

## Confidential Memo

October 12, 2022

To: Commissioners of NH Board of Pharmacy

From: Enforcement Compliance Inspector and Investigator J. Queenan

### **BACKGROUND:**

At Approximately 9:12 AM CI Queenan has a conversation with Jennifer Powers the Wentworth Health Partners Practice Manager III. Powers filed a complaint with the OPLC Enforcement (NH Board of Pharmacy) regarding two fraudulent prescriptions.

One prescription incident occurred from Dr. Tyler Edwards for Promethazine with Codeine 300 ml and Azithromycin 250 mg # 6 (Z-Pak) for a patient in West Lebanon, New Hampshire. The faxed prescription was written on a Family Care of Farmington prescription form. That office is closed, and the pharmacist alertly contacted the office where the practitioner presently practices.

A second incident involved a Medicare prior authorization for a Free Style Libre 2 for a patient in Ashburn Virginia from a local Dr. John Novello. Dr. Novello claims that this is not his patient.

In speaking with Jennifer Powers, CI Queenan advised Powers to report this to the State Police. CI Queenan contacted the Department of Health and Human Service (DHHS) Prescription Drug Monitoring Program (PDMP) to discuss the option of once again messaging a warning about Promethazine with Codeine prescriptions requiring verification with the practitioner.

Powers informed CI Queenan that she had no reason to file a complaint against any pharmacist or pharmacy

### **RECOMMENDATION:**

Enforcement recommends that the NH Board of Pharmacy consider dismissing the complaint **NO FURTHER ACTION.**

## Bonner, Elaine

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**From:** Powers, Jennifer R. <Jennifer.Powers@WDHospital.org>  
**Sent:** Monday, October 10, 2022 9:55 AM  
**To:** Novello, John J.,MD; OPLC: Enforcement Complaints  
**Cc:** Edwards, Tyler A.,MD  
**Subject:** RE: send secure Reporting Fraudulent Rx  
**Attachments:** securedoc\_20221010T095446.html

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- For more information, please use the **Mass General Brigham** link below. Thank you.

**Help** - <https://res.cisco.com/websafe/help>

**Mass General Brigham** - <http://healthcare.partners.org/sendsecure>



send secure Reporting Fraudulent Rx

PR

**Powers, Jennifer R. <Jennifer.Powers@WDHospital.org>**

10/07/2022 07:18:36 PM GMT

To: "complaints@oplcnh.gov" <complaints@oplcnh.gov>

CC: "Novello, John J.,MD" <John.Novello@WDHospital.org>, "Edwards, Tyler A., MD" <Tyler.Edwards@WDHospital.org>

 [Rx TEdwards.pdf](#) [Rx JNovello.pdf](#)

Hello,

I'm looking to report concerns re: prescriptions that appear to be written by Dr. John Novello (1 Rx) and Dr. Tyler Edwards (2 Rx). I verified that these Rx were NOT written by either of these physicians, and was directed to report the concern to OPLC by our Risk and Pharmacy Departments. Please see attached and let me know if you have questions. Thanks! Jen.

---

**Jennifer Powers, MHA, CHPCA, FACHE**

Wentworth Health Partners Practice Manager III  
Hospitalists and Supportive & Palliative Care

**Wentworth-Douglass Hospital**

789 Central Ave, Dover, NH 03820

Phone: 603-609-6161 x3997

Cell: 603-817-7018

Fax: 603-740-6543

Jennifer.Powers@WDHospital.org



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Fax Cover Sheet

The document(s) accompanying this fax may contain Protected Health Information, which may be legally privileged and exempt from disclosure under applicable law. The information contained herein is intended only for the use of the recipient named below. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action with respect to the contents of this faxed information except if directly delivered to the intended recipient named below is strictly prohibited. If you have received this fax in error, please notify us immediately by telephone and return the faxed document.

TO: Jennifer P. FROM: Hannaford West Leb, NH

COMPANY: \_\_\_\_\_ FAX: 603-740-2497

NUMBER OF PAGES: 3 PHONE: \_\_\_\_\_  
(INCLUDING COVER PAGE)

DATE/TIME: 10/6/22 12:11pm

RE: Fraudulent RX

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# FAMILY CARE OF FARMINGTON

316 NH ROUTE 11 Farmington, NH 03835 (p) (603) 208-3190 | (f) (603) 755-9801

**PATIENT**

Deebo Watson

**PROVIDER**

Tyler Edwards

**DOB:** 02/03/1959 (63 yrs)

**Phone:** (603) 236-0049

**Address:**

5 Pearl St West Lebanon, NH 03784

**NPI:** 1710042072

**State licensing #:**

**DEA:** BE6950124



Prescription Date: 10/06/2022

Promethazine-Codeine 6.25-10 MG/5ML Oral Solution

**SIG:** 5 ml orally every 4 hours as needed for cough

**Refills:** 0

**Quantity:** 300 (three hundred) milliliters

**Days supply:** 10

**Max daily dose:** 30

**Note to pharmacy:**

(J06.9) Acute upper respiratory infection, unspecified

(U07.1) COVID-19

Substitution permitted

  
Dispense as written

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5 Pearl St West Lebanon, NH 03784

**NPI:** 1710042072

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Prescription Date: 10/06/2022

Azithromycin 250 MG Oral Tablet

**SIG:** Take 2 tablets (500 mg) by mouth one time today then 1 tablet (250 mg) orally daily for 4 days

**Refills:** 0

**Quantity:** 6 (six) tablets

**Days supply:** 5

**Max daily dose:** 2

**Note to pharmacy:**

(J06.9) Acute upper respiratory infection, unspecified

(U07.1) COVID-19

Substitution permitted

  
Dispense as written

Tue Oct 4th, 2022 11:07 AM Central Time

# FAX

**TO:**

Name: DR JOHN J NOVELLO MD

Fax Number: (603) 740-2497

# of Pages: 2

(including cover sheet)

**FROM:**

Name: Nexus Holdings Inc.

Fax Number: (709) 701-6437

**Subject:** PRIOR AUTHORIZATION REQUEST

**Message:**

[Empty message box]

Trouble viewing this fax? Visit [view.humblefax.com/nvvcgAj](http://view.humblefax.com/nvvcgAj)





# Medicare Detailed Written Order *FreeStyle Libre 2*

## Instructions

Complete all fields on this Detailed Written Order. Use the Non-pan November 2017 Physician Resource Letter (Continuous Glucose Monitors) to confirm coverage criteria and medical necessity documentation requirements are met. Fax both this order and the patient's most recent medical records that demonstrate coverage criteria are met to a DME supplier that provides the FreeStyle Libre 2 28-day system.

## Patient Information

Patient Name: DIVINA AAYES Date of Birth: 5/15/1935 Phone: 7037238909  
Email: \_\_\_\_\_ Address: 4446 OAKMONT MANOR SQ. City: ASHBURN State: VA Zipcode: 20147  
Primary Insurance: MEDICARE Primary Insurance Member ID: BHT1AE51129  
Secondary Insurance: \_\_\_\_\_ Secondary Insurance Member ID: \_\_\_\_\_  
Notes: \_\_\_\_\_

## Physician Information

Physician Name: Dr. JOHN J. NOVELLO MD Phone: 603-740-2503 NPI: 1164413639  
Fax: 603-740-2497

## Order Detail

Order Date: 08 / 05 / 2022

K0554 (Free Style Libre2 Reader)	K0553 (Free Style Libre2 Sensors)
Required for new prescription, reader life - 3 years	28 day supply filled monthly

## Diagnosis (ICD10):

E10.9     E11.65     E10.65     E11.8     E11.9     Other \_\_\_\_\_

Prescribed Number of Glucose Tests Per Day: \_\_\_\_\_

## Current Insulin Regimen

Insulin Pump     Multiple Daily Injections-Number Per Day \_\_\_\_\_     Other \_\_\_\_\_

I certify that I am the physician identified in the "Physician Information" section above and hereby attest that the medical necessity information is true, accurate, and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability. The patient/caregiver is capable and has successfully completed or will be trained on the proper use of the products prescribed on this order.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

It is ultimately the responsibility of the healthcare professional/persons associated with the patient's care to determine and document the appropriate diagnosis (es) and code(s) for the patient's condition. Abbott does not guarantee that the use of any information provided in this form will result in coverage or payment by any third-party payer. Each healthcare provider is ultimately responsible for verifying codes, coverage, and payment policies used to ensure that they are accurate for the services and items provided.

See reverse for indications and important safety information.



RE: send secure Reporting Fraudulent Rx

NJ

**Novello, John J.,MD** <John.Novello@WDHospital.org>

10/07/2022 07:32:00 PM GMT

To: "Powers, Jennifer R." <Jennifer.Powers@WDHospital.org>, "complaints@oplcnh.gov" <complaints@oplcnh.gov>

CC: "Edwards, Tyler A.,MD" <Tyler.Edwards@WDHospital.org>

Hi Jen,

I tried calling Nexus Holdings this morning, and received a weird message "The text entity is not available."

JN

John J. Novello MD  
Medical Director, Utilization Management  
Wentworth Douglass Hospital  
789 Central Avenue Dover, NH 03820  
Phone: (603) 740-2544  
Fax: (603) 740-2460  
john.novello@wdhospital.org

**From:** Powers, Jennifer R. <Jennifer.Powers@WDHospital.org>

**Sent:** Friday, October 7, 2022 3:19 PM

**To:** complaints@oplcnh.gov

**Cc:** Novello, John J.,MD <John.Novello@WDHospital.org>; Edwards, Tyler A.,MD <Tyler.Edwards@WDHospital.org>

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