

Message

From: Swords, Rex [rex.swords@walgreens.com]
Sent: 12/12/2012 8:47:08 PM
To: Crawford, Kermit [kermit.crawford@walgreens.com]
CC: Lovejoy, David [david.lovejoy@walgreens.com]; Hansen, Suzanne [suzanne.hansen@walgreens.com]; Polster, Tasha [tasha.polster@walgreens.com]; Holcer, Mary Beth [marybeth.holcer@walgreens.com]; Pinon, Dwayne [dwayne.pinon@walgreens.com]
Subject: Schedule II narcotic dispensing policy
Attachments: Schedule II Narcotic Dispensing Guidelines v3.docx; Official Prescriber Sanction Letter.docx; Prescriber Sanction Scorecard 12.7.12.pptx

Kermit,

Attached you will find three documents for your review:

- 1.) Schedule II Narcotic Dispensing Guidelines
- 2.) Prescriber Sanction Scorecard
- 3.) Official Prescriber Sanction Letter

Schedule II Narcotic Dispensing Guidelines – this is the current draft version of the policy initiated by our discussions after the NACDS meeting. This policy transfers more of the burden back on the prescriber and eliminates phone calls and other pharmacist related work. To be fair, I should mention that when circulated to the RXOPS team, there was concern over this approach and the impact it would have on physician and patients.

Prescriber Sanction Scorecard – this is the information on the NJ/Philadelphia Prescriber sanction pilot we are going to implement. We have identified 6 prescribers that we feel present a significant risk to Walgreens based on their current prescribing behavior. We were very conservative in our approach, and are only recommending the 6 prescribers we are comfortable that the supporting documentation supports our actions. **We are seeking your approval to move forward with the pilot and notify these 6 prescribers of our actions.**

Official Prescriber Sanction Letter

Redacted – Attorney Client Privileged

Kermit – we would like to meet with you, at your convenience, to review the attached as well as update you on the AAPM feedback on our Target Drug GFD policy they reviewed and our experience so far with the Florida/Las Vegas Target Drug GFD pilot.

Some additional activities on the horizon:

- 1.) attending the Pain Forum in DC with Debbie on 12/13.
- 2.) scheduling follow up conversations with AAPM on our GFD policy – target prior to Christmas.
- 3.) scheduled to meet with AMA next Thursday.
- 4.) witness preparation for the January Administrative Hearing.

Be Well,
Rex

Rex Swords, R.Ph.
Divisional Vice President
Pharmacy Services
Walgreen Co.
200 Wilmot Rd, MS#2194
Deerfield, IL 60015
P 847-315-2072

PLAINTIFFS TRIAL
EXHIBIT
P-15315_00001



Every day I help people **get, stay and live well.**

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Schedule II Narcotic Dispensing Guidelines

To ensure patient safety, Walgreens requires **ALL pharmacists and pharmacy team members** to adhere to the federal **Controlled Substance Act and Walgreens Good Faith Dispensing Policy** (http://snetapp.walgreens.com/prodpublisher/rxfilling/good_faith/good_faith_dispensing.htm) Additionally, for schedule II narcotic pain medications indicated below, Walgreens requires ALL pharmacists and pharmacy team members to also adhere to the additional dispensing guideline outlined below. Walgreens is taking a strict stance on compliance with the following policy and procedures. Failure to comply will result in disciplinary action up to and including termination of employment.

Pharmacists are required by DEA regulations to ensure that prescriptions for controlled substances are dispensed for a legitimate medical purpose. This legal responsibility is pursuant to DEA Title 21 code of Federal regulations.

Section 1306.04 Purpose of issue of prescription.

*(a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, **but a corresponding responsibility rests with the pharmacist who fills the prescription.** An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (**21 U.S.C. 829**) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.*

This policy is not meant to be an all-inclusive list of qualifiers, but rather an additional set of guidelines that must be applied to each individual prescription.

Schedule II Narcotic Pain Medications Affected (all strengths)

- Oxycodone
- Methadone
- Hydromorphone

Dispensing Guidelines

- All prescriptions must be presented with a valid, **government issued photo identification** for the patient for whom the prescription is issued.
- If available, the appropriate **Prescription Drug Monitoring Program** must be accessed and patient activity reviewed, printed, and stapled to the hard copy prior to dispensing.
- Only prescriptions for established Walgreen Pharmacy customers with an existing IC+ profile that **reside within the immediate trade** area of the pharmacy will be accepted.
- All prescriptions must contain documentation of the appropriate diagnosis from the issuing **physician who practices within the immediate trade area.**



Schedule II Narcotic Dispensing Guidelines

- No prescription for a quantity of greater than **100 units** will be accepted unless currently patient is currently entered in a Pain Management Agreement.
- Determine that the prescriber has the **appropriate state license and federal DEA registration** authorizing them to prescribe schedule II narcotic pain medications.
- Only **two prescriptions for 100 units** will be accepted for established Walgreen Pharmacy customers **within a 3-month period**
- Any customer requiring greater than **200 units of Schedule II narcotic pain medication** therapy within a two month period must agree and enter into a **Pain Management Contract** involving prescriber, patient and pharmacist collaboration.

Dispensing Process

*All prescriptions must be presented with a valid, **government issued photo identification** for the patient for whom the prescription is issued.*

- Obtain the government issued photo identification for the patient for whom the prescription is issued. Scan the ID into IC+ as alternate images

*If available in the state, the appropriate **Prescription Drug Monitoring Program** must be accessed and patient activity printed, reviewed and stapled to the hard copy, prior to dispensing.*

- Access the state PDMP website and search for patient activity. If records indicate **multiple prescriptions** for schedule II narcotics, **multiple physicians** issuing pain medications or **multiple pharmacies** dispensing pain medications, return the prescription to the customer and deliver the following message to the patient:
 - “Walgreens is working hard to ensure the safe dispensing of controlled pain medications. Based on my clinical review and professional judgment, this prescription does not meet the requirements we have put in place for dispensing these medications. Therefore, we cannot fill this prescription in good faith at this or any Walgreens. I apologize for any inconvenience.”

*Only prescriptions for established Walgreen Pharmacy customers with an existing profile that **reside within the immediate trade area** of the pharmacy will be accepted.*

- Patients must have an existing patient profile with non-controlled dispensing activity within the past 6 months. The immediate trade area is generally defined by not more than a 30 mile radius, unless the location is a remote, single store market.

*All prescriptions must contain documentation of the appropriate diagnosis from the issuing **physician who practices within the immediate trade area.***

- The physician must indicate the appropriate diagnosis code on the face of the prescription. If the diagnosis code is not indicated, do not contact the prescriber; simply return the prescription to the customer with the explanation that it must contain a diagnosis code written by the physician. Use the following verbiage to the patient:



Schedule II Narcotic Dispensing Guidelines

- “Walgreens is working hard to ensure the safe dispensing of controlled pain medications. Based on the requirements we have put into place, the prescription is missing a diagnosis code. Without that information written by the prescriber, we cannot fill this prescription at this or any Walgreens. I apologize for any inconvenience.”

*Determine that the prescriber has the **appropriate state license and federal DEA registration** authorizing them to prescribe schedule II narcotic pain medications.*

- Access the DEA website (<https://www.deadiversion.usdoj.gov/webforms/validateLogin.jsp>) and determine that the physician has a valid DEA registration. Review the website for practice type or access the appropriate specialty website (insert address) to determine appropriate board certification of prescriber
- Access the state the appropriate state board governing the prescriber practice and determine that their license is active, in good standing and that no prior sanctions involving the prescribing of controlled substances has occurred.

*No prescription for a quantity of greater than **100 units** will be accepted unless patient is entered in a Pain Management Agreement.*

- If a prescription is presented for a quantity greater than 100 units, return the prescription to the customer indicating the Walgreens no longer accepts prescriptions for this quantity. **Do not fill the prescription for a reduced quantity.**

*Only **two prescriptions for 100 units** will be accepted for established Walgreen Pharmacy customers **within a 3-month period***

- Review the patients IC+ profile for past dispensing of the schedule II narcotic pain medications identified above. If two prescriptions for the indicated medications have occurred within the past 3 months, return the prescription to the customer.

*Any customer requiring greater than **200 units of Schedule II narcotic pain medication** therapy within a two month period must agree and enter into a **Pain Management Contract** involving prescriber, patient and pharmacist collaboration*

- If the customer is identified as requiring long-term narcotic pain therapy, they must agree to enter into a Pain Management Contract (attach document) with Walgreens and an appropriately qualified prescriber.



Schedule II Narcotic Dispensing Guidelines

Walgreens Pain Management Agreement

I, _____ (patient receiving chronic pain medications), agree to correctly use pain medications prescribed for me as part of my treatment for chronic pain. I understand that these medications may not get rid of my pain but may decrease the pain and increase the level of activity that I am able to do each day. I understand the highly addictive qualities of these medications and must take them exactly as directed.

I understand that _____ (name) will be my pain management provider and the only provider who will be ordering medications for my chronic pain. I understand that Walgreens will be the only pharmacy dispensing these medications.

I understand that I have the following responsibilities (initial each item):

- _____ I will only take medications at the amount and frequency prescribed.
- _____ I will not increase or change how I take my medications without the approval of my pain management provider.
- _____ I will not ask for refills earlier than agreed. I will arrange for refills **ONLY** during regular office hours. I will make the necessary arrangements before holidays and weekends.

_____ I will get all pain medications only at one Walgreens pharmacy. I will let my pain management provider know if I change pharmacies.

Pharmacy: _____ Phone Number: _____

- _____ I will allow my pain management provider to provide a copy of this agreement to my pharmacy.
- _____ I will not ask for any pain medications or controlled substances from other providers and will let my pain management provider know of all medications I am taking, including non-legal drugs.
- _____ I understand that other physicians should not change doses of my pain medications made by another provider.
- _____ I will notify the Pain Management Clinic of any changes to my pain medications made by another provider.
- _____ I will let my other health care providers know that I am taking these pain medications and that I have a pain management agreement with Walgreens and my provider.
- _____ In event of an emergency, I will give this same information to emergency department providers.
- _____ I will allow my pain management provider to discuss all my medical conditions and treatment details with pharmacists, physicians, or other health care providers who provide my health care for purposes of care coordination.
- _____ I understand that my Walgreens pharmacist will discuss details of my prescriptions with other medical providers.
- _____ I will inform my pain management provider of any new medications or medical conditions.
- _____ I will keep medications only for my own use and will not share them with others. I will keep all medications away from children.
- _____ If I fail all of the above, I will be discharged from your care with no notice.

Should any of the above not show good faith efforts and my providers feel they can no longer prescribe my pain medications in a safe and effective way, I may be notified and discharged from their care.

I agree to use only the following providers. I will notify my physician of any changes in my health care and/or changes in my providers.

Provider: _____ Clinic: _____ Phone: _____

Walgreens Pharmacist Signature: _____

Patient Signature: _____



Date

VIA FIRST CERTIFIED MAIL

Dr XXXX XXXXXXXXX

Street Address

City, State Zip Code

Dear Dr. XXXXXXXX:

Pharmacists are required by DEA regulations to ensure that prescriptions for controlled substances are dispensed for a legitimate medical purpose by a practitioner acting in the usual course of professional practice. In addition, pharmacists have a corresponding responsibility to ensure that controlled substances are properly prescribed and dispensed. As you may be aware, community pharmacy providers have recently become the target of DEA enforcement actions for dispensing what DEA perceives to be significant and unjustifiable quantities of controlled substances, particularly those that are used in the treatment of chronic pain.

Walgreens has reviewed your prescribing practices and has determined that our pharmacies will not dispense prescriptions for controlled substances that are issued by you.

Walgreens will continue to meet your patients' needs for non-controlled substances. However, we respectfully request that you not refer your patients to our pharmacies for their controlled substance prescriptions.

Thank you for your understanding in this matter.

Walgreen Co.



Prescriber Sanction Pilot

December 12, 2012

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Walgreens

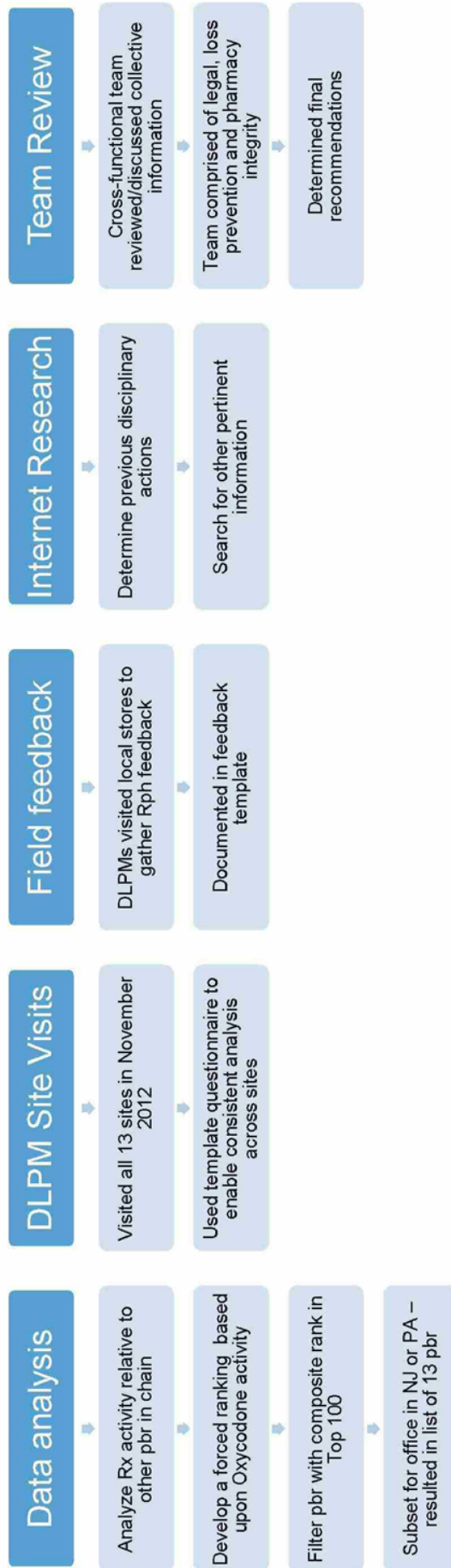
HIGHLY CONFIDENTIAL

WAGMDL00745738



Prescriber Evaluation Process

A pilot program to identify and sanction selected prescribers has been initiated in New Jersey and Pennsylvania. The process to identify and analyze prescribers was as follows:



For this pilot program, a recommendation to sanction was made only if there was a clear consensus. In cases where the decision warranted significant discussion the decision was made to not sanction the prescriber.

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Data Provided by LP Site Visits by DLPM

for Dr Alan Burke

Composite Rank (Sep / Oct)

Prescriber Name
State of Prescriber License
License Number
License Status
Other Status
Specialty
Disciplinary
License - Additional State(s)
License - Additional State(s) Information

12 / 114
Alan Burke
PA - Pennsylvania
MD020937E
Active
Orthopedic: Pain Management
Yes; disciplinary document is not accessible
No

Store #

7544

Store Visit Date

11/13/12

Pharmacist Name

Saumil Patel

ICP Address Same as Spreadsheet

Yes

If No, Prescriber Address in ICP

Yes

Has RPh Spoken with Prescriber?

Yes

RPh Comments

Pharmacist recalls discussing large amount of pain prescriptions with prescriber, large number of patients paying cash for their pain prescriptions that prescriber had written. At one point, pharmacist witnessed stranger giving cash to multiple patients to pay for their pain medication which prescriptions were written by the prescriber. RPh and staff stopped taking prescriptions from prescriber since early this year

Has RPh Visited Prescriber?

No

Date of Prescriber Visit

No

RPh Comments

Facility Name

Bustleton Podiatry and Vein Center

Facility Address

1923 Welsh Road, Philadelphia, PA

Type of facility

Free Standing

Other

Date of Facility Visit

11/13/12

Arrival Time

10:45 AM

Departure Time

11:10 AM

Are Hours of Operations Posted?

No

Hours of Operation

No

Building Run Down or Unkempt

No

Loitering or Lines Outside Office

No

Security Guard Present

No

Indications of Security Measures

Yes

Patients Arrive in Large Groups

No

Location Identified with Signage

Yes

Signs Suggesting a Specialty

No

Multiple Cars in Lot with Out of State Plates

No

Easy Access to Highway or Major Road

Yes

Number of Patients Entering/Exiting in 30 Minutes

0 - 5

Safe to Enter Prescriber Office

Yes

Describe any Safety Concerns

Yes

Immediately Greeted by Staff

Yes

Interior Office Run Down or Unkempt

No

Signs Mention Walgreens or Specific Pharmacy

No

Signs Indicating Insurance(s) Accepted

No

"Cash Only" Signs or Office Visit Charge(s)

No

Signs Suggesting No Appointment Required

No

Number of People Present in Waiting Area

0 - 5

Additional Comments

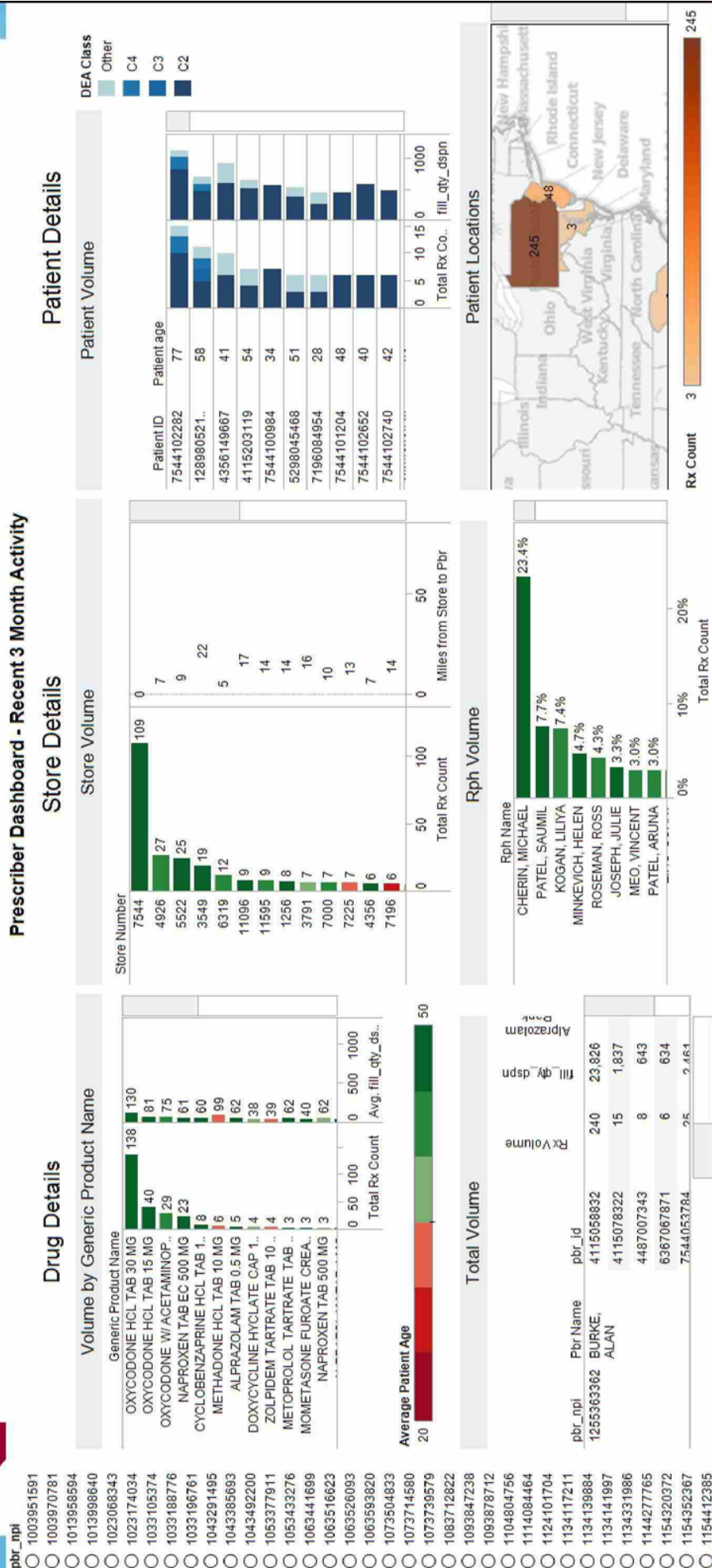
0 - 5

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Data Provided by LP Analytics

for Dr Alan Burke



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Data Analysis Used

Total Prescribers Reviewed on 11/30/12												
NPI	Target Drug for Indexing	Last Name	First Name	Prescriber office address with the largest number of Rx	State	Composite Rank	% Oxy script count to ttl script count	% C2 script count to ttl script count	% Control script count to ttl script count	% Oxy scripts paid by Cash + PSC	Recommendation	composite score (H + I + J + K)
1.134E+09	OXYCODONE	ADIN	DAVID	291 AMBOYA A	NJ	34	64.8%	84.4%	92%	24%	Sanction	265.2%
1.802E+09	OXYCODONE	BADO	JEFFREY	574 B WEST L	PA	6	59.2%	77.9%	91%	27%	Sanction	255.3%
1.255E+09	OXYCODONE	BURKE	ALAN	11400 BUSTL	PA	114	62.5%	64.7%	71%	67%	Sanction	265.5%
1.649E+09	OXYCODONE	KESSLER	WOODROW	8 WESTBROO	PA	55	65.2%	67.3%	84%	48%	Sanction	264.9%
1.569E+09	OXYCODONE	OUANO	RODOLFO	1872 RARITAN	NJ	22	52.4%	53.5%	90%	31%	Sanction	226.8%
1.377E+09	OXYCODONE	SCHNEIDER	BARBARA	1341 N DELAN	PA	104	58.7%	65.0%	80%	27%	Sanction	231.2%
1.639E+09	OXYCODONE	SIDDIQUI	ASMA	415 AVENEL S	NJ	61	41.4%	56.7%	84%	13%	Sanction	195.1%
1.215E+09	OXYCODONE	WERT	LENWOOD	221 N LANSDE	PA	12	49.2%	53.9%	88%	40%	Sanction	231.3%
1.053E+09	OXYCODONE	PETTIS	LARRY	100 KINGS W	NJ	44	32.2%	37.8%	86%	20%	Do not	176.1%
1.851E+09	OXYCODONE	MILLER	WALTER	53 NAUTILUS	NJ	126	30.8%	36.0%	51%	14%	Do not	131.9%
1.326E+09	OXYCODONE	MOSHKOVITC	VASIL	216 COMMON	NJ	85	27.3%	27.4%	60%	24%	Do not	139.2%
1.75E+09	OXYCODONE	ALBANA	FOUAD	2080 HIGHW	NJ	56	29.6%	30.3%	64%	26%	Do not	150.0%
1.245E+09	OXYCODONE	COACHI	DANIEL	1831 W CHEL	PA	38	47.8%	60.4%	67%	26%	Review again	200.8%

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Prescriber Scorecard

These Prescribers are Recommended for Sanctioning

The scorecard below describes the factors that were evaluated to determine that controlled substance prescriptions should not be filled by Walgreens for selected prescribers.

Pbr Name	Disciplinary Action	Field Comments	DLPM Site Visit	Data Analysis	Avg. Rx/day filled at Walgreens
Burke	5 year license revocation in '95	<ul style="list-style-type: none">Witnessed stranger giving cash to multiple patientsStore has stopped taking Rx	<ul style="list-style-type: none">Neutral	<ul style="list-style-type: none">Oxy – comprises 71% of total Rx, 62% paid in Cash/PSC80% of Rx are controlled substance	2.5 Controlled 0.6 Non-controlled
Wert	\$100 penalty for failure to provide records - 2006	<ul style="list-style-type: none">None	<ul style="list-style-type: none">15+ patients in 30 minutesOnly open 8 hours per week	<ul style="list-style-type: none">Oxy – comprises 51% of total Rx90% of Rx are controlled substance	5.0 Controlled 0.7 Non-controlled
Bado	None	<ul style="list-style-type: none">None	<ul style="list-style-type: none">6-15 patients in 30 minutesPain Management Center	<ul style="list-style-type: none">90% of Rx are controlled substanceMethadone – avg. 283 pills/RxOxy 30– avg. 204 pills/Rx	4.0 Controlled 0.3 Non-controlled
Quano	Yes	<ul style="list-style-type: none">Viewed as suspicious - Doctor not certified in pain mgmt. but all Rx are for pain meds	<ul style="list-style-type: none">Neutral	<ul style="list-style-type: none">Oxy – 33% paid in cash, 97% of Rx are Oxy 15/3092% of Rx are controlled substance	3.1 Controlled 0.3 Non-controlled
Adin	None	<ul style="list-style-type: none">Cash only prescriberNearly all patients say 'back pain from car accident'	<ul style="list-style-type: none">Neutral	<ul style="list-style-type: none">Oxy – comprise 65% of Rx92% of Rx are controlled substance	5.4 Controlled 0.5 Non-controlled

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Prescriber Scorecard - continued

Pbr Name	Disciplinary Action	Field Comments	DLPM Site Visit	Data Analysis	Avg. Rx/day filled at Walgreens
Siddiqui	None	<ul style="list-style-type: none">Pbr office is confrontational when called	<ul style="list-style-type: none">Neutral	<ul style="list-style-type: none">Oxy 30 – avg. 217 pills/Rx,Oxy – avg. 14K pills/month over 12 months83% of Rx are controlled substance	4.0 Controlled 0.7 Non-controlled
Kessler	None	<ul style="list-style-type: none">Not comfortable filling Rx for this pbr	<ul style="list-style-type: none">Limited office hours Friday afternoon and weekend	<ul style="list-style-type: none">Oxy 30 - avg. 170 pills/RxOxy – 49% paid in Cash/PSC	4.4 Controlled 0.9 Non-controlled
Schneider	None	<ul style="list-style-type: none">Seven addresses in IC+	<ul style="list-style-type: none">6-15 patients in 30 minutesPatients arrive in large groupsHigh security location	<ul style="list-style-type: none">Oxy – comprise 62% of Rx, 31% paid in Cash/PSC84% of Rx are controlled substance	1.3 Controlled 0.3 Non-controlled
Miller	None	<ul style="list-style-type: none">Doctor won't provide treatment plan over phoneRxS – 'no longer filling for this pbr	<ul style="list-style-type: none">Neutral	<ul style="list-style-type: none">Oxy – composite ranking in top 3% across chain and avg. 10k pills/month over 12 monthsMethadone– avg. 413 pills/Rx	5.1 Controlled 5.3 Non-controlled

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