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Inside this Issue

- 1 Identifying Prescription Drug Abuse
- 4 Review of Prospective Drug Utilization Alerts from May 2000 Claims.
- 4 Top 25 Drug List
- 4 Members of the Indiana Medicaid DUR Board
- 4 DUR Board Calendar

Indiana Medicaid DUR Board
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Indiana Medicaid Drug Utilization Review Board Newsletter

Identifying Prescription Drug Abuse

Prescription drugs, when used incorrectly can be as lethal and addictive as illicit drugs. Although these medications are prescribed by a physician, patients who are prescribed these products may not be aware of, or recognize the potential dangers involved in abusing these drugs or using them in ways other than prescribed. Situations where patients present themselves to physicians in attempts to acquire prescriptions for drugs products that are filled at the pharmacy and diverted onto the street where they become part of the illicit drug trade are common. Because these products are prescription drugs, they are highly valued on the street for their quality and purity. The DEA estimated in 1993 that prescriptions drugs were sold for about \$25 billion in the illicit drug market and that 2.6 million people in the United States use prescription drug products for nonmedical reasons. The Drug Abuse Warning Network states that 75% of the top 20 drugs mentioned in emergency room episodes each year involve prescription pain medications, sedatives, stimulants, and tranquilizers. The controlled substance, hydrocodone, which is subject to the Federal Controlled Substance Act as a schedule CIII, is one of the most commonly prescribed drug products in the ambulatory settings. One manufacturer's combination product of hydrocodone and acetaminophen was rated as #5 in the top 200 most popular prescriptions that were ranked by RxList, an Internet drug reference site. The NCADI Reporter commented in 1997 that hydrocodone prescriptions were the most diverted forged

prescription in the United States and pointed to the fact that much of its trouble stemmed from its demand on the street, where prescription hydrocodone products carried a street value as high as \$6 per tablet.

Individuals who are successful in employing various methods for attaining prescription drugs represent serious problems for physicians and pharmacists in the United States' health care market. Individuals who seek prescription drug products take advantage of health care professionals' desires to eliminate pain and provide comfort to patients in need. They pester clinics, health care centers, private offices and emergency rooms for the purpose of attaining prescription drug orders. The prescription drugs that they acquire are gained through: (1) deceptive methods and schemes intended to persuade meaningful professionals to prescribe prescriptions drug products, (2) written prescription drug orders that are adulterated to increase the quantity prescribed or refills offered, and (3) forged prescription drug orders that are written on stolen prescription blanks, taken from prescribers' offices and healthcare settings. Ultimately, valuable time and money are spent in health care settings attending to the drug seeker, leaving less time for the patients with legitimate medical conditions. The Board's intent for writing this article is to fulfill its educational mandate to provide information to healthcare professionals informing of aspects concerning prescription drug abuse which are common in the health care industry and in Medicaid. It is the Board's hope that the information is useful in identifying potential fraud and abuse of prescription drug services paid with Medicaid funds. Much of the information presented in this article originates from an article

Continued on Page 2

written by Dr. Ronnie A. Weathermon in the US Pharmacist, December 1999.¹

The prescription drug abuser who is being treated as a patient can be categorized into one of three groups of individuals. The first category is the entrepreneurial patient and consists of individuals who visit several different physician practitioners and present various medical complaints that are usually treated with controlled substances. They are con artists who often visit several physician offices, emergency rooms, clinics, and pharmacies, complaining of symptoms, such as pain, that are subjective and difficult to measure through laboratory tests or radiology. These individuals knowingly break the law by faking illnesses and obtaining controlled substances without making prescribers aware that other physicians are treating them.

The second category is the professional patient and consists of patients who have genuine illnesses or obvious physical abnormalities that are used to convince physicians to prescribe controlled substances. Professional patients will use their existing medical conditions to exploit health care providers for sympathy, lessening the likelihood of facing resistance. They sell their controlled substance prescriptions for monetary gain. Drug traffickers are known to work with professional patients, paying them on a per prescription rate for controlled substance prescription drug products.

The third category is the chemically dependent patient and consists of patients who have developed a physical or psychological dependency to the controlled substance. These patients are willing to do anything possible to maintain their supply of medication and avoid the possibility of running out of medication or experiencing withdrawal. Because of that, they are less likely to allow their prescription drugs to be sold on the street.

¹ Weatherman, RA. Controlled Substance Diversion: Who Attempts It and How. US Pharmacist. December 1999; 32-47.

The methods that a drug seeker uses to attain their supplies varies depending on the person obtaining the drugs and the environment from which the drugs are dispensed. The drug seeker will usually take advantage of times in the week that are considered “off-hours”, such as evening and weekends, when it is more difficult for the pharmacist to contact the prescriber to verify a prescription. Table 1 catalogs some of the tactics used by prescription drug abusers to obtain prescription drug products. Physicians and pharmacists should be aware of the tactics that drug seekers employ and consider approaches that protects themselves.

The most commonly diverted prescription drug products include stimulants, sedatives, tranquilizers and narcotic pain medications. Hydrocodone, an opiate narcotic agent that is

structurally similar to codeine but more potent, is regarded as the most popular drug sought by prescription drug abusers and is included in brand name products such as Anexsia, Lorcet, Lortab, Norco, Vicodin, and Zydone. Products containing hydrocodone are frequently prescribed for the relief of moderate to moderately severe pain that are typically seen in patients with back pain or migraine headaches. Because hydrocodone is classified as a schedule CIII drug, it can be prescribed with authorization of up to five refills. Other, more powerful narcotics are classified as CII, requiring a new written prescription each time it is refilled. Table 2 is a list of the most commonly diverted prescription medications and their controlled number classifications.

Continued on Page 3

Table 1

| Tactic | Description |
|---|--|
| <i>Fake Call-Ins</i> | The drug seeker poses as a physician or a physician’s staff member and telephones pharmacies requesting new prescriptions or refills of existing prescriptions. Calls are usually made during off-hours and on weekends. |
| <i>Forgeries</i> | The drug seeker steals prescription blanks and creates fake prescriptions for controlled substances. In other cases, drug seekers will take existing prescriptions that are written for them, and change the number of tablets or the number of refills authorized. |
| <i>On-call/Call-in Scams</i> | The drug seeker finds out which doctor in a group is on-call and calls the on-call doctor stating that they are a patient of another doctor in the group. The person tells the on-call doctor that they have pain and needs pain medication, or says that the pain medication they were prescribed is not working and that they need something stronger. |
| <i>I got to the Drug Store Late</i> | The drug seeker who is prescribed a controlled substance does not accept the prescription personally but requests that it be phoned into a particular pharmacy. Later, the patient calls the physician and explains that they did not get to the pharmacy on time before it closed and asks that another prescription be called to another pharmacy. |
| <i>Using a False Name or Address</i> | The drug seeker who shops doctors for prescription medications will often refuse to give a home phone number or they will state that their number is disconnected. Multiple drug seekers will use the same address and receive similar prescriptions for controlled substances. |
| <i>Confession of Addiction</i> | The drug seeker admits they have a substance abuse problem and expresses a desire to quit but asks for an interim supply of drugs to ward off withdrawal symptoms. |
| <i>Overprescribing Doctors</i> | The drug seeker will often pressure a physician into writing a prescription against the physician’s better judgement, or target older physicians with outdated medical knowledge and lax prescription-writing habits |

Source: Indiana State Police. Prescription Drug Abuse – Recognition and Prevention of Diversion. Handout.

Table 2
Most Commonly Diverted Prescription Medications

| Generic | Brand Name(s) | Classification |
|-----------------|--|----------------|
| Hydrocodone | Vicodin, Lorcet, Lortab, Codiclear DH, Tussionex, Cogesic, Anexsia | III |
| Alprazolam | Xanax | IV |
| Diazepam | Valium | IV |
| APAP w/Codeine | Tylenol #3 | III |
| Oxycodone | Percodan, Percocet | II |
| Meperidine | Demerol | II |
| Carisoprodol | Soma | Not Scheduled |
| Butalbital | Fiorinal with Codeine, Fiorinal, Fioricet, Esgic | III |
| Combinations | | |
| Propoxyphene | Darvon, Darvocet, Darvon Compound 65 | IV |
| Methamphetamine | Desoxyn | II |
| Hydromorphone | Dilaudid | II |
| Triazolam | Halcion | IV |
| Morphine | MS Contin, Roxanol | II |
| Nalbuphine | Nubain | Not Scheduled |
| Phentermine | Fastin, Ionamin, Adipex-P | IV |
| Methylphenidate | Ritalin | II |
| Butorphanol | Stadol | IV |

Source: Indiana State Police. Prescription Drug Abuse – Recognition and Prevention of Diversion. Handout.

the prescription is properly written and contains the following information:

- The date that the prescription is written;
- The full name and address of the patient;
- The complete drug name, dosage, and quantity prescribed;
- The directions for use;
- The number of refills; and
- The name, address and registration number of the prescriber.

In addition, the physician should attempt to write prescriptions that are less vulnerable to alteration by writing in ink and confirming the number of dosage units and refills in long hand (i.e. “five” refills and not “5”).

Prescription blanks should be kept under tight control and not be accessible to patients in examination rooms. For the sake of convenience, prescription blanks that are kept in examination rooms on counter tops or in cabinetry create an easy opportunity, allowing the drug seeker to steal blanks from the physician’s office or clinic. Stolen blanks are then used to forge written prescriptions for controlled substances.

The pharmacist is ultimately in the best position to identify drug diversion in the community setting. Their communication with the prescribing physician is crucial in stopping the prescription drug seeker who visits numerous doctors, gathering prescriptions for controlled substances. Communication between pharmacists at different locations is also important in establishing a calling tree that shares information about trouble patients. Pharmacists who encounter a forged or fraudulent prescription should discreetly notify their local police department and then attempt to stall the patient when filling the prescription until the police arrive. To successfully charge a person with committing fraud and deceit in illegally attaining controlled prescription drug products, the police need to apprehend the suspect and have proof that an illegal transaction had taken place. The computer record and the filled prescription are useful evidence in a case against the suspect.

Continued on Page 4

Carisoprodol (Soma[®]) is reported to be one of the most abused, non-federally scheduled prescription drugs in the United States. Although it is not a federally scheduled drug product, carisoprodol is metabolized to meprobamate, a scheduled CIV antianxiety agent. In addition to its antianxiety effects, carisoprodol is also taken in combination with other narcotics to create a heroin-like high.

Methylphenidate (Ritalin[®]) is a scheduled CII controlled substance that is frequently used to treat attention deficit hyperactivity disorder and narcolepsy. Because it is predominantly prescribed in children and young adults, prescription supplies of the product are diverted by brothers or sisters of patients, or shared by patients to their young friends. Methylphenidate is a prominent illicit drug in high school and college populations where it is taken for its stimulant properties.

A factor influencing the demand for prescription drugs on the street is the reliable and predictable effects associated with the manufactured drug products when compared to street drugs. Street drugs that are diluted with powders and other ingredients in order to stretch a dealer’s supply may increase the dealer’s profits, but generates uncertainty in the potency and effect from purchase to purchase; dealer to

dealer. Drug abusers prefer the known potency and effect that comes from prescription drugs. In addition, controlled substances obtained with written prescriptions create a safer environment by which to sustain a chemical addiction than going to a street dealer or risking exposure to HIV. Drug seekers that sell on the street prefer prescription products that are differentiated by size, color and shape, making it easier to identify the prescription drug product’s dose and pharmacologic effect. The efforts made by pharmaceutical manufacturers to enhance the safe handling of their drugs by distinguishing their products, using unique shapes, sizes, and colors, for health care professional and patients is valuable also to the prescription drug abuser in identifying the product. Abusers will readily pay more money on the street for these products than for the generic product.

Physicians and pharmacists who are faced with patients that are thought to be seeking prescription drugs must use keen judgement skills that effectively identifies the drug-seeking patient and eliminates their access to prescription drugs that would be diverted, while not impeding access of legitimate patients to medical care. Prescribers must take precaution when writing prescriptions for controlled substances to ensure that

Awareness of the methods and techniques used by prescription drug abusers, and taking steps that will make it harder for them to commit fraud and deceit will decrease the expense associated with prescription drug abuse, and the number of prescription drugs that are placed on the street as illicit drugs. Physicians and pharmacist can play the biggest role in reducing both.

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You may contact that Board by e-mail when you access the Indiana Medicaid Website at WWW.IndianaMedicaid.com. Click on the DUR Board link and then select the "How to Contact the Board" button. The page allows you to send comments or questions through e-mail to members of the Board.

DUR Board Calendar

September 8, 2000
9:30 am, Indiana Government Center, South Conference Room of Room W451
DUR Board Meeting

December 8, 2000
9:30 am, Indiana Government Center, South Conference Center Room A
DUR Board Meeting

For more information call Ms. Karen Baer at (317) 232-4391

Visit the Indiana Medicaid DUR Board website at www.indianamedicaid.com

Review of Prospective Drug Utilization Alerts from May 2000 Claims

Drug-Drug Interaction Alerts (DD):

- 415 alerts issued for claims involving digitoxin. 95 (23%) of those claims were cancelled.
- 1397 alerts issued for claims involving warfarin. 420 (30%) of those claims were cancelled. 678 (49%) of the alerts were set due to patients receiving warfarin and aspirin.
- 602 alerts issued for claims involving prescriptions for quinolones and antacids or vitamin products. 124 (21%) of those claims were cancelled. Interactions with Ciprofloxacin accounted for 93% of the quinolone alerts.

Therapeutic Duplication Alerts (TD):

- 2,643 alerts issued due to therapeutic duplication with anti-anxiety agents. 629 (24%) of those claims were cancelled. 1840 (51%) of the TD alerts comprised of anti-anxiety agents added to existing therapies of alprazolam or lorazepam
- 491 alerts issued due to therapeutic duplication with calcium channel blocking agents. 92 (19%) of those claims were cancelled.
- 489 alerts issued due to therapeutic duplication with Non-Steroidal Anti-Inflammatory agents. 66 (13%) of those claims were cancelled.

Top 25 Drugs

The top 25 drug products based on the total dollars spent for first quarter 2000, represented \$22,426,874 in Indiana Medicaid payments to pharmacy providers. This amount is 32% higher than a year ago for first quarter 1999. Antipsychotic agents topped the list with 6 products attributing to \$5,129,669 in Medicaid payments. Selective Serotonin Reuptake Inhibitors represented 4 products for \$2,908,121 in Medicaid payments. Gastrointestinal agents and NSAIDs were the last 2 groups that representing \$3,802,628 and \$1,365,229 in Medicaid payments, respectively.

Top 25 Drugs by the Total Dollars Paid for 1Q2000

| Drug Product | Total Claims | Quantity Dispensed | Total Payment |
|----------------------------|--------------|--------------------|---------------|
| 1. Recombinate 220-400 | 418 | 2,771,805 U | \$2,932,177 |
| 2. Zyprexa 10mg Tablet | 6,693 | 320,255 Tabs | \$2,414,317 |
| 3. Prilosec 20mg Capsule | 17,289 | 638,944 Caps | \$2,280,211 |
| 4. Prevacid 30mg Capsule | 12,518 | 450,913 Caps | \$1,522,417 |
| 5. Synagis 100mg Vial | 788 | 1,595 Vials | \$1,352,491 |
| 6. Prozac 20mg Pulvule | 12,237 | 561,920 Caps | \$1,300,926 |
| 7. Celebrex 200mg Capsule | 10,709 | 427,087 Caps | \$933,192 |
| 8. Depakote 500mg Tab EC | 6,827 | 597,809 Tabs | \$802,047 |
| 9. Novoseven 4800mcg Vial | 85 | 725,500 mcg | \$754,520 |
| 10. Risperdal 1mg Tablet | 5,854 | 289,557 Tabs | \$651,093 |
| 11. Neurontin 300mg Cap | 5,642 | 613,401 Caps | \$633,639 |
| 12. Zyprexa 5mg Tablet | 2,924 | 117,518 Tabs | \$585,327 |
| 13. Paxil 20mg Tablet | 7,643 | 272,590 Tabs | \$571,922 |
| 14. Zolofit 100mg Tablet | 6,724 | 261,353 Tabs | \$550,032 |
| 15. Risperdal 3mg Tablet | 2,431 | 125,588 Tabs | \$549,604 |
| 16. Zithromax 250mg Tablet | 14,012 | 86,545 Tabs | \$544,927 |
| 17. Ultram 50mg Tablet | 10,308 | 683,431 Tabs | \$495,844 |
| 18. Clozaril 100mg Tablet | 3,080 | 161,407 Tabs | \$485,364 |
| 19. Zolofit 50mg Tablet | 6,468 | 231,611 Tabs | \$485,341 |
| 20. Claritin 10mg Tablet | 7,854 | 230,293 Tabs | \$472,108 |
| 21. Risperdal 2mg Tablet | 2,360 | 120,228 Tabs | \$443,964 |
| 22. Vioxx 25mg Tablet | 6,108 | 195,627 Tabs | \$432,037 |
| 23. Benefix 1000IU Vial | 60 | 412,263 IU | \$420,528 |
| 24. Wellbutrin SR 150mg Tb | 5,363 | 293,579 Tabs | \$407,779 |
| 25. Lipitor 10mg Tablet | 7,033 | 235,366 Tabs | \$405,067 |