinical information to assist with evidence-based appropriate treatment decisions.

Academic detailing is a research and operationally validated tool for achieving better outcomes and value from medical care and has been shown to be effective in promoting safe, appropriate and cost-effective prescribing. The SCORxE Academic Detailing Service was originally developed and implemented in six counties with the infrastructure in place for statewide launch and evaluation. Detailing visits have averaged 29 minutes with psychiatric specialist and 22 minutes with primary care providers. Ninety-nine percent of the providers visited thus far have agreed to follow-up visits.

The next phase of the SCORxE Academic Detailing Project is being carried out under the auspices of the CHIPRA grant. The new focus is on ADHD, and topic development (research, presentation packet, key evidenced based discussion points, clinical training, etc) was completed April 2011. SCORxE completed on-site visits to 18 participating pediatric offices. During the first round of visits, they conducted individual educational meetings with a total of 129 practitioners

Finally, SCDHHS is working with a sister state agency, the Department of Social Services (DSS), to enroll foster children with severe behavioral health needs in a care coordination program. Our own evaluations of drug utilization by this group have identified the need to ensure appropriate prescribing of psychotropic medications. The care coordination model ensures provider education and monitoring of prescribing patterns, therefore optimizing clinical evidenced-based outcomes for children.

South Carolina Department of Health and Environmental Control - www.scdhec.gov

Drug Control - Prescription Monitoring Program (PMP)

Prescription Monitoring Act

SECTION 1. Chapter 53, Title 44 of the 1976 Code is amended by adding:

"Article 15

Prescription Monitoring Program

Section 44-53-1610.

This article may be cited as the 'South Carolina Prescription Monitoring Act'.

Section 44-53-1620.

This article 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.

Section 44-53-1630. As used in this section:

- (1) 'Controlled substances' means those substances listed in Schedules II, III, and IV of the schedules provided for in Sections 44-53-210, 44-53-230, 44-53-250, and 44-53-270.
- (2) 'Dispenser' means a person who delivers a Schedule II-IV controlled substance to the ultimate user, but does not include:
 - (a) a licensed hospital pharmacy that distributes controlled substances for the purpose of inpatient hospital care or dispenses prescriptions for controlled substances at the time of discharge from the hospital;
 - (b) a practitioner or other authorized person who administers these controlled substances; or
 - (c) a wholesale distributor of a Schedule II-IV controlled substance.
- (3) 'Drug control' means the Department of Health and Environmental Control, Bureau of Drug Control.
- (4) 'Patient' means the person or animal who is the ultimate user of a drug for whom a prescription is issued or for whom a drug is dispensed, or both.

Section 44-53-1640.

(A) The Department of Health and Environmental Control, Bureau of Drug Control may establish and maintain a program to monitor the prescribing and dispensing of all Schedule II, III, and IV controlled substances by professionals licensed to prescribe or dispense these substances in this State.

(B)(1) A dispenser shall submit to drug control, by electronic means, information regarding each prescription dispensed for a controlled substance. The following information must be submitted for each prescription:

- (a) dispenser DEA registration number;
- (b) date drug was dispensed;
- (c) prescription number;
- (d) whether prescription is new or a refill;
- (e) NDC code for drug dispensed;
- (f) quantity dispensed;
- (g) approximate number of days supplied;
- (h) patient name;
- (i) patient address;
- (j) patient date of birth;
- (k) prescriber DEA registration number;
- (l) date prescription issued by prescriber.

(2) A dispenser shall submit the information required pursuant to subsection (B)(1) in accordance with transmission methods and protocols provided in the 'ASAP Telecommunications Format for Controlled Substances, May 1995 Version', developed by the American Society for Automation in Pharmacy, and frequency established by drug control, but shall report at least every thirty days, between the 1st and the 15th of the month following the month the prescription was dispensed.

(3) Drug control may issue a waiver to a dispenser who is unable to submit prescription information by electronic means. The waiver may permit the dispenser to submit prescription information by paper form or other means if all information required pursuant to subsection (B)(1) is submitted in this alternative format.

Section 44-53-1650.

(A) 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, except as provided in subsections (C) and (D).

(B) Drug control shall maintain procedures to ensure that the privacy and confidentiality of patients and patient information collected, recorded, transmitted, and maintained is not disclosed, except as provided for in subsections (C) and (D).

(C) If there is reasonable cause to believe a violation of law or breach of professional standards may have occurred, drug control shall notify the appropriate law enforcement or professional licensure, certification, or regulatory agency or entity and shall provide prescription information required for an investigation.

(D) 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 the laws governing licit drugs and who is involved in a bona fide specific drug related investigation involving a designated person;

(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;

(8) qualified personnel for the purpose of bona fide research or education; however, data elements that would reasonably identify a specific recipient, prescriber or dispenser must be deleted or redacted from such information prior to disclosure. Further, release of the information only may be made pursuant to a written agreement between qualified personnel and the department in order to ensure compliance with this Subsection.

Section 44-53-1660.

Drug control may contract with another agency of this State or with a private vendor, as necessary, to ensure the effective operation of the prescription monitoring program. A contractor shall comply with the provisions regarding confidentiality of prescription information in Section 44-53-1650 and is subject to the penalties specified in Section 44-53-1680 for unlawful acts.

Section 44-53-1670.

Drug control may promulgate regulations setting forth the procedures and methods for implementing this article.

Section 44-53-1680.

(A) A dispenser who knowingly fails to submit prescription monitoring information to drug control as required by this article, or who knowingly submits incorrect prescription information, is guilty of a misdemeanor, and upon conviction, must be fined not more than two thousand dollars or imprisoned not more than two years, or both.

(B) A person or persons authorized to have prescription monitoring information pursuant to this article who knowingly discloses 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.

(C) 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.

(D) Nothing in this chapter requires a pharmacist or practitioner to obtain information about a patient from the prescription monitoring program. A pharmacist or practitioner does not have a duty and must not be held liable in damages to any person in any civil or derivative criminal or administrative action for injury, death, or loss to person or property on the basis that the pharmacist or practitioner did or did not seek or obtain information from the prescription monitoring program. A pharmacist or practitioner acting in good faith is immune from any civil, criminal, or administrative liability that might otherwise be incurred or imposed for requesting or receiving information from the prescription monitoring program."

For additional information, contact: E-mail or telephone (803) 896-0688

SCDHHS Provider Summary Data
Abilify, Geodon, Seroquel, Zyprexa, Risperdal, OxyContin, Roxicodone, and Xanax

Pharmacy claims processing standards allow for a number of different identifiers to be used to name the prescribing physician on pharmacy claims. These identifiers include: physician state license number, NPI number, DEA registration number, and state assigned number. The determination of which prescriber identifier to require is made by each managed care organization and their respective pharmacy benefits manager (PBM), resulting in a number of methods being used to identify prescribers on pharmacy claims for SC Medicaid beneficiaries. Unfortunately, no comprehensive database is available to link the multiple identifiers to any particular prescriber.

The data presented in this report was ascertained by manually "linking" the various prescriber identifiers. While we have attempted to arrive at the number of claims by prescriber based on NPI number, there is the possibility that the totals presented do not represent the true total number of prescriptions submitted by the prescribers listed.

**SCDHHS Provider Summary Data
Abilify**

	Abilify, 2010		
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1467400671	237	\$139,043.59
2	1780721373	247	\$136,885.80
3	1043308356	115	\$119,202.32
4	1467486134	163	\$90,656.04
5	1629001516	164	\$89,141.28
6	1952454324	161	\$89,115.76
7	1336231851	160	\$88,965.62
8	1760430573	162	\$88,908.69
9	1609895796	181	\$88,292.55
10	1023154853	143	\$75,589.24

	Abilify, 2011		
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1780721373	139	\$91,372.16
2	1467400671	136	\$84,071.13
3	1629001516	169	\$83,268.30
4	1467486134	126	\$79,830.70
5	1336231851	129	\$79,757.32
6	1952454324	130	\$74,889.20
7	1518069855	150	\$70,916.62
8	1760430573	112	\$70,225.15
9	1609895796	123	\$66,720.50
10	1700887189	178	\$65,949.44

**SCDHHS Provider Summary Data
Geodon**

	Geodon, 2010		
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1467400671	220	\$84,518.58
2	1609895796	137	\$58,362.00
3	1427006808	149	\$46,643.06
4	1386752236	111	\$45,032.23
5	1316912066	79	\$43,687.02
6	1356301360	67	\$42,563.69
7	1578666731	92	\$41,662.89
8	1487857645	65	\$37,809.67
9	1417069501	54	\$37,248.77
10	1467486134	56	\$33,432.33

	Geodon, 2011		
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1467400671	211	\$82,859.38
2	1578666731	91	\$47,642.65
3	1316912066	70	\$43,744.65
4	1285869578	94	\$36,101.52
5	1427006808	102	\$33,000.72
6	1609895796	74	\$30,485.08
7	1629001516	83	\$29,625.39
8	1487857645	42	\$28,164.85
9	1336231851	50	\$27,401.31
10	1851482210	54	\$26,442.74

SCDHHS Provider Summary Data
OxyContin

	Oxycontin, 2010		
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1871609388	54	\$60,980.33
2	1669495255	30	\$53,754.51
3	1235154998	41	\$46,805.50
4	1205821865	128	\$43,457.03
5	1528045978	43	\$38,556.23
6	1720019607	46	\$37,147.52
7	1750492526	12	\$35,640.52
8	1154371649	31	\$30,009.98
9	1235114737	46	\$28,843.71
10	1194778423	16	\$26,570.88

	Oxycontin, 2011		
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1871609388	46	\$55,890.38
2	1154371649	34	\$45,751.01
3	1205821865	103	\$34,143.74
4	1629294798	21	\$31,879.96
5	1467566968	36	\$31,416.31
6	1235114737	41	\$28,968.60
7	1528045978	28	\$27,010.38
8	1952474769	33	\$25,334.52
9	1629154554	11	\$24,830.81
10	1538198171	24	\$20,852.98

**SCDHHS Provider Summary Data
Seroquel**

Seroquel, 2010			
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1316912066	597	\$273,586.74
2	1407992803	399	\$190,667.03
3	1467486134	245	\$125,488.66
4	1578666731	212	\$122,166.78
5	1982716437	162	\$99,399.23
6	1578655205	166	\$93,935.57
7	1609895796	305	\$90,517.18
8	1336231851	147	\$83,281.58
9	1467400671	208	\$75,850.77
10	1972508802	132	\$74,808.72

Seroquel, 2011			
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1316912066	470	\$240,678.48
2	1407992803	327	\$190,727.44
3	1578666731	198	\$119,311.56
4	1467486134	169	\$98,153.94
5	1558338459	172	\$89,981.05
6	1972508802	133	\$82,641.18
7	1609895796	220	\$71,441.80
8	1508919879	106	\$69,945.80
9	1982716437	103	\$68,822.66
10	1578655205	97	\$67,803.41

SCDHHS Provider Summary Data
Risperdal

	Risperdal, 2010		
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1578655205	312	\$149,349.58
2	1912039108	264	\$99,214.74
3	1487857645	317	\$96,723.78
4	1578666731	210	\$95,287.41
5	1710906805	200	\$88,267.60
6	1336231851	209	\$84,554.42
7	1467486134	185	\$73,324.88
8	1003835190	253	\$60,765.13
9	1417050576	89	\$57,718.82
10	1316912066	1,042	\$53,451.89

	Risperdal, 2011		
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1487857645	253	\$114,806.05
2	1912039108	211	\$105,490.37
3	1578666731	207	\$90,766.30
4	1578655205	163	\$78,573.49
5	1336231851	170	\$68,022.65
6	1710906805	170	\$65,571.58
7	1376576447	206	\$61,936.03
8	1467486134	135	\$52,294.60
9	1316912066	863	\$42,774.22
10	1699723106	78	\$42,643.19

**SCDHHS Provider Summary Data
Roxicodone**

	Roxidocone, 2010		
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1720019607	412	\$65,198.05
2	1144233735	250	\$43,165.85
3	1871609388	96	\$15,644.97
4	1528045978	160	\$13,811.83
5	1114139854	108	\$12,189.91
6	1659325124	61	\$11,035.98
7	1265425763	50	\$9,867.43
8	1255401782	92	\$9,242.98
9	1124005541	26	\$8,657.74
10	1962466276	75	\$6,842.17

	Roxidocone, 2011		
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1144233735	216	\$17,483.38
2	1871609388	92	\$8,641.30
3	1528045978	162	\$7,584.39
4	1215946538	144	\$6,939.35
5	1851419378	99	\$6,178.63
6	1265493605	44	\$5,316.43
7	1730166265	113	\$5,143.78
8	1700860665	61	\$4,105.55
9	1265425763	29	\$4,028.88
10	1114139854	49	\$3,732.17

**SCDHHS Provider Summary Data
Xanax**

	Xanax, 2010		
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1891746830	1,248	\$18,146.58
2	1295825370	876	\$9,519.52
3	1508919879	101	\$9,045.70
4	1427006808	724	\$9,014.49
5	1417988072	1,205	\$8,709.33
6	1295794428	555	\$8,672.13
7	1487677696	32	\$7,173.15
8	1386681526	455	\$6,077.64
9	1023016904	129	\$5,950.50
10	1235154998	140	\$5,816.12

	Xanax, 2011		
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1891746830	1,187	\$14,967.04
2	1508919879	96	\$8,747.42
3	1295825370	795	\$7,677.25
4	1427006808	668	\$6,830.07
5	1417988072	1,038	\$6,469.40
6	1487677696	38	\$6,074.75
7	1295794428	328	\$6,008.56
8	1184694168	104	\$5,658.39
9	1780721373	342	\$5,252.97
10	1023016904	109	\$4,931.27

**SCDHHS Provider Summary Data
Zyprexa**

	Zyprexa, 2010		
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1316912066	597	\$327,465.19
2	1760430573	190	\$131,822.17
3	1912039108	168	\$117,555.79
4	1225003973	135	\$105,571.06
5	1578655205	142	\$99,088.54
6	1578666731	145	\$98,028.01
7	1487857645	129	\$95,997.23
8	1407992803	228	\$93,228.24
9	1336287762	110	\$83,621.62
10	1356309967	193	\$79,345.34

	Zyprexa, 2011		
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1316912066	532	\$308,504.42
2	1578666731	174	\$126,595.57
3	1760430573	152	\$125,893.92
4	1912039108	138	\$115,238.83
5	1407992803	245	\$112,661.40
6	1336287762	111	\$101,526.07
7	1649222779	106	\$100,338.23
8	1639291669	84	\$97,093.16
9	1912948647	122	\$96,673.75
10	1225003973	99	\$95,743.16