

Prevention Techniques

- Know the prescriber and his/her signature;
- Know the prescriber's DEA registration number;
- Know the patient;
- Check the date on the prescription order. Has it been presented to you in a reasonable length of time since the prescriber wrote it?

When there is a question about **any** aspect of the prescription order, call the prescriber for verification or clarification.

Should there be a discrepancy, the patient must have a plausible reason **before** the prescription medication is dispensed.

Any time you are in doubt, require proper identification. Although this procedure isn't foolproof (identification papers can also be stolen or forged), it does increase the drug abuser's risk.

If you believe that you have a forged, altered, or counterfeited prescription—don't dispense it—call your local police.

If you believe that you have discovered a pattern of prescription abuses, contact your State Board of Pharmacy or your local DEA office. Both DEA and state authorities consider retail-level diversion a priority issue.

Proper Controls

Loose or routine dispensing procedures, without control and professional caution, are an invitation to the drug abuser. Proper controls against fraudulent prescriptions can best be accomplished by following **common sense, sound professional practice, and using proper dispensing procedures and controls.**

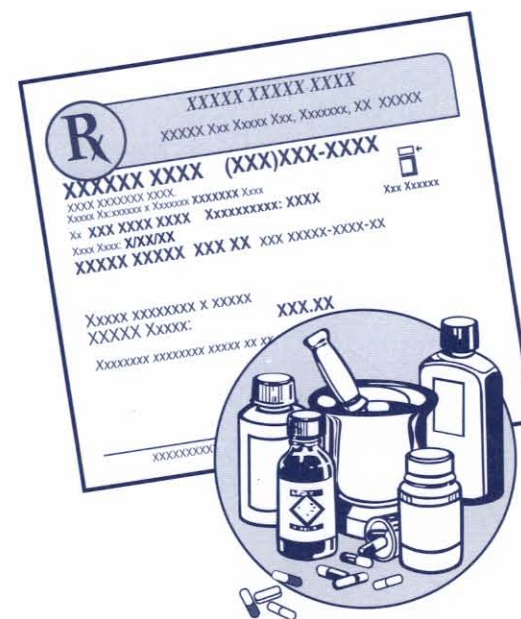
Have your pharmacy staff help protect your practice from becoming a source of prescription drug diversion. Become familiar with which drugs are popular for abuse and resale on the streets in your area. Drug abuse prevention must be an ongoing staff activity.

Encourage local pharmacists and physicians to develop a network, or at least a working relationship, which promotes teamwork and camaraderie. Discuss abuse problems with other pharmacies and physicians in the community. Most drug abusers seek out areas where communications and cooperation between health professionals are minimal because it makes their work so much easier.

Sections of this document were adapted from A Guide to Prescribing, Administering and Dispensing Controlled Substances in Missouri, January 1999. Printed with permission. All rights reserved.



A Pharmacist's Guide To Prescription Fraud



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Additional information on DEA's Diversion Control Program is available at: www.deadiversion.usdoj.gov

The purpose of this guide is to ensure that controlled substances continue to be available for legitimate medical and scientific purposes while preventing their diversion into the illicit market. It is not the intent of this publication to reduce or deny the use of controlled substances where medically indicated. Nothing in this guide should be construed as authorizing or permitting any person to conduct any act that is not authorized or permitted under federal or state laws.

Your Responsibilities

The abuse of prescription drugs—especially controlled substances—is a serious social and health problem in the United States today. As a healthcare professional, you share responsibility for solving the prescription drug abuse and diversion problem.

- You have a legal responsibility to acquaint yourself with the state and federal requirements for dispensing controlled substances. You also have a legal and ethical responsibility to uphold these laws and to help protect society from drug abuse.

- You have a personal responsibility to protect your practice from becoming an easy target for drug diversion. You must become aware of the potential situations where drug diversion can occur and safeguards that can be enacted to prevent this diversion.

- The dispensing pharmacist must maintain a constant vigilance against forged or altered prescriptions. The law holds the pharmacist responsible for knowingly dispensing a prescription that was not issued in the usual course of professional treatment.

This guide will help you meet these responsibilities.

Types of Fraudulent Prescriptions

Pharmacists should be aware of the various kinds of forged prescriptions that may be presented for dispensing.

- Legitimate prescription pads are stolen from physicians' offices and prescriptions are written for fictitious patients.

- Some patients, in an effort to obtain additional amounts of legitimately prescribed drugs, alter the physician's prescription.

- Some drug abusers will have prescription pads from a legitimate doctor printed with a different call back number that is answered by an accomplice to verify the prescription.

- Some drug abusers will call in their own prescriptions and give their own telephone number as a call back confirmation.

- Computers are often used to create prescriptions for nonexistent doctors or to copy legitimate doctor's prescriptions.

The following criteria **may** indicate that the purported prescription was not issued for a

legitimate medical purpose:

- The prescriber writes significantly more prescriptions (or in larger quantities) compared to other practitioners in your area.

- The patient appears to be returning too frequently. A prescription which ought to have lasted for a month in legitimate use, is being refilled on a biweekly, weekly or even a daily basis.

- The prescriber writes prescriptions for antagonistic drugs, such as depressants and stimulants, at the same time. Drug abusers often request prescriptions for "uppers and downers" at the same time.

- Patient appears presenting prescriptions written in the names of other people.

- A number of people appear simultaneously, or within a short time, all bearing similar prescriptions from the same physician.

- Numerous "strangers," people who are not regular patrons or residents of your community, suddenly show up with prescriptions from the same physician.

Characteristics of Forged Prescriptions

- Prescription looks "too good"; the prescriber's handwriting is too legible;

- Quantities, directions or dosages differ from usual medical usage;

- Prescription does not comply with the acceptable standard abbreviations or appears to be textbook presentation;

- Prescription appears to be photocopied;

- Directions written in full with no abbreviations;

- Prescription written in different-color inks or written in different handwriting.