

Sleuthing out stories on the opioid crisis

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Ed Silverman

Documents detail how pharmacy giants Walgreens, CVS, and Walmart failed patients in the opioid crisis



By [Lev Facher](#), [Kate Sheridan](#) and [Ed Silverman](#) Oct. 14, 2022

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ALEX HOGAN/STAT

A STAT investigation has found that drug manufacturers like Purdue Pharma, or wholesalers like McKesson, were far from the only bad actors in the overdose epidemic that has ravaged the country for decades. Retail pharmacies shared more of the blame than has been previously reported — through willful blindness, weak and disorganized controls, resistance from executives to improve monitoring, and in some cases, simple ineptitude.

An analysis by STAT of thousands of documents arising from opioid lawsuits highlights a glaring dichotomy: Even as the pharmacy chains promoted themselves as friendly neighborhood businesses and pillars of the U.S. health care system, they were helping foment a crisis that undermined the health of untold numbers of Americans.

“It’s a cynical thing for me to say, but how unique is that sort of doublespeak in the health care system?” said Holly Fernandez Lynch, a professor of medical ethics and health policy at the University of Pennsylvania. “It just seems to be par for the course that health care entities say they’re working to promote health and then take actions in the exact opposite direction. Obviously, it’s not acceptable, but sadly not so unique.”

Background: Three reporters searched the archives for any indication that pharmacy chains were failing to abide by the law and taking steps to ensure prescriptions were filled properly.

This involved weeks of combing through the archives containing a wide variety of documents that, at some point, found their way to different courthouses around the country.

Percentage of Red-Flagged Prescriptions Resolved By Year



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Ed:

I made a few suggested edits to the attached. In addition to Rick, you may want to have Lorinda take a look at this since she participated in our initial meeting to discuss this issue and my understanding is that Florida still falls within her jurisdiction. I have also copied Al & Cheryl for their comments since they are working on revising the current good faith dispensing policy & corresponding training materials.

With respect to the web form, I made some changes and have a few comments/questions which are listed on the document. I am somewhat concerned about questions #7 AND #10 since they arguably imply that a pharmacist should be more aggressively questioning prescriptions from pain clinic patients who come in all at once versus those that come as a steady stream and also should be more suspicious of pain clinic patients who happen to show up on warehouse day. If these are legitimate indicators of inappropriate prescriptions perhaps we should consider not documenting our own potential noncompliance.

Dwayne A. Pinon, R.Ph.
Senior Attorney, Litigation & Regulatory Law
Walgreen Co.
104 Wilmot Road, MS #1434
Deerfield, IL 60015
(847) 315-4452
(847) 315-4660 (fax)

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Ed Svihra/Corp/Walgreens

05/16/2011 10:25 AM

Exception One--Respondents' Dispensings of Controlled Substance Prescriptions Issued by Physicians Whose Registrations Were "Expired" Does Not Support the Revocation of Their Registrations

The evidence showed that both Respondents dispensed numerous prescriptions which were issued by two physicians, Dr. Anthony Wicks and Dr. Ronald Lynch, who no longer held their DEA registrations and thus could not lawfully prescribe controlled substances under federal law. See **21 CFR 1306.03(a)** ("A prescription for a controlled substance may be issued only by an individual practitioner who is * * * [e]ither registered or exempted from registration pursuant to **Sec. Sec. 1301.22(c)** and **1301.23** of this chapter."). More specifically, with respect to Dr. Wicks, the evidence showed that his registration expired on May 31, 2011. Yet, between June 6 and July 15, 2011, Respondent CVS 219 dispensed thirty-eight prescriptions issued by Dr. Wicks for oxycodone 30 mg. Likewise, between June 7 and July 14, 2011, Respondent CVS 5195 dispensed seventeen prescriptions issued by Wicks for oxycodone 30 mg.

While Respondent also characterizes Dr. Lynch's registration as "expired," the record shows that Lynch's registration had, in fact, been revoked following a hearing under **21 U.S.C. 824(a)**. More specifically, on December 3, 2010, the Agency issued a Decision and Final Order, which revoked Dr. Lynch's registration with an effective date of January 18, 2011, based, inter alia, on findings that he violated **21 CFR 1306.04(a)** by issuing controlled substance prescriptions outside of the usual course of professional practice and which lacked a legitimate medical purpose; this decision was published in the Federal Register on December 16, 2010. GX 31; see also Ronald Lynch, M.D.; Revocation of Registration, 75 FR 78,745, 78,752-54 (2010). Pursuant to Agency practice, the decision was also published on the DEA Office of Diversion Control's public Web site.

Nonetheless, Respondent CVS 219 dispensed forty controlled substance prescriptions and Respondent CVS 5195 dispensed five controlled substance prescriptions, which Lynch issued after his registration had been revoked.\2\ GX 32. The evidence further shows that CVS 219 dispensed fifteen controlled substance prescriptions issued by Lynch during or later than June 2011, and that it did so as late as September 2011. Id.

\2\ Having reviewed the spreadsheet, I arrive at a different number of prescriptions for each pharmacy than the ALJ did.



P-42147 _ 00001

—Nelson (Cross by Lanier)—

11:57:26 1 Do you see your reply?

11:57:28 2 A. I see the e-mail from myself to Mickey Boles.

11:57:31 3 Q. Your reply e-mail says, "Mickey, please share the best

11:57:39 4 practices regarding refusal to fill prescriptions. The

11:57:46 5 communication from Micah indicates they are blank refusing to

11:57:49 6 fill prescriptions for a specific prescriber. Understand that

11:57:53 7 this is not a best practice and boards of pharmacy grant

11:57:57 8 professional judgment for individual prescriptions and not for

11:58:00 9 prescribers. The pharmacists may wish to file a complaint with

11:58:04 10 the state medical board to request an official inquiry into the

11:58:10 11 prescriber's prescription writing. Prescriptions must be

11:58:12 12 evaluated on an individual basis and red flags identified.

From: Susanne Hiland
To: Shannon Borkowski </wal-mart/HOMEOFFICE/cn=Recipients/cn=SBORKOW>
CC: Debbie Mack </wal-mart/HOMEOFFICE/cn=Recipients
/cn=440A30D110CE11D4B12F002035673F01>
Sent: 1/25/2007 8:50:30 PM
Subject: RE: Web site access for "Ohio automated Reporting System"

◆◆ Shannon,

There are several states that allow access to the monitoring program information. We met with several operators, including Ron last summer and it was decided that we would get a Legal determination of whether or not to provide or allow this access in our stores - this includes in Ohio. The opinion has been that we will not grant access to these databases. So far there are no programs that require a pharmacist to check the information before dispensing a prescription, and we have not identified any penalties or onus on the pharmacist in any case for not utilizing the information. Additionally, we have concerns about misuse of the information.