Resource Guide

Prescription Drug Diversion

February 2016

Prescription drug abuse has increased dramatically 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, also known as opioid analgesics, have exceeded the number of deaths involving heroin and cocaine combined since 2002.[1]

Prescription drug diversion is the transfer of a prescription drug from a legal supply chain to an illegal channel of distribution or use.[2] 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. In addition, 67.6 percent say that they got pain relievers free from friends or family, or by buying or stealing them from friends or family.[3]

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 are required and should 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 2015 National Drug Threat Assessment report, the most commonly diverted controlled prescription drugs are opioids. 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 nonopioid medications or unacceptable pain control with suggested nonopioid 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 may include:

- Mild tremor;
- Drug odor on breath or clothing;
- Enlarged, tender liver;
- Nasal irritation;
- Conjunctival irritation;
- Labile blood pressure, tachycardia;
- "Aftershave/mouthwash" syndrome (to mask drug odor);
- Signs of chronic obstructive pulmonary disease, hepatitis B or C, HIV infection;
- Nervous behavior; and
- Pinpoint pupils.

In addition to these signs, atypical responses to standard treatments for chronic diseases such as hypertension or diabetes (for example, blood pressure medicine is not working and glucose levels are not managed on medication) may also be a sign that the patient has a substance use disorder. Depression, anxiety, sexual dysfunction, gastrointestinal complaints, weight gain, and sleep disorders may also be positive indications for substance use disorder.[6, 7]

Situations that require scrutiny by pharmacists include:

- 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;
- Patients who use street names for prescription drugs;
- Prescriptions with handwriting that is too neat, or that contain unusual abbreviations, misspellings, or atypical quantities;
- Patients who present prescriptions for both controlled and noncontrolled 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).[8, 9]

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.[10]

If any information on a prescription appears altered, especially a prescription for a medication that is frequently abused or diverted, verify the information 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, notify law enforcement. In addition, report any theft or significant loss of any controlled substance to the Drug Enforcement Administration (DEA) within one business day. Make reports at http://www.deadiversion.usdoj.gov/21cfr_reports/theft/index.html 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 https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforConsumers/Report_Fraud_and_Suspected_Fraud.html 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
Website: https://oig.hhs.gov/fraud/report-fraud/index.asp

Resources

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

Pharmaceutical Diversion Education

- National Health Care Anti-Fraud Association https://www.nhcaa.org/
- Pharmaceutical Diversion Education, Inc. http://www.rxdiversion.com/
- National Association of Boards of Pharmacy and Anti-Diversion Industry Working Group's "Red Flags" video http://www.awarerx.pharmacy/resources/pharmacists#RedFlags

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/publicy-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) https://www.whitehouse.gov/ondcp
- 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

- National Alliance for Model State Drug Laws http://www.namsdl.org/
- National Association of Boards of Pharmacy http://www.nabp.net/
- National Association of Medicaid Fraud Control Units http://www.namfcu.net
- National Association of State Controlled Substances Authorities http://www.nascsa.org/
- State Medicaid agencies. Visit https://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

To see the electronic version of this resource guide and the other products included in the "Drug Diversion" Toolkit, visit the Medicaid Program Integrity Education page at https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html on the CMS website.

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References

1 U.S. Department of Justice. Drug Enforcement Administration. (2015, October). 2015 National Drug Threat Assessment Summary (pp. 13, 17). Retrieved January 7, 2016, http://www.dea.gov/docs/2015%20NDTA%20Report.pdf

2 U.S. Department of Justice. Drug Enforcement Administration. Office of Diversion Control. Program Description. Retrieved January 7, 2016, from http://www.deadiversion.usdoj.gov/prog_dscrpt/index.html

3 U.S. Department of Justice. Drug Enforcement Administration. (2015, October). 2015 National Drug Threat Assessment Summary (p. 18). Retrieved January 7, 2016, http://www.dea.gov/docs/2015%20NDTA%20Report.pdf

4 U.S. Department of Justice. Drug Enforcement Administration. (2015, October). 2015 National Drug Threat Assessment Summary (p. 19). Retrieved January 7, 2016, http://www.dea.gov/docs/2015%20NDTA%20Report.pdf

5 American College of Preventive Medicine (ACPM). (2011). Use, Abuse, Misuse, and Disposal of Prescription Pain Medication Time Tool Clinical Reference. Retrieved January 7, 2016, from http://www.acpm.org/?UseAbuseRxClinRef

6 Mersy, D. (2003, April 1). Recognition of Alcohol and Substance Abuse (pp. 1529–1532).Retrieved January 7, 2016, from http://www.aafp.org/afp/2003/0401/p1529.html

7 National Association of Boards of Pharmacy. (2014, May). Red Flags (video). Retrieved January 7, 2016, from http://www.awarerx.pharmacy/resources/pharmacists#Red Flags

8 U.S. Department of Justice. Drug Enforcement Administration. Office of Diversion Control. (n.d). Pharmacist's Guide to Prescription Fraud. Appendix D. Retrieved January 7, 2016, from http://www.deadiversion.usdoj.gov/pubs/manuals/pharm2/appendix/appdx_d.htm

9 National Association of Boards of Pharmacy. (2014, May). Red Flags (video). Retrieved January 7, 2016, from http://www.awarerx.pharmacy/resources/pharmacists#Red Flags

10 Centers for Disease Control and Prevention. (2012, September 28). Tamper-Resistant Prescription Form Requirements. Retrieved January 7, 2016, from http://www.cdc.gov/phlp/docs/menu-prescriptionform.pdf

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