

## Prescription Drug Diversion Resource Guide

June 2014

Prescription drug abuse has seen a dramatic increase over the past two decades, reaching near epidemic levels. According to the Centers for Disease Control and Prevention (CDC), overdose deaths involving opioid pain relievers (OPR), also known as opioid analgesics, have increased and now exceed the number of deaths involving heroin and cocaine combined.

Prescription drug diversion is the transfer of a prescription drug from a legal supply chain to an illegal channel of distribution or use.[1] Drug diversion can occur through a variety of channels including doctor shopping, theft, forgery, illicit prescribing, illegal sales, counterfeiting, and patients' own medicine cabinets. In a survey, almost 50 percent of teens said they believe that prescription drugs are much safer than illegal street drugs. And 60 to 70 percent say that home medicine cabinets are their source of drugs.[2]

As the primary gatekeepers to the access of prescription drugs, prescribers and pharmacists are strategically positioned to uncover suspicious activity and intercede on behalf of at-risk patients. Prescribers and pharmacists must also provide vital education to patients regarding the importance of safeguarding prescription medications, using them as prescribed, and safely disposing of any unused portions.

### What Are the Most Common Drugs Involved?

According to the 2010 National Drug Threat Assessment report, the most commonly diverted controlled prescription drugs are opioids, with related opioid deaths increasing 98 percent from 2001 to 2009.[3] Other common classes are central nervous system depressants (for example: benzodiazepines), stimulants (for example: amphetamines or methylphenidate), anabolic steroids, and over-the-counter medications (for example: dextromethorphan).[4]

### Who Can Divert?

Diversion may occur at any point in the supply chain, from the manufacturer to the consumer. This may include manufacturers, wholesale distributors, illegal Internet pharmacies, health care professionals, pharmacy employees, patients or their family members, and other individuals. The most common point in which theft occurs at the manufacturing and distribution level is while drugs are in transit. All health care professionals should observe stock for drug containers that show evidence of tampering. Routine audits ensure that the quantity of drugs received corresponds to the quantity dispensed. Controlled substance access should be restricted to authorized personnel only.



## How Are Drug-Seeking Behaviors Identified?

Prescribers and pharmacists should observe patients for signs of drug-seeking behavior. Patients may exhibit unusual behavior as if they are under the influence of drugs or alcohol. Some signs to watch for in patients include:

- Arriving after office hours or seeking an appointment toward the end of regular hours;
- Stating that he or she is in the area visiting friends or relatives;
- Providing a convincing, specific description of symptoms but giving a vague medical history;
- Providing old medical records or X-rays (often from an out-of-state provider) to validate the request;
- Declining a physical exam or authorization to acquire past records or to perform diagnostic tests;
- An inability or unwillingness to give the name of his or her regular doctor;
- Explaining he or she lost or forgot to pack medication or that the prescription was stolen or damaged;
- Showing an exceptional knowledge of opioid medications;
- Citing allergies to non-opioid medications or unacceptable pain control with suggested non-opioid medications; or
- Pressuring the provider with threats or by eliciting guilt or sympathy.[5]

Physical examination findings that are commonly seen in substance use disorders include: facial/periorbital puffiness, scleral jaundice, hypertension, atrial fibrillation, nystagmus, peripheral neuropathy, needle track marks, cellulitis, skin abscesses, caries, mouth ulcers, pinpoint or dilated pupils, low blood pressure, low respiratory rate, being underweight, scratching associated with formication or nasal septal necrosis.[6]

Situations that require scrutiny by pharmacists include:

- Pressuring the provider with threats or by eliciting guilt or sympathy.
- Patients who present prescriptions in the names of other people;
- Many patients presenting similar prescriptions from the same prescriber or clinic within a short period of time;
- Prescription blanks that appear altered, forged, or counterfeit;
- Prescriptions with handwriting that is too neat, or that contain unusual abbreviations, misspellings, or atypical quantities;
- Patients who present prescriptions for both controlled and non-controlled substances but ask to fill only the controlled substance;
- Patients who ask to pay cash rather than submit the claim to an insurance carrier; or
- Presentation of multiple prescriptions for controlled substances that elicit opposite effects (for example: uppers and downers).[7]

Pharmacists should also scrutinize tamper-resistant prescription pads for evidence of alteration, such as:

- A void pantograph;
- A white area on the prescription;
- Multiple quantity check boxes indicated;
- Refill indicators missing;
- No reaction to paper labeled chemically reactive; or
- Lack of serial numbers or logos printed on the prescription form.[8]

If any information on a prescription appears to have been altered, especially a prescription for a medication that is frequently abused or diverted, the information should be verified with the prescriber.

## Where Should Drug Diversion Be Reported?

Providers and pharmacists should document every encounter with a patient or other health care provider in detail, especially when prescription drug diversion, abuse, or fraud is suspected. Upon discovery of possible drug diversion, the first step is to notify law enforcement. In addition, any theft or significant loss of any controlled substance must be reported to the Drug Enforcement Administration (DEA) within one business day. Reports can be made at [http://www.deadiversion.usdoj.gov/21cfr\\_reports/theft/index.html](http://www.deadiversion.usdoj.gov/21cfr_reports/theft/index.html) located on the DEA website.

Report suspected drug diversion and other fraud or abuse to the State Medicaid agency (SMA) even if the specific transaction is paid for with cash or private insurance rather than Medicaid program dollars. Sometimes such transactions are simply part of a larger pattern of behavior that does involve Medicaid fraud, waste, or abuse. SMA contact information is available at <http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforConsumers/Downloads/smafraudcontacts-february2014.pdf> on the Centers for Medicare & Medicaid Services website.

Or contact the U.S. Department of Health and Human Services, Office of Inspector General.

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

ATTN: Hotline

P.O. Box 23489 Washington, DC 20026

Phone: 1-800-HHS-TIPS (1-800-447-8477)

TTY: 1-800-377-4950

Fax: 1-800-223-8164

E-mail: [HHSTips@oig.hhs.gov](mailto:HHSTips@oig.hhs.gov)

Website: <https://forms.oig.hhs.gov/hotlineoperations/>

## Resources

For more information on prescription drug diversion, consult the following sources:

### Pharmaceutical Diversion Education

- National Health Care Anti-Fraud Association <http://nhcaa.org>
- Pharmaceutical Diversion Education, Inc. <http://rxdiversion.com/>

### Medical Associations

- American Medical Association <http://www.ama-assn.org/ama/pub/advocacy/topics/combating-prescription-drug-abuse-diversion.page>
- American Society of Addiction Medicine <http://www.asam.org/docs/publicity-policy-statements/1-counteract-drug-diversion-1-12.pdf?sfvrsn=0>

### Federal Resources

- Centers for Medicare & Medicaid Services. Drug Diversion in the Medicaid Program. State Strategies for Reducing Prescription Drug Diversion in Medicaid <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/MedicaidIntegrityProgram/downloads/drugdiversion.pdf>
- Office of National Drug Control Policy (ONDCP) <http://www.whitehouse.gov/ondcp>

## Continuing Medical Education Program References and Resources

- U.S. Department of Health and Human Services, Office of Inspector General <https://oig.hhs.gov/>
- U.S. Department of Justice. Drug Enforcement Administration. Office of Diversion Control <http://www.deadiversion.usdoj.gov/>

## State Resources

- Alliance of States with Prescription Monitoring Programs <http://pmpalliance.org/>
- National Alliance for Model State Drug Laws <http://www.namsdl.org/>
- National Association of Medicaid Fraud Control Units <http://www.namfcu.net>
- State Medicaid agencies. Visit <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/By-State.html> for links to State Medicaid program websites.
- The Council of State Governments. Trends Alert. Drug Abuse in America—Prescription Drug Diversion <http://www.csg.org/knowledgecenter/docs/TA0404DrugDiversion.pdf>

## References

- 1 Stowkowski, L. (2008, March 31). Drug Diversion in the United States. Retrieved March 27, 2013, from <http://www.medscape.org/viewarticle/572103>
- 2 Foundation for a Drug-Free World. (n.d.). The Truth About Prescription Drug Abuse. Retrieved April 16, 2013, from <http://www.drugfreeworld.org/drugfacts/prescription/abuse-international-statistics.html>
- 3 U.S. Department of Justice. National Drug Intelligence Center (NDIC). (2010, February). National Drug Threat Assessment 2010. Retrieved April 12, 2013, from <http://www.justice.gov/archive/ndic/pubs38/38661/index.htm>
- 4 U.S. Department of Justice. Drug Enforcement Administration. (2012, August). Prescription for Disaster. How Teens Abuse Medicine (p. 21). Retrieved November 20, 2012, from [http://www.justice.gov/dea/pr/multimedia-library/publications/prescription\\_for\\_disaster\\_english.pdf](http://www.justice.gov/dea/pr/multimedia-library/publications/prescription_for_disaster_english.pdf)
- 5 American College of Preventive Medicine (ACPM). (2011). Use, Abuse, Misuse, and Disposal of Prescription Pain Medication Time Tool Clinical Reference. Retrieved July 17, 2013, from <http://www.acpm.org/?UseAbuseRxClinRef>
- 6 Saunders, J., & Latt, N. (2011). Diagnosis and Classification of Substance Use Disorders. In B. Johnson (Ed.), *Addiction Medicine Science and Practice* (pp. 95-113). New York: Springer.
- 7 U.S. Department of Justice. Drug Enforcement Administration. Office of Diversion Control. (n.d). Pharmacist's Guide to Prescription Fraud. Appendix D. Retrieved July 18, 2013, from [http://www.deadiversion.usdoj.gov/pubs/manuals/pharm2/appendix/appdx\\_d.htm](http://www.deadiversion.usdoj.gov/pubs/manuals/pharm2/appendix/appdx_d.htm)
- 8 Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. Division of Unintentional Injury Prevention. (2012, July 9). Law: Tamper-Resistant Forms. Retrieved July 19, 2013, from <http://www.cdc.gov/homeandrecreationsafety/Poisoning/laws/forms.html>

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