

PRESCRIPTION FRAUD AND DRUG DIVERSION

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DISCLOSURE

- There are no relevant financial relationships with commercial interests associated.





DRUG HISTORY

Most abused prescription drugs today are associated with some type of pain relief. Most are products of the Opium Poppy (*Papaver somniferum*).

Use dates back to 3400 B.C. The Sumerians referred to the Poppy as the "Joy Plant". The word "Morphine" is derived from the word "Morpheus", the Greek God of dreams and Morpheus is the son of Hypnos, the Greek God of sleep.

In the United States, Morphine was widely abused in the Civil War. Some experts contend in Post War 1900's some 500,000 men were Morphine addicts.

DRUG HISTORY

Today the white milky substance that is extracted from the Poppy is processed in the making of prescription opioids or pain relievers like Morphine, Codeine, Hydrocodone, Oxycodone, Fentanyl, Propoxyphene and Tramadol.

Other controlled drugs most likely to be abused are central nervous system (CNS) depressants like Valium or Xanax and stimulants like Ritalin or Adderall.

REASONS TO ADDRESS DRUG DIVERSION

- Trends show an increase in the abuse of the controlled substances.
- Less likelihood of detection and greater chance of accessibility.
- High profit margin in street resale.
- Increasing levels of violence.
- Increasing numbers of overdose deaths.

DRUGS AND NARCOTICS

SCHEDULE I

- The drug or substance has a high potential for abuse.
- The drug or substance has no currently accepted medical use in treatment in the U. S.
- There is a lack of accepted safety for the use of the drug or substance under medical supervision.

DRUGS AND NARCOTICS

SCHEDULE I

- . Heroin
- . Marijuana
- . Phencyclidine (PCP)
- . MDMA (Ecstasy)

DRUGS AND NARCOTICS

SCHEDULE II

- The drug or substance has a high potential for abuse.
- The drug or substance has a currently accepted medical use in treatment in the U.S. or a currently accepted medical use with severe restrictions.
- Abuse of the drug or substance may lead to severe psychological or physical dependence.

DRUGS AND NARCOTICS

SCHEDULE II

- . Ritalin
- . Oxycodone
- . Methadone
- . Demerol
- . Cocaine
- . Oxymorphone
- . Morphine
- . Fentanyl
- . Adderall
- . Hydromorphone
- . Methamphetamine

DRUGS AND NARCOTICS

SCHEDULE III

- The drug or substance has a potential for abuse less than the drugs or substance in schedules I and II.
- The drug or substance has a currently accepted medical use in treatment in the U.S.
- Abuse of the drug or substance may lead to moderate or low physical dependence or high psychological dependence.

DRUGS AND NARCOTICS

SCHEDULE III

- . Tylenol w/ Codeine (T3)
- . Fioricet w/ Codeine
- . Hydrocodone (Lortab, Vicodin, Vicoprofen, Lorcet, Norco)
- . Tussinex Suspension
- . Subutex

DRUGS AND NARCOTICS

SCHEDULE IV

- The drug or substance has a low potential for abuse relative to the drugs or other substances in schedule III.
- The drug or substance has a currently accepted medical use in treatment in the U.S.
- Abuse of the drug or substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule III.

DRUGS AND NARCOTICS

SCHEDULE IV

- . Ambien
- . Klonopin
- . Ativan
- . Talwin
- . Soma (Carisoprodol)
- . Xanax (Alprazolam)
- . Darvocet (Propoxyphene)
- . Valium (Diazepam)
- . Adipex (Phentermine HCL)

DRUGS AND NARCOTICS

SCHEDULE V

- The drug or substance has a low potential for abuse relative to the drugs or other substances in schedule IV.
- The drug or substance has a currently accepted medical use in treatment in the U.S.
- Abuse of the drug or substance may lead to limited physical dependence or psychological dependence relative to the drugs or substances in schedule IV.

DRUGS AND NARCOTICS

SCHEDULE V

- . Lomotil
- . Guaifenesin with codeine
- . Phenergan with codeine

DRUGS AND NARCOTICS

NON-CONTROLLED (LEGEND) DRUGS

Drugs that fall into the non-controlled class but still require a prescription.

DRUGS AND NARCOTICS

OVER THE COUNTER (OTC) DRUGS

Drugs that can be purchased
without a prescription.

METHODS OF DIVERSION

1. Burglary
2. Robbery
3. Theft
 - a. Internal – Doctor, Pharmacist, Nurse, Intern, Staff.
 - b. External – Medical supply delivery company, mail delivery, employment.

METHODS OF DIVERSION

4. Fraud

- a. Phony call-ins
- b. Phony prescription pad
(stolen/photocopied)
- c. Doctor shopper

METHODS OF DIVERSION

5. Forgery

a. Altered prescription

6. Improper prescribing (excessive amounts)

METHODS OF DIVERSION

7. Medical identity theft

- a. Shared information.
- b. Stealing someone else's information.
- c. Altering own information.
- d. Create fake information.
- e. Fraudulent billing.

TARGETS OF DRUG DIVERSION

- Pharmacies – Open and closed door facilities
- Medical Clinics
- Hospital - ER
- Nursing Homes – Assisted Living Facilities
- Mail Order Recipients
- Dental Clinics

PERPETRATORS AND VICTIMS

- Drug Users
- Crooked Medicaid/Medicare Recipients
- Street Dealers
- Organized Crime – Counterfeit Drugs
- Internet Pharmacies

PHARMACUTICAL DIVERSION STATUTES

28-418 (1)(c)

OBTAIN OR ATTEMPT TO OBTAIN A
CONTROLLED SUBSTANCE BY THEFT,
MISREPRESENTATION, FRAUD, FORGERY,
DECEPTION OR SUBTERFUGE

Penalty – Class IV felony

PHARMACUTICAL DIVERSION STATUTES

28-418 (1)(h)

POSSESSION OF A FALSE OR FORGED
PRESCRIPTION FOR A CONTROLLED
SUBSTANCE

Penalty – Class IV felony

PHARMACUTICAL DIVERSION STATUTES

28-418 (1)(i)

COMMUNICATE FALSE INFORMATION
TO A DOCTOR

Penalty – Class IV felony

PRACTITIONER RESPONSIBILITY AND LIABILITY

28-1438.02

Controlled substance; practitioner; provide
information; limit on liability or penalty

PRACTITIONER RESPONSIBILITY AND LIABILITY

27-504 (4)(e)

Physician-patient privilege. No privilege in
judicial proceeding

PRACTITIONER RESPONSIBILITY AND LIABILITY

45 CFR 164.512 (f)(5)

Permitted Disclosure: Crime on Premises.

KEY INDICATORS

- No identification.
- No insurance information with them or want to self-pay when records indicate patient has insurance.
- New patient.
- New to the area or just moved back.
- Information being provided does not match records.
- No previous doctor or no current doctor.

KEY INDICATORS

- No regular pharmacy.
- Does not live near clinic.
- Lots of allergies to lesser medications.
- Knows what medications work well.
- Symptoms do not match observations.
- Refuse alternative treatments or supplemental exams.

PREVENTIVE MEASURES

- Trust your instincts.
- Check identification, make sure it matches.
(Photocopy license or ID card)
- Examine documents that are presented.
- Complete detailed intake sheet for every visit.
(Currently seeing any doctors or taking any medications?)
- Do not provide any information to patient.
(Address, DOB, SSN, leading questions)
- Take photo of patient or have video in clinic.

PREVENTIVE MEASURES

- Document identifying characteristics.
(Scars, marks, tattoos, unique physical characteristics)
- Check with previous doctors.
- Check within your network and other networks.
- Check with pharmacy.
(e.g., Walgreens, Wal-Mart, Target, Shopko, Bakers)
- Background check of employees.
- Only issue small quantity of medications until information provided can be confirmed.

PREVENTIVE MEASURES

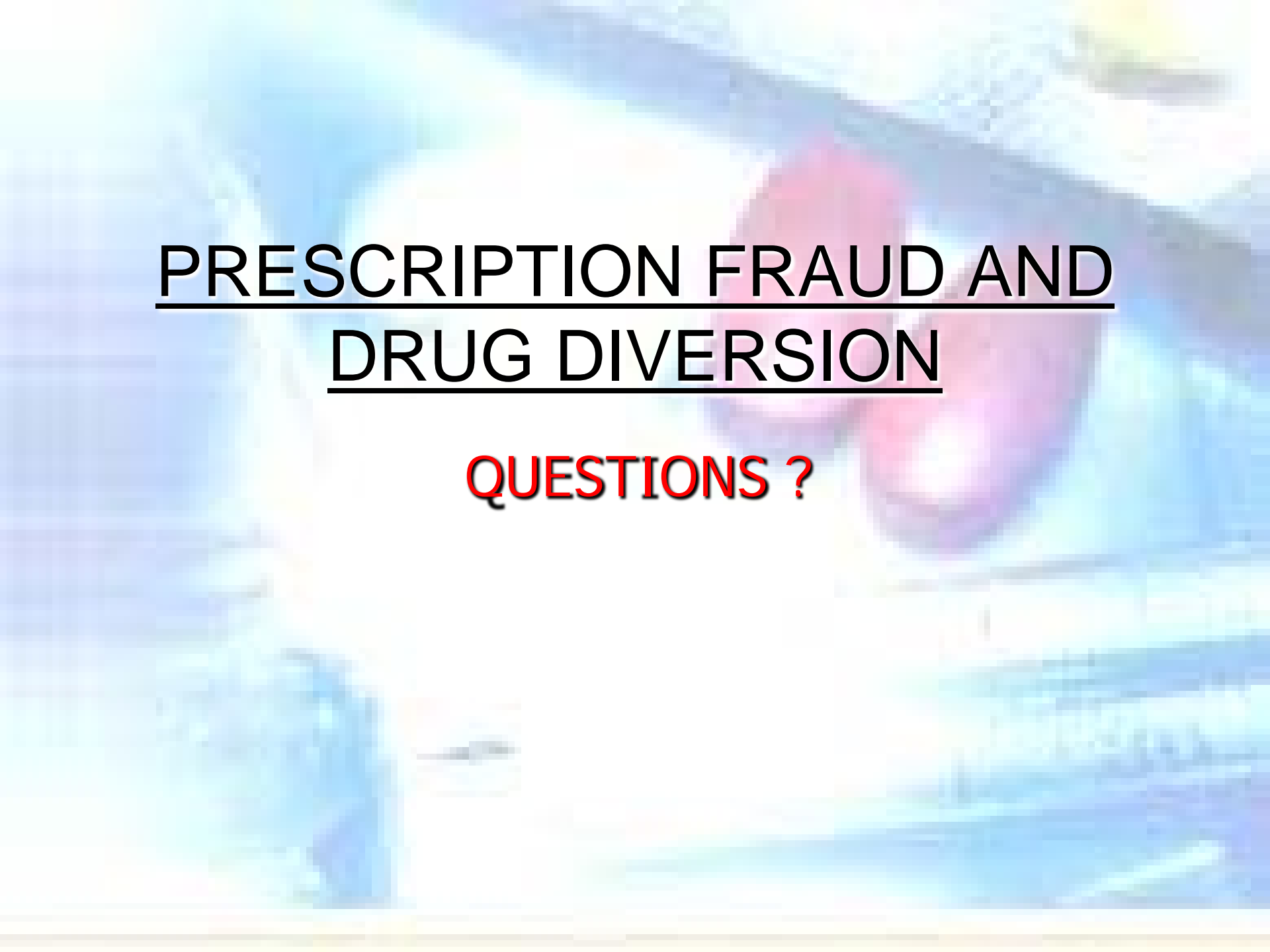
- Only issue prescription after examination; avoid phone in refills if possible.
- Keep accurate and thorough patient records.
- Do not delegate authority to issue prescriptions.
- Do not get upset with pharmacies.
- Report suspicious patients and incidents.
- After hours requests: advise patient and instruct pharmacy that photo identification is required.

PRESCRIPTION PAD SAFETY

- Keep prescription pads in central location away from patients.
- Keep prescription pads locked up with limited access.
- Sequentially number all prescription blanks.
(Excel spreadsheet)
- Use multicolored prescription blanks with security features.
- Use prescription blanks that smudge or discolor if tampered with.

PRESCRIPTION PAD SAFETY

- Type or use ink to fill out prescription blanks.
- Use both numbers and words for quantity.
- Include practice or specialty on prescription blanks.
- Include patient name, address, and DOB on prescription blanks.



PRESCRIPTION FRAUD AND DRUG DIVERSION

QUESTIONS ?

Contact Information

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