

# Prescription Drug Diversion: Fraudulent Tactics Utilized in the Community Pharmacy

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## PROLOGUE

Pharmacists must receive adequate preparation in recognizing the diversion techniques used by patients who seek prescription Pharmaceuticals for the purpose of intoxication or resale to others. Robbery, theft, physician shopping and “faking” illness are important components of the prescription drug diversion problem, however, the purpose of this lecture is to highlight the fraudulent methods that pharmacists are apt to encounter in a community pharmacy setting. Clues for recognizing fraud and suggestions for minimizing the probability of filling a fraudulent prescription are provided.

## THE PRESCRIPTION DRUG ABUSE PROBLEM

Prescription drug abuse is an ill defined term in the medical literature, however, a common theme for any definition is that licit pharmaceuticals are used in ways that are both unregulated and disapproved of by mainstream culture(1). One-third of the nation’s drug problem has been attributed to prescription drugs (2). According to federal estimates, three percent of the US population deliberately misuse or abuse prescription drugs(3) and more than half of patients who sought treatment or died of drug-related medical problems in 1989 were abusing prescription drugs(4). The United States Drug Enforcement Agency believes that illegal trafficking in prescription drugs is a \$25 billion-a-year industry (5).

For some abusers, drugs that are either smuggled into the U.S. or manufactured in clandestine labs are important sources of otherwise licit drugs (6). However, poor quality and erratic potency cause many abusers to be weary of counterfeit drugs. These abusers prefer the known potency and quality of prescription drugs manufactured by the regulated pharmaceutical industry. Thus, they rely on diversion

of these drugs from legitimate use for the purpose of sustaining abuse and dependence. Reliable national figures concerning the extent of diversion or the relative contribution from various sources is lacking (7), however, most diversion is thought to occur at the points of dispensing (8).

## Commonly Abused Drugs

Before focusing on fraudulent techniques that are utilized to obtain prescription drugs, it is important to be aware of the drugs that are commonly obtained via fraud. The medications most often associated with substance abuse are short acting or rapidly absorbed psychotropic controlled substances (9). Popular prescription drugs that are abused include hydromorphone (Dilaudid), oxycodone (Percocet, Tylox, and others), methylphenidate (Ritalin), products containing codeine, anabolic steroids and the benzodiazepines, particularly diazepam (Valium), alprazolam (Xanax), and clonazepam (Klonopin)(2,9,10). Due to the abuse popularity of these drugs, prescriptions for these and other controlled substances should always be carefully evaluated for authenticity.

Many health care professionals are surprised at the “street value” of diverted prescription drugs. A single 4 mg Dilaudid can sell for \$45-85 on the street.<sup>2</sup> The street values for some other commonly abused prescription drugs are shown in Table I. Brand name products tend to have a greater name and sight recognition, therefore they have a somewhat higher street value(9).

While the vast majority of prescription drugs that are diverted are controlled substances, it is important to note that noncontrolled substances are also diverted for illicit use. Some medications are desirable because they can be used to potentiate the desired action of illicit drugs or alcohol, while others are desirable due to their use in treating some of the untoward side effects of illicit drugs or alcohol. Examples include cimetidine (Tagamet) and clonidine (Catapres). Cimetidine has been shown to in

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**Table I. Street values of commonly abused prescription drugs**

Drug	Street value <sup>a</sup>
4mg hydromorphone (Dilaudid)	\$45-\$85
5mg methylphenidate (Ritalin)	\$5
1mg alprazolam (Xanax)	\$5-\$10
10mg diazepam (Valium)	\$2-\$10
Oxycodone preparations (Percocet, Tylox, others)	\$5-\$13

<sup>a</sup>Street value is for brand name product, (see footnote 2, and ref. 9,17)

crease the bioavailability of ethanol, meperidine and possibly methadone, while clonidine can be effective for alcohol and opiate withdrawal (11).

#### EFFORTS TO ADDRESS PRESCRIPTION DRUG ABUSE

A number of programs and regulatory controls have been developed to address prescription drug abuse. The 1971 Federal Controlled Substance Act created a system for classifying prescription drugs according to their importance in medical use and their potential for abuse. This act also required a written prescription for C-II prescriptions, regulated record keeping and refills, created information systems to detect diversion and established a system of criminal penalties for violations (12).

The Drug Abuse Warning Network (DAWN) is a recordkeeping system of hospital emergency rooms and coroners offices which report deaths or injuries related to drugs to the Drug Enforcement Agency (2, 7). In 1993, 300,000 reports were filed via DAWN (2). Cocaine, heroin and marijuana are the substances most frequently associated with these reports, however, legitimate prescription drugs account for 12 of the top 20 drugs listed in DAWN reports(2). Given that DAWN data is derived only from emergency departments and medical examiner offices, it does not reflect drug abuse unrelated to serious medical problems (*i.e.*, abuse unrelated to death or emergency department treatment)(2,6,7). Thus it is likely that this system inadequately reflects the magnitude of the prescription drug abuse problem.

In addition to these and other Federal efforts, states have acted to strengthen controls on prescription drugs. Some states utilize electronic recordkeeping systems for controlled substances, while others have multiple prescription copy programs in place for C-II prescriptions (some states include selected other controlled substances as well). In these programs, the prescriber must write a prescription for the monitored agents on a special state-issued, serially numbered, two or three part prescription order form (12). The prescriber keeps one copy (in triplicate programs) and the patient presents the other two copies at the pharmacy where the pharmacist keeps one for the pharmacy records and forwards the other to the proper state authority. Evaluations of multiple prescription copy programs demonstrate mixed results. While the programs effectively reduce the use of the agents involved, other potentially abusable agents are prescribed more frequently (13). These programs have also been criticized for increasing the costs of health care and shifting the diversion and abuse problem to neighboring states that do not require multiple prescription order forms (13).

Educational efforts have also been used to address the prescription drug abuse problem. Both government agencies and the pharmaceutical industry have targeted educational programming to the users and prescribers of medications with abuse potential. State medical licensing boards, state boards of pharmacy and local drug abuse agencies have also expended great efforts to curb prescription drug abuse(1). Despite triplicate prescriptions, new laws, enhanced monitoring programs, educational endeavors and an increasing web of regulations designed to control prescription medications, the abuse of prescription drugs has continued(1,2).

#### A DUAL RESPONSIBILITY FOR THE PHARMACIST

According to the Controlled Substance Act, only prescription orders for controlled substances that are for a "legitimate medical purpose" and issued in the usual course of professional practice may be dispensed by a pharmacist (14). As the "last line of defense" against drug diversion (2), pharmacists must guard against contributing to prescription drug abuse through inadequate screening and verification of prescription orders. The "gatekeeper" function associated with the practice of pharmacy requires a degree of diligence to insure access to the supply of drugs is not totally free or open (15).

A second consideration for the pharmacist, however, is that undue concern about diversion can lead to inappropriate withholding of medications for patients who are truly in need. Prescription orders for controlled substances should be dispensed unless there is a good reason to refuse to do so (14, 15). Surveys have shown the most common reasons for apprehension regarding the dispensing of narcotics are potential prescription forgery and concern regarding theft (16). The pharmacist should not use fear as an excuse to deny prescription drugs for legitimate patients. Taking care of legitimate patient needs should be the pharmacist's top priority (15).

Preventing prescription drug diversion while maintaining adequate patient care are dual responsibilities that require some common sense and an understanding of the fraudulent techniques most commonly employed to divert prescription medications in the community pharmacy setting (15). Pharmacists who are aware of the fraudulent tactics can avoid being deceived or manipulated.

#### FRAUDULENT METHODS USED TO OBTAIN PRESCRIPTION DRUGS

The methods drug seekers utilize to obtain prescription drugs has changed over the last decade. Burglary and robbery occur less frequently now in part due to heavier penalties for these crimes and increased security measures within pharmacies (2). Other forms of diversion such as "physician shopping", faking injuries and prescription forgery have increased in prominence and sophistication. Pharmacists can detect and stop many drug diversion schemes if they are aware of common fraudulent methods utilized in the community setting.

Prescription fraud in the community setting may take the form of altered, forged, or photocopied prescriptions, the giving of a false name or address, or the concealment of a material fact (1,2,4,7). Fraudulent tactics and "conning" techniques may seem obvious when described, but they can be quite convincing in the midst of a hectic day in a busy pharmacy.

## Altered Prescriptions

Changing the quantity prescribed or the number of refills on a legitimate prescription is one of the easiest fraud methods to utilize. This is particularly true if the prescription is poorly written by the prescriber. For example, when the quantity "30" is not spelled out ("thirty") it can be readily altered to read "80." Likewise, "10" can be easily changed to "40" or "100." If the number of refills is not clearly noted on the prescription it is easy for the potential abuser to mark maximum refills. Less common forms of alteration include adding a second drug to an otherwise legitimate prescription or increasing the strength of a prescribed medication (*i.e.*, adding "ES" to a prescription written for Vicodin).

Prescription alteration is probably the diversion method that is easiest for the pharmacist to detect. Clues that a prescription has been altered include different ink colors, erasures and changes in writing style or characteristics. Evaluating the quantity prescribed can provide the pharmacist with valuable information when monitoring prescriptions for alterations. Combining the drug frequency noted in the SIG with the number of pills to be dispensed provides the days supply of the medication being ordered. The pharmacist must integrate the days supply with information from the patient and the pharmacist's therapeutic knowledge regarding that disease or condition in order to evaluate the legitimacy of the prescription. The length of therapy clearly depends on the condition being treated and the drug being utilized, however, prescribers often default to a one or two week supply or a month supply. Other common defaults include one, two and ten days supply. If the days supply is unusual, a caution flag should go up. For example, if a prescription for Xanax reads "1TID PRN, #80", the resulting days supply is 26.7. This is a relatively unusual days supply irrespective of the condition being treated.

## Forged Prescriptions

Forged prescriptions are usually written on prescription blanks that have been stolen<sup>2</sup>. A blank prescription is like a blank check, however, prescription pads are not always afforded the same security precautions as checkbooks. Emergency departments and clinics are notorious for inadequate safekeeping of prescription pads and prescription blanks are frequently stolen from these settings (4).

It is not uncommon for the forger to have extensive knowledge about the prescription writing process, therefore, detecting forgeries on stolen blanks can be difficult. "Classic mistakes" that novice forgers make include writing the prescription in "textbook" style, or having extremely neat or excessively messy handwriting. Also be on the lookout for extraneous or unusual information. Figure 1 demonstrates an example of unusual information being included on the prescription order. A novice prescription forger in Kentucky was caught due to the inclusion of the trademark symbol, ®, following the name of the prescription drug (in this case Xanax)<sup>3</sup>. Prescribers do not typically (if ever!) include the trademark symbol in their orders for medication, therefore encountering a prescription with this marking should alert the pharmacist to potential diversion.

Some prescription drug seekers choose to print their own prescription pads. Ordering prescription pads at most print shops does not require any special credentials. Even if there were controls on who could have prescription pads printed, desktop publishing and laser printers have made

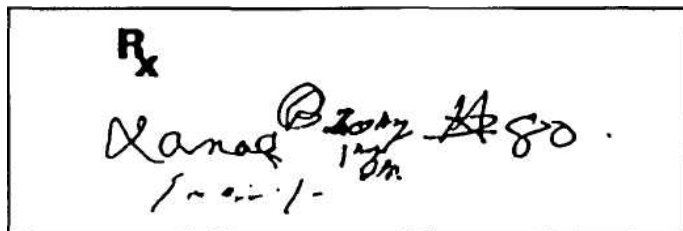


Fig. 1. Trademark symbol on a prescription for Xanax.

home printing capabilities very professional. Scams involving bogus prescription blanks can be extremely sophisticated and can persist for extended periods. In these situations, prescription pads are printed utilizing a fictitious physician name, practice address, DEA number, state license number and phone number. When a pharmacist tries to verify the prescription by contacting the prescriber using the phone number listed on the prescription, the forger's accomplice will pick up on the other end and pretend to be the physician. In some cases the phone number listed on the prescription goes to a hired answering service that forwards the message to the phony physician who calls the pharmacist back to "verify" the prescription. Criminals using this kind of scam diverted over 60,000 dosage units of Dilaudid from 1990-1993 in Florida (2).

The pharmacist can thwart this type of forgery by always utilizing Directory Assistance to obtain a phone listing for the prescriber name on the prescription blank. Prescriptions should never be verified using the phone number listed on the prescription blank.

Two other important items to evaluate on all prescriptions presented for controlled substances are the DEA and state license number. Even if the DEA number is preprinted on the prescription blank, the astute pharmacist will double check the authenticity of the number. Pharmacists should be aware of "reasonable" state license numbers so that clear outliers are easily spotted. For example, in states with five digit license numbers, a license number with six digits should be cause for suspicion.

## Photocopied Prescriptions

Another method used to fraudulently obtain prescription medications is to photocopy legitimate prescriptions. Detecting photocopied prescriptions is akin to detecting counterfeit money. The pharmacist must carefully examine the prescription for any "dust marks," shadows or other signs that tend to show up on photocopies. The prescriber's writing on the prescription may smear when rubbed if the prescription is original. If the writing does not smear, a small drop of water should cause the writing to smear or bleed if it is original, whereas photocopied writing will usually not smear or bleed even when wet.

## Fraudulent Phoned-in Prescriptions

Posing as a prescriber or nurse, some drug seekers call in prescriptions to the pharmacy either for themselves or for fictitious patients. Calling the prescriber back (utilizing a phone number from Directory Assistance) is the best method to validate the authenticity of phoned in prescriptions. However, phoned prescriptions often occur at times when the pharmacist is least able to contact the prescriber — *i.e.*,

<sup>3</sup>Lt. Grimes, Lexington - Fayette county Metro Narcotics Unit. Personal communication March 1990.

on weekends and after office hours. Ideally, the pharmacist will be familiar with the prescribers' voice, or have an established "password" or code that confirms the prescribers identity. In most cases the pharmacist will need to rely on other tactics to ensure that a legitimate prescriber is phoning in a legitimate prescription. The pharmacist should always ask for the prescriber's DEA number. A further check is to also request the state license number from the physician. If the caller's identity is still in question the pharmacist should attempt to engage the prescriber in a brief conversation utilizing medical parlance. For example the pharmacist can request information regarding the patients' diagnosis. Another option is to use the generic name of the drug when repeating the prescription order back to the prescriber or asking the prescriber to "please repeat the Signa (or Sig)."

#### AVOIDING PROBLEMS IN PRACTICE

Ultimately, the decision to fill or not fill a prescription is up to the pharmacist. Objective criteria for identifying patients who seek prescription Pharmaceuticals for illicit purposes are, unfortunately, not available. Therefore the pharmacist must rely on integrating knowledge on fraudulent techniques with their clinical judgment regarding the patient's condition, the prescribed medication and the patient's behavior. Careful patient questioning can either reinforce a suspicion of forgery or clarify an honest misunderstanding.

The best way to minimize drug diversion is to verify all questionable prescriptions (2,6). If the prescriber has no knowledge of the prescription in question the pharmacist should alert the police and detain the "patient". Computer or printer problems can be used as a pretense for delay in filling the prescription while waiting for the law authorities.

If a questionable prescription can not be verified it should not be filled. Criminals are very adept about playing the system and know that pharmacists are most vulnerable to drug diversion tactics during the evenings and on the weekends when verification with the prescriber is most difficult. In some jurisdictions local law authorities will assist the pharmacist in verifying the prescription. Physicians who may be inclined to ignore a pharmacist's call on a Saturday night seldom ignore calls from law officials<sup>4</sup>. Pharmacists should establish relationships with local law officers and take advantage of the services that they may offer. If all attempts to contact the prescriber fail and the pharmacist feels that the patient may become violent if a drug is not dispensed, dispensing one dose or one days supply may be an option until verification can occur<sup>4</sup>. Anger is common among drug seekers who are frustrated in their attempts to obtain drugs (4). The pharmacist should remain professional and nonjudgmental throughout their interaction with the patient. Instituting and publicly displaying dispensing policies for filling prescriptions is a good measure that can be used to ensure that all patients are treated in the same manner and under the same guidelines.

Verification of prescriptions for controlled substances is a key role for pharmacists in preventing prescription drug diversion. Pharmacists can also be instrumental in educating prescribers on steps they can take to ensure that drug seekers do not use them as a source of supply. Prescribers seldom receive adequate training in the area of drug diversion tactics and may be unaware of methods to protect

themselves. If prescribers issue prescriptions that are not amenable to alteration many of the drug diversion techniques encountered in the pharmacy would be thwarted. Writing in ink and confirming the number of dosage units in Arabic and Roman numerals or Arabic and long hand can help curb prescription alteration, however, even quantities written in long hand can be altered(4). Clearly marking the number of refills on the prescription and marking through the unused portion of the prescription blank are also important steps prescribers can take. Another safeguard is to clearly note on the prescription the total number of medications being prescribed on that blank.

Treating blank prescription pads like blank checks is another important safeguard. Placing the prescription pad in the back of a drawer in the examination room is not adequate. Prescription pads should be locked up and the number of pads in use at one time should be limited. Furthermore, prescription blanks should never be signed in advance, used as notepads or used to give instructions to patients.

Prescribers can take several steps to minimize the potential for having their prescriptions photocopied. Prior to the advent of color photocopiers, utilizing prescription blanks that contain a color (for example a blue colored logo in the corner of the prescription blank or pink prescription blanks) was a good measure to prevent photocopying. However, color photocopies can provide impressive duplications. Furthermore, if the pharmacist who is filling the prescription is unfamiliar with the prescription blank, he/she will not know that the logo in the corner is supposed to be blue, or that the background color should be pink. Although more costly than simple black and white prescription pads, prescription blanks can be printed with a watermark or some other marking that will cause the duplicated prescription to be invalid. This is the best way to ensure that photocopying will not occur.

#### CONCLUSION

This article has presented some of the common techniques used to fraudulently obtain prescription drugs in the community. Pharmacists must understand their role in balancing the need to minimize the risk of prescription drug diversion while making the drugs available for therapeutic use. As the "last line of defense"(2) it is important for pharmacists to utilize common sense, clinical judgment and awareness of fraudulent tactics to detect and stop diversion of prescription drugs.

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