Pharmacy Diversion Awareness Conference

Pharmaceutical Diversion in Medicare

Investigations Branch, Headquarters
Office of Inspector General/ Office of Investigations
U.S. Department of Health and Human Services
Washington, DC 20201
I have no financial relationships to disclose.
Learning Objectives

- Understand the mission of HHS/OIG
- Recognize that drug diversion and health care fraud includes both controlled and non-controlled medications
- Learn the common healthcare fraud/ drug diversion schemes and common methods how this is accomplished
- Describe the various drugs frequently found in drug diversion/healthcare fraud schemes
Pre-Test Questions to Consider

• Does HHS/OIG have oversight for controlled drugs, non-controlled drugs, or both?

• Pharmacist-owner who gives a local physician two tickets to next months playoff game in exchange for sending patients to your pharmacy.

• Diversion can occur of both controlled and non-controlled drugs.
HHS Office of Inspector General: Background

- **Mission**: Protect the integrity HHS programs as well as the health and welfare of program beneficiaries
- Fight fraud, waste, abuse in over 100 HHS programs
- Largest Inspector General’s office in Federal Government
- Office of Investigations performs criminal, civil and administrative enforcement
Example HHS Programs

- Medicare (CMS)
- Medicaid (CMS)
- Center for Disease Control (CDC)
- Indian Health Services (IHS)
- National Institutes of Health (NIH)
- Substance Abuse & Mental Health Services Admin (SAMHSA)
- Agency for Healthcare Research and Quality (AHRQ)
- Food and Drug Administration (FDA)
OIG Collaborative Effort

• Tactical Diversion Squads (with DEA)
• Strike Force Units (FBI on HEAT initiative)
• With state, local LE
• Use/encourage Prescription Drug Monitoring Programs (PDMP)
• Support education of industry, patients, providers, pharmacists - Can’t prosecute our way out of this problem
HHS/OIG: Components

• Office of Evaluations & Inspections:
  – Conducts and publishes studies on various vulnerabilities in Medicare/Medicaid. Reports on OIG website with recommendations. Several drug related reports.

• Office of Audit:
  – Conducts independent audits of HHS programs/grantees. Also create reports and make recommendations.

• Office of Council to IG:
  – Provides legal counsel to IG and other components. Performs civil monetary penalties, provider self disclosures, collaborates with DOJ on national cases, provide advisory opinions to industry.

• Office of Management and Policy:
  – Provides mission and administrative support to the OIG. Data analytic unit.

• Office of Investigations:
  – Law enforcement arm of OIG. Traditional law enforcement techniques with contemporary data analytic tools to identify trends and targets for investigations and prosecution.
Recent OIG Drug Reports

- Inappropriate Medicare Part D Payments for Schedule II Drugs Billed as Refills
  - $25M
- Prescribers with Questionable Patterns in Medicare Part D
  - 736 general care physicians
- Retail Pharmacies with Questionable Part D Billing
  - Over 2600 pharmacies identified
- Medicare Inappropriately Paid for Drugs Ordered by Individuals Without Prescribing Authority
  - Massage Therapists, Athletic Trainers, Home Repair Contractors, etc.
Newest OEI Report

U.S. Department of Health & Human Services
Office of Inspector General

HHS OIG Data Brief • June 2015 • OEI-02-15-00190

Questionable Billing and Geographic Hotspots Point to Potential Fraud and Abuse in Medicare Part D

Key Takeaways:
✓ Since 2006, Medicare spending for commonly abused opioids

Prescription drug abuse is a growing problem in this country. In 2011, the Centers for Disease Control and Prevention (CDC) declared prescription drug abuse an epidemic.1 That year alone, over 1.4 million emergency department visits were caused...
Spending for Part D Drugs 2006-2015

Part D Breakdown

- $8.4 B spent on controlled drugs (6%)
- $129 B spent on non-controlled drugs
- Predicted to double by 2023
Basis for Many Pharmaceutical Frauds Involve **KICKBACKS**

Antikickback Statute - 42 U.S.C. Section 1320a-7b(b) provides:

1. Whoever knowingly and willfully solicits or receives any remuneration (including any kickback, bribe or rebate) directly or indirectly, overtly or covertly, in cash or in kind –
   
   (A) in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program, or
   
   (B) in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal health care program,
   
   shall be guilty of a felony and upon conviction thereof, shall be fined not more than $25,000 or imprisoned for not more than five years, or both.
Interpretation

Statute is violated if person:

1. Knows the law prohibits offering or paying remuneration to generate business
2. Engages in prohibited conduct with specific intent to disobey the law
Examples

- Pharmacy paid money to physician to write for expensive brand medications without regard for medical necessity
- Pharmacy receiving dinners, cash, rebates and discounts from drug companies
- Pharmacy hired “marketing firm” to hire recruiters to find patients and physicians to write for expensive compounding cream
- Offer physician a percent of insurance reimbursement to write scripts and send them to your pharmacy
Exclusion Authorities

• Social Security Act (Sections 1128 and 1156)
• Approximately 3000 actions per year
• Duration from 3 years to Permanent
• 47% Based on License Revocation/Suspension/Surrender
  – Health Care Fraud or other Program Related Offense,
  – Patient Abuse/Neglect,
  – Controlled Substance
• 48% Based on Convictions
• Covers Medicare, Medicaid, Tricare, federal w/c, SCHIP, VA, and IHS (home mortgages, student loans)
Different Drug Jurisdictions

• **DEA:** Controlled substance laws and regulations of the United States
• **HHS/OIG:** Pharmaceuticals billed to federal healthcare programs
  – Those paid by Medicare, Medicaid
  – Includes Controlled Substances paid by federal programs
  – But also includes Non-Controlled Substances
DEA & HHS/OIG Authority

CS I

CS II-V

Non-Controlled

DEA

OIG
Why Divert Non-Controlled?

• Controlled Drugs:
  – Diverted for recreational use
  – $100+B in societal costs

• Non-Controlled:
  2. Some diverted to other countries
  3. Others mixed into street cocktails with controlled substances; are “POTENTIATORS”
Drug Recycling Scheme

1) Drug sold on street
2) Drug sent overseas
3) Drug sent back to pharmacy (billed, not dispensed)

“Capper” takes drug from beneficiary

Pharmacy

Kickback payment

Pill Mill or Fraudulent Provider

Co-Conspirator Beneficiary

Rx Filled

Rx

6/20/2016
Common Pharmacy Schemes

- Billed but not dispensed
- Fictitious scripts/name
- Auto refills
- Add-on scripts
- Dispense generic/bill for brand
- Paying patients for scripts
- Payment for referrals

Other Issues:
- Medical Identity Theft
- Prescription shorting
- Narcotics without prescriptions (backdoor sales)
Drug Blogs

• Erowid.org
• Bluelight.org
• Drugs-Forum.com
• Opiophile.org
“Well, after that last entry I just kind of passed out. I remember seeing something out of the corner of my eyes and trying to grab for it but never actually catching it. Once I passed out I was GONE, people tried to wake me and I was completely unresponsive, they almost called 911 but decided against when they could see I was still breathing. So... yea... I am going to do it again pretty soon probably....”
How to Prepare IV Opana

Extra Supplies for Injection (IV/IM) or Rectal (IR):
1) Spoon
2) Lighter (preferably butane torch)
3) Water
4) Syringe (1cc or 3cc with 29 gauge needle if injecting)
5) Mootch (Q-Tip, Cotton Ball, Cigarette Filter, Gauze)

Optional Supplies for Injection (IV/IM) or Rectal (IR):
1) Second Spoon
2) Micron Filter
3) Citric Acid/Vinegar/Lemon Juice/Vitamin C

Process:

(Optional) - Crush Opana ER in table clamp.

Step One - Using PedEgg and its designed 'skin catcher,' grate the Opana ER TRF into small chunks. Tweezers will allow you to handle the pill once most of it has been grated. Grate the pill over a piece of aluminum foil (folded in half to create a single piece two layers thick) to catch any chunks the PedEgg's 'skin catcher' misses.

Step Two - Preheat oven to 400 degrees Fahrenheit while grating the Opana ER with the PedEgg.

Step Three - Once the entire Opana ER has been grated as small as possible, dump the PedEgg's 'skin catcher' onto the layered aluminum foil. Use your credit card/drug's license/plastic card to scrape pill chunks into a quarter/fifty-cent piece sized pile. The pile should not have much height to it, but there should be as few spots of aluminum foil visible through it as possible.

Step Four - Place the aluminum foil with the grated Opana ER on it into the preheated oven.

Step Five - Watch the pile of Opana ER as it heats in the oven. The pill chunks should turn brown in color and appear to melt/become 'goopy.' Do not let any of the pill turn black, but as soon as it all has turned some shade of brown, remove the aluminum foil from the oven and place it directly in the freezer. Due to variations in oven heating patterns, altitude, etc. the amount of time the pill will take to cook varies. DO NOT LET IT TURN BLACK. Better to remove the pill with one or two white spots than burn it. Make sure to place the aluminum foil and cooked pill directly into the freezer.

Step Six - Let the pill sit in the freezer for 5-7 minutes. Any 'goopy' spots should be hardened when the pill is removed from the freezer.

Step Seven - Remove aluminum foil and now 'frozen' pill from freezer. Using credit card/drug's license/plastic card, scrape pill off of aluminum foil. Be careful not to tear aluminum foil while scraping pill off of it. The pill should come off the aluminum foil easily, but if it is 'goopy,' then it needs more time in the freezer.

Based on the planned ROA, proceed to the specific instructions...

Insufflation (IN) Specific Process:
Zohydro Abuse

24-01-2015 07:16

drzted
Blacklighter

First, get on your knees and thank whichever god you happen to believe in.

Second, you may want to crush up the beads inside the capsule in order to get a better initiation of effects (i.e. rush).

Jesus, you might even be able to snort them! Gahhh you are so incredibly lucky.

Ok, don’t snort them, but it all depends on your tolerance, are you fairly experienced with opiates? If you are opiate naïve I would recommend taking the beads out of one capsule and crushing about half of them, and taking that to start with. Should yield around ~15mg of hydrocodone, which is a perfect starting dose.

31-01-2015 07:17

Hughes3u777
Greenlighter

I HAVE BEEN WONDERING ABOUT THIS!!! I have done a little research on this and found the same answers. However bub, I came across a pretty cool method I had never heard before.

1. You mix up some sweet kool-aid (red or purple drank)
2. Then take said CWE powder and dose accordingly into each individual cube slot
3. Plop into some carbonated fruit water...blam off.

It kind of intrigued me because if you’re doing so discreetly in places where discretion is preferred, I think it’d be pretty cool to get sledgehammered while not expecting it due to the masking of the Kool-aid and carbonated fruit water. I think I’m going to do this next time I get some “Zo-o”.

Im sure this is probably no new idea but has anyone ever tried this?
New Paradigms for Death

- Extraction methods for pure product
- Heavy use with potentiatators (Mixed Drug Ingestions)
- New portals of entry (anywhere there is a good vascular bed) to avoid first-pass effect
Exploiting Human Chemistry

- Alkalize stomach with tums
- Heat fentanyl patch in microwave
- Rub fentanyl on wrists or put heat pad on arm
- Rub isopropyl alcohol on buccal area
Polypharmacy Cocktails
Potentiators

- Abilify + Seroquel Snort (“jailhouse heroin”)
- Soma + Codeine (“Soma Coma”)
- Seroquel + Zyprexa + Ativan + ETOH + Cocaine
- HIV Protease Inhibitors + Percocet
- Caffeine + ETOH + Eyeball
Polypharmacy Cocktails

Potentiators

• Promethazine/Codeine + Tampon
• ETOH + Albuterol Inhaler
• Adderall + Albuterol + Sleep deprivation
• Adderall + Lexapro + Cannabis
Finally....

- Meth/Ecstasy/Viagra (Rectally)="Royal Flush"
What To Do if you Suspect Fraud or Diversion Activity?

• Use available databases to scrutinize scripts; including your state PDMP database

• If receive a clearly fraudulent script, forged script, ID theft; engage law enforcement immediately

• If you suspect a Medicare provider or beneficiary is diverting, contact
  – 800-HHS-TIPS or at
  – oig.hhs.gov/report-fraud
Post-Test Discussion

- Does HHS/OIG have oversight for controlled drugs, non-controlled drugs, or both?

- Pharmacist-owner who gives a local physician two tickets to next months playoff game in exchange for sending patients to your pharmacy.

- Diversion can occur of both controlled and non-controlled drugs.
Thank You