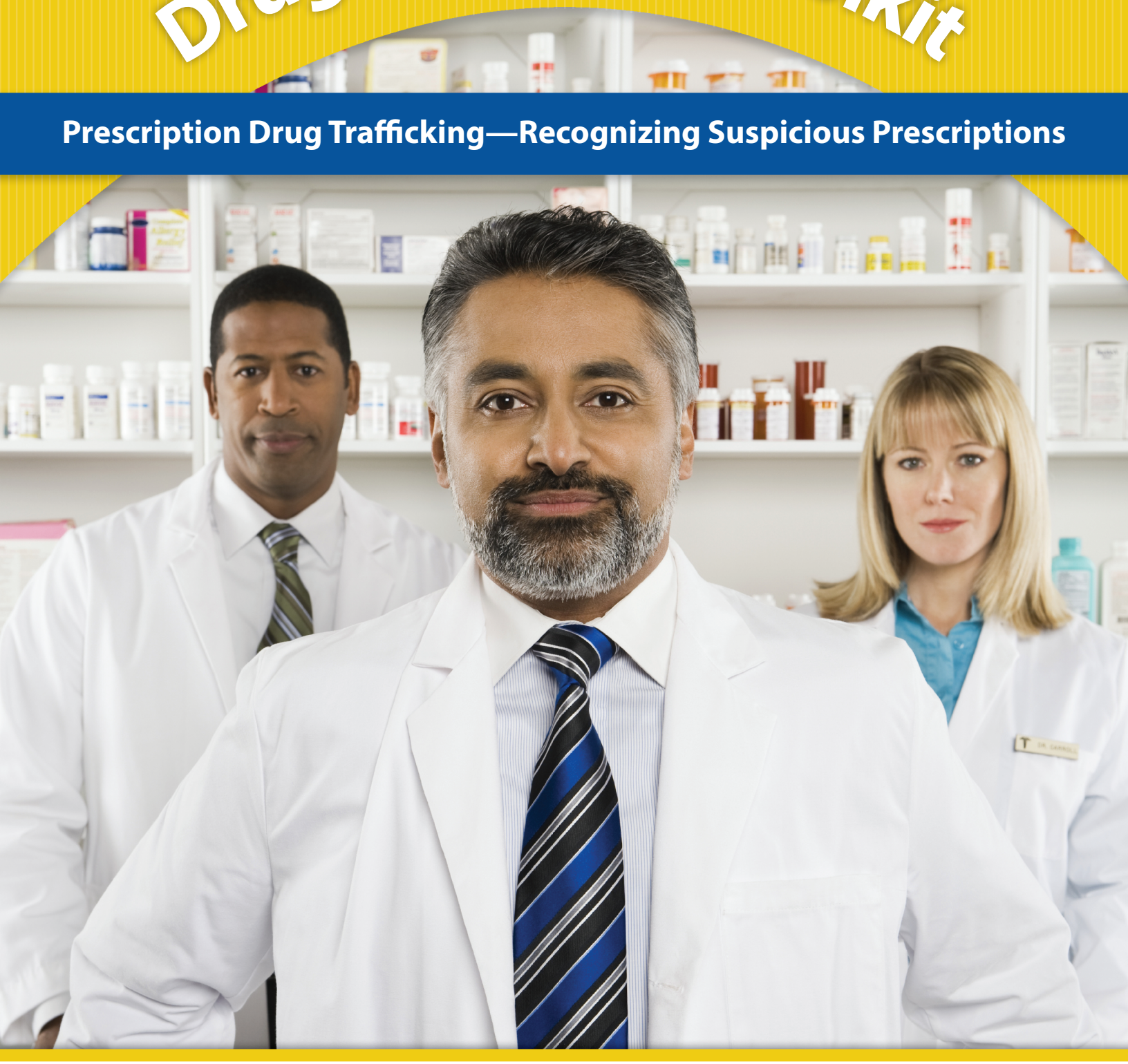
Drug Diversion Toolkit

Prescription Drug Trafficking—Recognizing Suspicious Prescriptions



DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

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Content Summary

This booklet educates pharmacy personnel about characteristics of prescriptions that indicate the prescription may be fraudulent. The information presented helps pharmacists recognize what circumstances should trigger a particularly thorough and comprehensive review of a prescription before filling. The booklet describes how to identify acceptable Centers for Medicare & Medicaid Services tamper-resistant characteristics, while recognizing circumstances that require secondary prescription verification before filling. This booklet also enables pharmacists to recognize distinctive traits of new prescriptions that may suggest a questionable origin and which secondary prescription verification steps to take in these instances. The booklet provides guidance to assist pharmacists who suspect or identify prescription tampering or prescriptions of questionable origin.

Recognizing Tampering

National and local headlines are filled with stories of prescription drug trafficking.[1] The allure of quick and easy money draws in small-time crooks, syndicated crime rings, and even health care professionals who appear to be reputable members of the local community. It is imperative that pharmacists exercise due diligence to determine whether a prescription presented to be filled is, in fact, a legitimate prescription. Pharmacists, pharmacy interns, and pharmacy technicians should know how to inspect new prescriptions for evidence of tampering and should be able to recognize traits of new prescriptions that may suggest a questionable origin.

Tamper-Prevention Categories

Performing a thorough inspection of the prescription hard copy is essential to ensure controlled substance integrity. This step may help identify a prescription that has been photocopied or altered. Since October 1, 2008, Federal law has required that printed prescriptions issued to Medicaid patients comply with three categories of features to be considered tamper-resistant.[2] Prescriptions must have:

1. One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form;
2. One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription pad by the prescriber; and
3. One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

The requirement for industry-recognized security features does not apply to verbal, faxed, or electronic prescriptions; cases where a managed care organization pays for the prescription; or most institutional or clinical residential settings.[3] Become familiar with security features so staff can take appropriate measures to validate any prescription that appears to have been copied, altered, or forged. Table 1 lists the tamper-resistant features suggested by the National Council for Prescription Drug Programs (NCPDP) that prescribers may select in light of the Federal requirement and identifies circumstances that may require secondary prescription verification before filling.[4]

Table 1. Tamper-Resistant Technology and Secondary Verification

Tamper-Resistant Feature	Description	When Secondary Verification Is Required	Tamper-Resistant Category
Chemically reactive paper*	Exposure to chemical agents leaves a mark on the paper	Unusual marks or voids on paper, especially where quantity is listed	2
Coin-reactive ink	Rub a coin over the back of the prescription blank to view hidden security wording	If the security wording is not visible when rubbed	1
Heat-sensing imprint	Imprint may disappear when touched	If the imprint does not disappear when touched	3
Invisible fluorescent fibers†	Fibers within the prescription form that fluoresce under black light	If the fluorescent fibers do not appear under a black light	3
Microprinting	Very small font (0.010), visible under magnification	If the microprinting line appears as a solid line or is illegible under magnification	1
Nonwhite background color*	Background color disappears on erasure	If background color is missing, especially where quantity is listed	2
Number of prescriptions on form indicator*	Prescription blank contains the phrase, "Rx is void if more than___ Rxs" appear; use "This space intentionally left blank" on computer-printed forms	If the blank does not contain a number	2
Quantity check-off boxes*	Quantity ranges, typically in increments of 25, with a check box next to the range	If no box is checked	2
Quantity or refill border and fill*	The quantity prescribed and number of refills prescribed are preceded and followed by a distinctive character, such as an asterisk. May include both the number and the number spelled out.	If the border is not present or appears altered	2
Refill indicator*	Mandatory inclusion of the number of refills on the prescription	If the number of refills is not indicated	2
Reverse Rx symbol	An Rx symbol may appear white when photocopied	A white Rx symbol is present. If the prescription is received as a fax, document this fact on the face of the prescription	1

Table 1. Tamper-Resistant Technology and Secondary Verification (continued)

Tamper-Resistant Feature	Description	When Secondary Verification Is Required	Tamper-Resistant Category
Security features/ warning band/ warning list*, ‡	A band of wording or list on the face of the prescription or back of the prescription that describes all security features present on the prescription blank	If one or more of the listed security features are not visible	3
Safety or security paper;	Shows attempts to change written information through abrasion	If a portion of the background appears lighter, darker, or altered	2
Thermochromic ink or "Rx" symbol†	When designated text or symbol is rubbed or heated, a color change is observed	If no color change is seen when rubbed or heated	3
Toner bond or adhesion coating; color lock paper	The paper is designed to fuse with toner inks to prevent removal of printed text	If the paper appears torn or altered	2
Void pantograph*	A word, such as "Void," "Illegal," or "Copy," is very light or not visible at all on the original paper prescription but is apparent if the paper is photocopied	If the words "Void," "Illegal," or "Copy" appear across the face of the prescription. If the prescription arrives as a fax, document this fact on the face of the prescription.	1
Watermark on either side of blank	Tip the page toward a light to see the watermark	If the watermark is not visible	1

* Considered less costly and easier to implement and verify than other features.

† Considered difficult for pharmacists to verify by American Pharmacist Association, National Association of Chain Drug Stores, and National Community Pharmacist Association.

‡ The American Pharmacist Association, National Association of Chain Drug Stores, and National Community Pharmacist Association strongly encourage States to mandate this feature.

Noncompliant Prescriptions

Features that a prescriber may add to a noncompliant prescription blank, such as writing out drug quantities or using particular types of ink do not satisfy the provisions of the Social Security Act's tamper-resistance amendment because the statute requires that the prescription be "executed on a tamper-resistant pad."[5] In addition, using a pen does not satisfy the requirement of a feature that prevents erasure or alteration.[6] States may require additional tamper-resistant provisions that meet or exceed the three required categories. For example, the State of New York requires a serial number on the face of the prescription that must be included as part of the claims adjudication process before the prescription is validated.[7]

The NCPDP and other pharmacy and pharmacist organizations strongly suggest prescribers include a listing of security features on their prescription forms so pharmacists can identify the selected tamper-resistant features.[8] If the security feature listing is not included, use professional discretion when considering the tamper-resistant features that are present. If a prescription lacks a feature in any of the three required tamper-resistant categories, it is the duty of the pharmacist to call the prescriber and verify the prescription. Documentation by the pharmacy of a verbal prescriber confirmation on a noncompliant prescription satisfies the tamper-resistant requirements of the Federal law.[9]

Questionable Origin and Pill Mills

Pharmacists also have a duty to carefully examine prescriptions that appear questionable in origin. The starting point for a questionable prescription is often a fraudulent pain clinic, or pill mill, where prescribers write prescriptions for controlled substances in exchange for cash, without any intent to actually establish a provider–patient relationship. A pill mill provider prescribes and dispenses controlled substances outside of the usual scope of medical practice or violates the laws of the State as they pertain to controlled substances.[10] Florida recently stood at the epicenter of the pill mill crisis. Florida Attorney General Pam Bondi said that when she took office in 2011, of the nation's 100 highest-volume oxycodone prescribers, Florida physicians occupied 98 of the 100 spots. In 2013, Bondi announced that due to her efforts to shut down pill mills, there were no Florida physicians on the top prescriber list.[11]

In June 2013, Walgreens agreed to pay the largest civil penalty in Drug Enforcement Administration (DEA) history after the DEA found Walgreens pharmacists carelessly filled inordinately large numbers of oxycodone and other controlled substance prescriptions. Walgreens acknowledged that its Florida distribution center failed to notify the DEA of unusually large, suspicious drug orders and acknowledged that some of its Florida pharmacists failed to fulfill their corresponding duty under Federal regulations to ensure proper prescribing and dispensing of controlled substances.[12]

Corresponding Responsibility

Pharmacists have a corresponding responsibility to physicians to ensure that prescriptions are written for a legitimate medical purpose.[13] If a provider is engaged in behavior that involves prescribing controlled substances outside of the realm of medical practice standards, a responsibility to recognize this behavior rests on the shoulders of the pharmacists accepting the prescription. If pharmacists are found not to have acted on their corresponding responsibility, they can be held liable and the right to dispense controlled substances can be revoked by the DEA.[14, 15] If a pharmacist fills prescriptions that were not issued for a legitimate medical purpose, he or she may also be subject to criminal prosecution.[16] The DEA contends that pharmacists could save lives by questioning suspect prescriptions, being aware of suspicious behavior, exercising professional judgment, and refusing to fill prescriptions that originate at "rogue" pain clinics.[17]

When and How to Verify

Pharmacists should check pharmacy records to determine if other providers have prescribed narcotics or other mediations with abuse potential. Forty-nine States and Washington, D.C., have enacted legislation to create Prescription Drug Monitoring Programs (PDMPs, or just PMPs).[18, 19] If available, pharmacists should consult PDMP data to view comprehensive information on prescribed and dispensed controlled substances that appear on Schedules II–V of the Controlled Substances Act. The National Association of Boards of Pharmacy (NABP) operates PMP InterConnect, a platform through which providers in member States may search the PDMPs of other member States to check out suspected doctor shoppers or other suspicions they may have about a patient or prescription. As of January 2016, 30 States are members. For more information about PMP InterConnect, visit http://www.nabp.net/programs/pmp-interconnect/nabp-pmp-interconnect on the NABP website.

Question the origin of a prescription if aspects of the patient, provider, or prescription appear outside of the norm, but balance this responsibility with providing for the needs of lawful patients. If a questionable origin is suspected, attempt to verify the prescription.

If the pharmacist does not know the patient, ask the patient for identification and include that identification number on the prescription. Pharmacists may ask the patient what condition the medication is being used to treat. Contact the prescriber to confirm the prescription was issued by the prescriber and request that the prescriber provide the patient's diagnosis. If circumstances suggest that prescriber identity theft may have occurred, do not hesitate to ask to speak to the prescriber directly. Document all gathered information on the prescription blank.

Circumstances That May Require Secondary Verification

Patient, provider, or controlled substance prescription attributes or circumstances that may warrant further scrutiny include:

- The patient is a young age;
- The patient requests to pay cash when insurance coverage exists;
- One patient drops off or picks up multiple similar prescriptions for two or more patients;
- Similar or identical prescriptions originate from the same prescriber or practice for inordinately large quantities of medications typically diverted, such as OxyIR® or Xanax®;
- Groups of patients drop off similar or identical prescriptions for commonly diverted medications, often written by a prescriber who practices in another city or county;

- The patient presents controlled substance prescriptions from multiple physicians (suspicious for "doctor shopping");
- The patient is unable to provide identification when requested;
- All prescriptions from a particular provider for the same patient are phoned in to the pharmacy, and the pharmacy has never processed a written or faxed prescription from the provider for this patient;
- The diagnosis given by the patient does not match the diagnosis given by the prescriber;
- The prescriber is unable or unwilling to give a diagnosis or provides the same diagnosis for all patients, such as back pain or degenerative disc disease;
- The prescriber is unavailable to speak directly with the pharmacist, will not return calls at all, or takes an unusual amount of time to respond to the pharmacist;
- The prescriber has not committed his or her DEA registration number to memory;
- The prescription does not contain all federally mandated information; or
- The prescription does not comply with industry standards for tamper resistance or appears tampered with.
- The prescription does not contain all federally mandated information; or
- The prescription does not comply with tamper-resistance industry standards or appears tampered with.

When Tampering or Questionable Origin Is Suspected or Identified

If prescription tampering or a prescription of questionable origin is suspected or identified, pharmacists should choose to exercise their corresponding duty by electing not to fill the prescription. Pharmacists may be held accountable if they fill "customer prescriptions that they knew or should have known were not for legitimate medical use."[20] Pharmacists should report their suspicions. Agencies that may be notified include:

- Local law enforcement;
- DEA;
- State Medicaid Fraud Control Unit;
- State licensing board if a health care professional is involved; or

- The U.S. Department of Health and Human Services, Office of Inspector General.

  ATTN: Hotline
  P.O. Box 23489
  Washington, D.C. 20026
  Phone: 1-800-HHS-TIPS (1-800-447-8477)
  TTY: 1-800-377-4950
  Fax: 1-800-223-8164
  Email: HHSTips@oig.hhs.gov
  Website: https://forms.oig.hhs.gov/hotlineoperations/

Pharmacists should call 911 immediately if a pharmacist, intern, technician or other pharmacy staff member feels threatened by a patient.

Conclusion

To help prevent prescription drug trafficking and to decrease the risk of diversion, pharmacy personnel must use special care when dealing with prescriptions for controlled substances and the patients who present them. Knowing how to recognize prescription tampering and which written prescription attributes should warrant secondary verification will help pharmacists and providers in the fight against these types of prescription fraud. Pharmacy personnel must exercise a corresponding responsibility to ensure prescriptions comply with all policies, procedures, and State and Federal laws prior to dispensing controlled substances.

To see the electronic version of this booklet and the other products included in the "Drug Diversion" Toolkit, visit the Medicaid Program Integrity Education page at https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html on the CMS website.

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