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Liaison Information Report (LIR) Healthcare & Public Health Sector Pharmaceutical Industry

25 May 2018

LIR # 180525001

Criminals Posing as Pharmacists Conducting Fraudulent Prescriptions Requests without Doctors' or Patients' Knowledge Throughout the United States

The Washington Field Office, in coordination with Office of Private Sector, prepared this LIR to inform healthcare partners in the medical industry about fraudulent prescriptions affecting physicians and patients across the United States. FBI information indicated there are approximately sixty reported fraudulent prescription requests. If you have knowledge of such activity, report it to your security office, wf-healthcarefraud@ic.fbi.gov, and your local FBI Field Office.

Since March 2017, several partially-identified pharmacies and pharmaceutical companies have requested medical prescriptions and/or supplies without the physician's and patient's knowledge. The companies sent the alleged fraudulent requests through a fax-to-computer system originating from doctors' offices across the United States. These requests included ointments, over-the-counter medications, and diabetic supplies.

The following are the reported partially-identified companies who allegedly conducted fraudulent requests:

- RX Works
- Max Health Benefits
- E-Healthy Solutions
- Health Solutions
- Pharmacy Works

Fraudulent prescriptions were also reported from several legitimate pharmacies and pharmaceutical companies. At this time, it appears these businesses are not complicit in the scheme.

The Scheme

The perpetrators represented themselves as representatives of the above-mentioned companies. They contacted patients to obtain the patients' primary care contact information. The perpetrators then use the information to obtain authorization from the physician via fax. (See Appendix for an example of the fax request).



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FBI information indicated the perpetrators used the following Fax numbers:

- 800-581-1299
- 866-705-4069
- 866-462-7769
- 561-331-6061
- 800-868-8136
- 866-242-5573
- 866-308-4114
- 866-583-0576
- 888-641-0060
- 888-290-8812

The fraudulent prescription requests included the following medications:

- Diclofenac sodium solution (1.5 percent) and gel (3 percent)
- Omeprazole sodium bicarbonate
- Triamcinolone acetonide cream (0.1 percent)
- Lidocaine ointment

This LIR was created by the FBI Washington Field Office, in coordination with Office of Private Sector (OPS) and disseminated from OPS's Sector Analytic Unit. Please direct any requests and questions to your FBI Private Sector Coordinator at your [local FBI Field Office](#): <https://www.fbi.gov/contact-us/field-offices>. If you have knowledge of such activity, report it to your security office, wf-healthcarefraud@ic.fbi.gov, and your local FBI Field Office.



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Appendix: Examples of the Fraudulent Prescriptions Request

To: Page 2 of 2

2018-01-30 16:18:14 (GMT)

15614232692 From: RX Department

Prescriber: _____		Patient Name: _____	
Phone: _____		Phone: _____ DOB: _____	
Address: _____		Address: _____	
Location: _____		Location: _____	
DEA: _____	NPI: _____	Allergies: _____	

MEDICATION ORDER			
Policy # _____	Bin # _____	Group # _____	PCN # _____
Please attach patient's insurance demographics, (scan insurance card if possible)			
TOPICAL PAIN MANAGEMENT INFLAMMATION			
<input checked="" type="checkbox"/> Diclofenac Sodium 1.5%, 150ml / Capsaicin 0.025%, 8oz Pak Sig: Apply 2.5mL of Diclofenac Solution & Penetral cream to the affected area 4 times daily as needed.		QTY: 2 packs	Refills: _____ (DEFAULT 3)
<input type="checkbox"/> Lidocaine 2.5%/Prilocaine 2.5% Cream Kit Sig: Apply 2-3 grams to affected area and cover with occlusive dressing for at least 2hrs (max 4 hrs). Then wipe off cream. May repeat up to 3 times daily.		QTY: 3 Kits	Refills: _____ (DEFAULT 3)
<input type="checkbox"/> Doxepin 5% Cream Sig: Apply a thin film (1-2gm) to painful area 3 times daily as directed by physician. Wait at least 3-4 hours between applications.		QTY: 180 Grams	Refills: _____ (DEFAULT 3)
<input type="checkbox"/> Fluocinonide 0.1% Topical Cream Sig: Apply a thin layer (1-2gm) to affected area 3-4 times a day as directed.		QTY: 360 Grams	Refills: _____ (DEFAULT 0)
If Lidocaine 2.5% / Prilocaine 2.5% Cream Kit not covered, please Substitute with			
<input type="checkbox"/> Lidocaine 5% Topical Ointment Sig: Apply 2-3 grams to AA(s) 3-4 times daily (1 gram = 1 dime size).		QTY: 300 Grams	Refills: _____ (DEFAULT 3)
If Diclofenac Sodium 1.5%, 150ml/Capsaicin 0.025%, 8oz Pak not covered, please Substitute with			
<input type="checkbox"/> Diclofenac 3% Topical Gel Sig: Apply 2-3 grams to AA(s) 3-4 times daily (1gram=1 dime size). --OR--		QTY: 300 Grams	Refills: _____ (DEFAULT 3)
<input type="checkbox"/> Diclofenac 1.5% Topical Solution Sig: Apply 2.5mL to the affected area 4 times daily as needed.		QTY: 300 mL	Refills: _____ (DEFAULT 3)
If Fluocinonide 0.1% topical cream not covered, please Substitute with			
<input type="checkbox"/> Flurandrenolide 0.05% Cream Sig: Apply a thin layer (1-2 gm) to affected area(s) 3-4 times a day (1 dime size = 1 gram). --OR--		QTY: 360 Grams	Refills: _____ (DEFAULT 3)
<input type="checkbox"/> Clobetasol 0.05% Cream Sig: Apply a thin layer (1-2 gm) to affected area(s) 3-4 times a day (1 dime size = 1 gram).		QTY: 360 Grams	Refills: _____ (DEFAULT 3)
SCAR/DERMATITIS/ECZEMA/PSORIASIS			
<input checked="" type="checkbox"/> Triamcinolone 0.1%, 80gm / Silicone Sheets, 5ct Pak Sig: Apply 2.5mL of Diclofenac Solution & Penetral cream to the affected area 4 times daily as needed.		QTY: 2 packs (30 day supply)	Refills: _____ (DEFAULT 3)
If the above RX is NOT covered under the patient's insurance, please substitute with the following RX's:			
<input type="checkbox"/> Fluocinonide 0.1% Topical Cream Sig: Apply a thin layer (1-2gm) to affected skin area 3-4 times a day as directed. --OR--		QTY: 360 Grams	Refills: _____ (DEFAULT 3)
<input type="checkbox"/> Hydrocortisone 1% in Absorbabase Sig: Apply a small amount (1-2gm) to affected skin area 2 to 4 times daily. --OR--		QTY: 220 Grams	Refills: _____ (DEFAULT 3)
<input type="checkbox"/> Flurandrenolide 0.05% Cream Sig: Apply a thin layer (1-2gm) to affected area(s) 3-4 times a day(1 dime size = 1 gram) --OR--		QTY: 360 Grams	Refills: _____ (DEFAULT 3)
<input type="checkbox"/> Clobetasol 0.05% Cream Sig: Apply a thin layer (1-2gm) to affected area(s) 3-4 times a day(1 dime size = 1 gram)		QTY: 360 Grams	Refills: _____ (DEFAULT 3)
<input type="checkbox"/> Calcipotriene 0.005% Topical Cream Sig: Apply 2-3 grams to AA(s) 3-4 times daily (1 gram = 1 dime size)		QTY: 360 Grams	Refills: _____ (DEFAULT 3)
<input type="checkbox"/> Synderm Skin Care Emulsion Sig: Apply a small amount (1gm) to affected skin area, allow to dry. May repeat up to 4 times daily.		QTY: 120 Grams	Refills: _____ (DEFAULT 3)
<small>* I authorize the P.I.C. (Pharmacists in Charge) to substitute the prescribed product that I Prescribed with an alternate formula or product if the patient does not have insurance, has a high deductible or copay, or has an insurance policy that does not cover the particular product or compound I have prescribed. I understand that the purpose of this agreement is to provide each patient with affordable option within the same scope as the initially prescribed medication. * For your convenience, we will automatically refill this order with the patient's authorization unless otherwise directed.</small>			

PROVIDER SIGNATURE

DATE



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From 8772401222 1.877.240.1222 Thu Dec 7 13:17:51 2017 VSI Page 2 of 2

Rx Form PLEASE COMPLETE AND SEND TO PHARMACY

Pharmacy Fax: (866) 242-5573

PATIENT INFORMATION

Patient Name: _____ DOB: _____
 Street Address: _____
 City/State/Zip: _____
 Phone: _____ Home: _____ CELL PHONE #: _____
 ALLERGY: _____

PRESCRIBER INFORMATION

Prescriber: _____
 NPI: _____ DEA#: _____
 Street Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____

- ☒ **Dispense the following:**
Lidocaine Ointment USP 5% – Dispense 300 gm
 Sig: Apply 2-3 gm 3-4 times daily to affected area. PRN
and Diclofenac Sodium Gel 3% – Dispense 300 gm
 Sig: Apply 2-3 gm topically, up to 4 times daily. PRN
and Doxepin HCl Cream 5% Dispense 180gm
 Sig: Apply 1-2 gm topically, 3 times a day to affected area. If feeling drowsy, apply at bed time. PRN
and Fluocinonide Cream USP 0.1% – Dispense 360gm
 Sig: Apply a thin layer (2-3gm) to affected area 3-4 times a day or as directed. PRN
 -If Fluocinonide cream USP 0.1% is not covered or available, substitute with
Clobetasol Propionate Ointment, USP 0.05% – Dispense 240gm
 Sig: Apply 2-4 gm topically, twice daily, PRN

REFILLS: ☒ 5 OTHER: _____

- ☒ **Calcipotriene Cream 0.005% Dispense 360g**
 Sig: Apply 2-3 grams to affected area 3-4 times a day. PRN
and Synoder Skin Care Emulsion Dispense 120g
 Sig: Apply a small amount (1 gm) to affected skin area, allow to dry.
 May repeat up to 4 times daily. PRN

REFILLS: ☒ 5 OTHER: _____





Physician authorization to substitute the patient's non-covered prescription for a similar product covered by insurance when possible. In some instances, changing or reducing the original drug, quantity prescribed, and/or directions for use as necessary to reflect the change in therapy. Substitutions are applicable if patient's insurance does not currently prescribe the product. If the original prescription is for a combination product, the substitution must be for a combination product. Patient has the right to refuse the substitution and to be informed of the pharmacy's policy on substitutions. If the patient's insurance does not cover the product, the patient may be required to pay for the product. The patient's insurance may not cover the product. The patient's insurance may not cover the product.

Prescriber's Signature _____ Date _____



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Traffic Light Protocol (TLP) Definitions

Color	When should it be used?	How may it be shared?
TLP:RED  Not for disclosure, restricted to participants only.	Sources may use TLP:RED when information cannot be effectively acted upon by additional parties, and could lead to impacts on a party's privacy, reputation, or operations if misused.	Recipients may not share TLP:RED information with any parties outside of the specific exchange, meeting, or conversation in which it was originally disclosed. In the context of a meeting, for example, TLP:RED information is limited to those present at the meeting. In most circumstances, TLP:RED should be exchanged verbally or in person.
TLP:AMBER  Limited disclosure, restricted to participants' organizations.	Sources may use TLP:AMBER when information requires support to be effectively acted upon, yet carries risks to privacy, reputation, or operations if shared outside of the organizations involved.	Recipients may only share TLP:AMBER information with members of their own organization, and with clients or customers who need to know the information to protect themselves or prevent further harm. Sources are at liberty to specify additional intended limits of the sharing: these must be adhered to.
TLP:GREEN  Limited disclosure, restricted to the community.	Sources may use TLP:GREEN when information is useful for the awareness of all participating organizations as well as with peers within the broader community or sector.	Recipients may share TLP:GREEN information with peers and partner organizations within their sector or community, but not via publicly accessible channels. Information in this category can be circulated widely within a particular community. TLP:GREEN information may not be released outside of the community.
TLP:WHITE  Disclosure is not limited.	Sources may use TLP:WHITE when information carries minimal or no foreseeable risk of misuse, in accordance with applicable rules and procedures for public release.	Subject to standard copyright rules, TLP:WHITE information may be distributed without restriction.