

Distributor Trends & Updates

National Harbor

April 15, 2015



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Unit Chief
Liaison & Policy Section
Office of Diversion Control



Goals and Objectives

- Explain the current prescription drug abuse problem and the impact on society.
- Discuss legal obligations of the DEA registrant
- National Data
- Theft & Significant Loss



Primum non nocere

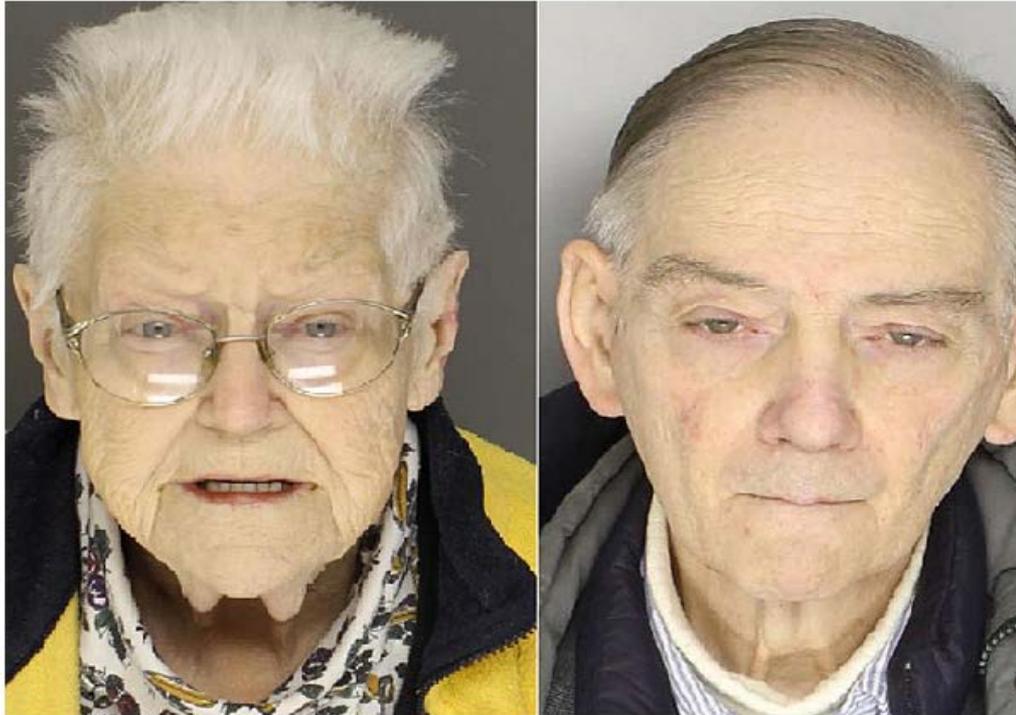


Prescription Drug Abuse
is driven by

**Indiscriminate Prescribing
Criminal Activity**

D.A.: Doc taped oxy scripts on office door

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Margaret McGowan, left, and Steven Friedman.

Stephanie Farr

POSTED: FRIDAY, JANUARY 30, 2015, 12:12 PM

DAILY NEWS

An elderly Havertown doctor and his secretary handed out oxycodone prescriptions like candy and even taped the prescriptions to the office door when the business was closed, according to the Delaware County District Attorney's Office.

Travel Deals



\$859 & up -- Puerto Rico:

DOCTOR SOLD PRESCRIPTIONS AT STARBUCKS

By *StopOxy* · Comments Comments Off

It was never our intention to to become a watchdog website that would use our outlet to humiliate unethical doctors criminals.

Yet recently we are reading some stories that compel us to provide as much of a "comeuppance" as we can to shady and unethical doctors like



Alvin Ming-Czech Yee of Mission Viejo (medical practice was in Irvine).

This "doctor" sat in a Starbucks Coffee Shop and sold prescriptions for OxyContin - also known as "legal heroin" (or also known as "the prescription drug that is shattering families in record numbers)."

Again, let us reiterate that Dr. Yee **would perform his examinations in Starbucks.** the "examinations" would last about a minute. Yee would meet up with a dozen people per night in Starbucks throughout Orange County. The "examinations" drug deals consisted of taking blood pressure and

Pharmacy tech arrested over pain pills

Posted: Oct 25, 2013 3:10 PM EDT
Updated: Oct 30, 2013 3:10 PM EDT

By Cade Fowler [CONNECT](#)



OCILLA, GA (WALB) - A pharmacy technician in Ocilla is charged with forging prescriptions and stealing thousands of pain pills. Tabatha Fender worked as a Pharmacy Technician at Fred's pharmacy in Ocilla. But drug agents say it was the work she was doing on the side that got her in serious trouble.

"She was basically writing forged prescriptions and using the public's information. People that go to Fred's," said Agent Eugene Paulk of the South Central Drug Task Force.

Agents with the south Central Drug Task Force in Fitzgerald looked into irregularities in the number of prescriptions being written for the pain medication hydrocodone. Their investigation indicated that prescriptions were being forged by Fender and

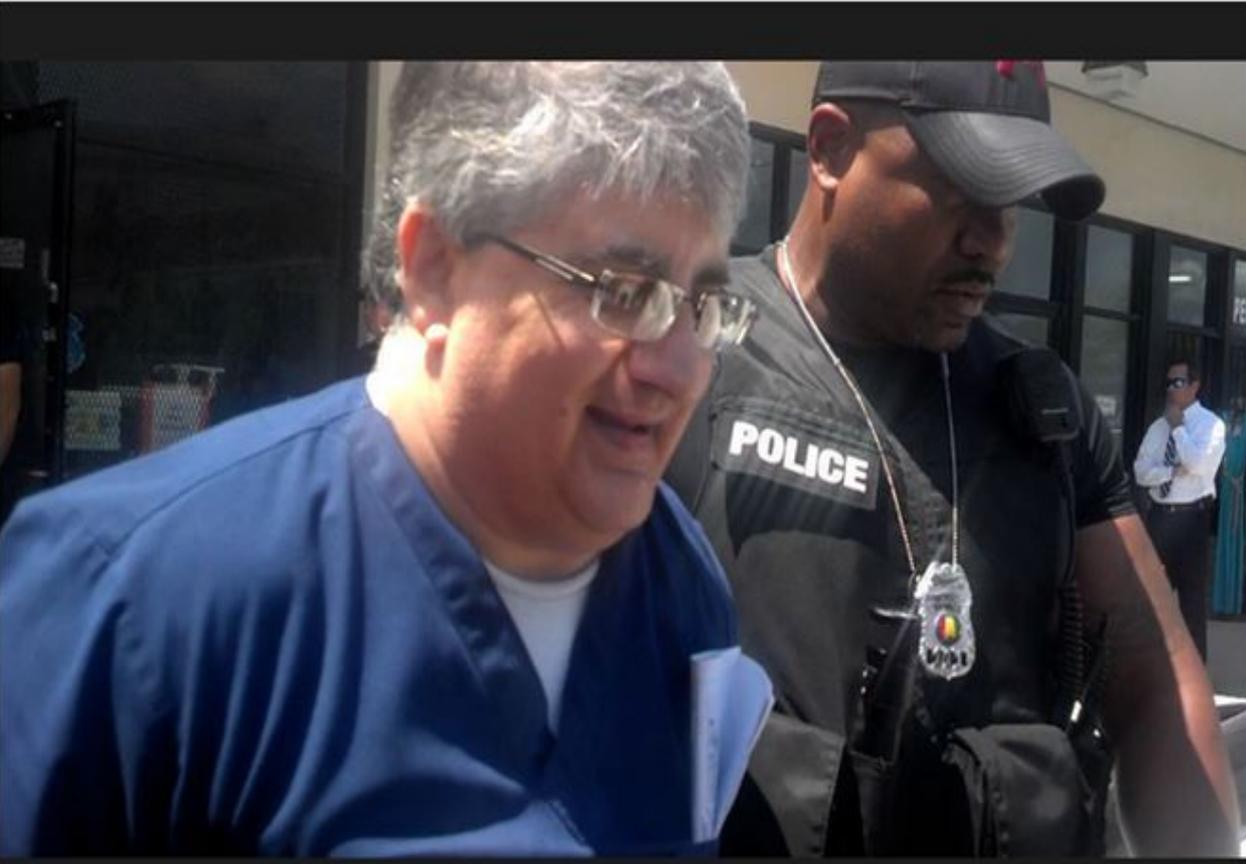
that it may have gone for more than a year.

"Probably around 120 prescriptions or more. 180 pills at a time," said Paulk. Agents arrested Fender in August. She was arrested again this month on additional forgery counts as more customers came forward after their prescriptions were denied because they had already been filled-- by Fender and for Fender.

"People that actually needed them, people with health problems were put on hold until I

Owner of Mobile pharmacy arrested, accused of supplying drugs to street-level dealers

5 comments



Doctor Accused of Overprescribing Pills Is Guilty of Manslaughter

By MONIQUE O. MADAN JULY 18, 2014



Dr. Stan Xuhui Li outside State Supreme Court in Manhattan on Friday. He was convicted of 200 of the 211 charges against him after a four-month trial. Anthony Lanzilote for The New York Times

Paul Volkman, Chicago Doctor, Gets 4 Life Terms In Drug Overdose Case



ANDREW WELSH-HUGGINS 02/14/12 06:45 PM ET Associated Press

COLUMBUS, Ohio — A Chicago doctor who prosecutors say dispensed more of the powerful painkiller oxycodone from 2003 to 2005 than any other physician in the country was sentenced Tuesday to four life terms in the overdose deaths of four patients.

Dr. Paul Volkman made weekly trips from Chicago to three locations in Portsmouth in southern Ohio and one in Chillicothe in central Ohio before federal investigators shut down the operations in 2006, prosecutors said. He was sentenced in federal court in Cincinnati.

"This criminal conduct had devastating consequences to the community Volkman was supposed to serve," Assistant U.S. Attorneys Adam Wright and Tim Oakley said in a court filing ahead of Tuesday's hearing.

"Volkman's actions created and prolonged debilitating addictions; distributed countless drugs to be sold on the street; and took the lives of numerous individuals who died just days after visiting him," they said.

The 64-year-old Volkman fired his attorneys earlier this month and said he acted at all times as a doctor, not a drug dealer.

"The typical drug dealer does not care how much drugs a client buys, how often he buys, or what he does with his drugs," Volkman said in a 28-page handwritten court filing Monday, maintaining that he did all those things and more for his patients.



What is the Societal Damage of Prescription Controlled Substance and Legend Drug Abuse?



Consequences

In 2011, approximately **41,340** unintentional drug overdose deaths occurred in the United States, one death every 12.45 minutes. (increased for 12th consecutive year)¹

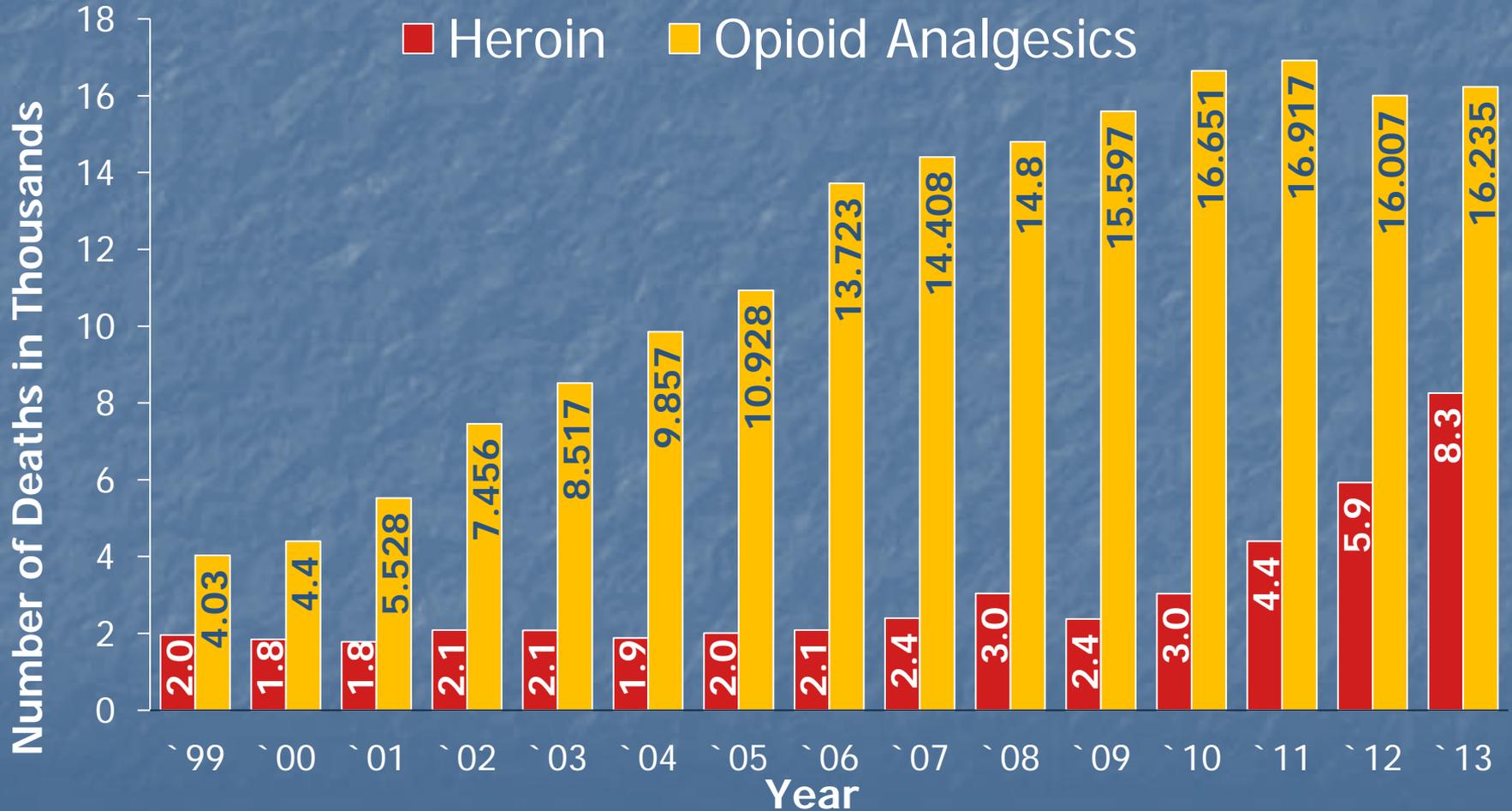
Of this number, **22,810** deaths were attributed to Prescription Drugs (**16,917** attributed to opioid overdoses/ (**74.165%**)).

Prescription drug abuse is the fastest growing drug problem in the United States.

¹SOURCE: CDC National Center for Health Statistics/National Vital Statistics Report; June 2014
CDC Vital Signs: Opioid Painkiller Prescribing; July 2014



Drug-Poisoning Deaths Involving Opioid Analgesics or Heroin in the US, 1999-2013



Vital Signs: Overdoses of Prescription Opioid Pain Relievers and Other Drugs Among Women — United States, 1999–2010

Although more men die from drug overdoses than woman, the percentage increase in deaths since 1999 is greater among woman. More woman have died each year from drug overdoses than from motor vehicle–related injuries since 2007. Deaths and ED visits related to OPR continue to increase among woman.

Conclusions: Although more men die from drug overdoses than women, the percentage increase in deaths since 1999 is greater among women. More women have died each year from drug overdoses than from motor vehicle–related injuries since 2007. Deaths and ED visits related to OPR continue to increase among women. The prominent involvement of psychotherapeutic drugs, such as benzodiazepines, among overdoses provides insight for prevention opportunities.

Implications for Public Health Practice: Health-care providers should follow guidelines for responsible prescribing,

About **18** women die every day of a prescription painkiller overdose in the United States

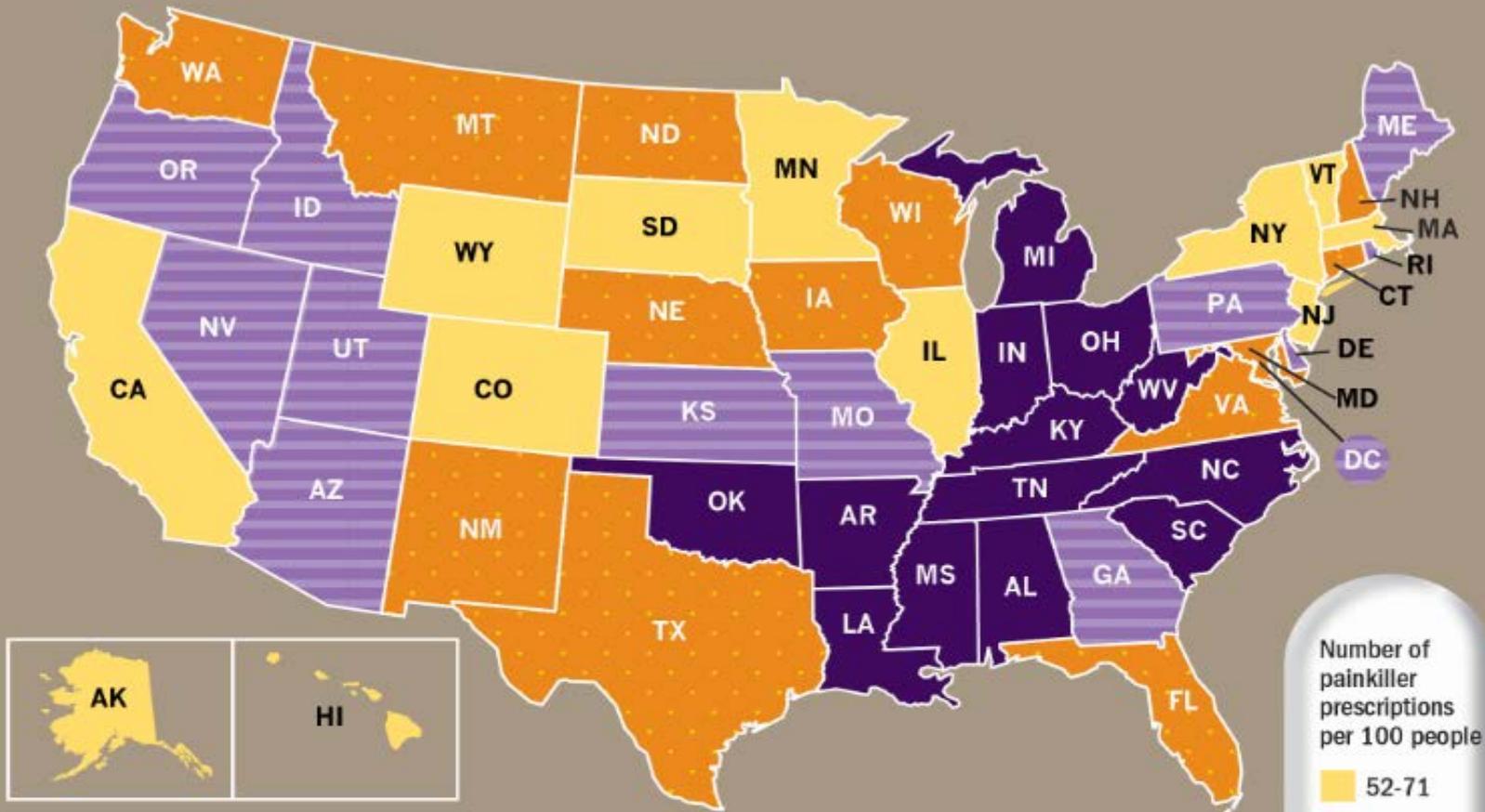


Source: CDC VitalSigns July 2013



Where Painkiller Prescriptions Are The Highest

- In 2012, Southern states had the most per person.
- The top three states were:
 - Alabama: 143 per 100 people
 - Tennessee: 143 per 100 people
 - West Virginia: 138 per 100 people
- Lowest-Hawaii: 52 per 100 people



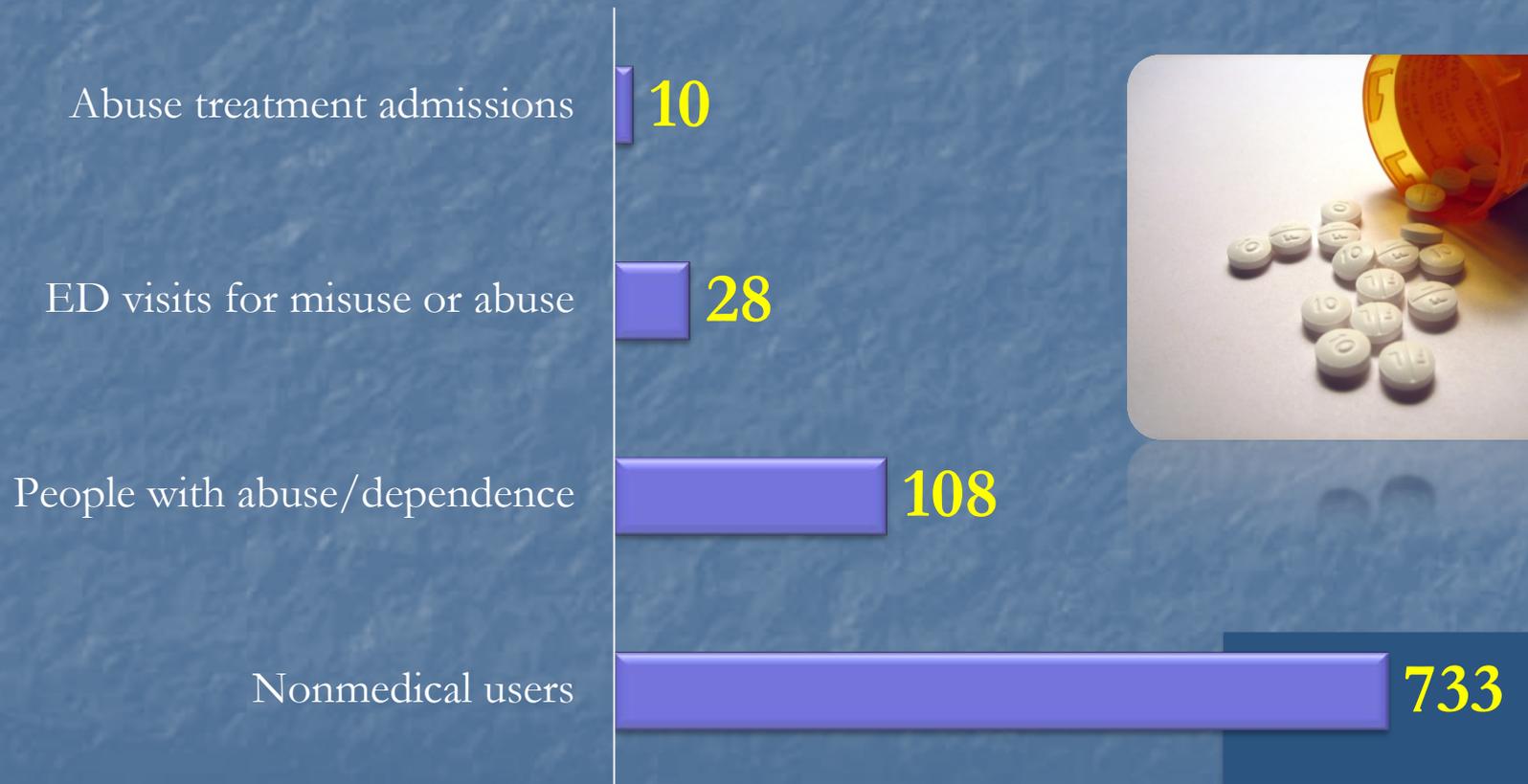
Some states have more painkiller prescriptions per person than others.



Burden on the health care delivery system

Public Health Impact of Opiate Analgesic Abuse

For every 1 unintentional opioid overdose death in 2010, there were...



Mortality figure is for unintentional overdose deaths due to opioid analgesics in 2010, from CDC/Wonder

Treatment admissions are for with a primary cause of synthetic opioid abuse in from TEDS

Emergency department (ED) visits related to opioid analgesics in from DAWN

Abuse/dependence and nonmedical use of pain relievers in the past month are from the National Survey on Drug Use and Health

Addicted Infants Triple in a Decade



Prescription abuse

Addicted infants triple in a decade

3.4 out of 1,000 suffer painkiller withdrawal

By Liz Szabo
USA TODAY

The number of babies born addicted to the class of drugs that includes prescription painkillers has nearly tripled in the past decade, according to the first national study of its kind.

About 3.4 of every 1,000 infants born in a hospital in 2009 suffered from a type of drug withdrawal commonly seen in the babies of pregnant women who abuse narcotic pain medications, the study says. It's published today in *The Journal of the American Medical Association*.

Born into addiction

Babies exposed to drugs in the womb have more health problems than other newborns.

■ Drug-exposed
■ Other

Breathing problems



Low birthweight¹



Feeding problems



Seizures



Source: Journal of the American Medical Association

By Frank Pompa, USA TODAY

National Poison Data System (Formerly known as Toxic Exposure Surveillance System) – Total Annual Mentions of Toxic Exposures

	Hydrocodone	Oxycodone
2001	15,191	9,480
2002	17,429	10,515
2003	19,578	11,254
2004	22,654	12,603
2005	22,229	13,191
2006	22,319	13,473
2007	24,558	15,069
2008	26,306	17,256
2009	27,753	18,396
2010	28,310	19,363
2011	30,792	19,423
2012	29,391	18,495



Emergency Room Data 2004-2011

- **Increase of 148%:** ER visits attributable to pharmaceutical(s) alone (*i.e.*, with no other type of illicit drug or alcohol) (336,753 to 835,275)
 - No Statistically Significant Change: ER visits attributable to cocaine, heroin, or methamphetamine;
 - 62% increase in marijuana (281,619 to 455,668)

- **Increase of 128%:** ER visits attributable to pharmaceuticals alone, plus pharmaceutical(s) in combination with illicit drug(s) and/or alcohol (628,474 to 1,430,156)

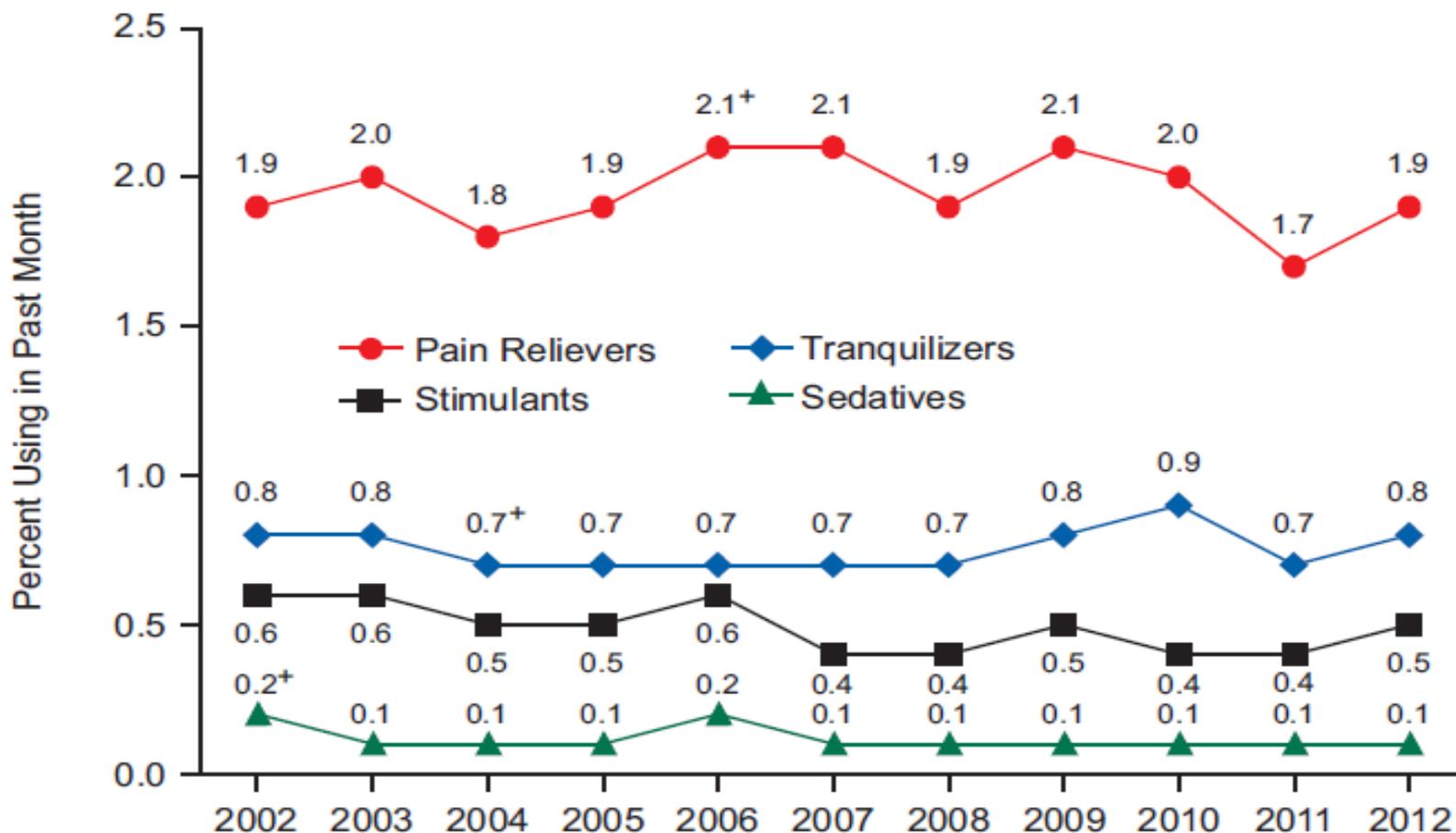
- Rx Drugs most frequently implicated: Opiates/Opioids pain relievers (+183%)
 - Oxycodone products 262% increase
 - Hydrocodone products 107% increase

- Emergency room data 2004 – 2011
 - Fentanyl products 104% increase
 - Zolpidem 136% increase
 - Alprazolam 166% increase
 - Clonazepam 117% increase
 - Carisoprodol no statistically significant change

- For patients aged 20 and younger misuse/abuse of pharmaceuticals increased 45.4%
- For patients aged 20 and older the increase was 111%



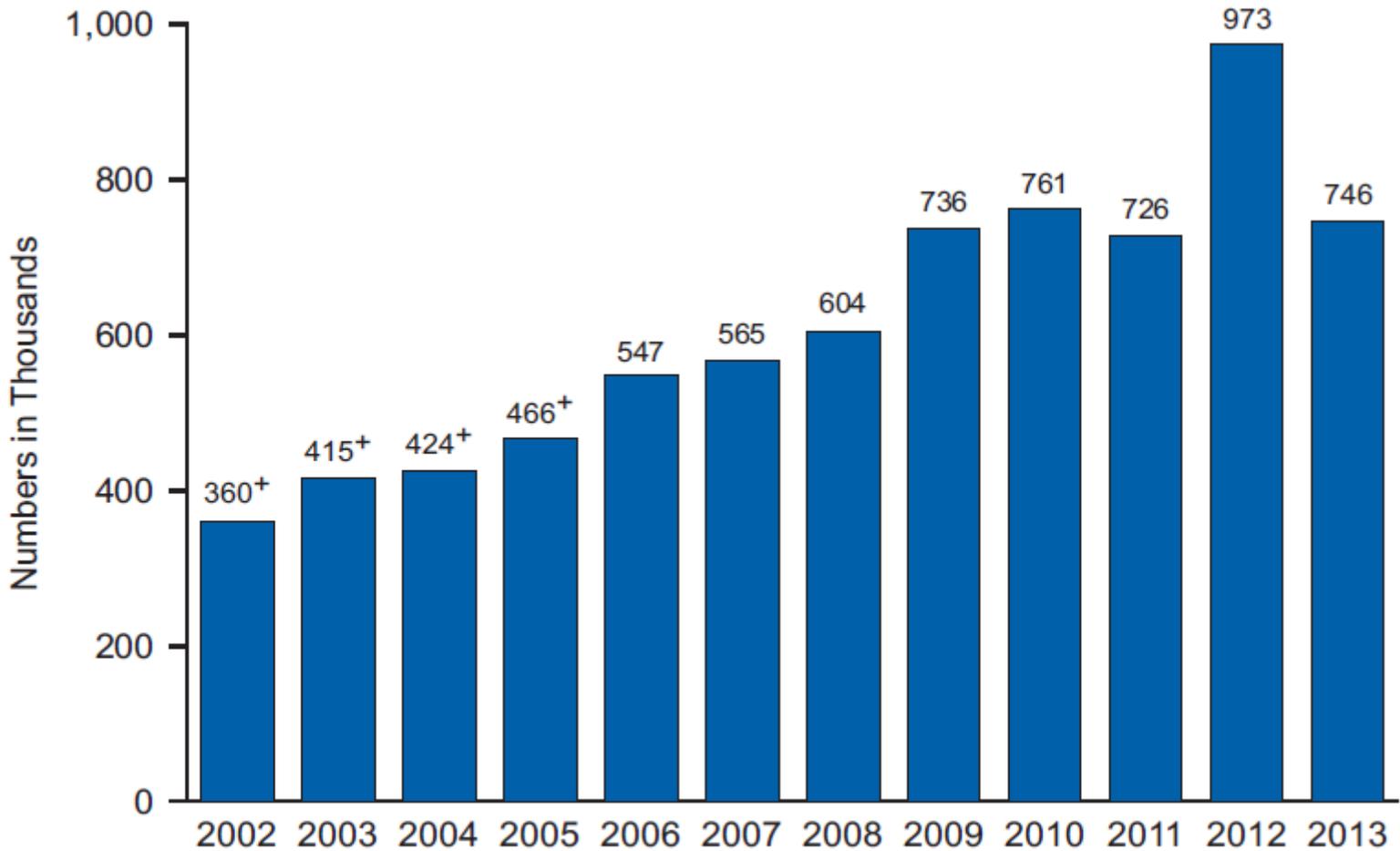
Substances for Which Most Recent Treatment Was Received in the Past Year among Persons Aged 12 or Older: 2002-2012



Difference between this estimate and the 2012 estimate is statistically significant at the .05 level.



Received Most Recent Treatment in the Past Year for the Use of Pain Relievers Among Persons Aged 12 or Older: 2002-2013



⁺ Difference between this estimate and the 2013 estimate is statistically significant at the .05 level.

MY BEAUTIFUL
DAUGHTER

HEATHER

HAD DREAMS - SHE
LOVED TO DANCE + SING

MOST OF ALL SHE LOVED
HER FAMILY, ANIMALS +
FRIENDS.

BUT SHE BECAME A LOYAL
PATIENT!

R.I.P. MISSY

THIS IS HER FUTURE



23







Violence



2011

Lessons Learned



We will not arrest our way out of this problem!!!!!!

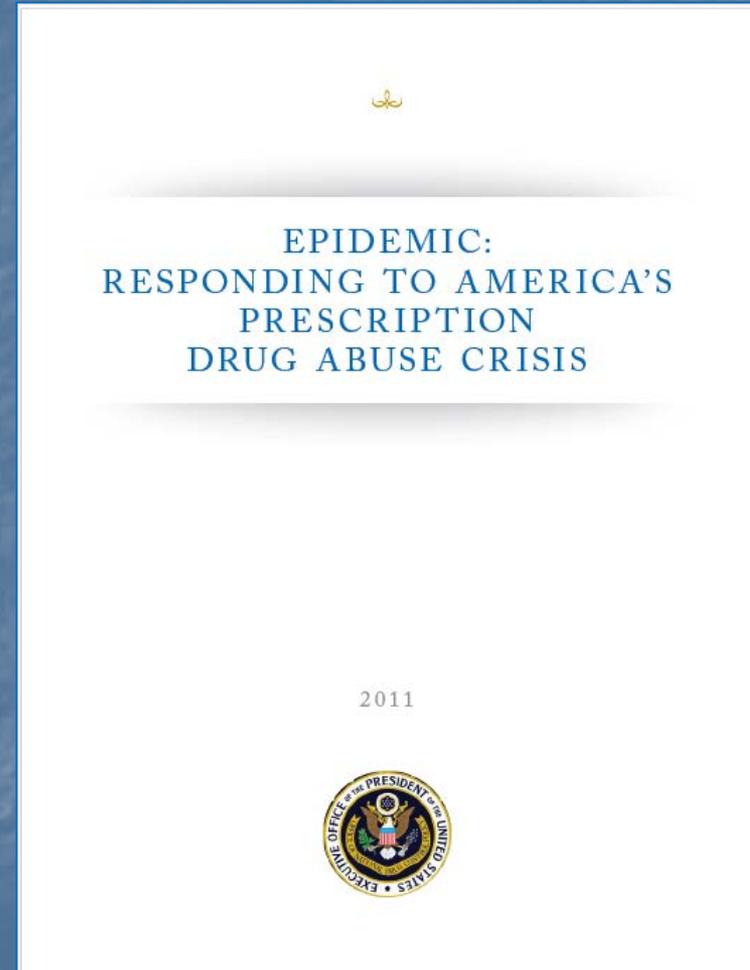
- Prevention/Education and
- Treatment are just as important as....
- Enforcement



Prescription Drug Abuse Prevention Plan

- Coordinated effort across the Federal government

- Four focus areas
 - 1) Education
 - 2) Prescription Drug Monitoring Programs
 - 3) Proper Medication Disposal
 - 4) Enforcement



Registrant Responsibilities

This presentation does not cover the totality of your obligations nor is it a substitute for your obligations as a DEA registrant under The Controlled Substances Act and its Regulations.

The information presented should not be considered new information. The substance of this presentation has been previously available and communicated through The Controlled Substances Act, its Regulations, Federal Register Notices, DEA and sponsored conferences, correspondence from the DEA, releases from the popular press, in addition to the Registrant's own sales data.

Mission

- The Office of Diversion Control's Mission is to Prevent, Detect, and Investigate the Diversion of Pharmaceutical Controlled Substances and Listed Chemicals from Legitimate Channels ...
- While Ensuring an Adequate and Uninterrupted Supply of ... Controlled Substances to Meet Legitimate Medical, Commercial, and Scientific Needs.

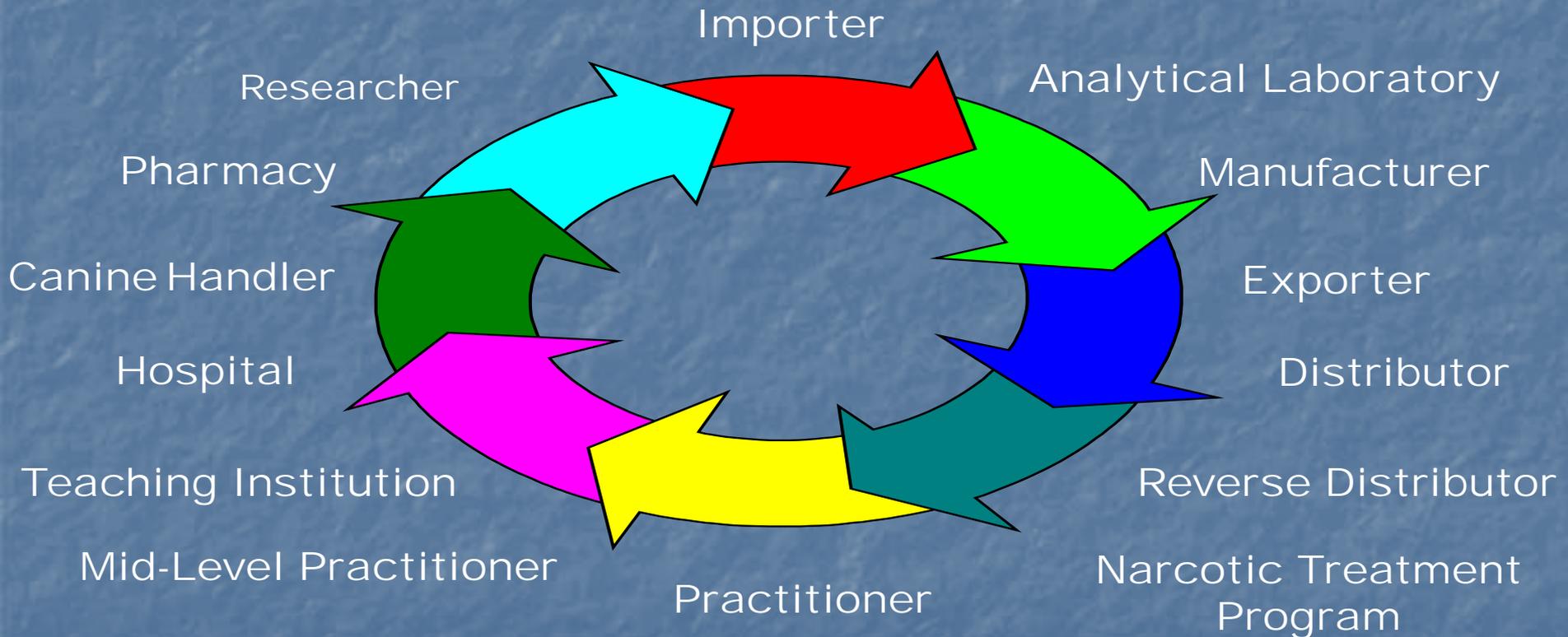


Closed System

The comprehensive Drug Abuse Prevention and Control Act of 1970, as amended in 1990 and 1994 created a system for the legitimate manufacturing, distribution, and prescribing/dispensing of controlled substances.

Each registrant within this “closed system of distribution” has defined privileges and responsibilities in which they must operate.

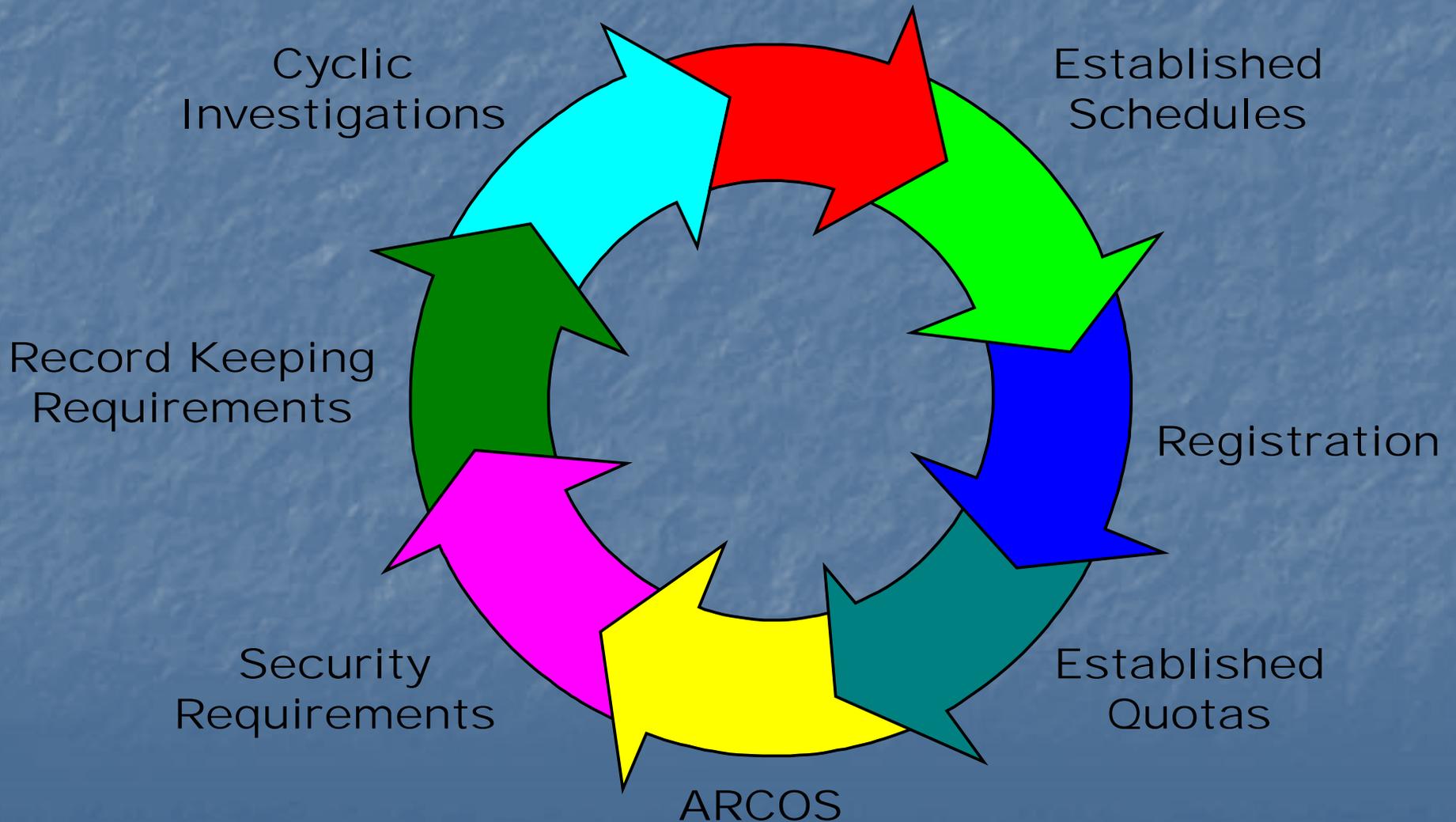
The CSA's Closed System of Distribution



1,566,129 DEA REGISTRANTS

As of 01/30/2015

The CSA's Closed System of Distribution



Closed System

DEA is responsible for:

- the oversight of the system
- the integrity of the system,
- the protection of the public health and safety.



Realignment of DEA's Diversion Control Efforts

- In October 2008, the then Acting Administrator authorized a two-pronged reorganization of the DEA Diversion Control Program.
- The first prong involved a substantial expansion in the number of Tactical Diversion Squads (TDS) and their deployment throughout the United States.
- The second prong of the reorganization plan called for a renewed focus on DEA's regulatory oversight of more than 1.5 million DEA registrants.

Scheduled Investigations

- Increase in the number of DEA registrants who are required to be investigated to ensure compliance to the CSA regulations.
- Increase in the frequency of the regulatory investigations.
- Verification investigations of customers and suppliers.

Effective Controls

21 C.F.R. § 1301.71 (a):

All applicants and registrants shall provide **effective controls** and procedures to guard against theft and diversion of controlled substances.

Effective Controls

21 C.F.R. § 1301.71 (a):

In order to determine whether a registrant has provided effective controls against diversion, the Administrator shall use the security requirements set forth in §§ 1301.72-1301.76 as standards for **physical security controls and operating procedures necessary to prevent diversion.**

Reports: Non-Practitioners

21 C.F.R. § 1301.74 (b):

- The registrant shall design and operate a system to disclose to the registrant suspicious orders of controlled substances.
- The registrant shall inform the Field Division Office ...in his area of suspicious orders when discovered by the registrant.

Suspicious Orders Include

Orders of Unusual Size

Orders Deviating Substantially
from a Normal pattern

Orders of Unusual Frequency

These criteria are **disjunctive**
(**They can stand alone or together**)

Reports: Chemical Handlers

Section 1310.05 Reports:

(a) Each regulated person shall report to the Special Agent in Charge of the DEA Divisional Office for the area in which the regulated person making the report is located, as follows:

Suspicious Chemical Orders

- (1) Any regulated transaction involving an
 - extraordinary quantity of a listed chemical,
 - an uncommon method of payment or delivery,
 - or any other circumstance that the regulated person believes may indicate that the listed chemical will be used in violation of this part.

Suspicious Orders

Reporting of a suspicious order to DEA does NOT relieve the distributor of the responsibility to maintain effective controls against diversion

Suspicious Orders

The responsibility for making the decision to ship or not to ship rests with the supplier.

Once a Suspicious Order is identified by the supplier the order must not be shipped.

Suspicious Orders

DEA will no longer accept “Excessive” Purchase Reports.

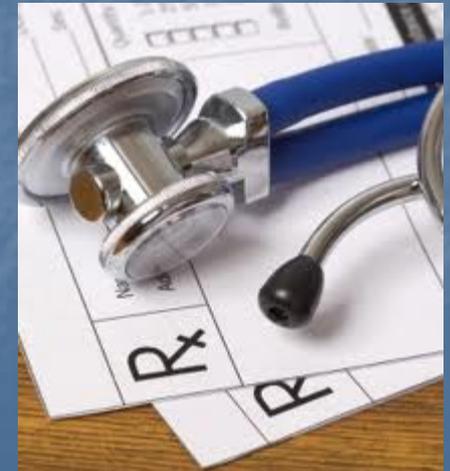
“Excessive” purchases were reported after the order had been filled.

Who are your Customers?

Practitioners

21 CFR 1306.04 (a):

A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice.



Pharmacies

21 CFR § 1306.04(a):

The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription.

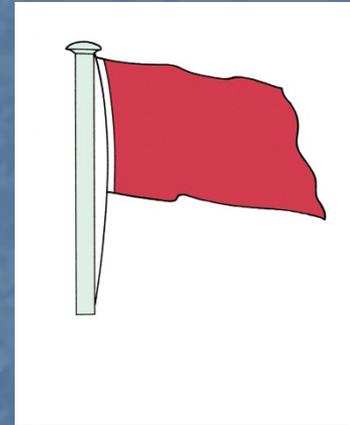


DEA Registrant Initiatives

- **Pharmacy Diversion Awareness Conferences:**
- This conference is designed to educate pharmacists, pharmacy technicians, and pharmacy loss prevention personnel on ways to address and respond to potential diversion activity.

Corresponding Responsibility

- As a pharmacist, by law, you have a Corresponding Responsibility to ensure that prescriptions are legitimate.
- Just because a prescription is presented by a patient or demanded to be filled for a patient by a doctor's office, you are not obligated to fill the prescription!!!



PDAC Feedback

- Told DEA mandates thresholds
- Pharmacist does not know threshold amount
- Limited bottle allotment per drug regardless of strength

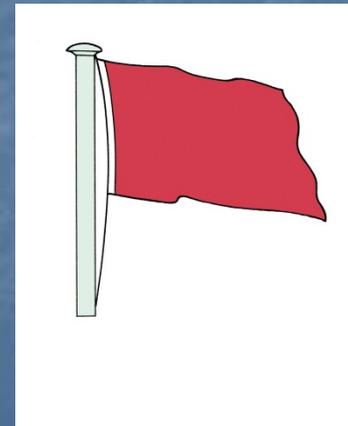
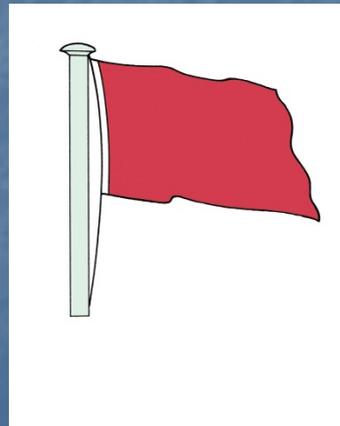
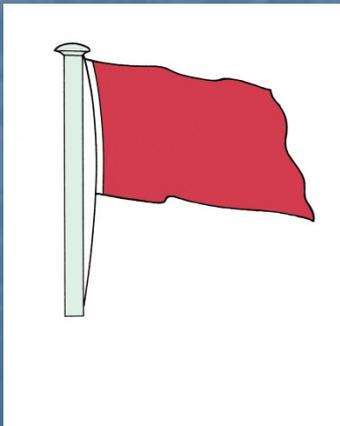
PDAC Feedback

- Supplier calls to warn nearing threshold – Pharmacy will be cutoff.
 - Rationing of medication to patients
 - Losing patient as customer
- Asked to provide data to support order
- Ask Supplier to come out and look at pharmacy

Suspicious Orders

The Registrant must **KNOW THEIR CUSTOMERS.**

“RED” flags?



System of Checks and Balances



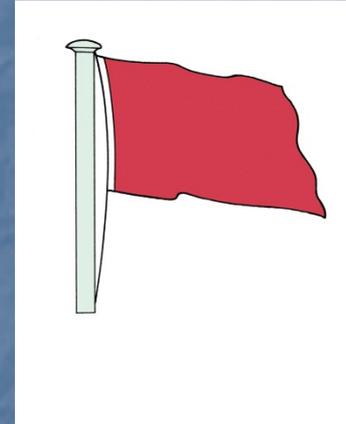
The Last Line of Defense



“Know Your Customers”

Some Factors to Consider:

- ✓ Where is it going?
- ✓ Who is it going to?
- ✓ How many other distributors are involved?
- ✓ Who are the Down Stream customers?

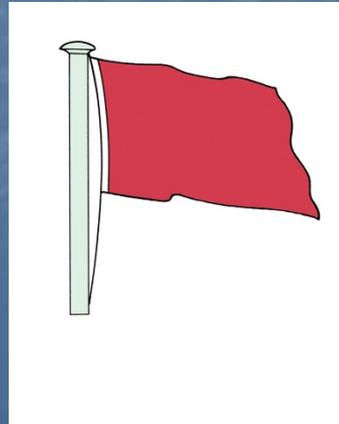


“Know Your Customers”

What do the news reports say about the state or geographical area where the controlled substances are being sold to?

Is there a problem with controlled substances in that particular state?

What is the problem? What are the controlled substances involved?



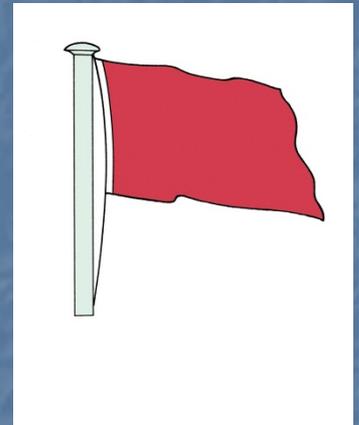
"Know Your Customers"

Range and Quantity of Products Being Purchased,

Location and hours of operation,

Methods of Payment Utilized
(cash, credit card, insurance),

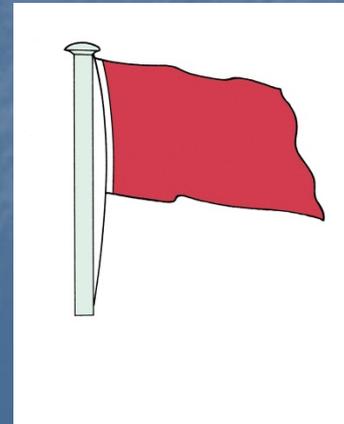
% Controlled vs. % Non-Controlled,



“Know Your Customers”

What is the average monthly purchase for an average type of registrant for a particular controlled substance? For a particular geographical area?

Does the requested purchase represent a quantity that far exceeds that average monthly purchase?
Why?

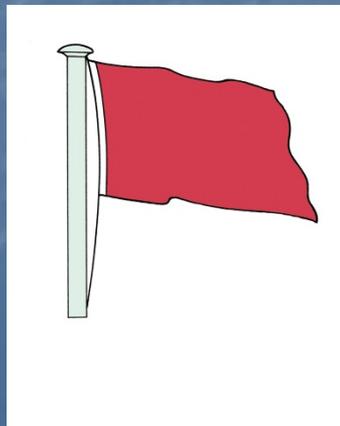


“Know Your Customers”

Are there security guards on the premises?
Why?

Is there a line of people waiting to get into the place?

Are there pain clinics in the area? How many? Is the pharmacy inside a pain clinic?





Closed System

When a registrant fails to adhere to their responsibilities, those violations represent a danger to the public and jeopardize the “closed system of distribution”.

Cutting off the Source of Supply



DEA Legal Recourse

- Administrative

 - Immediate Suspension Order (ISO)

 - Memorandum of Agreement (MOA)

 - Order to Show Cause (OTSC)

- Civil

 - Fines

- Criminal

 - Tactical Diversion Squads



How Do You Lose Your Registration?

The Order to Show Cause Process

21 USC § 824

a) Grounds:

1. Falsification of Application
2. Felony Conviction
3. State License or Registration suspended, revoked or denied – no longer authorized by State law
4. Inconsistent with Public Interest
5. Excluded from participation in Title 42 USC § 1320a-7(a) program

b) AG discretion, may suspend any registration simultaneously with Order to Show Cause upon a finding of Imminent Danger to Public Health and Safety

National Data

**Most commonly prescribed
prescription medicine?**

Hydrocodone/acetaminophen



Worldwide Hydrocodone Use

- **Of the 20 Countries** that reported an estimated needs requirement for hydrocodone at one kilogram or more
- **8 countries** reported an estimated need of 1 kilogram to 5 kilograms
- **4 countries** reported an estimated need over 5 kilograms to 10 kilograms
- **8 countries** reported an estimated need over 10 kilograms



Top 10 List

- 10 Guatemala 10 kilograms
- 09 India 10 kilograms
- 08 Vietnam 20 kilograms
- 07 China 20 kilograms
- 06 Denmark 25.5 kilograms
- 05 Columbia 30 kilograms
- 04 Syrian Republic 50 kilograms
- 03 Canada 115.5 kilograms
- 02 United Kingdom 200 kilograms
- 01 United States 79,700 kilograms 99.3%

Theft or Significant Loss

BREAKING NEWS

Police: Man killed in botched dog sale suspected in similar robberies

HOME > NEWS > LOCAL

Updated: 7:46 p.m. Wednesday, July 23, 2014 | Posted: 6:24 p.m. Wednesday, July 23, 2014

Thieves steal truck filled with \$2 million worth of pharmaceutical drugs

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Related

By Tom Regan

BARTOW COUNTY, Ga. — Thieves stole a tractor-trailer rig loaded with \$2 million in pharmaceutical drugs and narcotics, as it was

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- Widower breaks down hearing lost voice mail from



NEWS



Three Time Robber Of Trucks Carrying Pharmaceuticals Exiled To 25 Years In Prison

FOR IMMEDIATE RELEASE

September 17, 2014

Greenbelt, Maryland – U.S. District Judge Roger W. Titus sentenced Robert Neil Sampson, age 53, of Lanham, Maryland, today to 25 years in prison followed by three years of supervised release for conspiring to commit robbery, robbery and using a firearm during a robbery.

The sentence was announced by United States Attorney for the District of Maryland Rod J. Rosenstein; Special Agent in Charge Antoinette V. Henry of the U.S. Food & Drug Administration, Office of Criminal Investigations; Special Agent in Charge Karl C. Colder of the Drug Enforcement Administration - Washington Field Division; Chief Mark A. Magaw of the Prince George's County Police Department; and Douglas A. Middleton, Chief of the Henrico County (Virginia) Police Division.

According to his plea agreement, Sampson and others committed three armed robberies in 2012 of two courier companies, Accurate Courier Express (ACE) and The Courier Connection (TCC), and attempted a fourth robbery. Both companies had contracts with AmerisourceBergen Corporation (ABC) to transport pharmaceuticals from Glen Allen, Virginia to Landover, Maryland, and from Landover to other locations in Maryland and the Washington D.C. metropolitan area.

On May 29, 2012, an ACE driver transported an ABC shipment of pharmaceuticals from Glen Allen to Landover. After the driver backed the tractor trailer up to the cargo door of the facility, Sampson and a co-conspirator pulled up in a motor vehicle. The co-conspirator pointed a handgun at the driver and ordered him into the tractor cab. Sampson then entered the tractor cab. The driver was ordered into the sleeper portion of the tractor cab and told to put a pillow case over his head. The driver refused. Sampson and the co-conspirator threatened to shoot him, but then allowed the driver to run away. A short time later, Prince George's County Police Department patrol units located the tractor trailer on Nicole Drive in Lanham. A subsequent inventory revealed that pharmaceuticals had been stolen.

UNITED STATES ATTORNEYS' OFFICES

HOMEPAGE



Help us combat the proliferation of sexual exploitation crimes against children.

[LEARN MORE](#)**STOPFRAUD.GOV**
FINANCIAL FRAUD ENFORCEMENT TASK FORCE

Protect yourself from fraud, and report suspected cases of financial fraud to local law enforcement.

[LEARN MORE](#)

Reporting Thefts or Losses

- **Must report thefts and significant losses to the DEA within one business day upon discovery (1301.76)**
- **Should report all thefts to the local law enforcement agency and board of pharmacy**
- **Must complete the DEA Form 106**

Reporting Thefts or Losses

- To report a theft or loss of controlled substances on-line, visit the DEA's Office of Diversion Control website at www.DEAdiversion.usdoj.gov
- The electronic version of the DEA Form 106, Report of Theft or Loss of Controlled Substances
- Complete the form and submit it electronically



U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION OFFICE OF DIVERSION CONTROL

 Search

- HOME
- REGISTRATION
- REPORTING
- RESOURCES
- ABOUT US



Registration Support

Call: 1-800-882-9539 (8:30 am-6:00 pm EST)
Email: DEA.Registration.Help@usdoj.gov

- New Applications
- Renewal Applications
- Registration Changes (Address, Drug Code, Name, Schedule)
- CMEA (Combat Meth Epidemic Act)
- Registration for Disposal of Controlled Substances
- Duplicate Certificate Request
- Duplicate Receipt of Registration
- Offices with Field Registration Program Specialists
- Order Forms (DEA 222)
- Registration Validation

What's New

- Temporary Placement of Three Synthetic Cannabinoids Into Schedule I** (January 30, 2015)
- 60-Day Notice: Application for Registration Renewal, Affidavit for Chain Renewal (DEA Forms 225, 225a and 225b)** (January 30, 2015)
- 60-Day Notice: Application for Registration and Application for Registration Renewal (DEA Forms 363 and 363a)** (January 30, 2015)
- Mallinckrodt LLC** (January 28, 2015)
- Cambrex Charles City** (January 28, 2015)
- Research Triangle Institute** (January 28, 2015)
- Rhodes Technologies** (January 28, 2015)

DEA Forms & Applications

Publications & Manuals

Questions & Answers

Meetings & Events

In The News

- Kentucky Physician Charged with Prescribing Pain Meds that Resulted in the Death of Five of His Patients** (January 21, 2015)
- DEA Releases New Rules That Create Convenient But Safe and Secure Prescription Drug Disposal Options** (September 08, 2014)
- DEA to Publish Final Rule Rescheduling Hydrocodone Combination Products** (August 21, 2014)
- Members of Oxycodone Conspiracy Sentenced** (August 21, 2014)

Quick Links

- ARCOS (Automation of Reports & Consolidated Orders System)
- Cases Against Doctors
- Chemical Control Program
- CSOS (Controlled Substances Ordering System)
- EPCS (Electronic Prescriptions for Controlled Substances)
- DEA Form 106: Report Theft or Loss of Controlled Substances
- Find Your Local DEA Office
- Mailing Addresses for Topics Related to Title 21 CFR
- Medical Missions
- Submit a Tip to DEA

Electronic DEA-106

APPLICATION STRUCTURE

Section 1: Authentication and Report

Section 2: Theft/Loss Details

Section 3: Lost/Stolen Product Entry Page

Section 4: Signature

Section 5: Theft/Loss Summary

Section 6: Controlled Substance Summary and Certification

Section 7: Submit Report

Section 8: Print

U.S. Department of Justice
Drug Enforcement Administration

DIVERSION CONTROL PROGRAM

DEA FORM 106

Report of Theft or Loss of Controlled Substances
Under Controlled Substance Act of 1970

INSTRUCTIONS for Form DEA-106, Report of Theft or Loss of Controlled Substances - Revised October 2008

General Instructions	SPECIFIC INSTRUCTIONS
<p>WHATS NEW</p> <p>Changes to the Controlled Substances Section. The DEA is now requiring registrants to enter the National Drug Code (NDC) of the controlled substances lost or stolen.</p> <p>Discontinued Fields. With the implementation of the NDC number, DEA will no longer require registrants to enter specific information pertaining to product lost or stolen. Inputting the NDC number will auto-populate all require information needed for data collection and report generation.</p> <p>Purpose of Form</p> <p>The DEA-106 is for reporting any theft or loss of controlled substances. Do not use this form if:</p> <ol style="list-style-type: none">1. You have not previously registered with the DEA.2. The theft or loss you are reporting is not of a controlled substance, or3. You want to correct minor inventory shortages. <p>Additional Information</p> <p>The online version of Form DEA 106 has 8 sections. What follows is a description of each section and the information you will need to successfully fill out this online form. Please note that all pages where you are required to supply information, there is a section labeled "Help." For any field on the page for which you require clarification, place the cursor in the field and click. Help text will appear in the Help section.</p>	<p>Section 1. Authentication and Report Selection You will be asked to enter your DEA Number and your last name or the business name you used to register with the DEA. The name you supply must match exactly the name on your registration. You also will be able to choose whether to file a new report, or amend a report previously entered.</p> <p>Section 2. Theft/Loss Details You will be asked to provide background information relating to this loss or theft incident, such as the date and place, the type (night break-in, armed robbery, etc.), and the estimated value of the controlled substances, etc. Responses may require additional information, for example, indicating that a police has been filed will open new fields requesting the police department's name and telephone number.</p> <p>Section 3. Controlled Substances You will be asked to provide the National Drug Code (NDC) and quantity of the controlled substance being reported as a theft or loss. If the substance is liquid or powder, you will need to enter the total milliliters/milligrams; if tablet, enter the total count of tablets.</p> <p>Section 4. Signature You will be asked to supply the name and title of the person filing this report.</p> <p>Section 5. Theft/Loss Summary Information regarding the details of the theft or loss will be presented to you for confirmation; changes to the information may be made. You may also change information in the Signature section.</p> <p>Section 6. Controlled Substances Summary and Certification Information on the substances will be displayed, and may be changed. Additionally, you will be required to enter the name of the certifying official who attests to the validity of the information included in the report.</p> <p>Section 7. Submit Report Submitting the report will generate an amendment key. Please save the amendment key in order to be able to modify information using the online DEA-106 report in the future.</p> <p>Section 8. Print You may send a copy of the DEA-106 report to your local printer. DEA regulations specify that you keep a copy of this report for two years.</p>

Please do not use your browser's BACK and FORWARD buttons while navigating this form.

Begin

DRUG THEFT LOSS SYSTEM - Electronic DEA-106

Section 1: Authentication & Report

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DEA FORM 106

HELP

Please enter the registrant's DEA number. The first two characters must be uppercase. [Required]

[General Instructions.](#)

User Login

Form 106 Login

DEA Number:

Last Name:

Please do not use your browser's BACK and FORWARD buttons while navigating this form.

<-Previous **-Cancel-** **Login**

Drug Theft/Loss Login Screen

DRUG THEFT LOSS SYSTEM

Electronic DEA-106

The Login Confirmation Screen will be displayed, showing the registrant's name, address, and business activity.

This is a sample of the login confirmation page, with registrant name and address information removed.

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DEA FORM 106

Form 106 Login Confirmation

WASHINGTON, DC 20003
PRACTITIONER

If you are not [redacted], or the address is not the one assigned to this DEA number, please DO NOT PROCEED. Instead, contact the DEA Call Center at 800-882-9539, or click here to change the address.

Please do not use your browser's BACK and FORWARD buttons while navigating this form.

-Cancel- **Next->**

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DEA FORM 106

HELP

You may create a new report or amend an existing report.

[General Instructions.](#)

NEW: It is now possible to enter multiple reports with the same Date of Loss. In order to do this, select the Add / Amend Report button below. For privacy and security purposes, you will need the Amendment Key from a report entered on the same date. When adding a report for a date with an existing report, please ensure the new report is really new, and not an amendment to an existing report.

New Report Date **-Cancel-** **Add / Amend Report**

New Report will open a blank report for completion

Cancel will terminate the application without transmitting any data

Add/Amend Report will allow registrants to change data on previously submitted reports after verifying user credentials

DRUG THEFT LOSS SYSTEM

Electronic DEA-106



U.S. Department of Justice
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DIVERSION CONTROL PROGRAM

DEA FORM 106

HELP

Click inside the individual data fields to get Help for that field.

[General Instructions.](#)

Theft / Loss Details

* Date of Theft / Loss	-Month- ▾ -Day- ▾ -Year- ▾
* Police Report Filed	<input type="radio"/> Yes <input type="radio"/> No
* Type of Theft / Loss	<div style="border: 1px solid black; padding: 2px;">Armed Robbery Customer Theft Employee Pilferage Lost In Transit Night Break-In Other</div>
* Number of prior incidents in the past two years	
* Total Purchase Value of Controlled Substances (reported on this form)	
Items lost other than controlled substances	<input type="radio"/> Yes <input type="radio"/> No
Identifying Marks, Symbols, Price Codes (Controlled Substances only)	<input type="text"/>
DEA Form 222 Numbers (If Stolen)	<input type="text"/>
New Security Measures	<input type="text"/>

*Fields prefixed with * are required.*

Please do not use your browser's BACK and FORWARD buttons while navigating this form.

Section 2: Theft Loss Details

In this section you will provide background information relating to the theft or loss incident including:

- Date, place, and time
- Type of incident
- Estimated value

Responses to the type of incident may require additional information.

Previous - Return to Login Confirmation page;

Cancel - Terminate the application without transmitting any data;

Next will proceed with the application

Summary

- Prescriptions not written in the usual course of professional practice are not valid.
- Drugs dispensed pursuant to invalid prescriptions are not for legitimate medical purpose, the drugs are being diverted.
- Not limited to Internet pharmacies.

Summary

- A pattern of drugs being distributed to pharmacies who are diverting controlled substances demonstrates the lack of effective controls against diversion by the distributor
- The DEA registration of the distributor could be revoked under public interest grounds

Summary

- Any Distributor who is selling controlled substances that are being dispensed outside the course of professional practice must stop immediately
- DEA cannot guarantee that past failure to maintain effective controls against diversion will not result in action against a distributor

Summary

www.deadiversion.usdoj.gov

- Current Revocation Actions
- Policy Changes
- Validation of Registration
- Links to web sites with useful information (AMA, Pain Management, Pharmacy, etc.)
- Other



Questions ?

