

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF TENNESSEE
AT KNOXVILLE**

UNITED STATES OF AMERICA,)
)
 Plaintiff,)
)
 v.)
)
 ALL FUNDS FROM TRUIST BANK ACCOUNT)
 NUMBER xxxxxxxx6832, IN THE NAME OF)
 ANNE W. WARREN;)
)
 ALL FUNDS FROM TRUIST BANK ACCOUNT)
 NUMBER xxxxxxxx4741, IN THE NAME OF)
 WARREN MANAGEMENT, LLC;)
)
 ALL FUNDS FROM REGIONS BANK)
 ACCOUNT NUMBER xxxxxx9174, IN THE)
 NAME OF ANNE WHITEHEAD WARREN)
)
 ALL FUNDS FROM REGIONS BANK)
 ACCOUNT NUMBER xxxxxx5106, IN THE)
 NAME OF ANNE WHITEHEAD WARREN;)
)
 ALL FUNDS FROM PINNACLE BANK)
 ACCOUNT NUMBER xxxxxxxx0757, IN THE)
 NAME OF WARREN MANAGEMENT, LLC;)
)
 ALL FUNDS FROM PINNACLE BANK)
 ACCOUNT NUMBER xxxxxxxx2250, IN THE)
 NAME OF ANNE C. WARREN AND VANDEN)
 W. WARREN CONSTRUCTION ACCT.;)
)
 ALL FUNDS FROM PINNACLE BANK)
 ACCOUNT NUMBER xxxxxxxx9582, IN THE)
 NAME OF ANNE W. WARREN TAX)
 ACCOUNT;)
)
 ALL FUNDS FROM PINNACLE BANK)
 ACCOUNT NUMBER xxxxxxxx8832, IN THE)
 NAME OF VANDEN C. WARREN AND ANNE)
 W. WARREN;)
)
 ALL FUNDS FROM FIRST HORIZON BANK)
 ACCOUNT NUMBER xxxx7445, IN THE)
 OF JORDAN HANEY, TIFFANY HANEY;)

CASE NO. 3:26-CV-101

JUDGES: _____

ALL FUNDS FROM FIRST HORIZON BANK)
 ACCOUNT NUMBER xxxxxxxx9106, IN THE)
 NAME OF HANEY CONSULTING, LLC;)
)
 ALL FUNDS FROM FIRST HORIZON BANK)
 ACCOUNT NUMBER xxxxxxxx1005 IN THE)
 NAME OF TIFFANY HANEY, DBA HANEY)
 RENTALS;)
)
 ALL FUNDS FROM RAYMOND JAMES)
 INVESTMENT ACCOUNT IN THE NAME OF)
 ANNE WARREN;)
)
 ALL FUNDS FROM ROBERT BAIRD)
 INVESTMENT ACCOUNT IN THE NAME OF)
 TIFFANY HANEY;)
)
 2024 GMC SIERRA 1500 DENALI, VIN:)
 1GTUHEL7RZ274473, TITLED TO HANEY)
 CONSULTING, LLC;)
)
 2023 CADILLAC ESCALADE, VIN:)
 1GYS4DKL9PR224976, TITLED TO HANEY)
 CONSULTING, LLC;)
)
 PERSONAL WATERCRAFT (PWC) BOAT,)
 HIN: SERV2340E121, IN THE NAME OF)
 VANDEN WARREN;)
)
 PERSONAL WATERCRAFT (PWC) PONTOON)
 BOAT, HIN: BDF15549B323, IN THE NAME OF)
 TIFFANY HANEY;)
)
 \$385,850.51 NET PROCEEDS FROM SALE)
 OF REAL PROPERTY LOCATED AT)
 2099 BLUE IRIS WAY,)
 SEVIERVILLE, TN 37876;)
)
 REAL PROPERTY LOCATED AT)
 962 VICAR LANE, KNOXVILLE, TN 37919;)
)
 REAL PROPERTY LOCATED AT)
 1104 PARK HILL CIRCLE,)
 KNOXVILLE, TN 37909;)
)
 REAL PROPERTY LOCATED AT)
 1508 REGIMENT WAY,)
 KNOXVILLE, TN 37922;)

REAL PROPERTY LOCATED AT)
 8912 BRAITHWAITE LANE,)
 KNOXVILLE, TN 37922; and)
)
 REAL PROPERTY LOCATED AT)
 4702 FINLEY RIDGE LANE,)
 KNOXVILLE, TN 37921,)
)
 Defendants.)

**AFFIDAVIT IN SUPPORT OF
 VERIFIED COMPLAINT *IN REM***

I, Emily Celeste, being first duly sworn depose and state as follows:

INTRODUCTION

1. I am a Special Agent with the Federal Bureau of Investigation (FBI), currently assigned to the Knoxville Division. I have been employed by the FBI since November 2012 and am currently assigned to the White-Collar Crimes Squad in Knoxville, Tennessee, with a specific focus on health care fraud. Prior to my current assignment, I was assigned to the Cyber Crimes Squad in the Birmingham, Alabama, FBI Division from November 2012 through August 2015, and the Public Corruption Squad in the Dallas, Texas, FBI Division, from August 2015 through August 2017. I have participated in all normal methods of investigation, including but not limited to the use of electronic surveillance, physical surveillance, subject and witness interviews, search warrants, confidential informants, pen registers, and undercover operations. I have also received training in money laundering, the tracing of fraudulent assets and the seizure of fraudulently obtained assets, which I have applied to multiple investigations. As a Special Agent of the FBI, I am authorized to investigate violations of United States laws and to execute warrants issued under the authority of the government of the United States of America.

2. I have been assigned to a joint investigation, being worked with the United States Attorney's Office for the Eastern District of Tennessee in conjunction with Special Agents of the

U.S. Department of Health and Human Services – Office of the Inspector General (“HHS-OIG”) and Tennessee Bureau of Investigation (TBI), involving Tiffany Haney and Anne Warren (TIFFANY HANEY and ANNE WARREN), owners of Rocky Hill Pharmacy (ROCKY HILL PHARMACY), and Tina Roper (ROPER) as well as others for healthcare fraud.

3. The information set forth in this affidavit is based on my personal knowledge, observations, witness interviews and the review of documents and information obtained during the course of this investigation. It is also based on information provided by other law enforcement officers and financial investigators who have participated in this investigation. Because this affidavit is for the limited purpose of the Verified Complaint *in Rem*, it contains only a summary of the relevant facts. I have not included each and every fact known to me concerning this investigation.

PROBABLE CAUSE

4. This affidavit is made in support of the Verified Complaint *in Rem* with respect to the financial accounts and other assets, listed in the Property to Be Forfeited section below, all of which contain funds that are involved in money laundering activity in violation of 18 U.S.C. §§ 1956(h) and 1957 which consist of proceeds from health care fraud offenses or are traceable to such proceeds.

5. For the reasons set forth below, there is probable cause to believe that funds in each of the Bank and Investment accounts listed below were derived from proceeds traceable to violations of specified unlawful activities as defined in 18 U.S.C. §§ 1956(c)(7)(F), specifically conspiracy to commit health care fraud under 18 U.S.C. § 1349. As such, the traceable portion of the funds in the Bank and Investment Accounts, Vehicles and Real Properties are subject forfeiture pursuant to 18 U.S.C. § 981(a)(1)(C), and 18 USC § 981(a)(1)(A).

6. Additionally, the Spending Statute: 18 U.S.C. § 1957 provides in relevant part that “[w]hoever . . . knowingly engages or attempts to engage in a monetary transaction in criminally derived property of a value greater than \$10,000 and is derived from specified unlawful activity” shall be guilty of a federal offense. Because the offense consists of spending the proceeds of specified unlawful activity, § 1957 is sometimes referred to as the Spending Statute. Violations of § 1957 are considered money laundering offenses.

7. As such, in addition to the directly traceable portion of health care proceeds to the defendant properties there is also probable cause to believe that the entirety of the Subject Bank Accounts, Subject Investment Accounts, Subject Vehicles and Real Property are involved in money laundering activity in violation of 18 U.S.C. §§ 1956 and 1957 and as such are subject to forfeiture pursuant to 18 U.S.C. §§ 981(a)(1)(A), and 981(a)(1)(C).

8. Based upon the investigation to date, I have probable cause to believe that TIFFANY HANEY, ANNE WARREN, and TINA ROPER, knowingly and willfully combined, conspired, and agreed to create and submit for reimbursement to health care benefit programs altered and forged prescriptions for pharmaceutical drugs, including pain creams, in the Eastern District of Tennessee and elsewhere, for the purpose of executing a scheme and artifice to defraud health care benefit programs, and to obtain by means of false and fraudulent pretenses, representations, and promises, at least \$32,925,969 owned by or under the control of health care benefit programs.

9. The investigation uncovered evidence, including as set forth below, of the offenses listed above, among others, including through the following means:

- a. Fraudulent Rectal Cream Scheme;
- b. False Billing for Family and Friends;

- c. False Billing for Altered and Forged Prescriptions for the compounded cream Keto10/Amit2/Diclo1 also referred to as Option 2 or Option 3;
- d. False Billing for Altered and Forged Prescriptions with Steroid Add-Ons; and
- e. DOL EEOIC Scheme.

10. According to financial records and claims data from PioneerRx (“Pioneer”) (the electronic medical records system utilized by ROCKY HILL PHARMACY) for ROCKY HILL PHARMACY, from at least September 2018 through July 2024, ROCKY HILL PHARMACY was paid a total of approximately \$32,925,969 as a result of the five schemes listed in paragraph 9 above. ROCKY HILL PHARMACY was paid the following amounts by insurance companies for each scheme (which are discussed in-depth in the PROBABLE CAUSE section below and total \$32,925,969):

- a. Fraudulent Rectal Cream Scheme: \$972,060 between 09/2018 and 03/2020;
- b. False Billing for Family and Friends: \$722,198 between 09/2018 and 07/2024;
- c. False Billing for Altered and Forged Prescriptions for compound cream Keto10/Amit2/Diclo1 aka “Option 2” or “Option 3”: \$5,097,670 between 08/2018 and 07/2024;
- d. False Billing for Altered and Forged Prescriptions for Steroid Add-ons: \$3,233,728 between 08/2018 and 07/2024; and
- e. DOL EEOIC Scheme: \$22,900,313 between 08/2019 and 07/2024.

11. The \$32,925,969 paid to ROCKY HILL PHARMACY from insurance companies for the five schemes was deposited into two main operating accounts held by ROCKY HILL PHARMACY- First Citizens Bank Account number xxxxxx2730 and Truist Bank Account number xxxxxxxxx5152.

12. Insurance companies paid ROCKY HILL PHARMACY for the claims from the schemes through Pharmacy Benefit Plans (“PBMs”). In my training and experience, I know that PBMs are companies that manage prescription drug benefits for health insurance plans, both government and private. PBMs act as intermediaries between the health insurance companies and pharmacies by, among other things, determining eligibility of claims for payment and making payments to pharmacies for eligible claims. PBMs generally represent numerous individual health insurance plans, which complicate tracing payments for specific pharmacy claims to bank account deposits.

13. In this instance, ROCKY HILL PHARMACY joined insurance company networks through various PBMs including, for example, CVS Caremark and Access Health. ROCKY HILL PHARMACY then submitted the prescription claims for reimbursement to the PBMs that represented each patient’s insurance plan, who then adjudicated, and paid as applicable, ROCKY HILL PHARMACY’s claims.

14. According to financial records, beginning in August 2018 through at least September 2024, PBMs on behalf of insurance companies deposited approximately \$3,432,070 into FCB 2730. Beginning in August 2018 through at least September 2024, PBMs on behalf of insurance companies deposited approximately \$30,569,501 into Truist 5152. In sum, deposits from PBM’s to the ROCKY HILL PHARMACY’s combined operating accounts totaled \$34,001,571.

15. ROCKY HILL PHARMACY’S two main operating accounts also received deposits totaling \$5,350,204 in patient payments and pharmaceutical rebates between approximately 08/10/2018 through at least 09/30/2024. Accordingly, deposits into the two operating accounts (Truist 5152 and FCB 2730) total \$39,351,775. Included in this \$39,351,775

total is the \$32,925,969 that was paid to ROCKY HILL PHARMACY from PBMs for the five schemes discussed in this affidavit.

16. According to Pioneer claims, financial records, records seized from ROCKY HILL PHARMACY in April 2024 and witness interviews, the five schemes began in or around September 2018 through at least July 2024, resulting in consistent payments into ROCKY HILL PHARMACY's operating accounts throughout the course of the schemes from PBMs.

17. While PBMs consistently paid ROCKY HILL PHARMACY as a result of the five schemes from at least September 2018 through at least July 2024, ROCKY HILL PHARMACY's owners, ANNE WARREN and TIFFANY HANEY, paid themselves from the two operating accounts which resulted in the purchase of property and the creation of investment accounts made possible by the money paid to them from the five schemes.

18. Between August 2018 and 10/02/2024 ANNE WARREN transferred \$10,606,585 from the ROCKY HILL PHARMACY operating accounts to her personal bank accounts. Between August 2018 and 10/01/2024 TIFFANY HANEY transferred \$10,518,562 from the ROCKY HILL PHARMACY operating accounts to her personal bank accounts. In total, ROCKY HILL PHARMACY owners ANNE WARREN and TIFFANY HANEY paid themselves \$21,125,147, or 54% of the gross revenue for ROCKY HILL PHARMACY.

19. There is probable cause to believe the claims submitted as a result of the five schemes were paid based on fraudulent prescriptions submitted by ROCKY HILL PHARMACY.

20. As described more fully below, financial records and claims data obtained during the course of this investigation revealed that the proceeds obtained from the five schemes were deposited into the two operating accounts owned and/or controlled by ROCKY HILL PHARMACY and their owners/controllers that are the subject of this Affidavit. Financial

records further revealed the proceeds obtained from these health care fraud schemes were used to purchase property or fund loan payments on existing property that constitutes proceeds resulting from health care fraud offenses. Financial records also revealed the proceeds obtained from the health care fraud schemes were used to fund investment accounts owned and/or controlled by ROCKY HILL PHARMACY's owners, ANNE WARREN and TIFFANY HANEY.

OVERVIEW OF PERSONS AND ENTITIES INVOLVED

21. ROCKY HILL PHARMACY, LLC (ROCKY HILL PHARMACY) is a registered business entity that operates a retail pharmacy located in the Eastern District of Tennessee. ROCKY HILL PHARMACY has its own Medicare National Provider Identifier ("NPI").

22. HANEY CONSULTING, LLC is a registered business entity whose registered agent is TIFFANY HANEY. TIFFANY HANEY utilized this account primarily to receive payments from ROCKY HILL PHARMACY for management fees.

23. WARREN MANAGEMENT, LLC is a registered business entity whose principal officer is ANNE WARREN. ANNE WARREN utilized this account to primarily receive payments from ROCKY HILL PHARMACY for management fees.

24. TIFFANY HANEY resided in the Eastern District of Tennessee and was one of the owners of and a pharmacist at ROCKY HILL PHARMACY during the course of the conspiracy.

25. ANNE WARREN resided in the Eastern District of Tennessee and was one of the owners and a pharmacist at ROCKY HILL PHARMACY during the course of the conspiracy.

PROPERTY TO BE FORFEITED

26. The origin of assets listed below which this affidavit alleges are subject to forfeiture was funded by two main operating accounts at ROCKY HILL PHARMACY. While this affidavit does not seek to forfeit the two operating accounts, the accounts are discussed in order to establish the tracing of proceeds this affidavit seeks to forfeit. The two ROCKY HILL PHARMACY operating accounts, also referenced above, are as follows:

- a. BB&T/Truist Bank account number xxxxxxxxx5152; and
- b. First Citizens Bank account number xxxxxx2730.

27. I submit this affidavit in support of a Verified Complaint *in Rem* for civil forfeiture of the following:

BANK ACCOUNTS

All funds from the following bank accounts:

- (a) Truist Bank account number xxxxxxxxx6832, in the name of ANNE W. WARREN;
- (b) Truist Bank account number xxxxxxxxx4741, in the name of WARREN MANAGEMENT, LLC;
- (c) Regions Bank account number xxxxxx9174, in the name of ANNE WHITEHEAD WARREN;
- (d) Regions Bank account number xxxxxx5106, in the name of ANNE WHITEHEAD WARREN;
- (e) Pinnacle Bank account number xxxxxxxxx0757, in the name of WARREN MANAGEMENT, LLC;
- (f) Pinnacle Bank account number xxxxxxxxx 2250, in the name of ANNE C. Warren and VANDEN W. WARREN CONSTRUCTION ACCT;
- (g) Pinnacle Bank account number xxxxxxxxx 9582, in the name of ANNE W. WARREN TAX ACCOUNT;

- (h) Pinnacle Bank account number xxxxxxxx 8832, in the name of VANDEN C. WARREN, ANNE W. WARREN;
- (i) First Horizon Bank account number xxxx7445, in the name of Jordan Haney, TIFFANY HANEY;
- (j) First Horizon Bank account number xxxxxxxx9106, in the name of HANEY CONSULTING, LLC; and
- (k) First Horizon Bank account number xxxxxxxx 1005 in the name of TIFFANY HANEY, dba HANEY RENTALS.

INVESTMENT ACCOUNTS

All funds from the following investment accounts:

- (a) Raymond James investment accounts om the name of ANNE WARREN; and
- (b) Robert Baird investment account in the name of TIFFANY HANEY.

VEHICLES

- (a) 2024 GMC Sierra 1500 Denali, VIN: 1GTUUEHL7RZ274473, titled to HANEY CONSULTING, LLC; and;
- (b) 2023 Cadillac Escalade, VIN: 1GYS4DKL9PR224976, titled to HANEY CONSULTING, LLC.

PERSONAL WATERCRAFT

- (a) Personal watercraft (PWC) Boat, HIN: SERV2340E121, in the name of VANDEN WARREN; and
- (b) Personal watercraft (PWC) Pontoon Boat, HIN: BDF15549B323, in the name of TIFFANY HANEY;

U. S CURRENCY

\$385,850.51 Net Proceeds From Sale of Real Property Located at 2099 Blue Iris Way, Sevierville, TN 37876

REAL PROPERTIES

- (a) **The real property located at 962 Vicar Lane, Knoxville, TN 37919, with all appurtenances, improvements, and attachments thereon.**

Situated in District No. Six (6) of Knox County, Tennessee, and without the corporate limits of the City of Knoxville, being Lot 12, Westland Forest Subdivision, Unit 3, as shown by plat of same of record in Instrument 200803130068538, in the Register's Office for Knox County, Tennessee, to which plat reference is hereby made for a more particular description of said property.

Being the same property conveyed to Sarah E. Helms, unmarried by Warranty Deed from Wesley P. Davis and wife, Katie Garrett Davis, dated June 28, 2013, and of record in Instrument 201307010000068, in the Register's Office for Knox County, Tennessee.

For further reference see deed recorded on November 22, 2021, Instrument No. 202111220041789 in the Register of Deeds for Knox County, Tennessee conveying the real property to Tiffany L. Haney and Christopher J. Haney.

- (b) **The real property located at 1104 Park Hill Circle, Knoxville, TN 37909, with all appurtenances, improvements, and attachments thereon.**

Situated in District No. 5 of Knox County, Tennessee, and within the 46th Ward of the City of Knoxville, Tennessee, and being known and designated as all of Lot 50, West Hills Park Addition, Unit 1, as shown on the map of the same of record in Map Book 26, Page 146 (Map Cabinet C, Slide 210-B), in the Knox County Register's Office, to which map specific reference is hereby made for a more particular description.

Being the same property conveyed to Kurian Barbosa and Hannah Ferguson Barbosa, husband and wife by Deed dated February 2, 2024 from Hannah Ferguson Barbosa f/k/a Hannah E. Ferguson and Kurian Barbosa, wife and husband, recorded February 6, 2024, as Instrument Number 202402060037669, in the Official Records of Knox County; Tennessee.

For further reference see deed recorded on February 6, 2024, as Instrument No. 202402060037670 in the Register of Deeds for Knox County, Tennessee conveying the real property to Tabitha Roper, Unmarried.

- (c) **The real property located at 1508 Regiment Way, Knoxville, TN 37922, with all appurtenances, improvements, and attachments thereon.**

SITUATED in District No. Six (6) of Knox County, Tennessee, and without corporate limits, and being know and designated as all of Lot 8-R of Harpers

Cove Resubdivision of Lots 8 and 9, as shown by map of the same of record in Instrument No. 202006230085976, in the Register's for Knox County, Tennessee, to which plat specific reference is hereby made for a more particular description.

TOGETHER with and subject to Declaration of Joint Permanent Easement, dated November 28, 2018, and of record in Instrument No. 201811230033123, in the Register's Office for Knox County, Tennessee.

Being all of the same property conveyed to Michael Stephens, Jr. and wife, Janine Stephens from Mesana Investments, LLC, a Tennessee Limited Liability Company by deed of record dated 7/17/2019 in Instrument No. 201907220004887 in the Register of Deeds Office for KNOX County, Tennessee.

For further reference see deed recorded on August 24, 2020, as Instrument No. 202008240015375 in the Register of Deeds for Knox County, Tennessee conveying the real property to Craig Warren and wife, Anne Warren.

- (d) **The real property located at 8912 Braithwaite Lane, Knoxville, TN 37922, with all appurtenances, improvements, and attachments thereon.**

Parcel: 145IC-075 - 8911 Bartlett Lane, Knoxville, Tennessee 37922

Situated in District No. Six (6) of Knox County, Tennessee, and being known and designated as all of Lot 75, Hemingway Grove of Whittington Creek Subdivision, as shown by map of same of record in Map Cabinet 0, Slide 26B, in the Register's Office for Knox County, Tennessee, to which map specific reference is hereby made for a more particular description.

Being the same property was conveyed to Mohammad S. Ammar and wife Manal Ramadan by Deed from Nicholas N. Ibrahim and wife Rebecca J. Ibrahim, dated June 15, 2012, and of record in Instrument 201206200072394, in the Register's Office for Knox County, Tennessee.

Parcel: 145IC-080 - 8912 Braithwaite Lane, Knoxville, Tennessee 37922

Situated in District No. Six (6) of Knox County, Tennessee, and being known and designated as all of Lot 80, Hemingway Grove of Whittington Creek Subdivision, as shown by map of same of record in Map Cabinet 0, Slide 26B, in the Register's Office for Knox County, Tennessee, to which map specific reference is hereby made for a more particular description.

Being the same property was conveyed to Mohammad S. Ammar and wife Manal Ramadan by Deed from Nicholas N. Ibrahim and wife Rebecca J. Ibrahim, dated June 15, 2012, and of record in Instrument 201206200072396, in the Register's Office for Knox County, Tennessee.

For further reference see deed recorded on January 21, 2020, as Instrument No. 202001210048005 in the Register of Deeds for Knox County, Tennessee conveying the real property to Tiffany L. Haney and husband, Christopher J. Haney.

- (e) **The real property located at 4702 Finley Ridge Lane, Knoxville, TN 37921, with all appurtenances, improvements, and attachments thereon.**

Land in Knox County, Tennessee, being Lot No. 47R on the Plan of Final Plat of Cain Vista Subdivision, Phase 2, Resubdivision of Lots 40-44 & 47, Cain Vista Subdivision, Phase 1, Resubdivision of Lot 45R2, of record in Plat at Instrument No. 202308310011681, in the Register's Office for Knox County, Tennessee, to which Plan reference is hereby made for a more complete description of the property.

Being a portion of the same property conveyed to Elite Construction, LLC, a Tennessee Limited Liability Company by Warranty deed from Aleksandr Botezat and wife, Dana Botezat of record in Instrument No. 202108260016389 Register's Office for Knox County, Tennessee, dated August 06, 2021 and recorded on August 26, 2021 and as corrected by Scrivener's Affidavit of record in Instrument No. 202212120034204.

Being a portion of the same property conveyed to D.R. Horton, Inc., a Delaware corporation by Warranty deed from Elite Construction, LLC, a Tennessee limited liability company of record in Instrument No. 202305170061695 Register's Office for Knox County, Tennessee, dated May 17, 2023 and recorded on May 17, 2023.

For further reference see deed recorded on May 20, 2024, as Instrument No. 202405200057709 in the Register's Office for Knox County, Tennessee conveying the real property to Tina Roper.

28. Based on the information developed throughout this investigation and set out in this affidavit, I assert there is probable cause to believe the defendant properties listed above are properties, or are properties traceable to, property (or funds) that constitutes proceeds resulting from health care fraud offenses and are subject to civil forfeiture as proceeds pursuant to 18

U.S.C. § 981(a)(1)(C). Moreover, there is probable cause to believe that the defendant properties are subject to civil forfeiture as properties involved in money laundering offenses, pursuant to 18 U.S.C. §§ 981(a)(1)(A) and 981(a)(1)(C). As described more fully below, various homes were also purchased with proceeds of a specified unlawful activity.

OVERVIEW OF THE CONSPIRACY

29. According to its website, ROCKY HILL PHARMACY is an independently owned pharmacy in Knoxville's Rocky Hill neighborhood which opened its door in Summer 2018 and whose mission is to support customer's health and well-being. According to its site, ROCKY HILL PHARMACY is a full-service pharmacy that can fill any prescription and also offers custom pharmaceutical compounding.¹

30. In or around May 2021, FBI became aware of allegations against ROCKY HILL PHARMACY, namely, that ROCKY HILL PHARMACY was filling prescriptions that were not written by medical providers and billing insurance/PBMs for those prescriptions.

Rectal Kits Scheme

31. In May 2021, FBI Knoxville initiated an investigation, along with the Tennessee Bureau of Investigation (TBI) and the U.S. Department of Health & Human Services, Office of Inspector General (HHS-OIG), into ROCKY HILL PHARMACY based on findings from an investigation conducted by TennCare's Office of Program Integrity (OPI) which concluded in or around February 2021 and was based on an audit conducted by OptumRx of ROCKY HILL

¹ www.rockyhillpharmacy.com

PHARMACY. OptumRx identified ROCKY HILL PHARMACY as an outlier for billing certain medications.

32. The audit, which reviewed documents from January 1, 2020, through May 31, 2020, focused on allegations that ROCKY HILL PHARMACY was not dispensing medication that was actually prescribed by the medical providers and that ROCKY HILL PHARMACY lacked documentation to support the dispensed prescriptions.

33. The focus of the OPI audit was dispensed prescriptions for Diclofenac Gel 1%, Lidocaine/HC Kit 3%-.05% and Lidocaine/HC Kit 3%-1%. The latter two were kits prescribed to treat the rectal area.

34. OptumRx reviewed medical and pharmacy records based on a targeted sample, and interviewed providers whose names were on the prescriptions. Seven providers were contacted and all seven denied prescribing the medications that were dispensed by ROCKY HILL PHARMACY both via interview and through written verification forms.

35. In its Case Summary, OPI noted “additional concerns” in their findings that ROCKY HILL PHARMACY lacked documentation to support the pharmacy claims (ie Rx label, lack of recipient signatures or proof of receipt) and discrepancies with the prescription origin code (POC) which evidenced how the pharmacy received the prescription (phone or fax). OPI’s case summary stated, “Historically, during the review of pharmacies when there are multiple inconsistencies with the POC, it has been an indication of fraudulent prescriptions.”

36. Finally, the Case Summary noted that during the review of the claims data and pharmacy records, there were indications that ROCKY HILL PHARMACY may have been billing TennCare for a single prescription when they were compounding medications together. The Case Summary stated, “In prior compounding cases this has occurred when a pharmacy is

compounding medications and billing TennCare for only one of the medications used in the compound.”

37. The following are examples of prescriptions that were audited, each of which had a corresponding claim for dispensing a rectal kit, along with the provider verifications:

[INTENTIONALLY LEFT BLANK]

Copy of prescription for [REDACTED] dated 10/23/2019

Oct. 24. 2019 7:14AM ASSOC PAIN

No. 4557 P. 1

7660 S. Northshore Drive
Knoxville, TN 37919
Phone: 865-337-5887

Pain/Inflammation

Fax: 865-337-5889

SENT Y N



**PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION
-OR- ATTACH PATIENT DEMOGRAPHIC SHEET**

Patient Info: Name: KP DOB: [REDACTED] SSN: _____
 Address: _____ Phone: _____
 Allergies: _____ Pharmacy: _____

1 <input checked="" type="radio"/> Diclofenac _____ 3%	2 <input type="radio"/> Diclofenac _____ 1%
Baclofen _____ 2%	Carbamazepine _____ 3%
Cyclobenzaprine _____ 2%	Amitriptyline _____ 4%
Ketoprofen _____ 4%	_____ %
<u>MADE</u> _____ 3%	
Qty _____ 120g	Qty _____ 360g

WITH Lidocaine/HC 3/0.5% #3boxes WITH Hydrocortisone Buty 0.1% 120g 2-4g 3-4xQD
 Use 1/2-1 tube 3-4 X QD pin w cream (must last 30 days) OR WITH Lidocaine 5% 150g
 Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)

3 <input type="radio"/> Ketoprofen _____ 2%	4 <input type="radio"/> Baclofen _____ 1%	5 <input type="radio"/> _____ %
Lidocaine _____ 2%	Cyclobenzaprine _____ 1%	_____ %
Cyclobenzaprine _____ 1%	Lidocaine _____ 2%	_____ %
_____ %	_____ %	_____ %

*QTY _____
 Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day) (CASH)

Add on/substitution

1) Lidocaine 5% _____ g	2) Calcipotriene 0.005% _____ g
3) Tacrolimus _____ g	4) Fluocinonide 0.1% cream _____ g
5) Lidocaine 7/Tetracaine 2% _____ g	6) Diclofenac 1% or 3% _____ g
7) Hydrocortisone Buty 0.1% _____ g	8) Doxepin 5% _____ g
9) Tacrolimus 0.03% oint _____ g	10) Lidocaine/HC <u>1</u> % _____ Boxes

Apply 2-4 grams 3-4 times daily used in conjunction with compounded ingredients in cream.

Physician name: Cynthia Tran NPI: 1371910110
 Phone: _____ Fax: _____
 The pharmacy may substitute based on insurance coverage or limitations. INITIAL CT

Physician's Signature: Cynthia Tran Date: 10.23.19 Refills: 0
 I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

ROCKY HILL PHARMACY (865) 337-5887
7660 S NORTHSORE DR. KNOXVILLE, TN 37919-8003
Call your Doctor for medical advice about side effects.
01/02/2020 COURTNEY TRAVIS, N.P.
0106866
KP
APPLY 1/2 TO 1 TUBE TOPICALLY TO PAINFUL AREA(S) 3-4 TIMES DAILY AS NEEDED WITH COMPOUNDED CREAM (MUST LAST 30 DAYS)
LIDOCAINE-HC 3-0.5% CREAM KIT Qty 3
REFILL (04) TIMES AT 3 UNTIL 10/22/2020
Substituted for AhaMentle HC Exp 1/2021
Mfg Set Rph TIFFANY
Call your Doctor for medical advice about side effects.
You may report side effects to the FDA at 1-800-FDA-1088.

0005559
0106866-02-04
01/02/2020
TH PP:
Written 10/23/2019
DEA MT9654438
Price Sub 1 301 31 *Default NRP
Price Paid 799.97 20%
Revised 799.47
Copay 1.50
Amt Cost
GP Qty 3 QRem 12
DAW 0 Day Supp 30
Auth 200024231862007989
KP
(865) 274-0511
COURTNEY TRAVIS, N.P.
ASSOCIATED PAIN
KNOXVILLE, TN 37901
(865) 673-6000
Mfg Set 13925-0165-20
LIDOCAINE-HC 3-0.5% CREAM KIT
APPLY 1/2 TO 1 TUBE TOPICALLY TO PAINFUL AREA(S) 3-4 TIMES DAILY AS NEEDED WITH COMPOUNDED CREAM (MUST LAST 30 DAYS)
Origin Fax
Rph TH [REDACTED]

Copy of Optum RX audit letter sent to Courtney Travis, dated 8/4/2020

Fc Aug 5 2020 4:07PM 8/4/2020 3:56:31 PM PAGE 4/004 Fa No. 2013 ver P. 1/1



2300 Main St
Mail Stop CA134-0402
Irvine, CA 92614
www.optum.com

THIS IS NOT A REFILL REQUEST

8/4/2020

Dear COURTNEY TRAVIS,
Fax: 865-588-5711

The Division of TennCare has contracted with OptumRx, Inc to help provide our members and pharmacies assistance in the accurate processing of prescription drugs under our pharmacy benefits programs.

In conjunction with a current pharmacy audit, we ask your assistance in confirming the below information.

Due to the urgency of this matter, please review and fax back within 24 hours.

You have been identified as the prescribing provider (NPI# 1376910166) for the patient listed below.

Patient Name: **KP** DOB: XXXXXXXXXX

Have you or a member of your group treated this patient? Yes No

DID YOU PRESCRIBE THE MEDICATIONS LISTED BELOW FOR THIS PATIENT?

* Indicates a refill of the original prescription. Please specify if refills were authorized for this member.

Drug Name	Written Date	Quantity	Yes	No
LIDOCAINE/HC KIT 3%-0.5%	10/23/2019	3		<input checked="" type="checkbox"/>
LIDOCAINE/HC KIT 3%-1%	2/24/2020	3		<input checked="" type="checkbox"/>

C. Jarrel Nelson PRACTITIONER'S SIGNATURE (REQUIRED) 8/5/20 DATE

Please sign and return fax to (833-951-1161)

Please contact Jarrel Nelson at 615-224-5218 – Ext. should you have any questions.

OptumRx
Pharmacy Audit Department

4451085

08/05/2020 4:08PM (GMT-04:00)

Version Actually Transmitted- Original (Obtained from Prescriber's File)

7660 S. Northshore Drive
Knoxville, TN 37919
Phone: 865-337-5887

Pain/Inflammation

Fax: 865-337-5889

SENT Y N



****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION OR ATTACH PATIENT DEMOGRAPHIC SHEET****

Patient Info: **KP** DOB: _____ SSN: _____
Address: _____ Phone: _____
Allergies: _____ Pharmacy: _____

1 <input checked="" type="checkbox"/> Diclofenac _____ 3%	2 <input type="checkbox"/> Diclofenac _____ 1%
Baclofen _____ 2%	Carbamazepine _____ 3%
Cyclobenzaprine _____ 2%	Amitriptyline _____ 4%
Ketoprofen _____ 4%	_____ %
<i>Gaba</i> _____ 3%	_____ %
Qty _____ 120g	Qty _____ 360g

WITH Lidocaine/HC _____ % # _____ Boxes WITH Hydrocortisone Buty 0.1% 120g 2-4g 3-4xQD
Use 1/2-1 tube 3-4 X QD prn w cream (must last 30 days) OR WITH Lidocaine 5% 150g
 Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)

3 <input type="checkbox"/> Ketoprofen _____ 2%	4 <input type="checkbox"/> Baclofen _____ 1%	5 <input type="checkbox"/> _____ %
Lidocaine _____ 2%	Cyclobenzaprine _____ 1%	_____ %
Cyclobenzaprine _____ 1%	Lidocaine _____ 2%	_____ %
_____ %	_____ %	_____ %

*QTY _____
 Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day) (CASH)

Add on/substitution

1) Lidocaine 5% _____ g	2) Calcipotriene 0.005% _____ g
3) Taclonex _____ g	4) Fluocinonide 0.1% cream _____ g
5) Lidocaine 7/Tetracaine 7% _____ g	6) Diclofenac 1% or 3% _____ g
7) Hydrocortisone Buty 0.1% _____ g	8) Doxepin 5% _____ g
9) Tacrolimus 0.03% oint _____ g	10) Lidocaine/HC _____ % _____ Boxes

Apply 2-4 grams 3-4 times daily used in conjunction with compounded ingredients in cream.

Physician name: Courtney Travis NPI: 1371910116
Phone: _____ Fax: _____
 The pharmacy may substitute based on insurance coverage or limitations. INITIAL CT

Physician's Signature: C. Travis Date: 10.23.19 Refills: U
I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

Version Actually Transmitted- Fax (Obtained from Prescriber's File)

P. 1

* * * Communication Result Report (Oct. 24, 2019 7:15AM) * * *

1) ASSOC PAIN
2)

Date/Time: Oct. 24, 2019 7:13AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
4557	Memory TX	rockyhill	P. 4	OK	

Reason for error
 (M) 1) Hang up or line fail
 (M) 2) No answer
 (M) 3) Exceeded max. E-mail size
 (E) 2) Busy
 (E) 4) No facsimile connection

7860 S. Northshore Drive
Kennesaw, TN 37519
Phone: 865-337-5887

Pain/Inflammation
Fax: 865-337-5889
SENT Y N

Rocky Hill Pharmacy

**PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION
PHARMACOGRAPHIC SHEET**

Patient Info: **KP** DOB: _____ SSN: _____
 Address: _____
 Allergies: _____ Pharmacy: _____

1) <input type="checkbox"/> Diclofenac 2%	2) <input type="checkbox"/> Diclofenac 1%
3) <input type="checkbox"/> Baclofen 2%	4) <input type="checkbox"/> Carbamazepine 2%
5) <input type="checkbox"/> Cyclobenzaprine 2%	6) <input type="checkbox"/> Amitriptyline 4%
7) <input type="checkbox"/> Ketoprofen 4%	8) _____ %
9) <input type="checkbox"/> Lidocaine 5%	10) _____ %

Qty: 30g
 WITH Hydrocortisone Buty 0.1% 12g 2 to 3 4xQD
 Use 1/2 to 2.5g-2.5g Q4H in cream (max 1oz 30 days) OR WITH Lidocaine 5% 15g
 (Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)

1) <input type="checkbox"/> Ketoprofen 2%	4) <input type="checkbox"/> Baclofen 2%	5) <input type="checkbox"/> _____ %
2) <input type="checkbox"/> Lidocaine 2%	6) <input type="checkbox"/> Cyclobenzaprine 2%	7) <input type="checkbox"/> _____ %
3) <input type="checkbox"/> Cyclobenzaprine 1%	8) <input type="checkbox"/> Lidocaine 2%	9) <input type="checkbox"/> _____ %

*REV
 Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day) (CASQ)

Add on/substitution

1) <input type="checkbox"/> Lidocaine 5% _____ g	2) <input type="checkbox"/> Calcipotriene 0.005% _____ g
3) <input type="checkbox"/> Tacrolimus _____ g	4) <input type="checkbox"/> Fluocinonide 0.1% cream _____ g
5) <input type="checkbox"/> Lidocaine/Tetracaine 7% _____ g	6) <input type="checkbox"/> Diclofenac 3% or 5% _____ g
7) <input type="checkbox"/> Hydrocortisone Buty 0.1% _____ g	8) <input type="checkbox"/> Doxepin 5% _____ g
9) <input type="checkbox"/> Tacrolimus 0.03% oint _____ g	10) <input type="checkbox"/> Lidocaine/VC _____ % _____ Boxes

Apply 2-4 grams 3-4 times daily used in conjunction with compounded ingredients in cream.

Physician name: Courtesy Ryan M.D. 1974-10-11
 Phone: _____ Fax: _____
 The pharmacy may substitute based on insurance coverage or restrictions. INTUM ES

Physician's Signature: Courtesy Ryan Date: 10-23-19 Refills: 0
 I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacist.

Copy of pharmacy stickers on back of previous prescription for BR, dated 1/6/2020

ROCKY HILL PHARMACY (865) 337-5887
 7660 S NORTSHORE DR., KNOXVILLE, TN 37919-8003
 Caution: Federal law prohibits transfer of this drug to any person other than patient for whom prescribed.

06/2020 LINDSAY DIXON P.A

BR

TOPICALLY TO PAINFUL AREA(S) 3-4 TIMES DAILY AS NEEDED WITH COMPOUNDED CREAM (MUST LAST 30 DAYS)
 LIDOCAINE-HC 3-0 5% CREAM KIT Qty 3

REFILL (02) TIMES AT 3 UNTIL 11/12/2020
 Substituted for AnalVantle HC Exp 1/2021
 Mfg Set Rph ANNE W

Call your Doctor for medical advice about side effects
 You may report side effects to the FDA at: 1-800-FDA-1088



BR

0005881
 0107280-02-02
 01/06/2020
 AW PP:

Written 11/13/2019
 DEA MK4275992
 Price Sub 1 301 31 *Default AWP
 Price Paid 798.97 20%
 Remitted 798.47
 Copay 1.50

LINDSAY DIXON P.A
 1342 PAPERMILL POINTE WAY
 KNOXVILLE TN 37909-1903
 (865) 219-3508
 Mfg Set **13925-0165-20**
 LIDOCAINE-HC 3-0 5% CREAM KIT

Qty 3 QRem 8
 DAW 0 Day Supp 30
 Auth 200062610579001999

APPLY 1/2 TO 1 TUBE TOPICALLY TO PAINFUL AREA(S) 3-4 TIMES DAILY AS NEEDED WITH COMPOUNDED CREAM (MUST LAST 30 DAYS)

Origin Fax
 Rph AW [redacted] 5g

Copy of Optum RX audit letter sent to Lindsay Dixon, dated 8/4/2020

FaAug. 5. 2020 4:15PM 8/4/2020 4:09:56 PM PAGE 3/003 FaNo. 2015verP. 1/1



2300 Main St
Mail Stop CA134-0402
Irvine, CA 92614
www.optum.com

THIS IS NOT A REFILL REQUEST

8/4/2020

Dear LINDSAY DIXON,
Fax: 865-588-5711

The Division of TennCare has contracted with OptumRx, Inc to help provide our members and pharmacies assistance in the accurate processing of prescription drugs under our pharmacy benefits programs.

In conjunction with a current pharmacy audit, we ask your assistance in confirming the below information.

Due to the urgency of this matter, please review and fax back within 24 hours.

You have been identified as the prescribing provider (NPI# 1386185114) for the patient listed below.

Patient Name: **BR** DOB: **[REDACTED]**
Have you or a member of your group treated this patient? Yes No

DID YOU PRESCRIBE THE MEDICATIONS LISTED BELOW FOR THIS PATIENT?
* Indicates a refill of the original prescription. Please specify if refills were authorized for this member.

Drug Name	Written Date	Quantity	Yes	No
LIDOCAINE/HC KIT 3%-0.5%	11/13/2019	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LIDOCAINE/HC KIT 3%-1%	3/2/2020	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Lindsay Dixon *AD* 8-5-2020
PRACTITIONER'S SIGNATURE (REQUIRED) DATE

Please sign and return fax to (833-951-1161)

Please contact Jarrel Nelson at 615-224-5218 – Ext. should you have any questions.

OptumRx
Pharmacy Audit Department

4451085

08/05/2020 4:16PM (GMT-04:00)

Copy of prescription for **CW** dated 2/10/2020

7660 S. Northshore Drive
Knoxville, TN 37919
Phone: 865-337-5887

Pain/Inflammation

Fax: 865-337-5889

SENT Y N



****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION
-OR- ATTACH PATIENT DEMOGRAPHIC SHEET****

Patient Info: Name: **CW** DOB: [REDACTED] SSN: _____
Address: _____ Phone: _____
Allergies: _____ Pharmacy: _____

1 <input checked="" type="checkbox"/> Diclofenac _____ 3%	2 <input type="checkbox"/> Ketoprofen _____ 10%
Baclofen _____ 2%	Amitriptyline _____ 2%
Cyclobenzaprine _____ 2%	Diclofenac _____ 2%
Ketoprofen _____ 4%	_____ %
Qty <u>120g</u> <u>3/10/20</u>	Qty <u>360g</u>
WITH Lidocaine/HC <u>2.5%</u> #3boxes	WITH Hydrocortisone Buty 0.1% 120g 2-4g 3-4xQD
Use 1/2-1 tube 3-4 X Qd prn w cream (must last 30 days)	OR WITH Lidocaine 5% 150g
<input checked="" type="checkbox"/> Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)	

3 <input type="checkbox"/> Ketoprofen _____ 2%	4 <input type="checkbox"/> Baclofen _____ 1%	5 <input type="checkbox"/> _____ %
Lidocaine _____ 2%	Cyclobenzaprine _____ 1%	_____ %
Cyclobenzaprine _____ 1%	Lidocaine _____ 2%	_____ %
_____ %	_____ %	_____ %
*QTY _____		
<input type="checkbox"/> Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day) (CASH)		

Add on/substitution

1) Lidocaine 5% _____ g	2) Calcipotriene 0.005% _____ g
3) Taclonex _____ g	4) Fluoclonide 0.1% cream _____ g
5) Lidocaine 7/Tetracaine 7% _____ g	6) Diclofenac 1% or 3% _____ g
7) Hydrocortisone Buty 0.1% _____ g	8) Doxepin 5% _____ g
9) Lidocaine/HC / / % _____ Boxes	10) Diflorasone 0.05% _____ g

Apply 2-4 grams 3-4 times daily used in conjunction with compounded ingredients in cream.

Physician name _____ NPI: _____
Phone: _____ Fax: _____
 The pharmacy may substitute based on insurance coverage or limitations. INITIAL _____

Physician's Signature: L. Smith Date: 2/10/20 Refills: (3)
I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

Felic)

Copy of pharmacy stickers on back of previous prescription for **CW**, dated 3/9/2020

ROCKY HILL PHARMACY (865) 337-5887
7660 S NORTSHORE DR KNOXVILLE, TN 37918-8003
Caution: Federal law prohibits transfer of this drug to any person other than patient for whom prescribed.

CW 3/2020 LINDSEY SMITH NP

APPLY 1/2 TO 1 TUBE TOPICALLY TO PAINFUL AREA(S) 3-4 TIMES DAILY AS NEEDED WITH COMPOUNDED CREAM (MUST LAST 30 DAYS)

LIDOCAINE-HC 3-1% CREAM KIT Qty 3

REFILL (02) TIMES AT 3 UNTIL 02/09/2021
Substituted for AnaMense HC Forte Exp 3/2021
Mfg Pur Rph TIFFANY

Call your Doctor for medical advice about side effects.
You may report side effects to the FDA at 1-800-FDA-1088.

CW

0007126
0108969-01-02
03/09/2020
TH PP:

Written 02/10/2020
DEA MB5510155
Price Sub 582.86 *Default AWP
Price Paid 449.94 20%
Remitted 448.94
Copy 3.00

LINDSEY SMITH NP
105 MEADOW VIEW RD STE 1
BRISTOL TN 37620-1726
(423) 794-3142
Mfg Pur **59088-0771-20**
LIDOCAINE-HC 3-1% CREAM KIT

Qty 3 QRem 6
DAW 3 Day Supp 30
Auth 200892976303905999

APPLY 1/2 TO 1 TUBE TOPICALLY TO PAINFUL AREA(S) 3-4 TIMES DAILY AS NEEDED WITH COMPOUNDED CREAM (MUST LAST 30 DAYS)

Orig. Phone-In
Rph TH [REDACTED] th

Copy of another Optum RX audit letter sent to Lindsay Dixon, dated 8/4/2020

08/05/2020 17:42 FAX 4232831306 OaKand Chiropractic 0002/0002
FSP35853 8/5/2020 2:26:07 PM PAGE 4/004 Fax Server



2300 Main St
Mail Stop CA134-0402
Irvine, CA 92614
www.optum.com

THIS IS NOT A REFILL REQUEST

8/4/2020

Dear LINDSEY SMITH,
Fax: 423-878-5300

The Division of TennCare has contracted with OptumRx, Inc to help provide our members and pharmacies assistance in the accurate processing of prescription drugs under our pharmacy benefits programs.

In conjunction with a current pharmacy audit, we ask your assistance in confirming the below information.

Due to the urgency of this matter, please review and fax back within 24 hours.

You have been identified as the prescribing provider (NPI# 1841733847) for the patient listed below.

Patient Name: **CW** DOB: **[REDACTED]**

Have you or a member of your group treated this patient? Yes No

DID YOU PRESCRIBE THE MEDICATIONS LISTED BELOW FOR THIS PATIENT?

* Indicates a refill of the original prescription. Please specify if refills were authorized for this member.

Drug Name	Written Date	Quantity	Yes	No
LIDOCAINE/HC KIT 3%-0.5%	10/7/2019	3		✓
LIDOCAINE/HC KIT 3%-1%	2/10/2020	3		✓
DICLOFENAC GEL 1%	3/18/2020	300		✓

Lindsay Smith, NP-C
PRACTITIONER'S SIGNATURE (REQUIRED)

8/5/20
DATE

Please sign and return fax to (833-951-1161)

Please contact Jarrel Nelson at 615-224-5218 – Ext. should you have any questions.

OptumRx
Pharmacy Audit Department

4451085

08/05/2020 4:39PM (GMT-04:00)

38. Based partially on information from the audit, the Honorable Magistrate Judge Debra C. Poplin found there was probable cause to issue a search and seizure warrant in the

Eastern District of Tennessee in Case 3:24-MJ-1095 for the premises at ROCKY HILL PHARMACY in April of 2024. FBI, TBI and HHS-OIG executed, the search and seizure warrant for the premises at ROCKY HILL PHARMACY, at which time prescriptions were seized including those related to the allegations in the audit. In addition, PioneerRx (Pioneer), the company that hosts ROCKY HILL PHARMACY's electronic medical records system provided the FBI with ROCKY HILL PHARMACY's claims data through July 2024.

39. According to information from Pioneer, between September 2018 and March 2020, ROCKY HILL PHARMACY billed TennCare \$1,601,697 for the rectal kits under the names of approximately 48 medical providers and was paid \$972,060.

40. According to financial records obtained by FBI, the money paid to ROCKY HILL PHARMACY from TennCare was deposited into ROCKY HILL PHARMACY's operating accounts.

41. Between August and September 2024, FBI, TBI and HHS-OIG interviewed approximately half of the 48 medical providers identified from Pioneer and none of them had prescribed a kit intended to treat a patient's rectal area to a patient. Further, they were unaware that ROCKY HILL PHARMACY was dispensing rectal kits in place of what they prescribed.

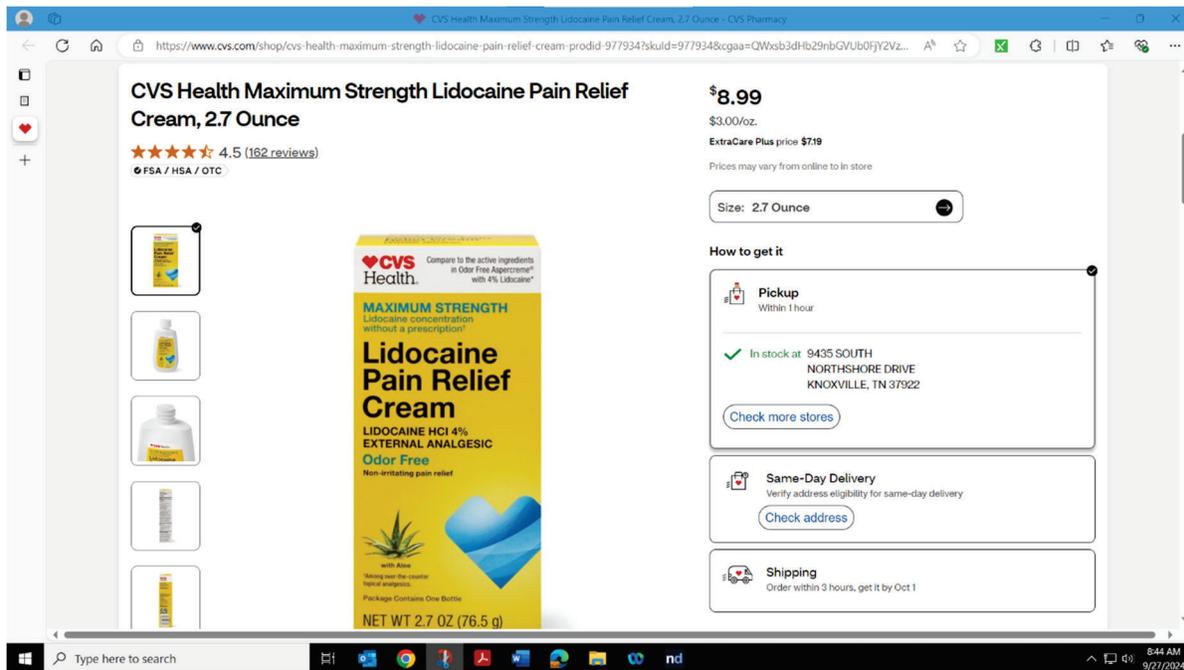
42. As an example, the prescriber whose name was associated with the most paid claims was provider C.T., a nurse practitioner who worked at Clinic A. According to Pioneer data, ROCKY HILL PHARMACY submitted claims in the amount of \$423,719.12 under C.T.'s name for the rectal kits and was paid \$258,377.13.

43. FBI and TBI interviewed C.T. on 08/27/2024. According to C.T., C.T. never prescribed rectal kits to her patients. C.T. recalled patients telling C.T. that they were getting 8

to 10 creams at a time and they were listed for rectal use. C.T. told the patients to tell ROCKY HILL PHARMACY they no longer wanted refills of the creams.

44. During execution of the search and seizure warrant at ROCKY HILL PHARMACY on 04/16/2024, FBI interviewed TINA ROPER, pharmacy technician and sister of TIFFANY HANEY. Regarding the rectal kits, according to TINA ROPER, ROCKY HILL PHARMACY received a list from TennCare of National Drug Codes that were covered by TennCare (I know based on my training and experience that coverage for prescription drugs varies from one insurance benefits payor to another). The rectal kits contained Lidocaine, which ROCKY HILL PHARMACY used all the time as a secondary cream.

45. Lidocaine cream is available over-the-counter at retail pharmacies like CVS:



<https://www.cvs.com/shop/cvs-health-maximum-strength-lidocaine-pain-relief-cream-prodid-977934?skuId=977934> (last accessed 9/27/24).

46. I know based on my training and experience that over-the-counter medications are not covered by insurance payors like TennCare, and therefore one of the only ways a TennCare

patient would be able to get the cream paid for by TennCare was for ROCKY HILL PHARMACY to submit a claim for the kits because they were covered by TennCare.

47. The rectal kits contain more components than just the lidocaine cream, however, given their actual intended use: NDC 13925016520 is identified as being manufactured by Seton Pharmaceuticals and as a kit that contains “20 single-use 1/4 oz tubes of Lidocaine 3% and Hydrocortisone 0.5%, 20 Applicators, 20 Wipes.”²

48. According to TINA ROPER, ROCKY HILL PHARMACY called the patients and told them they were receiving the rectal kits, not because the patient needed the rectal kit, but because they contained the cream. According to ROPER, the providers knew about the kits because ROPER explained to them why they needed to prescribe the kits (and not just the cream), but as set forth above, during interviews none of the prescribers said that they actually prescribed the kits (and in many instances, they did not prescribe lidocaine at all). This was because the cream alone was not covered and ROCKY HILL PHARMACY was not going to run a bunch of prescriptions they would “lose a ton of money on, especially if they were giving something for free.”

49. In sum, between September 2018 and March 2020, ROCKY HILL PHARMACY was paid a total of \$972,060.03 for the rectal kits submitted through TennCare which were deposited into ROCKY HILL PHARMACY’s operating accounts.

Prescriptions for Family and Friends

50. Following the search warrant execution at ROCKY HILL PHARMACY, investigators began to review the prescriptions seized and compare them to information from

² <https://mms.mckesson.com/product/1026920/Seton-Pharmaceuticals-13925016520> (last accessed 9/26/2024).

Pioneer for claims from September 2018 (around the time ROCKY HILL PHARMACY opened) through July 2024.

51. According to the Pioneer claims data, almost immediately after opening ROCKY HILL PHARMACY, owners TIFFANY HANEY and ANNE WARREN, and their spouses, JH and VW respectively, were purportedly prescribed medications that reimbursed high amounts from health insurance companies and ROCKY HILL PHARMACY was paid for those prescriptions. Further, employees at ROCKY HILL PHARMACY, including TIFFANY HANEY’s sister and pharmacy technician, TR, pharmacy technician, and her husband, , and a former pharmacist and ’s daughter, A.L. also had prescriptions processed in their names for high reimbursement medications. From 08/23/2018 through at least 07/25/2024, this group of individuals received prescriptions with high reimbursement rates that paid a total of approximately \$722,198.64 to ROCKY HILL PHARMACY. The payments from these claims were deposited into ROCKY HILL PHARMACY’s operating accounts.

52. The top paid medications for this group were as follows:

Friends and family By Medication		
Dispensed Item Name	Sum Of Total Price Submitted	Sum Of Total Price Paid
Carbinoxamine Maleate 6 Mg Tab	\$280,697.67	\$158,717.95
Fenoprofen 200 Mg Capsule	\$145,070.64	\$97,363.50
Diflorasone 0.05% Ointment	\$215,832.50	\$73,261.00
Calcipotriene-Betameth Dp Oint	\$129,109.64	\$63,283.04
Ketoprofen Er 200 Mg Capsule	\$83,785.10	\$42,746.45
Fluocinonide 0.1% Cream	\$183,232.28	\$41,226.66
Scarcin Roll-On	\$78,680.70	\$36,547.95
Prodigen Capsule	\$49,959.72	\$28,410.70
Xvite Tablet	\$49,481.01	\$24,567.55
Chlorzoxazone 250 Mg Tablet	\$48,652.92	\$24,364.17

Friends and family By Medication		
Dispensed Item Name	Sum Of Total Price Submitted	Sum Of Total Price Paid
Diflorasone 0.05% Cream	\$70,641.32	\$23,781.88

53. The top 5 prescribers of these medications were as follows:

Friends and family- By Provider		
Prescriber	Total Price Submitted	Total Price Paid
J.C.	\$382,152.89	\$169,113.24
D.E.	\$240,172.22	\$130,340.27
M.M.	\$491,398.90	\$125,602.97
K.T.	\$187,309.87	\$119,236.38
A.S.	\$87,393.27	\$50,792.57

54. **Provider J.C.** According to claims data from Pioneer, between 09/27/2017 and 08/13/2020, TIFFANY HANEY and her husband **JH** (legal name is) were prescribed medications from the list in paragraph 52 as well as others, by medical provider J.C. which resulted in a total reimbursement of approximately \$169,113 to ROCKY HILL PHARMACY which were deposited into ROCKY HILL PHARMACY's operating accounts.

55. As described more fully below, J.C. said that she authorized only one formulary prescription for **JH**, but according to Pioneer claims data, ROCKY HILL PHARMACY submitted claims for the following medications purportedly prescribed by J.C. to **JH**:

Bionect 0.2% Gel
chlorzoxazone 250 mg tablet
diazepam 5 mg tablet
dic3/bac2/cyc2/keto4/gab5%
Diclofenac Sodium 1% Gel
fenoprofen 200 mg capsule
fluocinonide 0.1 % topical cream

Folika-T Tablet
gabapentin 300 mg capsule
KamDoy topical spray
keto2/lid2/cyc1%
ketoprofen ER 200 mg 24 hr capsule,extended release
lidocaine-tetracaine 7 %-7 % topical cream
Scarcin Roll-On topical liquid
Silivex 2" X 5.5" topical pads
Taclonex 0.005 %-0.064 % topical ointment
Vanos 0.1 % topical cream
Xvite 1 mg-100 mg-300 mcg tablet

56. As described more fully below, J.C. said that she did not authorize any prescription medications for TIFFANY HANEY, but according to Pioneer claims data, ROCKY HILL PHARMACY submitted claims for the following medications purportedly prescribed by J.C. to TIFFANY HANEY:

Calcipotriene-Betameth Dp Oint
chlorzoxazone 250 mg tablet
Cicatrace 4.7"x5.7" Pad
Cicatrace Pad 4.7" X 5.7" topical pads
diclofenac 3 % topical gel
doxepin 5 % topical cream
fluocinonide 0.1 % topical cream
keto2/lid2/cyc1%
lidocaine 3 %-hydrocortisone 0.5 % rectal kit
Lidocaine 5% Ointment
Lidotral 3.88 % topical cream
Prodigen 31 billion cell capsule
Scarcin Roll-On topical liquid
ScarcinPad 1.57 " X 5.12" topical pads
SIL-K 2" X 5.5" topical pads
Taclonex 0.005 %-0.064 % topical ointment
Zuplenz 8 mg oral soluble film

57. On 06/27/2024, FBI interviewed J.C. According to J.C., J.C. met TIFFANY HANEY before ROCKY HILL PHARMACY opened when TIFFANY HANEY was a

pharmacist at another pharmacy. TIFFANY HANEY approached J.C. at one point about prescribing pain creams. J.C. preferred to prescribe topical over oral medications.

58. When shown the list of medications that J.C. purportedly prescribed to TIFFANY HANEY and JH [REDACTED], J.C. did not recognize most of the medications and denied prescribing them. For example, J.C. did not know what Chlorzoxazone was. J.C. could not recall ever seeing TIFFANY HANEY as a patient. J.C. saw JH [REDACTED] as a patient once or twice and remembered maybe prescribing him a pain cream that he asked for.

59. According to medical records from J.C., JH [REDACTED] had his first appointment with J.C. on 03/18/2018 for pain, at which time his listed medications were Doxylamine and Flonase. J.C. referred JH [REDACTED] for an injection to help his pain on 05/09/2018. On 05/16/2019, TIFFANY HANEY faxed J.C. the following document requesting an updated pain cream prescription and in reply J.C. made a note, “must be seen at least once a year to have Rx. Please call to schedule.”

[INTENTIONALLY LEFT BLANK]

Copy of fax cover sheet to Jessica Cantwell from Tiffany Haney

May 16, 2019 04:49 PM To: 18656948093 Page 1/3 From: Rocky Hill Pharmacy, LLC Fax: 8653375889

7660 S. Northshore Drive
Knoxville, TN 37919
865-337-5887
865-337-5889
Rockyhillpharmacy.com



Fax

To: Jessica Cantwell	From: Rocky Hill Pharmacy
Fax:	Pages:
Phone:	Date:
Re:	cc:
<input type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle	

Im requesting updated prescriptions for **JH** and myself. Attached are the compound sheets!

If we can have, please fax back to 865-337-5889

Thanks so much!

Have a wonderful day!
Tiffany Haney
Pharm.D./Owner
tiffany@rockyhillpharmacy.com
rockyhillpharmacy.com
865-337-5887

Must be seen at least
once a year to have RX.
Please call to
Schedule.

Copy of blank prescription for [REDACTED], undated

May 16, 2019 04:49 PM To: 18656948093 Page 3/3 From: Rocky Hill Pharmacy, LLC Fax: 8653375889

7660 S. Northshore Drive
Knoxville, TN 37919
Phone: 865-337-5887

Pain/Inflammation

Fax: 865-337-5889

SENT Y N



****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION
-OR- ATTACH PATIENT DEMOGRAPHIC SHEET****

Patient Info: Name **CH** [REDACTED] SSN: _____
 Address: _____ PHONE: _____
 Allergies: _____ Pharmacy: _____

1 <input type="radio"/> Diclofenac _____ 3%	2 <input type="radio"/> Diclofenac _____ 1%
Baclofen _____ 2%	Carbamazepine _____ 3%
Cyclobenzaprine _____ 2%	Amitriptyline _____ 4%
Ketoprofen _____ 4%	_____ %
_____ %	_____ %
Qty <u>120g</u>	Qty <u>360g</u>
WITH Lidocaine/HC _____ % #3boxes	WITH Hydrocortisone Buty 0.1% 120g 2-4g 3-4xQD
Use 1/2-1 tube 3-4 X Qd prn w cream (must last 30 days)	OR WITH Lidocaine 5% 150g
<input type="radio"/> Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)	

3 <input type="radio"/> Ketoprofen _____ 2%	4 <input type="radio"/> Baclofen _____ 1%	5 <input type="radio"/> _____ %
Lidocaine _____ 2%	Cyclobenzaprine _____ 1%	_____ %
Cyclobenzaprine _____ 1%	Lidocaine _____ 2%	_____ %
_____ %	_____ %	_____ %
*QTY _____		
<input type="radio"/> Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day) (CASH)		

Add on/substitution

1) Lidocaine 5% _____ g	2) Calcipotriene 0.005% _____ g
3) Taclonex _____ g	4) Fluocinonide 0.1% cream _____ g
5) Lidocaine 7/Tetracaine 7% _____ g	6) Diclofenac 1% or 3% _____ g
7) Hydrocortisone Buty 0.1% _____ g	8) Doxepin 5% _____ g
9) Tacrolimus 0.03% oint _____ g	10) Lidocaine/HC _____ % _____ Boxes
11) Diflorasone 0.05% _____ g	

Apply 2-4 grams 3-4 times daily used in conjunction with compounded ingredients in cream.

Physician name _____ NPI: _____
 Phone: _____ Fax: _____
 The pharmacy may substitute based on insurance coverage or limitations. INITIAL _____

Physician's Signature: _____ Date: _____ Refills: _____
 I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

60. According to records from J.C., on 05/28/2019, J.C. wrote the following

formulary prescription for **JH** :

May 28, 2019 04:29 PM To: 18656948093 Page 3/3 From: Rocky Hill Pharmacy, LLC Fax: 8653375889

7660 S. Northshore Drive
Knoxville, TN 37919
Phone: 865-337-5887

Pain/Inflammation

Fax: 865-337-5889

SENT Y N



****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION
-OR- ATTACH PATIENT DEMOGRAPHIC SHEET****

Patient Info: Name: **CH** DOB: _____ SSN: _____
 Address: _____ Phone: _____
 Allergies: _____ Pharmacy: _____

1 <input checked="" type="checkbox"/> Diclofenac _____ 3%	2 <input type="checkbox"/> Diclofenac _____ 1%
Baclofen _____ 2%	Carbamazepine _____ 3%
Cyclobenzaprine _____ 2%	Amitriptyline _____ 4%
Ketoprofen _____ 4%	_____ %
<i>Cyclobenzaprine</i> _____ %	
Qty <u>120g</u>	Qty <u>360g</u>
WITH Lidocaine/HC _____ % #3boxes	WITH Hydrocortisone Buty 0.1% 120g 2-4g 3-4xQD
Use 1/2-1 tube 3-4 X Qd prn w cream (must last 30 days)	OR WITH Lidocaine 5% 150g
<input checked="" type="checkbox"/> Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)	

3 <input type="checkbox"/> Ketoprofen _____ 2%	4 <input type="checkbox"/> Baclofen _____ 1%	5 <input type="checkbox"/> _____ %
Lidocaine _____ 2%	Cyclobenzaprine _____ 1%	_____ %
Cyclobenzaprine _____ 1%	Lidocaine _____ 2%	_____ %
_____ %	_____ %	

*QTY _____
 Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day) (CASH)

Add on/substitution

1) Lidocaine 5% _____ g	2) Calcipotriene 0.005% _____ g
3) Taclonex _____ g	4) Fluocinonide 0.1% cream _____ g
5) Lidocaine 7/Tetracaine 7% _____ g	6) Diclofenac 1% or 3% _____ g
7) Hydrocortisone Buty 0.1% _____ g	8) Doxepin 5% _____ g
9) Tacrolimus 0.03% oint _____ g	10) Lidocaine/HC _____ % Boxes
11) Diflorasone 0.05% _____ g	

Apply 2-4 grams 3-4 times daily used in conjunction with compounded ingredients in cream.

Physician name: Jessica Cartwell FNP NPI: 1407879932
 Phone: 605-691-3155 Fax: _____
 The pharmacy may substitute based on insurance coverage or limitations. INITIAL JCL

Physician's Signature: Jessica Cartwell Date: 5/28/19 Refills: PRN
 I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

61. During execution of the search and seizure warrant on 04/16/2024, FBI seized the formulary, but it had Fluocinonide cream and Lidocaine/Tetracaine added to it:

May/28/2019 5:35:03 PM

lmi 865

1/1

May 28, 2019 04:29 PM To: 18666948093 Page 9/3 From: Rocky Hill Pharmacy, LLC Fax: 8653376889

7660 S. Northshore Drive
Knoxville, TN 37919
Phone: 865-337-5887

Pain/Inflammation

Fax: 865-337-5889



SENT Y N

****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION OR ATTACH PATIENT DEMOGRAPHIC SHEET****

Patient Info: Name: **JH** DOB: _____ SSN: _____
 Address: _____ Phone: _____
 Allergies: _____ Pharmacy: _____

<input checked="" type="checkbox"/> Diclofenac 3%	<input type="checkbox"/> Diclofenac 1%
<input type="checkbox"/> Baclofen 2%	<input type="checkbox"/> Carbamazepine 3%
<input type="checkbox"/> Cyclobenzaprine 2%	<input type="checkbox"/> Amitriptyline 4%
<input type="checkbox"/> Ketoprofen 4%	<input type="checkbox"/> _____ %
<input checked="" type="checkbox"/> FLUOCINONIDE %	
Qty: 120g	Qty: 360g
WITH Lidocaine/HCl % #3boxes	WITH Hydrocortisone Buty 0.1% 120g 2-4g 3-4xQD
Use 1/2-1 tube 3-4 X QD prn w cream (must last 30 days)	OR WITH Lidocaine 5% 150g
*Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)	

<input type="checkbox"/> Ketoprofen 2%	<input type="checkbox"/> Baclofen 1%	<input type="checkbox"/> _____ %
<input type="checkbox"/> Lidocaine 2%	<input type="checkbox"/> Cyclobenzaprine 1%	<input type="checkbox"/> _____ %
<input type="checkbox"/> Cyclobenzaprine 1%	<input type="checkbox"/> Lidocaine 2%	<input type="checkbox"/> _____ %
<input type="checkbox"/> _____ %	<input type="checkbox"/> _____ %	<input type="checkbox"/> _____ %
*Qty _____		
<input type="checkbox"/> Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day) (CASH)		

Add on/substitution

<input type="checkbox"/> Lidocaine 5% _____ g	<input type="checkbox"/> Calcipotriene 0.005% _____ g
<input type="checkbox"/> Tacrolimus _____ g	<input checked="" type="checkbox"/> Fluocinonide 0.1% cream 120g
<input checked="" type="checkbox"/> Lidocaine/Tetracaine 7% 30g	<input type="checkbox"/> Diclofenac 1% or 3% _____ g
<input type="checkbox"/> Hydrocortisone Buty 0.1% _____ g	<input type="checkbox"/> Doxepin 5% _____ g
<input type="checkbox"/> Tacrolimus 0.03% oint _____ g	<input type="checkbox"/> Lidocaine/HCl _____ % Boxes
<input type="checkbox"/> Diflorasone 0.05% _____ g	<input type="checkbox"/> _____ % Boxes

Apply 2-4 grams 3-4 times daily used in conjunction with compounded ingredients in cream.

Physician name: **Jessica Cartwell, MD** NPI: **167870932**
 Phone: **603-691-9135** Fax: _____
 The pharmacy may substitute based on insurance coverage or limitations. INITIAL: **JCC**

Physician's Signature: _____ Date: _____ Refills: **REN**
 (authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.)

62. The below stickers are affixed to the back of the above formulary and show the dollar value of the claims submitted to the Haney's insurance carrier for the added Fluocinonide and Lidocaine/Tetracaine creams:



CH

 0003456

 0104212-00-98

 05/29/2019

 TH PP: CRMK

 Written 05/28/2019

 DEA:MC3159933

 Price Sub 1,595.61 *Default AWP

 Price Paid 0.00 20%

 Remitted 0.00

 Copay See Receipt

 Acq Cost 42.00 (1,321.35)

 GP (42.00)

 Qty 0 QRem 11,890

 DAW 0 Day Supp 8

 Auth.

 Origin: Fax

 Rpt: TH BOH:480 th

JESSICA CANTWELL, N.P.
 312 PROSPERITY DR, STE 101
 KNOXVILLE, TN 37923-4722
 (865) 691-3155
 Mfg:Per 45802-0151-53
 FLUOCINONIDE 0.1% CREAM

APPLY 2-4 GRAMS TOPICALLY TO
 AFFECTED AREA(S) 3-4 TIMES DAILY IN
 CONJUNCTION WITH COMPOUNDED
 CREAM



JH

 0003455

 0104211-00-98

 05/29/2019

 TH PP: CRMK

 Written 05/28/2019

 DEA:MC3159933

 Price Sub 712.41 *Default AWP

 Price Paid 483.26 20%

 Remitted 423.26

 Copay 60.00

 Acq Cost 585.35 (585.35)

 GP (102.09)

 Qty 30 QRem 2,940

 DAW 0 Day Supp 4

 Auth: 191494193179064998

 Origin: Fax

JESSICA CANTWELL, N.P.
 312 PROSPERITY DR, STE 101
 KNOXVILLE, TN 37923-4722
 (865) 691-3155
 Mfg:Inn 71800-0631-15
 LIDOCAINE-TETRACAINE 7%-7% CRM

APPLY 2-3 GRAMS TO AFFECTED AREA
 AND COVER WITH DRESSING FOR AT
 LEAST 2-4 HOURS THEN WIPE OFF. MAY



JH

 C0000615

 C0104213-00-05

 05/29/2019

 TH PP: CRMK

 Written 05/28/2019

 DEA:MC3159933

 Price Sub 1,162.75 *Default AWP

 Price Paid 0.00 20%

 Remitted 0.00

 Copay See Receipt

 Acq Cost 11.98 (990.64)

 GP (11.98)

 Qty 0 QRem 720

 DAW 0 Day Supp 10

 Auth.

 Origin: Fax

 Rpt: TH BOH:180 th

JESSICA CANTWELL, N.P.
 312 PROSPERITY DR, STE 101
 KNOXVILLE, TN 37923-4722
 (865) 691-3155
COMPOUND
 DIC3/BAC2/CYC2/KETO4/GAB5%

APPLY 2 TO 4 PUMPS (1GM/PUMP) TO
 PAINFUL AREA 3-4 TIMES DAILY (MAX
 12G/DAY)

63. The following additional formulary sheet was seized from ROCKY HILL PHARMACY, and a corresponding copy was not present in the records from J.C.:

Phone: 865-337-5887
7660 S. Northshore Drive
Knoxville, TN 37919

Pain/Inflammation



Fax: 865-337-5889

SENT Y N

****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION
-OR- ATTACH PATIENT DEMOGRAPHIC SHEET****

Patient Info: Name **JH** DOB **1/1** SSN: _____
Address: _____ Phone: _____
Allergies: _____ Pharmacy: _____

1 <input type="radio"/> Diclofenac _____ 3%	2 <input type="radio"/> Diclofenac _____ 1%
Prilocaine _____ 3%	Carbamazepine _____ 3%
Nifedipine _____ 2%	Amitriptyline _____ 4%
_____ %	_____ %
Qty <u>60g</u>	Qty <u>360g</u>
WITH Lidocaine 35.44g 2-4g 3-4 x QD	WITH Hydrocortisone Buty 0.1% 120g 2-4g 3-4xQD
	OR WITH Lidocaine 5% 150g 2-4g 3-4x QD
<input type="radio"/> Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)	

3 <input checked="" type="radio"/> Ketoprofen _____ 2%	4 <input type="radio"/> Baclofen _____ 1%	5 <input type="radio"/> _____ %
Lidocaine _____ 2%	Cyclobenzaprine _____ 1%	_____ %
Cyclobenzaprine _____ 1%	Lidocaine _____ 2%	_____ %
_____ %	_____ %	_____ %
*QTY <u>120g</u>		
<input type="radio"/> Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day) (CASH)		

Add on/substitution

1) Lidocaine 5% _____ g	2) Calcipotriene 0.005% _____ g
3) Taclonex <u>100</u> g	4) Fluocinonide 0.1% cream <u>120</u> g
5) Bensal HP _____ g	6) Diclofenac 3% _____
7) Hydrocortisone Buty 0.1% _____ g	

Apply 2-4 grams 3-4 times daily used in conjunction with compounded ingredients in cream.

8) Scarcin 3x0 Apply BID Arm/leg/neck/hands

9) Chlorzoxazone 250mg #120 Take 1 tablet up to QID

Physician name _____ NPI: _____
Phone: _____ Fax: _____
 The pharmacy may substitute based on insurance coverage or limitations. INITIAL _____

Physician's Signature: Jessica Cartwell Date: 3/5/19 Refills: 3
I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.



64. J.C. was interviewed again on 08/21/2024 and reviewed the prescriptions seized from ROCKY HILL PHARMACY that were issued in J.C.'s name. According to J.C., she did not authorize the above March 5, 2019 prescription, and even if she had authorized a compound pain prescription for **JH**, J.C. would not have added any add-ons or substitutions at the bottom of the formulary, including the Scarcin Roll-on, Fluocinonide, Lidocaine-Tetracaine, or other medications in the two formularies shown above.

65. According to the records from J.C., the only other medication J.C. prescribed to **JH** was Gabapentin on 05/19/2020.

66. Additional examples of prescriptions seized from ROCKY HILL PHARMACY in **JH**'s name that were not present in J.C.'s records are as follows, which are

believed by law enforcement to have been written at ROCKY HILL PHARMACY on a blank prescription pad:

FRONT of Rx

For JH [redacted] Date 1/25/09
DOB [redacted] Sex _____
Address _____

Rx

Chlorzoxazone
250mg
#60
iBID

LABEL Yes No

REFILL UT DICT				
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TIMES				
P.R.N. <input type="checkbox"/>		NON REP. <input type="checkbox"/>		
REFILLED				

Substitution permitted _____
DEA No. _____

Jessica Cantrell
Dispense as written
(2) ITEM #52943

Copy of pharmacy sticker on back of previous prescription for [REDACTED], dated 1/23/2019

0001619
0101983-00-00
01/23/2019
TH PP: CRMK

Written 01/23/2019
DEA:MC3159935
Price Sub 1,531.59 *Default AWP
Price Paid 1,120.10 20%
Remitted 1,106.10
Copay 14.00
Acq Cost 550.00 (1,493.00)
GP 570.10
Qty 80 QRem 0
DAW 0 Day Supp 30
Auth: 190234635218058999

Origin: Phone-In
Rph: TH BOH:(60) th

CH [REDACTED]

DOB: [REDACTED]
JESSICA CANTWELL N.P.
312 PROSPERITY DR, STE 101
KNOXVILLE, TN 37923-4722
(885) 691-3155
Mfg/Sol 69499-0330-60
CHLORZOXAZONE 250 MG TABLET

TAKE ONE TABLET TWICE DAILY

Copy of prescription for [REDACTED], dated 1/9/2019

For **CH** [REDACTED] Date 1/9/19
DOB _____ Sex _____
Address 6/24/81

Rx

Fenoprofen
ER
200mg
1-2 up to TID
prn
#180

LABEL Yes No

REFILL UT DICT				
1	2	3	4	5
<input type="checkbox"/>				
TIMES				
P.R.N.		MON REP.		
<input type="checkbox"/>				
REFILLED				

prn Substitution permitted Dispense as written Jess Cantrell
DEA No. _____ ITEM #52943

	0001425 0101747-00-98 01/09/2019 TH PP: CRMK
CH	Written 01/09/2019
DOB: [REDACTED]	DEA: MC3159933
JESSICA CANTWELL, N.P.	Price Sub 4,790.13 *Default AWP
312 PROSPERITY DR, STE 101	Price Paid 3,245.45 20%
KNOXVILLE, TN 37923-4722	Remitted 3,188.45
(865) 691-3165	Copay 60.00 \$
Mfg-Site 69336-0124-10	Acq Cost 3,633.45 (3,633.45)
FENOPROFEN 200 MG CAPSULE	GP (888.00)
	Qty 180 QRem 17,840
	DAW 0 Day Supp 30
TAKE 1-2 CAPSULES UP TO THREE TIMES DAILY AS NEEDED	Auth: 19009305902215999
	Origin: Phone-In
	Rpt: TH BOH.0 th

67. According to records from J.C., TIFFANY HANEY had an appointment with J.C. on 04/17/2018 complaining of hip pain, which was the only appointment J.C. had in her records for TIFFANY HANEY. The records indicated that TIFFANY HANEY was taking three medications at that time, none of which were on the aforementioned list.

68. The other records in TIFFANY HANEY's chart regarding her treatment were the fax dated 05/16/2019 previously discussed where TIFFANY HANEY is requesting a new formulary prescription refill and a letter dated 05/30/2019 addressed to J.C. from CVS Caremark explaining why TIFFANY HANEY's prescription for Scarcin roll-on topical liquid dated 01/07/2019 was rejected. I know based on my training and experience that prescribers typically do not issue prescription without having recently examined a patient (typically within the last twelve-months). According to records from J.C., TIFFANY HANEY did not have an

appointment on or around 01/07/2019. Further, according to claims data from Pioneer, another prescription for Scarcin roll-on topical liquid was purportedly written for TIFFANY HANEY on the exact same date by a different provider at a different clinic. A copy of the prescription in J.C.'s name, written on ROCKY HILL PHARMACY's internal prescription pad is as follows:

For Tiffany Haney Date 1/7/19
DOB [REDACTED] Sex _____
Address _____

Rx

Scarcin
Apply to scar
QD as directed

360ml
(one roll on = 7 days)

LABEL Yes No
REFILL UT DICT
1 2 3 4 5 TIMES
P.R.N. NON-REP.
REFILLED
PM

J. Cantwell
Substitution permitted _____ Dispense as written _____
DEA No. _____ ITEM #52942

69. Additional examples of prescriptions seized from ROCKY HILL PHARMACY purportedly written by J.C. for TIFFANY HANEY on dates that TIFFANY HANEY did not have an appointment with J.C. are as follows:

Copy of pharmacy sticker on back of previous prescription for Tiffany Haney, dated 4/9/2019

	0002641 0103205-00-00 04/09/2019 TH PP: CRMK
TIFFANY HANEY [REDACTED]	Written 01/30/2019
DOB: [REDACTED]	DEA: MC3159933
JESSICA CANTWELL N.P. 312 PROSPERITY DR, STE 101 KNOXVILLE, TN 37923-4722 (885) 691-3155	Price Sub 1,882.33 *Default AWP Price Paid 1,253.07 20% Remitted 1,219.07
Mfg: San 00781-7165-35 CALCIPOTRIENE-BETAMETH DP OINT	Copey 14.00 Acq Cost 710.34 (1,843.62) GP 522.73 Qty 120 GRem 0 DAW 0 Day Supp 8 Auth: 190695325077100999
APPLY 2-4 GRAMS TOPICALLY TO AFFECTED AREA(S) 3-4 TIMES DAILY IN CONJUNCTION WITH COMPOUNDED CREAM	Orig: Phone-In Rpt: TH BOH 0 th

Copy of pharmacy sticker on back of previous prescription for Tiffany Haney, dated 1/30/2019

	0001720 0102120-00-98 01/30/2019 TH PP: CRMK
TIFFANY HANEY [REDACTED] DOB: [REDACTED]	Written 01/30/2019 DEA:MC3158833 Price Sub 1,482.59 *Default AWP Price Paid 0.00 20% Remitted 0.00 Copay See Receipt Acc Cost 523.42 (1,210.50) GP (523.42) Qty 0 QRem 9,600 DAW 0 Day Supp 7 Auth: Origin: Rph. TH BOH:(100) th
JESSICA CANTWELL N.P. 312 PROSPERITY DR, STE 101 KNOXVILLE, TN 37923-4722 (865) 681-3155 Mfg San 00781-7165-95 CALCIPOTRIENE-BETAMETH DP OINT	
APPLY 2-4 GRAMS TOPICALLY TO AFFECTED AREA(S) 3-4 TIMES DAILY IN CONJUNCTION WITH COMPOUNDED CREAM	

70. According to J.C., J.C. did not authorize or write the prescriptions for TIFFANY HANEY.

71. **Provider D.E.** According to claims data from Pioneer, between 01/21/2019 and 08/09/2021, TIFFANY HANEY and **TR** were prescribed medications from the list in paragraph 52, as well as others, by medical provider D.E. which resulted in total reimbursement of approximately \$130,340 to ROCKY HILL PHARMACY which were deposited into ROCKY HILL PHARMACY's operating accounts.

72. According to Pioneer claims data, ROCKY HILL PHARMACY submitted claims for the following medications purportedly prescribed by D.E. to TIFFANY HANEY:

- Adderall 10 mg tablet
- Adderall XR 10 mg capsule, extended release
- capsaicin 0.025 % topical cream
- carbinoxamine 6 mg tablet
- Carbinoxamine Maleate 6 Mg Tab

chlorzoxazone 250 mg tablet
Dextroamp-Amphet Er 10 Mg Cap
Dextroamp-Amphetamin 10 Mg Tab
Fluticasone Prop 50 Mcg Spray
fluticasone propionate 50 mcg/actuation nasal spray,suspension
Folika-T Tablet
omeprazole 40 mg capsule,delayed release
Ortho DF 94.38 mcg (3,775 unit)-1 mg capsule
Ozempic 0.25 mg or 0.5 mg (2 mg/1.5 mL) subcutaneous pen injector
Prodigen Capsule
Xvite 1 mg-100 mg-300 mcg tablet
Xvite Tablet

73. According to Pioneer claims data, ROCKY HILL PHARMACY submitted claims for the following medications purportedly prescribed to TR:

Adderall XR 10 mg capsule,extended release
Adderall XR 15 mg capsule,extended release
chlorzoxazone 250 mg tablet
cyclobenzaprine 10 mg tablet
Dextroamp-Amphet Er 10 Mg Cap
Dextroamp-Amphet Er 15 Mg Cap
dexroamphetamine-amphetamine ER 15 mg 24hr capsule,extend release
Flucelvax Quad 2019-2020 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe
ketoprofen 25 mg capsule
Medrol (Pak) 4 mg tablets in a dose pack
Medrol 4 Mg Dosepak
mirtazapine 15 mg tablet
sertraline 100 mg tablet
sertraline 50 mg tablet
trazodone 100 mg tablet
trazodone 50 mg tablet

74. FBI interviewed D.E. on 07/02/2024. According to D.E., D.E. had heard of many of the highly reimbursed prescriptions from the list but either did not think he prescribed them or would have only prescribed them if TIFFANY HANEY had specifically asked for them by

name. D.E. assumed TIFFANY HANEY knew what she was talking about since she was a pharmacist.

75. For example, D.E. remembered that TIFFANY HANEY requested a prescription for Carbinoxamine for her allergies around January 2019. According to D.E., this was not a medication D.E. typically prescribed because it was older (according to the FDA, it was approved for use on April 25, 2003).³ D.E. doubted he had ever prescribed this medication to another patient during his 40-year career. According to claims from Pioneer, Carbinoxamine reimbursed over \$5,300 per prescription.

76. D.E. reviewed a note from TIFFANY HANEY's chart that the office changed TIFFANY HANEY's muscle relaxant from Cyclobenzaprine to Chlorzoxazone. According to D.E., TIFFANY HANEY would have requested this change, as D.E. had never prescribed Chlorzoxazone during his entire career. According to Pioneer, Chlorzoxazone reimbursed at \$895.85 per prescription.

77. According to claims data from Pioneer, TR received prescriptions for Chlorzoxazone and Cyclobenzaprine on the same date, 01/02/2020. According to D.E., the two were close to the same medication and there was no way D.E. would have prescribed them both at the same time.

78. **Provider M.M.** According to claims data from Pioneer, between 08/24/2018 and 01/18/2023, TIFFANY HANEY, JH, TR, JP, ANNE WARREN, and VW, were prescribed medications from the list in paragraph 52, as well as others, by medical provider M.M. which resulted in a

³ https://www.accessdata.fda.gov/drugsatfda_docs/nda/2003/040458_CarbinoxamineTOC.cfm

total reimbursement of approximately \$138,867.34 to ROCKY HILL PHARMACY which was deposited into ROCKY HILL PHARMACY's operating accounts. The final prescription refill was submitted to insurance for payment on or around 07/07/2024, approximately three months after law enforcement executed the search warrant at ROCKY HILL PHARMACY.

79. M.M. was interviewed by FBI on 06/27/2024. According to M.M., M.M. did not know TIFFANY HANEY or JH but knew who they were, as M.M. had seen them at a restaurant once. M.M. did not know TR or JP PORTERFIELD. M.M. knew ANNE WARREN and VW because they were neighbors and their kids played together sometimes.

80. According to M.M., M.M. had called in a prescription for an electrolyte tablet once or twice to ROCKY HILL PHARMACY but that was it.

81. M.M. did not recognize or know what most of the prescription medications were that were filled under her name for these individuals.

82. M.M. had never seen any of the individuals in paragraph 78 as patients, not even ANNE WARREN and VW.

83. According to the clinic where M.M. worked during the time of some of the prescriptions, there were no records responsive to the request because none existed.

84. The following text message exchange occurred on 05/18/2020 between ANNE WARREN and TC regarding the use of M.M.'s name for prescriptions. Despite this, M.M.'s name continued to be used by ROCKY HILL PHARMACY to fill prescriptions:

Text	From	To
Okay, there was a script in system, we cancelled. Just don't want to get my neighbor in trouble. 🙏	Anne <[REDACTED]>	[REDACTED]
I did not	[REDACTED]	Anne <[REDACTED]>
You wrote Anniston a script for diflorasone under her name.	Anne <[REDACTED]>	[REDACTED]
Who is that?	[REDACTED]	Anne <[REDACTED]>
Please do not write any scripts under Michelle McKnight. She hasn't given any authorization for blanket script writing.	Anne <[REDACTED]>	[REDACTED]

85. **Provider K.T.** According to claims data from Pioneer, between 01/11/2019 and 12/29/2023, JH was prescribed medications from the list in paragraph 52, as well as others, by medical provider K.T. which resulted in a total reimbursement of approximately \$119,236 to ROCKY HILL PHARMACY which was deposited into ROCKY HILL PHARMACY's operating accounts.

86. According to claims data from Pioneer, ROCKY HILL PHARMACY submitted claims for the following medications purportedly prescribed by K.T. to JH:

- Carbinoxamine Maleate 6 Mg Tab
- finasteride 1 mg tablet
- Folika-T Tablet
- Mebolic 1 mg-5 mg-50 mg tablet
- Prodigen Capsule
- Scarcin Roll-On
- Xvite Tablet
- zolpidem 10 mg tablet
- Zolpidem Tart Er 12.5 Mg Tab

87. K.T. was interviewed by FBI and HHS-OIG on 06/27/2024. According to K.T., JH did not have any appointments between 12/13/2018 and 09/11/2019. During this time, according to claims data from Pioneer, K.T. purportedly prescribed Carbinoxamine Maleate, Scarcin roll-on, Mebolic Tablet, Prodigen, Folika-T, and Xvite. Prescriptions seized from ROCKY HILL PHARMACY indicate the above prescriptions were sent electronically by K.T.'s office to ROCKY HILL PHARMACY, with the exception of the Mebolic Tablet, but according to K.T., K.T. did not know what these medications were. No prescription for Mebolic Tablets was located within the seized records or records provided by K.T.'s clinic. Pioneer claims data and prescriptions seized from ROCKY HILL PHARMACY indicate K.T. prescribed JH Scarcin roll-on on 03/6/2019, however, these same records indicate a separate provider, J.C., also prescribed JH with Scarcin roll-on the day prior, (03/5/2019). Pioneer claims data indicates both prescriptions were submitted and reimbursed.

88. Despite the fact that Carbinoxamine is considered older by physicians like D.E. referenced above, TIFFANY HANEY, in an apparent attempt to mislead K.T., referred to it as "new."

[INTENTIONALLY LEFT BLANK]

89. According to records from K.T., Tiffany Haney sent the following fax to K.T.'s clinic on 01/08/2019:

1/9/2019

Upxox

Jan 08, 2019 12:57 PM To: 18655396988 Page 1/1 From: Rocky Hill Pharmacy, LLC Fax: 8653375889

7660 S. Northshore Drive
Knoxville, TN 37919
865-337-5887
865-337-5889
Rockyhillpharmacy.com

TJH



Fax

To:	From: Rocky Hill Pharmacy
Fax:	Pages:
Phone:	Date:
Re:	cc:
<input type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle	

I'm requesting a prescription for my husband, JH [REDACTED] for a new antihistamine called Carbinoxamine maleate 6mg. Can be taken up to 4 times daily as needed (quantity #120). Hoping this could help constant seasonal allergies he experiences in Knoxville! 😊

If he can have, please fax to 865-337-5889 or call 865-337-5887. Can also be e scribed as well!

Thanks so much!

Have a wonderful day!

Tiffany Haney

Pharm.D./Owner

tiffany@rockyhillpharmacy.com

rockyhillpharmacy.com

865-337-5887

90. Similarly, TIFFANY HANEY also sent a fax to K.T.'s clinic on 04/01/2019 requesting Prodigen be prescribed to JH [REDACTED].

91. According to records from K.T., K.T. received the following letter from CVS Caremark regarding JH [REDACTED]'s prescriptions for Carbinoxamine, Prodigen and Xvite:

February 18, 2020

KATIE TIPTON MD
STE 101
280 FORT SANDERS WEST BLVD
KNOXVILLE, TN 37922

Starting April 1, 2020
prescription coverage for
your patients is changing.

Dear Dr. Tipton:

CVS Caremark® wants to help your patients stay adherent to their medication therapy. We are writing to let you know that, as of April 1, 2020, the medications listed in the enclosed report will require prior authorization and documentation of medical necessity to be covered on the prescription benefit plan for one or more of your patients. **Your patient(s) will be required to pay the full cost of medications that do not receive prior authorization of medical necessity.**

Other covered* options are listed in the enclosed report for your consideration. Generic medications typically have the lowest copay** on your patients' plans.

Thank you for reviewing and considering this information.

Sincerely,

CVS Caremark

Patient List

From 05/01/2018 through 03/31/2020

Prescription claims submitted to CVS Caremark were analyzed to identify patients who are taking medications that will soon require prior authorization and documentation of medical necessity. Below is a list of patients whose pharmacy claims indicated that you were the prescriber.

Please consider prescribing other covered medications for your patients, when appropriate.

Patient Name	Date of Birth	Current Medication(s)	Covered Medication(s)
JH		CARBINOXAMIN 6MG TAB PRODIGEN 318 CELL CAP XVITE 1-100-300 TAB	levocetirizine Consult with Doctor folic acid

If you continue to prescribe the current drug, your patient will pay **the full cost** of the medication unless appropriate documentation of medical necessity is provided and approved. If your patient has a clinical reason that they cannot use a listed covered medication option, call us at **1-888-234-0924** after April 1, 2020, to request prior authorization for continuation of the current medications.

92. **Provider A.S.** According to claims data from Pioneer, between 04/18/2018 and 03/05/2019, TIFFANY HANEY was purportedly prescribed medications from the aforementioned list, as well as others, by medical provider A.S. which resulted in a total reimbursement of approximately \$50,792 to ROCKY HILL PHARMACY which was deposited into ROCKY HILL PHARMACY's operating accounts.

93. According to claims data from Pioneer, ROCKY HILL PHARMACY submitted claims for the following medications purportedly prescribed by A.S. to TIFFANY HANEY:

- Carbinoxamine Maleate 6 Mg Tab
- fenoprofen 200 mg capsule
- Ketoprofen Er 200 Mg Capsule
- Scarcin Roll-On topical liquid
- Vimovo Dr 500-20 Mg Tablet
- Zuplenz 8 mg oral soluble film

94. According to records from A.S., TIFFANY HANEY had one appointment with A.S. on 04/18/2018 at which time TIFFANEY HANEY was prescribed Vimovo and Naproxen. TIFFANY HANEY's chief complaint at this appointment was hip pain. There were no other recorded appointments at the clinic for TIFFANY HANEY. There was also no call-in history for additional prescriptions.

95. Despite the fact that A.S. apparently only prescribed TIFFANY HANEY Vimovo and Naproxen, claims for the other above listed drugs were billed to insurance, including fifteen Fenoprofen prescriptions submitted for TIFFANY HANEY under A.S.'s name between 01/09/2019 and 12/27/2019, which were each submitted for \$4,730.13 and paid \$3,245.45 which were deposited into ROCKY HILL PHARMACY's operating accounts.

96. **Provider A.D.** According to claims data from Pioneer, between 06/24/2021 and 05/03/2023, **TC** former pharmacist at ROCKY HILL PHARMACY, was purportedly prescribed medications from the list, as well as others, by medical provider A.D. which resulted in a total reimbursement of approximately \$30,460 to ROCKY HILL PHARMACY which was deposited into ROCKY HILL PHARMACY's operating accounts.

97. According to claims data from Pioneer, ROCKY HILL PHARMACY submitted claims for the following medications purportedly prescribed by A.D. to **TC**:

Dispensed Item Name
Diflorasone 0.05% Ointment
Ketoprofen Er 200 Mg Capsule
Doxycycline Hyclate 100 Mg Tab
Ivermectin 18mg caps
Methylprednisolone 4 Mg Dosepk
Azithromycin 250 Mg Tablet
Xyzmune Capsule
Ciprofloxacin Hcl 500 Mg Tab

Dispensed Item Name
Trelegy Ellipta 100-62.5-25
Clobetasol 0.05% Shampoo
Ketoconazole 2% Cream
Suprep Bowel Prep Kit
Linzess 72 Mcg Capsule
Progesterone 200 Mg Capsule
Xofluza 40 Mg Tablet
Diclegis Dr 10-10 Mg Tablet
Dymista Nasal Spray
Ofloxacin 400 Mg Tablet
Symbicort 160-4.5 Mcg Inhaler
Freestyle Prec Neo Test Strips
Oxycodone-Acetaminophen 5-325 Mg Tablet
Ibuprofen 800 Mg Tablet
Norethindrone 0.35 Mg Tablet
Larin 24 Fe 1 Mg-20 Mcg Tablet

98. FBI interviewed A.D. on 08/29/2024. According to A.D., A.D. had met TC [REDACTED] approximately 15 years ago when the two worked at Walgreens Pharmacy. A.D. was surprised to hear about the prescriptions written for TC [REDACTED] in A.D.'s name. A.D. recalled TC [REDACTED] had called A.D. and asked for prescriptions for Ketoprofen and Diflorasone so A.D. called them in to ROCKY HILL PHARMACY for TC [REDACTED]. The two medications were not ones that A.D. typically prescribed. The prescription was dated 06/24/2021. A.D. did not recall ever writing the remainder of the prescriptions investigators showed A.D. Regarding a prescription for Azithromycin for TC [REDACTED]'s daughter, A.D. would not have prescribed this high of dose for a child that young.

99. According to A.D., A.D. primarily wrote e-scripts and these were all hand written. Further, A.D.'s name was spelled wrong on some of the prescriptions.

100. A sample comparison of prescriptions written for TIFFANY HANEY and JH [redacted] for the highly reimbursed medications revealed the following:

PatientFullNameLastThenFirst2	PrescribedItemName	Rx Date Written
Haney Tiffany	Carbinoxamine Maleate 6 Mg Tab	1/9/2019
[redacted]	Carbinoxamine Maleate 6 Mg Tab	1/11/2019
[redacted]	chlorzoxazone 250 mg tablet	1/11/2019
Haney Tiffany	Ortho DF 94.38 mcg (3,775 unit)-1 mg capsule	1/16/2019
[redacted]	Ortho DF 94.38 mcg (3,775 unit)-1 mg capsule	1/16/2019
Haney Tiffany	Calcipotriene-Betameth Dp Oint	1/18/2019
Haney Tiffany	chlorzoxazone 250 mg tablet	1/21/2019
[redacted]	chlorzoxazone 250 mg tablet	1/21/2019
Haney Tiffany	Ortho DF 94.38 mcg (3,775 unit)-1 mg capsule	1/22/2019
Haney Tiffany	carbinoxamine 6 mg tablet	1/22/2019
Haney Tiffany	chlorzoxazone 250 mg tablet	1/22/2019
[redacted]	chlorzoxazone 250 mg tablet	1/23/2019
Haney Tiffany	Ozempic 0.25 mg or 0.5 mg (2 mg/1.5 mL) subcutan	1/25/2019
[redacted]	Ortho DF 94.38 mcg (3,775 unit)-1 mg capsule	2/12/2019
[redacted]	chlorzoxazone 250 mg tablet	2/19/2019
[redacted]	Scarcin Roll-On topical liquid	3/5/2019
Haney Tiffany	Scarcin Roll-On topical liquid	3/5/2019
[redacted]	Scarcin Roll-On	3/6/2019
[redacted]	keto2/lid2/cyc1%	3/6/2019
Haney Tiffany	Scarcin Roll-On	4/1/2019
Haney Tiffany	Prodigen 31 billion cell capsule	4/1/2019
Haney Tiffany	Prodigen Capsule	4/2/2019
[redacted]	Prodigen Capsule	4/3/2019
Haney Tiffany	capsaicin 0.025 % topical cream	4/3/2019
[redacted]	Carbinoxamine Maleate 6 Mg Tab	4/9/2019
Haney Tiffany	lidocaine-tetracaine 7 %-7 % topical cream	4/15/2019
Haney Tiffany	lidocaine 3 %-hydrocortisone 0.5 % rectal kit	4/16/2019
Haney Tiffany	ScarcinPad 1.57 " X 5.12" topical pads	4/16/2019
[redacted]	Folika-T Tablet	5/1/2019
[redacted]	Folika-T Tablet	5/2/2019
Haney Tiffany	Folika-T Tablet	5/2/2019

- a. TIFFANY HANEY and JH [redacted] received Carbinoxamine Maleate prescriptions 2 days apart from two different prescribers.
- b. TIFFANY HANEY and JH [redacted] received Ortho DF prescriptions on the same date from the same prescriber, M.M., who denied ever treating TIFFANY HANEY or JORDAN HANEY.
- c. TIFFANY HANEY and JH [redacted] received Chlorzoxazone prescriptions on the same date from M.M., and also one and two days later from other prescribers.

- d. TIFFANY HANEY and JH [REDACTED] received Scarcin Roll-On topical liquid prescription on the same date by different prescribers. Only JORDAN HANEY's prescription was paid by health insurance.
- e. TIFFANY HANEY and JH [REDACTED] received Prodigen prescriptions one day apart.
- f. TIFFANY HANEY and JH [REDACTED] received Folika-T Tablet prescriptions on the same date.

Prescription Formularies

101. Beginning in or around August 2018 and continuing until at least through July 2024, TIFFANY HANEY and ANNE WARREN distributed or caused to be distributed a prescription formulary (formulary) that listed compounded pain creams in addition to single-NDC pain creams, including lidocaine, diclofenac, fluocinonide and doxepin, among others, to medical clinics in east Tennessee, primarily in the Knoxville area. The following is an example:

[INTENTIONALLY LEFT BLANK]

Copy of prescription for **AK**, dated 4/23/2019

7660 S. Northshore Drive
Knoxville, TN 37919
Phone: 865-337-5887

Pain/Inflammation

Fax: 865-337-5889

SENT Y N



****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION
-OR- ATTACH PATIENT DEMOGRAPHIC SHEET****

Patient Info: Name: **AK** DOB: _____ SSN: _____
 Address: _____ Phone: _____
 Allergies: _____ Pharmacy: _____

1 <input checked="" type="radio"/> Diclofenac _____ 3%	2 <input type="radio"/> Diclofenac _____ 1%
Baclofen _____ 2%	Carbamazepine _____ 3%
Cyclobenzaprine _____ 2%	Amitriptyline _____ 4%
Ketoprofen _____ 4%	_____ %
_____ %	_____ %
Qty 120g	Qty 360g
WITH Lidocaine/HC 3/0.5% #3boxes	WITH Hydrocortisone Buty 0.1% 120g 2-4g 3-4xQD
Use 1-2 packets 3-4 X Qd prn w cream (must last 30 days)	OR WITH Lidocaine 5% 150g
<input type="radio"/> Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)	

3 <input type="radio"/> Ketoprofen _____ 2%	4 <input type="radio"/> Baclofen _____ 1%	5 <input type="radio"/> _____ %
Lidocaine _____ 2%	Cyclobenzaprine _____ 1%	_____ %
Cyclobenzaprine _____ 1%	Lidocaine _____ 2%	_____ %
_____ %	_____ %	_____ %
*QTY _____		
<input type="radio"/> Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day) (CASH)		

Add on/substitution

1) Lidocaine 5% _____ g	2) Calcipotriene 0.005% _____ g
3) Taclonex _____ g	4) Fluocinonide 0.1% cream _____ g
5) Bensal HP _____ g	6) Diclofenac 1% or 3% _____ g
7) Hydrocortisone Buty 0.1% _____ g	8) Doxepin 5% _____ g
9) Scarcin _____ Apply BID	
10) Lidocaine/HC 3/0.5% _____ Boxes	

Apply 2-4 grams 3-4 times daily used in conjunction with compounded ingredients in cream.

Physician name _____ NPI: _____
 Phone: _____ Fax: _____
 The pharmacy may substitute based on insurance coverage or limitations. INITIAL _____

Physician's Signature: Amel Brock Date: 4/23/19 Refills: 3
 I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

*Pharm
Felecia* / 10

102. The medications on the formularies minimally changed over time based on insurance coverage, but the basic structure of the document remained the same throughout the time period which included compound options and add-ons/substitutions.

103. During execution of the search and seizure warrant on 04/16/2024, FBI seized all formularies that could be located at ROCKY HILL PHARMACY.

104. A review of the formularies revealed original pen marks on faxed formularies indicating the potential that additions were being made to the prescriptions at the pharmacy after they were faxed from the medical clinics; formularies and refill requests that were signed in the name of the medical providers but had no fax markings, indicating the potential that some formularies were created at the pharmacy and the provider's names were forged; and prescriptions written on a prescription pad that was located at the pharmacy indicating that some prescriptions in addition to the formularies were written and signed at the pharmacy using the provider's name (briefly discussed in paragraph 66).

105. To date, TBI, HHS-OIG and FBI have interviewed approximately 60 medical providers who prescribed medications from the formulary to patients. According to witness statements, medical reps from ROCKY HILL PHARMACY provided the formularies to the clinics. The reps would meet with the providers periodically by bringing them lunch. According to multiple providers, the medical reps would answer questions about the formularies when asked but would not necessarily explain them in-depth. Many providers did not know what most medications were on the formularies and had to search them online.

106. For each interview, investigators printed the formularies in the medical provider's name and organized them in binders so the providers could flip through the prescriptions. The interviews revealed three main issues with the formularies- the medical providers

overwhelmingly chose Option 1 for their patients, but another Option was filled instead; the providers did not add the steroid options to the compound they prescribed; and prescriptions were present that the providers did not write, meaning their names were forged, or that they did not authorize. The following are examples evidencing each issue:

Formulary Options

107. Each formulary had multiple compound options for the providers to choose.

108. Review of the seized formularies and provider interviews revealed a pattern of providers choosing Option 1, but then the prescription was switched to the option that contained Ketoprofen, Amitriptyline, and Diclofenac, often designated as Option 2 or Option 3 on the formularies. The switch typically happened for patients who were covered by Secure Horizons because Secure Horizons paid a high reimbursement for the medications. The following is a dataset taken from Pioneer claims of the amounts submitted by ROCKY HILL PHARMACY for Option 2/Option 3 and what was paid between 08/27/2019 and 07/11/2024 and deposited into ROCKY HILL PHARMACY’s operating accounts (based on the prescription fill date):

Keto10-amit2-diclo1 by health benefit plan				
Health Benefit Plan	Count Of Dispensed Item	Sum Of Total Price Submitted	Sum Of Total Price Paid	Sum Of Patient Paid Amount
Secure Horizons	3587	\$11,723,529.26	\$5,093,028	\$3,204
Rocky Hill Loyalty	29	\$451.20	\$211	\$211
Medco Medicare	5	\$13,258.14	\$0.00	\$0.00
Careplus D Humana	4	\$13,565.00	\$0.00	\$0.00
Prescription Sol Pdp 8888	3	\$9,981.69	\$4,431	\$0.00
Anthem Mediblu Rx	3	\$9,892.70	\$0.00	\$0.00

Keto10-amit2-diclo1 by health benefit plan				
Health Benefit Plan	Count Of Dispensed Item	Sum Of Total Price Submitted	Sum Of Total Price Paid	Sum Of Patient Paid Amount
TennCare / Tn Medicaid	1	\$3,391.25	\$0.00	\$0.00
Rx Options	1	\$3,391.25	\$0.00	\$0.00
Advance Rx Mgmt	1	\$3,391.25	\$0.00	\$0.00

109. Provider M.N. was interviewed by FBI on 08/29/2024. According to M.N., M.N. rarely chose Option 2 since the medications under Option 2 were for neurological pain. M.N. typically chose Option 1. M.N. did not typically mark multiple options at the top. If M.N. did choose Option 2 for nerve pain, M.N. would have also added Gabapentin to the compound. The following are two examples reviewed by M.N. where she marked Option 1 and the prescription was changed to another option for Keto/Amit/Diclo prior to being filled by ROCKY HILL PHARMACY:

[INTENTIONALLY LEFT BLANK]

1. Copy of marked prescription from provider

PAIN / INFLAMMATION

Rocky Hill
Pharmacy

7660 S. NorthShore Drive Knoxville, TN 37919 Phone: 865-337-5887 FAX: 865-337-5889

PATIENT NAME: **ES** DOB: _____ SSN: _____
ADDRESS: _____ PHONE: _____
ALLERGIES: _____ PHARMACY: _____

****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION OR ATTACH PATIENT DEMOGRAPHIC SHEET****

The checked box signifies the originally prescribed and preferred medication(s) for my patient. If for any reason my patient cannot receive the originally prescribed compounded therapy, I order that the pharmacy shall separate out any individual RX prescribed if insurance coverage or limitations dictate it.

TOPICAL COMPOUNDS

<input checked="" type="checkbox"/> Diclofenac 1%	<input type="checkbox"/> Diflorasone 0.05%
<input type="checkbox"/> Ketoprofen 4%	<input type="checkbox"/> Halobetasol 0.05%
<input type="checkbox"/> Cyclobenzaprine 2%	<input type="checkbox"/> Fluocinonide 0.1%
<input type="checkbox"/> Lidocaine 5%	<input type="checkbox"/> _____ %

*Only one steroid will be used Qty: 120 g

<input type="checkbox"/> Baclofen 1%	<input type="checkbox"/> Diflorasone 0.05%
<input type="checkbox"/> Cyclobenzaprine 1%	<input type="checkbox"/> Halobetasol 0.05%
<input type="checkbox"/> Lidocaine 2%	<input type="checkbox"/> Fluocinonide 0.1%

*Only one steroid will be used Qty: _____ g

<input checked="" type="checkbox"/> Ketoprofen 10%	With Lidocaine 5% 150g
<input type="checkbox"/> Amitriptyline 2%	Apply 2-3g top 3-4 x QD w/ compound (30 DS)
<input type="checkbox"/> Diclofenac 1%	

Qty: 360 g

SIG: Apply 2-4 pumps (1g/pump) to painful areas 3-4 times daily (max 12g/day)

The pharmacy may separate out to the following based on insurance coverage or limitations. Initial: MN

Diclofenac 1% 800g; Lidocaine 5% 150g; Diflorasone 0.05% 120g; Halobetasol 0.05% 50g; Fluocinonide 0.1% 120g

SIG: Apply 1-2grams topically 1-3 times daily used in conjunction with compounded cream. (30 DS)

ADD ON OPTIONS:

1. Calcipotriene 0.005% _____g	4. Betamethasone _____ % _____g
2. Tacrolimus _____g	5. Hydrocortisone Buty 0.1% _____g
3. Doxepin 5% _____g	

SIG: Apply 2-4 grams top 3-4 times daily used in conjunction with compounded cream. (30 DS)
 Apply 1-2 grams top 1-3 times daily used in conjunction with compounded cream. (30 DS)

PAIN / INFLAMMATION

Ibuprofen/Famotidine 800-26.6mg Tablet QTY #90 1 TID OR Ketoprofen 25mg Capsule QTY #90 1 TID

MUSCLE RELAXANTS

Chlorzoxazone 375mg Tablet QTY #60 1 TID OR Chlorzoxazone 250mg Tablet QTY #90 1 TID
 Norgasik forte #90 1 TID PRN

ULCER PREVENTION

Omeprazole/Elicarb 40-1,100 Capsule QTY #30 1 QD OR Omeprazole/Elicarb 20-1,100 Capsule QTY #30 1 QD

SUPPLEMENTS

Azascio Tablet QTY #60 1 BID OR Xvite Tablet QTY #60 1 BID OR Ortho DF Tablet QTY #30 1 QD
 Zelac Probiotic Capsule QTY #30 1 QD

PHYSICIAN'S NAME: Megan Nelson NPI: 1851702906
PHONE: 865-218-2100 FAX: 865-218-2101
PHYSICIAN'S SIGNATURE: Megan Nelson PA-C DATE: 4.25.23 REFILL: 12

I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

DATES:0000003628_1B017

1B017-131000 4-24-23 TO 131099 4-27-23-C

110. Provider J.D. was interviewed by FBI on 09/23/2024. According to J.D., J.D. would not check multiple compound options in general and typically chose Option 1. Sometimes, J.D. would choose Option 2 if the patient had nerve pain. The following three formularies are examples where J.D. chose Option 1 and then it was changed to Option 2 before it was filled by ROCKY HILL PHARMACY:

[INTENTIONALLY LEFT BLANK]

Copy of prescription for Terry Fink, dated 4/27/2020

7660 S. Northshore Drive
Knoxville, TN 37919
Phone: 865-337-5887

Pain/Inflammation

Fax: 865-337-5889



SENT Y N

**PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION
-OR- ATTACH PATIENT DEMOGRAPHIC SHEET**

Patient Info: Name **TF** DOB: _____ SSN: _____
Address: _____ Phone: _____
Allergies: _____ Pharmacy: _____

<input type="radio"/> 1 Diclofenac _____ 3%	<input type="radio"/> 2 Ketoprofen _____ 10%
Baclofen _____ 2%	Amitriptyline _____ 2%
Cyclobenzaprine _____ 2%	Diclofenac _____ 2%
Ketoprofen _____ 4%	_____ %
_____ %	_____ %
Qty 120g	Qty 360g
WITH Lidocaine/HC _____ % #3boxes	WITH Hydrocortisone Buty 0.1% 120g 2-4g 3-4xQD
Use 1/2-1 tube 3-4 X Qd prn w cream (must last 30 days):	OR WITH Lidocaine 5% 150g
○ Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)	

<input type="radio"/> 3 Ketoprofen _____ 2%	<input type="radio"/> 4 Baclofen _____ 1%	<input type="radio"/> 5 _____ %
Lidocaine _____ 2%	Cyclobenzaprine _____ 1%	_____ %
Cyclobenzaprine _____ 1%	Lidocaine _____ 2%	_____ %
_____ %	_____ %	_____ %
*QTY _____		
○ Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day) (CASH)		

Add on/substitution

1) Lidocaine 5% _____ g	2) Calcipotriene 0.005% _____ gm
3) Taclonex _____ g	4) Fluocinonide _____ % cream _____ gm
5) Lidocaine 7/Tetracaine 7% _____ g	6) Diclofenac 1% or 3% _____ g
7) Hydrocortisone Buty 0.1% _____ g	8) Doxepin 5% _____ g
9) Lidocaine/HC _____ % Boxes	10) Halobetasol 0.05% _____ g
11) Diflorasone 0.05% _____ g	

Apply 2-4 grams 3-4 times daily used in conjunction with compounded ingredients in cream.

Physician name _____ NPI: _____
Phone: _____ Fax: _____
○ The pharmacy may substitute based on insurance coverage or limitations. INITIAL _____

Physician's Signature: _____ Date: 4/27/20 Refills: (2)
I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

3.

Copy of prescription for **BE**, dated 5/29/2020

7660 S. Northshore Drive
Knoxville, TN 37919
Phone: 865-337-5887

Pain/Inflammation
Fax: 865-337-5889
SENT Y N

Rocky Hill Pharmacy

****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION
-OR- ATTACH PATIENT DEMOGRAPHIC SHEET****

Patient Info: Name: **BE** DOB: _____ SSN: _____
Address: _____ Phone: _____
Allergies: _____ Pharmacy: _____

<input type="radio"/> Diclofenac _____ 3%	<input checked="" type="radio"/> Ketoprofen _____ 10%
<input type="radio"/> Baclofen _____ 2%	<input type="radio"/> Amitriptyline _____ 2%
<input type="radio"/> Cyclobenzaprine _____ 2%	<input type="radio"/> Diclofenac _____ 2%
<input type="radio"/> Ketoprofen _____ 4%	_____ %
Qty 120g	Qty 350g

WITH Lidocaine/HC _____ % #3boxes WITH Hydrocortisone Buty 0.1% 120g 2-4g 3-4xQD
Use 1/2-1 tube 3-4 X Qd prn w cream (must last 30 days) OR WITH Lidocaine 5% 150g

Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)

<input type="radio"/> Ketoprofen _____ 2%	<input type="radio"/> Baclofen _____ 1%	<input type="radio"/> _____ %
Lidocaine _____ 2%	Cyclobenzaprine _____ 1%	_____ %
Cyclobenzaprine _____ 1%	Lidocaine _____ 2%	_____ %
_____ %	_____ %	_____ %

*QTY _____
 Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day) (CASH)

Add on/substitution

1) Lidocaine 5% _____ g	2) Calcipotriene 0.005% _____ g
3) Taclonex _____ g	4) Fluocinonide _____ % cream _____ g
5) Lidocaine 7/Tetracaine 7% _____ g	6) Diclofenac 1% or 3% _____ g
7) Hydrocortisone Buty 0.1% _____ g	8) Doxepin 5% _____ g
9) Lidocaine/HC _____ % Boxes	10) Halobetasol 0.05% _____ g
11) Diflorasone 0.05% _____ g	

Apply 2-4 grams 3-4 times daily used in conjunction with compounded ingredients in cream.

Physician name _____ NPI: _____
Phone: _____ Fax: _____
 The pharmacy may substitute based on insurance coverage or limitations. INITIAL _____

Physician's Signature: _____ Date: 5/29/20 Refills: (2)
I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

4.

Copy of marked prescription from provider

7660 S. Northshore Drive
Knoxville, TN 37919
Phone: 865-337-5887

Pain/Inflammation



Rocky Hill
Pharmacy

SENT Y N
Fax: 865-337-5889

****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION
OR ATTACH PATIENT DEMOGRAPHIC SHEET****

Patient Info: Name JD DOB: _____ SSN: _____
 Address: _____ Phone: _____
 Allergies: _____ Pharmacy: _____

1 Diclofenac 3%
 Baclofen 2%
 Cyclobenzaprine 2%
 Ketoprofen 4%
 _____ %
 Qty 120g
 WITH Lidocaine/HC _____ % #3boxes
 Use 1/2-1 tube 3-4 X Qd prn w cream (must last 30 days)

2 Ketoprofen 10%
 Amitriptyline 2%
 Diclofenac 2%
 _____ %
 Qty 360g
 WITH Hydrocortisone Buty 0.1% 120g 2-4g 3-4xQD
 OR WITH Lidocaine 5% 150g

Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)

3 Ketoprofen 2%
 Lidocaine 2%
 Cyclobenzaprine 1%
 _____ %
 *QTY _____

4 Baclofen 1%
 Cyclobenzaprine 1%
 Lidocaine 2%
 _____ %

5 _____ %
 _____ %
 _____ %

Add on/substitution

1) Lidocaine 5% _____ g	2) Calcipotriene 0.005% _____ g
3) Tacrolimus _____ g	4) Fluocinonide _____ % cream _____ g
5) Lidocaine/Tetracaine 7% _____ g	6) Diclofenac 1% or 3% _____ g
7) Hydrocortisone Buty 0.1% _____ g	8) Doxepin 5% _____ g
9) Lidocaine/HC _____ % _____ Boxes	10) Halobetasol 0.05% _____ g
11) Diflorasone 0.05% _____ g	

Apply 2-4 grams 3-4 times daily used in conjunction with compounded ingredients in cream.

Physician name _____ NPI: _____
 Phone: _____ Fax: _____
 The pharmacy may substitute based on insurance coverage or limitations. INITIAL _____

Physician's Signature: _____ Date: 8/4/20 Refills: 2
 I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

5.

111. Provider G.C. was interviewed on 08/20/2024. G.C. reviewed the following formulary and placed a yellow note on it indicating he chose Option 1 and did not prescribe Option 3 for Keto/Amit/Diclo:

[INTENTIONALLY LEFT BLANK]

Copy of marked prescription from provider

Document Seq: 2650966, Document Title: G_Cruze Scanned Rx Records.pdf

02/04/2021 11:17AM 8652884323

BETTER HEALTH

PAGE 01/01

7660 S. Northshore Drive
Knoxville, TN 37919
Phone: 865-337-5887

Pain/Inflammation
Fax: 865-337-5889
SENT Y N



****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION
-OR- ATTACH PATIENT DEMOGRAPHIC SHEET****

Patient Info: Name: CJ DOB: [REDACTED] SSN: [REDACTED]
Address: 1738 Kivett Dr Phone: [REDACTED]
Allergies: Oxycodone [REDACTED]

Not Me

1 Diclofenac _____
Ketoprofen _____
Cyclobenzaprine _____
Lidocaine _____
*Diflorasone _____
*Halobetasol _____
*Fluocinonide _____
Ketamine 5
gabapentin
Qty 120g

3 Ketoprofen _____ 10%
Amitriptyline _____ 2%
Diclofenac _____ 2%
Qty 360g
WITH Lidocaine 5% 150g
Apply 2-3g top 3-4 x QD w/
compound (30 DS)

*Only one steroid will be used

Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)

The pharmacy may separate out to the following based on insurance coverage or limitations. Initial CN
Diclofenac 1% 300g; Lidocaine 5% 150g; Diflorasone 0.05% 120g, Halobetasol 0.05% 50g, Fluocinonide 0.1% 120g
Sig: Apply 1-2grams topically 1-3 times daily used in conjunction with compounded cream. (30 DS)

Add on options

1) Calcipotriene 0.005% _____ g
2) Taclonex _____ g
3) Doxepin 5% _____ g
4) Betamethasone _____ % _____ g
5) Hydrocortisone Buty 0.1% _____ g

Sig

Apply 2-4 grams top 3-4 times daily used in conjunction with compounded cream. (30 DS)
 Apply 1-2grams top 1-3 times daily used in conjunction with compounded cream. (30 DS)

Physician name: George Cruze NPI: 1447790688
Phone: (865) 288-4115 Fax: (865) 288-4323

Physician's Signature: [Signature] Date: 2/4/21 Refills: PRN
I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

112. The following formularies are before and after examples of the same prescription, the first as it was when it was faxed to ROCKY HILL PHARMACY and the second as it was when it was seized from ROCKY HILL PHARMACY during execution of the search and seizure warrant on 04/16/2024:

[INTENTIONALLY LEFT BLANK]

Example 2, BEFORE:

FAXED SEP 25 2019

7660 S. Northshore Drive
Knoxville, TN 37919
Phone: 865-337-5887

Pain/Inflammation

Fax: 865-337-5889

SENT Y N



**PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION
-OR- ATTACH PATIENT DEMOGRAPHIC SHEET**

Patient Info: Name **RD** DOB: _____ SSN: _____
Address: _____ Phone: _____
Allergies: _____ Pharmacy: Walgreens #09429

1 Diclofenac _____ 3% 2 Diclofenac _____ 1%
Baclofen _____ 2% Carbamazepine _____ 3%
Cyclobenzaprine _____ 2% Amitriptyline _____ 4%
Ketoprofen _____ 4% _____ %
Gaba _____ 3% Qty _____ 360g
Qty _____ 120g
WITH Lidocaine/HC _____ % #3 boxes WITH Hydrocortisone Buty 0.1% 120g 2-4g 3-4xQD
Use 1/2-1 tube 3-4 X Qd prn cream (must last 30 days) OR WITH Lidocaine 5% 150g
 Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)

3 Ketoprofen _____ 2% 4 Baclofen _____ 1% 5 _____ %
Lidocaine _____ 2% Cyclobenzaprine _____ 1% _____ %
Cyclobenzaprine _____ 1% Lidocaine _____ 2% _____ %
_____ % _____ %
*QTY _____
 Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day) (CASH)

Add on/substitution

- 1) Lidocaine 5% _____ g
- 2) Calcipotriene 0.005% _____ g
- 3) Taclonex _____ g
- 4) Fluocinonide 0.1% cream _____ g
- 5) Lidocaine 7/Tetracaine 7% _____ g
- 6) Diclofenac 1% or 3% _____ g
- 7) Hydrocortisone Buty 0.1% _____ g
- 8) Doxepin 5% _____ g
- 9) Tacrolimus 0.03% oint _____ g
- 10) Lidocaine/HC _____ % _____ Boxes

Apply 2-4 grams 3-4 times daily used in conjunction with compounded ingredients in cream.

Physician name Jennifer Stacy NPI: 1508902843
Phone: _____ Fax: _____

The pharmacy may substitute based on insurance coverage or limitations. INITIAL JS

Physician's Signature: J. Stacy MD Date: 9.12.19 Refills: 6
I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

Example 2, AFTER:

Sep. 25. 2019 9:35AM ASSOC PAIN

No. 1497 P. 1/5

7660 S. Northshore Drive
Knoxville, TN 37919
Phone: 865-337-5887

Pain/Inflammation

Fax: 865-337-5889

SENT Y N



****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION
-OR- ATTACH PATIENT DEMOGRAPHIC SHEET****

Patient Info: Name **RD** DOB: _____ SSN: _____
 Address: _____ Phone: _____
 Allergies: _____ Pharmacy: Walgreens #09467

<input checked="" type="checkbox"/> Diclofenac _____ 3% Baclofen _____ 2% Cyclobenzaprine _____ 2% Ketoprofen _____ 4% <u>Grade 3</u> % Qty <u>120g</u> WITH Lidocaine/HC _____ % #3boxes Use 1/2-1 tube 3-4 X Qd pm-w cream (must last 30 days) <input type="checkbox"/> Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)	<input checked="" type="checkbox"/> Diclofenac <u>2</u> 1% Carbamazepine <u>3</u> % Amitriptyline <u>2</u> 4% Ketoprofen <u>10</u> % Qty <u>360g</u> WITH Hydrocortisone Buty 0.1% 120g 2-4g 3-4xQD OR WITH Lidocaine 5% 150g <input type="checkbox"/> Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)
---	---

<input checked="" type="checkbox"/> Ketoprofen _____ 2% Lidocaine _____ 2% Cyclobenzaprine _____ 1% _____ %	<input type="checkbox"/> Baclofen _____ 1% Cyclobenzaprine _____ 1% Lidocaine _____ 2% _____ %	<input type="checkbox"/> _____ % _____ % _____ %
--	---	--

*QTY _____
 Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day) (CASH)

Add on/substitution

1) Lidocaine 5% _____ g	2) Calcipotriene 0.005% _____ g
3) Taclonex _____ g	4) Fluoclonide 0.1% cream _____ g
5) Lidocaine 7/Tetracaine 7% _____ g	6) Diclofenac 1% or 3% _____ g
7) Hydrocortisone Buty 0.1% _____ g	8) Doxepin 5% _____ g
9) Tacrolimus 0.03% oint _____ g	10) Lidocaine/HC _____ % _____ Boxes

Apply 2-4 grams 3-4 times daily used in conjunction with compounded ingredients in cream.

Physician name Jennifer Stacy NPI: 15108902843
 Phone: _____ Fax: _____
 The pharmacy may substitute based on insurance coverage or limitations. INITIAL JS

Physician's Signature: J. Stacy MD Date: 9-12-19 Refills: 10
 I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan, if provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

Example 3, AFTER:

Oct. 1. 2019 9:13AM ASSOC PAIN

No. 2045 P. 1/4

7660 S. Northshore Drive
Knoxville, TN 37919
Phone: 865-337-5887

Pain/Inflammation

Fax: 865-337-5889

SENT Y N



****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION
-OR- ATTACH PATIENT DEMOGRAPHIC SHEET****

Patient Info: Name JB DOB: [REDACTED] SSN: _____
 Address: _____ Phone: _____
 Allergies: _____ Pharmacy: UNIVERSITY #05929

<input checked="" type="checkbox"/> Diclofenac _____ 3% Baclofen _____ 2% Cyclobenzaprine _____ 2% Ketoprofen _____ 4% <u>Morpha</u> _____ 3% Qty. <u>120g</u> WITH Lidocaine/HCl _____ % #3boxes Use 1/2-1 tube 3-4 X Qd prn w cream (must last 30 days) <input type="radio"/> Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)	<input checked="" type="checkbox"/> Diclofenac _____ 2 1% Carbamazepine _____ 3% Amitriptyline _____ 2 4% <u>Ketoprofen</u> _____ 10 % Qty. <u>360g</u> WITH Hydrocortisone Buty 0.1% 120g 2-4g 3-4xQD OR WITH Lidocaine 5% 150g <input type="radio"/> Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)
---	---

<input type="checkbox"/> Ketoprofen _____ 2% Lidocaine _____ 2% Cyclobenzaprine _____ 1% _____ % *QTY _____ <input type="radio"/> Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day) (CASH)	<input type="checkbox"/> Baclofen _____ 1% Cyclobenzaprine _____ 1% Lidocaine _____ 2% _____ % _____ %	<input type="checkbox"/> _____ % _____ % _____ %
---	--	--

Add on/substitution

1) Lidocaine 5% _____ g	2) Calcipotriene 0.005% _____ g
3) Tacrolimus _____ g	4) Fluocinonide 0.1% cream _____ g
5) Lidocaine 7/Tetracaine 7% _____ g	6) Diclofenac 1% or 3% _____ g
7) Hydrocortisone Buty 0.1% _____ g	8) Doxepin 5% _____ g
9) Tacrolimus 0.03% oint _____ g	10) Lidocaine/HCl _____ % _____ Boxes

Apply 2-4 grams 3-4 times daily used in conjunction with compounded ingredients in cream.

Physician name CHURNEY TRAVIS NPI: 1331291900
 Phone: _____ Fax: _____
 The pharmacy may substitute based on insurance coverage or limitations. INITIAL CT

Physician's Signature: [Signature] Date: 9-10-19 Refills: 60
 I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

Example 4, BEFORE:

7660 S. Northshore Drive
Knoxville, TN 37919
Phone: 865-337-5887

Pain/Inflammation

Fax: 865-337-5889

SENT Y N



FAXED SEP 25 2019

Patient Info: Name: JG

Address: _____ SSN: _____

Phone: _____

Allergies: _____ Pharmacy: Food Pharmacy #6005

**PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION
-OR- ATTACH PATIENT DEMOGRAPHIC SHEET**

1 <input checked="" type="checkbox"/> Diclofenac _____ 3%	2 <input type="checkbox"/> Diclofenac _____ 1%
Baclofen _____ 2%	Carbamazepine _____ 3%
Cyclobenzaprine _____ 2%	Amitriptyline _____ 4%
Ketoprofen _____ 4%	_____ %
<u>Gabapen.</u> 3%	
Qty 120g	Qty 360g

WITH Lidocaine/HC _____ % #3 boxes WITH Hydrocortisone Buty 0.1% 120g 2-4g 3-4xQD
 Use 1/2-1 tube 3-4xQD prn w cream (must last 30 days) OR WITH Lidocaine 5% 150g
 Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)

3 <input type="checkbox"/> Ketoprofen _____ 2%	4 <input type="checkbox"/> Baclofen _____ 1%	5 <input type="checkbox"/> _____ %
Lidocaine _____ 2%	Cyclobenzaprine _____ 1%	_____ %
Cyclobenzaprine _____ 1%	Lidocaine _____ 2%	_____ %
_____ %	_____ %	

*QTY _____
 Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day) (CASH)

Add on/substitution

1) Lidocaine 5% _____ g	2) Calcipotriene 0.005% _____ g
3) Taclonex _____ g	4) Fluocinonide 0.1% cream _____ g
5) Lidocaine 7/Tetracaine 7% _____ g	6) Diclofenac 1% or 3% _____ g
7) Hydrocortisone Buty 0.1% _____ g	8) Doxepin 5% _____ g
9) Tacrolimus 0.03% oint _____ g	10) Lidocaine/HC _____ % _____ Boxes

Apply 2-4 grams 3-4 times daily used in conjunction with compounded ingredients in cream.

Physician name Courtney Carroll NPI: 1972069722
 Phone: _____ Fax: _____
 The pharmacy may substitute based on insurance coverage or limitations. INITIAL CC

Physician's Signature: Cathy Carroll M.D. Date: 8-14-19 Refills: 0
 I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

Example 4, AFTER:

Sep. 3. 2019 4:58PM

Associated Pain JC

No. 0447 P. 1/5

7660 S. Northshore Drive
Knoxville, TN 37919
Phone: 865-337-5887

Pain/Inflammation

Fax: 865-337-5889

SENT Y N



****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION ON ATTACHED DEMOGRAPHIC SHEET****

Patient Info: Name: JG DOB: [REDACTED] SSN: _____
 Address: _____ Phone: _____
 Allergies: _____ Pharmacy: Local Pharmacy #1005

<input checked="" type="checkbox"/> 1 Diclofenac 3% Baclofen 2% Cyclobenzaprine 2% Ketoprofen 4% <u>Gabapentin 3%</u> Qty: <u>120g</u> WITH Lidocaine/HCl 1% #360boxes Use 1/2-1 tube 3-4 x Qd prn w cream (must last 30 days) Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)	<input checked="" type="checkbox"/> 2 Diclofenac 2 1% Carbamazepine 3% Amitriptyline 2 4% <u>Ketoprofen 10</u> 1% Qty: <u>360g</u> WITH Hydrocortisone Buty 0.1% 120g 2-4g 3-4xQD OR WITH Lidocaine 5% 150g Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)
--	--

<input checked="" type="checkbox"/> 3 Ketoprofen 2% Lidocaine 2% Cyclobenzaprine 1% _____ % *QTY _____ <input type="checkbox"/> Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day) (CASH)	<input type="checkbox"/> 4 Baclofen 1% Cyclobenzaprine 1% Lidocaine 2% _____ % _____ %	<input type="checkbox"/> 5 _____ % _____ % _____ %
---	--	--

Add on/substitution

1) Lidocaine 5% _____ g	2) Calcipotriene 0.005% _____ g
3) Tacrolimus _____ g	4) Fluocinonide 0.1% cream _____ g
5) Lidocaine/Tetracaine 2% _____ g	6) Diclofenac 1% or 3% _____ g
7) Hydrocortisone Buty 0.1% _____ g	8) Doxepin 5% _____ g
9) Tacrolimus 0.03% oint _____ g	10) Lidocaine/HCl _____ % _____ Boxes

Apply 2-4 grams 3-4 times daily used in conjunction with compounded ingredients in cream.

Physician name: Courtney Carroll NPI: 19720609722
 Phone: _____ Fax: _____
 The pharmacy may substitute based on insurance coverage or limitations. INITIAL CC

Physician's Signature: Cathy Carroll Date: 8/14/19 Refills: 10
 I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

Example 5, BEFORE:

7660 S. Northshore Drive
Knoxville, TN 37919
Phone: 865-337-5887

Pain/Inflammation

Fax: 865-337-5889

SENT Y N



****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION
-OR- ATTACH PATIENT DEMOGRAPHIC SHEET****

Patient Info: Name: **KH** DOB: **[REDACTED]** SSN: _____
Address: _____ Phone: _____
Allergies: _____ Pharmacy: _____

<input checked="" type="radio"/> 1 Diclofenac _____ 3%	<input type="radio"/> 2 Diclofenac _____ 1%
Baclofen _____ 2%	Carbamazepine _____ 3%
Cyclobenzaprine _____ 2%	Amitriptyline _____ 4%
Ketoprofen _____ 4%	_____ %
Gaba. 3 %	
Qty 120g	Qty 360g
WITH Lidocaine/HC ___/___% #3boxes	WITH Hydrocortisone Buty 0.1% 120g 2-4g 3-4xQD
Use 1/2-1 tube 3-4 X Qd prn w cream (must last 30 days)	OR WITH Lidocaine 5% 150g
<input type="radio"/> Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)	

<input type="radio"/> 3 Ketoprofen _____ 2%	<input type="radio"/> 4 Baclofen _____ 1%	<input type="radio"/> 5 _____ %
Lidocaine _____ 2%	Cyclobenzaprine _____ 1%	_____ %
Cyclobenzaprine _____ 1%	Lidocaine _____ 2%	_____ %
_____ %	_____ %	
*QTY _____		
<input type="radio"/> Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day) (CASH)		

Add on/substitution

1) Lidocaine 5% _____ g	2) Calcipotriene 0.005% _____ g
3) Taclonex _____ g	4) Fluocinonide 0.1% cream _____ g
5) Lidocaine 7/Tetracaine 7% _____ g	6) Diclofenac 1% or 3% _____ g
7) Hydrocortisone Buty 0.1% _____ g	8) Doxepin 5% _____ g
9) Tacrolimus 0.03% oint _____ g	10) Lidocaine/HC ___/___% _____ Boxes

Apply 2-4 grams 3-4 times daily used in conjunction with compounded ingredients in cream.

Physician name: Sarah Ann Lansford NPI: 1407377041
Phone: _____ Fax: _____
 The pharmacy may substitute based on insurance coverage or limitations. INITIAL SL

Physician's Signature: [Signature] Date: 10.10.19 Refills: 6
I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

Example 5, AFTER:

Oct. 17. 2019 4:09PM ASSOC PAIN

No. 3947 P. 1

7660 S. Northshore Drive
Knoxville, TN 37919
Phone: 865-337-5887

Pain/Inflammation

Fax: 865-337-5889

SENT Y N



****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION
-OR- ATTACH PATIENT DEMOGRAPHIC SHEET****

Patient Info: Name **KH** DOB: _____ SSN: _____
 Address: _____ Phone: _____
 Allergies: _____ Pharmacy: _____

<input checked="" type="radio"/> 1) Diclofenac _____ 3%	<input checked="" type="radio"/> 2) Diclofenac <u>2</u> _____ 1%
Baclofen _____ 2%	Carbamazepine _____ 3%
Cyclobenzaprine _____ 2%	Amitriptyline <u>2</u> _____ 4%
Ketoprofen _____ 4%	<u>Ketoprofen</u> <u>10</u> _____ %
<u>QTY</u> <u>3</u> _____ %	Qty <u>360g</u> _____
WITH Lidocaine/HC _____ % _____ Boxes	WITH Hydrocortisone Buty 0.1% 120g 2-4g 3-4X Qd
Use 1/2-1 tube 3-4 X Qd prn w cream (must last 30 days).	OR WITH Lidocaine 5% 150g
<input type="radio"/> Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)	

<input type="radio"/> 3) Ketoprofen _____ 2%	<input type="radio"/> 4) Baclofen _____ 1%	<input type="radio"/> 5) _____ %
Lidocaine _____ 2%	Cyclobenzaprine _____ 1%	_____ %
Cyclobenzaprine _____ 1%	Lidocaine _____ 2%	_____ %
_____ %	_____ %	_____ %

*QTY _____

Typical Sig: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day) (CASH)

Add on/substitution

1) Lidocaine 5% _____ g	2) Calcipotriene 0.005% _____ g
3) Tacrolimus _____ g	4) Fluocinonide 0.1% cream _____ g
5) Lidocaine 7/Tetracaine 7% _____ g	6) Diclofenac 1% or 3% _____ g
7) Hydrocortisone Buty 0.1% _____ g	8) Doxepin 5% _____ g
9) Tacrolimus 0.03% oint _____ g	10) Lidocaine/HC _____ % _____ Boxes

Apply 2-4 grams 3-4 times daily used in conjunction with compounded ingredients in cream.

Physician name Samantha Lansford NPI: 1407377041
 Phone: _____ Fax: _____
 The pharmacy may substitute based on insurance coverage or limitations. INITIAL [Signature]

Physician's Signature: [Signature] Date: 10/10/19 Refills: 0
 I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

113. According to claims data from Pioneer, between 08/26/2019 through at least 11/07/2024, ROCKY HILL PHARMACY submitted claims to health benefit plans for these formulary options and was paid at least \$5,097,670 for them, which was deposited into ROCKY HILL PHARMACY's operating accounts. Note that this total excludes claims for this formulary option from JACK SCARIANO and M.F.

Steroids Add-Ons/Substitutions

114. In addition to the compound cream options, ROCKY HILL PHARMACY included a section at the bottom titled "add on/substitution" (add-ons). The add-ons mostly consisted of steroid creams. The complete list of add-ons is as follows:

Add-on and substitutions list
DispensedItemName
Bensal Hp 3% Ointment
Betamethasone Dp 0.05% Crm
Betamethasone Dp 0.05% Oint
Betamethasone Dp Aug 0.05% Crm
Betamethasone Dp Aug 0.05% Oin
Betamethasone Valer 0.1% Ointm
Betamethasone Dp 0.05% Oint
Betamethasone Dp Aug 0.05% Crm
Betamethasone Dp Aug 0.05% Oin
Betamethasone Valer 0.1% Ointm
Calcipotriene 0.005% Cream
Calcipotriene 0.005% Foam
Calcipotriene 0.005% Ointment
Chlorzoxazone 250 Mg Tablet
Diclofenac 3% gel
Diclofenac Sodium 1% Gel
Diclofenac Sodium 3% Gel
Diflorasone 0.05% Cream
Diflorasone 0.05% Ointment
Doxepin 5% Cream
Fluocinonide 0.05% Cream
Fluocinonide 0.05% Ointment
Fluocinonide 0.05% Solution

Add-on and substitutions list
DispensedItemName
Fluocinonide 0.1% Cream
Halobetasol Prop 0.05% Cream
Halobetasol Prop 0.05% Ointmnt
Hydrocort Buty 0.1% Lipid Crm
Hydrocortisone Buty 0.1% Cream
Ketoprofen Er 200 Mg Capsule
Lidocaine 5% Ointment
Lidocaine23/Tetracaine7%
Lidocaine-Hc 2-2% Cream Kit
Lidocaine-Hc 3-0.5% Cream
Lidocaine-Hc 3-0.5% Cream Kit
Lidocaine-Hc 3-1% Cream Kit
Lidocaine-Hc 3-2.5% Gel Kit
Lidocaine-Tetracaine 7%-7% Crm
Orphengesic Forte 50-770-60 Mg
Scarcin Gel
Scarcin Roll-On
Taclonex 0.005%-0.064% Suspension
Tacrolimus 0.03% Ointment
Tacrolimus 0.1% Ointment

115. As previously stated, law enforcement interviewed approximately 60 providers whose names were found on the formularies seized from ROCKY HILL PHARMACY on 04/16/2024. During the interviews, law enforcement showed the providers binders containing the formularies. The majority, if not all, providers interviewed told investigators they did not prescribe the medications in the add-on section. The two main reasons were, one, because they did not want steroids added to the creams they intended to prescribe and, two, they did not know what many of the medications were.

116. According to multiple providers, long-term use of a steroid cream would cause adverse reactions to the patient's skin including abrasions.

117. Some providers interviewed never knew the add-ons were included in the prescription, while others caught the issue and told ROCKY HILL PHARMACY to stop sending steroids with the creams. The following are examples of before and after prescriptions with the original prescription without the add-ons and then with the add-ons added after the prescription was faxed to ROCKY HILL PHARMACY:

[INTENTIONALLY LEFT BLANK]

Example 1, BEFORE:

PAIN /



7660 S. NorthShore Drive Knoxville, TN 37919

Phone: 865-337-5887

FAX: 865-337-5889

PATIENT NAME: **DC** DOB: _____ SSN: _____
 ADDRESS: _____ PHONE: _____
 ALLERGIES: Indolin, Compazine, Dexamethasone PHARMACY: _____
 PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION -OR- ATTACH PATIENT DEMOGRAPHIC SHEET

The checked box signifies the originally prescribed and preferred medication(s) for my patient. If for any reason my patient cannot receive the originally prescribed compounded therapy, I order that the pharmacy shall separate out any individual RX prescribed if insurance coverage or limitations dictate it.

TOPICAL COMPOUNDS

Diclofenac 1% *Diflorasone 0.05%
 Ketoprofen 4% *Halobetasol 0.05%
 Cyclobenzaprine 2% *Fluocinonide 0.1%
 Lidocaine 5% _____ %

*Only one steroid will be used Qty: 120 g

Baclofen 1% *Diflorasone 0.05%
 Cyclobenzaprine 1% *Halobetasol 0.05%
 Lidocaine 2% *Fluocinonide 0.1%
 _____ %

*Only one steroid will be used Qty: g

Ketoprofen 10% With Lidocaine 5% 150g.
 Amikriptyline 2% Apply 2-3g top 3-4 x QD w/
 Diclofenac 1% compound (30 DS)
 Qty: 360 g

SIG: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)
 The pharmacy may separate out to the following based on insurance coverage or limitations. Initial _____
 Diclofenac 1% 300g; Lidocaine 5% 150g; Diflorasone 0.05% 120g, Halobetasol 0.05% 50g, Fluocinonide 0.1% 120g
 SIG: Apply 1-2grams topically 1-3 times daily used in conjunction with compounded cream. (30 DS)

ADD ON OPTIONS:
 1. Calcipotriene 0.005% _____ g 4. Botamethasone _____ % _____ g
 2. Tacrolimus _____ g 5. Hydrocortisone Buty 0.1% _____ g
 3. Doxepin 5% _____ g

SIG: Apply 2-4 grams top 3-4 times daily used in conjunction with compounded cream. (30 DS)
 Apply 1-2 grams top 1-3 times daily used in conjunction with compounded cream. (30 DS)

Ibuprofen/Famotidine 800-26.6mg Tablet QTY #90 1 TID OR Ketoprofen 25mg Capsule QTY #90 1 TID

MUSCLE RELAXANTS

Chlorzoxazone 375mg Tablet QTY #60 1 TID OR Chlorzoxazone 250mg Tablet QTY #90 1 TID

Omeprazole/Bicarb 40-1,100 Capsule QTY #30 1 QD OR Omeprazole/Bicarb 20-1,100 Capsule QTY #30 1 QD

SUPPLEMENTS

Azasco Tablet QTY #60 1 BID OR Xvite Tablet QTY # 60 1BID OR Ortho DF Tablet QTY #30 1 QD
 Zelac Probiotic Capsule QTY #30 1 QD

9/29/22
MP

PHYSICIAN'S NAME: Todd Pepper NPI: 1922192558
 PHONE: 865-724-0867 FAX: 865-233-0592
 PHYSICIAN'S SIGNATURE: [Signature] DATE: 9/28/22 REFILL: _____
 I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

ument: 9/29/22 Rx

Printed: 08-26-2024 02:08:11

Page 1 of 1

Example 1, AFTER:

09/28/2022 WED 22:14 FAX

001/006

PAIN / ANTI-INFLAMMATORY



7660 S. NorthShore Drive Knoxville, TN 37919

Phone: 865-337-5887

FAX: 865-337-5889

PATIENT
 NAME: DC DOB: [REDACTED] SSN: [REDACTED]
 ADDRESS: _____ PHONE: _____
 ALLERGIES: Indolin, Compazine, Dexamethasone PHARMACY: _____
 PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION -OR- ATTACH PATIENT DEMOGRAPHIC SHEET

The checked box signifies the originally prescribed and preferred medication(s) for my patient. If for any reason my patient cannot receive the originally prescribed compounded therapy, I order that the pharmacy shall separate out any individual RX prescribed if insurance coverage or limitations dictate it.

TOPICAL COMPOUNDS

<input type="checkbox"/> Diclofenac _____ 1%	<input type="checkbox"/> Diflurasone _____ 0.05%
<input type="checkbox"/> Ketoprofen _____ 4%	<input type="checkbox"/> Halobetasol _____ 0.05%
<input type="checkbox"/> Cyclobenzaprine _____ 2%	<input type="checkbox"/> Fluocinonide _____ 0.1%
<input type="checkbox"/> Lidocaine _____ 5%	_____ %

*Only one steroid will be used Qty: 120 g

<input checked="" type="checkbox"/> Baclofen _____ 1%	<input type="checkbox"/> Diflurasone _____ 0.05%
<input type="checkbox"/> Cyclobenzaprine _____ 1%	<input type="checkbox"/> Halobetasol _____ 0.05%
<input type="checkbox"/> Lidocaine <u>5%</u> _____ 2%	<input type="checkbox"/> Fluocinonide _____ 0.1%
_____ %	_____ %

*Only one steroid will be used Qty: 9

<input type="checkbox"/> Ketoprofen _____ 10%	With Lidocaine 5% 150g.
<input type="checkbox"/> Amitriptyline _____ 2%	Apply 2-3g top 3-4 x QD w/
<input type="checkbox"/> Diclofenac _____ 1%	compound (30 DS)
Qty: <u>360 g</u>	

SIG: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)

The pharmacy may separate out to the following based on insurance coverage or limitations -Initial

Diclofenac 1% 30g; Lidocaine 5% 150g; Diflurasone 0.05% 120g; Halobetasol 0.05% 50g; Fluocinonide 0.1% 120g

SIG: Apply 1-2grams topically 1-3 times daily used in conjunction with compounded cream. (30 DS)

ADD ON OPTIONS:

1. Calcipotriene 0.005% _____ g	4. Betamethasone _____ % _____ g
2. Tacrolimus _____ g	5. Hydrocortisone Buty 0.1% _____ g
3. Doxepin 5% _____ g	

SIG: Apply 2-4 grams top 3-4 times daily used in conjunction with compounded cream. (30 DS)

Apply 1-2 grams top 1-3 times daily used in conjunction with compounded cream. (30 DS)

MUSCLE RELAXANTS

Ibuprofen/Famotidine 800-26.6mg Tablet QTY #90 1 TID OR Ketoprofen 25mg Capsule QTY #90 1 TID

MUSCLE RELAXANTS

Chlorzoxazone 375mg Tablet QTY #60 1 TID OR Chlorzoxazone 250mg Tablet QTY #90 1 TID

ACID REDUCERS

Omeprazole/Bicarb 40-1,100 Capsule QTY #30 1 QD OR Omeprazole/Bicarb 20-1,100 Capsule QTY #30 1 QD

SUPPLEMENTS

Azesco Tablet QTY #60 1 BID OR Xvite Tablet QTY #60 1 BID OR Ortho DF Tablet QTY #30 1 QD

Zelpc Probiotic Capsule QTY #30 1 QD

PHYSICIAN'S NAME: Todd Pepper NPI: 1922192568
 PHONE: 865-724-0867 FAX: 865-233-0592
 PHYSICIAN'S SIGNATURE: [Signature] DATE: 9/28/22 REFILL: 3
 I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

Example 2, BEFORE:

PAIN /

EXILED
11-14-23



7660 S. NorthShore Drive Knoxville, TN 37919

Phone: 865-337-5887

FAX: 865-337-5889

PATIENT INFO:

NAME: TC DOB: [REDACTED] SSN: [REDACTED]

ADDRESS: [REDACTED] PHONE: [REDACTED]

ALLERGIES: Sulfa PHARMACY: [REDACTED]

****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION -OR- ATTACH PATIENT DEMOGRAPHIC SHEET****

The checked box signifies the originally prescribed and preferred medication(s) for my patient. If for any reason my patient cannot receive the originally prescribed compounded therapy, I order that the pharmacy shall separate out any individual RX prescribed if insurance coverage or limitations dictate it.

TOPICAL COMPOUNDS

<input type="checkbox"/> Diclofenac 1%	<input type="checkbox"/> Diflorasone 0.05%
<input type="checkbox"/> Ketoprofen 4%	<input type="checkbox"/> Halobetasol 0.05%
<input type="checkbox"/> Cyclobenzaprine 2%	<input type="checkbox"/> Fluocinonide 0.1%
<input type="checkbox"/> Lidocaine 5%	<input type="checkbox"/> _____ %

*Only one steroid will be used Qty: 120 g

<input checked="" type="checkbox"/> Betofen <u>6%</u> 1%	<input checked="" type="checkbox"/> Diflorasone <u>X</u> 0.05%
<input checked="" type="checkbox"/> Cyclobenzaprine <u>1%</u> 2%	<input checked="" type="checkbox"/> Halobetasol <u>X</u> 0.05%
<input checked="" type="checkbox"/> Lidocaine <u>6%</u> 2%	<input checked="" type="checkbox"/> Fluocinonide <u>X</u> 0.1%

*Only one steroid will be used Qty: g

<input type="checkbox"/> Ketoprofen 10%	With Lidocaine 5% 150g.
<input type="checkbox"/> Amitriptyline 2%	Apply 2-3g top 3-4 x QD w/
<input type="checkbox"/> Diclofenac 1%	compound (30 DS)

Qty: 360 g

SIG: Apply 2-4 pumps (1g/pump) to painful areas 3-4 times daily (max 12g/day)

The pharmacy may separate out to the following based on insurance coverage or limitations. Initial _____

Diclofenac 1% 300g; Lidocaine 5% 150g; Diflorasone 0.05% 120g, Halobetasol 0.05% 50g, Fluocinonide 0.1% 120g

SIG: Apply 1-2grams topically 1-3 times daily used in conjunction with compounded cream. (30 DS)

ADD ON OPTIONS

1. Calcipotriene 0.005% _____g	4. Betamethasone _____% _____g
2. Tacrolimus _____g	5. Hydrocortisone Buty 0.1% _____g
3. Doxapin 5% _____g	

SIG: Apply 2-4 grams top 3-4 times daily used in conjunction with compounded cream. (30 DS)

Apply 1-2 grams top 1-3 times daily used in conjunction with compounded cream. (30 DS)

MUSCLE RELAXANTS

Ibuprofen/Famotidine 800-26.6mg Tablet QTY #90 1 TID OR Ketoprofen 25mg Capsule QTY #90 1 TID

Chlorzoxazone 375mg Tablet QTY #60 1 TID OR Chlorzoxazone 250mg Tablet QTY #90 1 TID

Omeprazole/Bicarb 40-1,100 Capsule QTY #30 1 QD OR Omeprazole/Bicarb 20-1,100 Capsule QTY #30 1 QD

SUPPLEMENTS

Azasco Tablet QTY #60 1 BID OR Xvite Tablet QTY # 60 1BID OR Ortho DF Tablet QTY #30 1 QD

Zelae Probiotic Capsule QTY #30 1 QD

PHYSICIAN'S NAME: Todd Pepper NPI: 1922192558

PHONE: 865-724-0867 FAX: 865-233-0592

PHYSICIAN'S SIGNATURE: [Signature] DATE: 11/14/23 REFILL: 5

*Authorize the pharmacy to adjust the total amount of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

ment: Rocky Hill Pharmacy 11-14-2023

Printed: 08-26-2024 02:09:43

Example 2, AFTER:

11/14/2023 TUE 12:55 FAX

001/003

PAIN /



7660 S. NorthShore Drive Knoxville, TN 37919

Phone: 865-337-5887

FAX: 865-337-5889

PATIENT INFO:
 NAME: TC DOB: _____ SSN: _____
 ADDRESS: _____ PHONE: _____
 ALLERGIES: Sulfa PHARMACY: _____
 PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION -OR- ATTACH PATIENT DEMOGRAPHIC SHEET

The checked box signifies the originally prescribed and preferred medication(s) for my patient. If for any reason my patient cannot receive the originally prescribed compounded therapy, I order that the pharmacy shall separate out any individual RX prescribed if insurance coverage or limitations dictate it.

TOPICAL COMPOUNDS

<input type="checkbox"/> Diclofenac _____ 1%	*Diflorazone _____ 0.05%
<input type="checkbox"/> Ketoprofen _____ 4%	*Halobetasol _____ 0.05%
<input type="checkbox"/> Cyclobenzaprine _____ 2%	*Fluocinonide _____ 0.1%
<input type="checkbox"/> Lidocaine _____ 5%	_____ %
<input type="checkbox"/> Lidocaine _____ 5%	_____ %

*Only one steroid will be used Qty: 120 g

<input checked="" type="checkbox"/> Bidofen <u>1%</u> _____ 1%	*Diflorazone _____ 0.05%
Cyclobenzaprine _____ 2%	*Halobetasol _____ 0.05%
Lidocaine _____ 5%	*Fluocinonide _____ 0.1%

*Only one steroid will be used Qty: 8

<input type="checkbox"/> Ketoprofen _____ 10%	With Lidocaine 5% 150g.
<input type="checkbox"/> Amitriptyline _____ 2%	Apply 2-3g top 3-4 x QID w/
<input type="checkbox"/> Diclofenac _____ 1%	compound (30 DS)

Qty: 360 g

SIQ: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)

The pharmacy may separate out to the following based on insurance coverage or limitations. Initial _____

Diclofenac 1% 300g; Lidocaine 5% 150g; Diflorazone 0.05% 120g; Halobetasol 0.05% 50g; Fluocinonide 0.1% 120g

SIQ: Apply 1-2grams topically 1-3 times daily used in conjunction with compounded cream. (30 DS)

ADJUNCTS

<input checked="" type="checkbox"/> 1 Calipofena 0.105% <u>120</u> g	4 Betamethasone _____ % _____ g
<input type="checkbox"/> 2 Tacrolimus _____ g	5 Hydrocortisone Buty C. 1% _____ g
<input type="checkbox"/> 3 Doxapin 5% _____ g	

SIQ: Apply 2-4 grams top 2-4 times daily used in conjunction with compounded cream. (30 DS)

Apply 1-2 grams top 1-3 times daily used in conjunction with compounded cream. (30 DS)

Ibuprofen/Famotidine 800-25.6mg Tablet QTY #90 1 TID OR Ketoprofen 25mg Capsule QTY #90 1 TID

MUSCLE RELAXANTS

Chlorzaxazone 375mg Tablet QTY #60 1 TID OR Chlorzaxazone 250mg Tablet QTY #90 1 TID

Omeprazole/Bicarb 40-1,100 Capsule QTY #30 1 QD OR Omeprazole/Bicarb 20-1,100 Capsule QTY #30 1 QD

SUPPLEMENTS

Azascio Tablet QTY #60 1 BID OR Xvite Tablet QTY # 60 1BID OR Ortho DF Tablet QTY #30 1 QD

Zofac Probiotic Capsule QTY #30 1 QD

PHYSICIAN'S NAME: Toda Pepper NPI: 1922192558
 PHONE: 865-724-0667 FAX: 865-233-0592
 PHYSICIAN'S SIGNATURE: [Signature] DATE: 11/14/23 REFILL: 5

* Although the pharmacy is required to separate out to the patient's insurance carrier, the pharmacy is not responsible for the patient's insurance coverage. If the patient's insurance carrier denies coverage, the patient must pay for the medication. Please indicate on pad, or call the pharmacy.

Example 3, BEFORE:

PAIN / INFLAMMATION



7660 S. NorthShore Drive Knoxville, TN 37919

Phone: 865-337-5887

FAX: 865-337-5889

PATIENT INFO:

NAME: **LG** DOB: _____ SSN: _____

ADDRESS: _____ PHONE: _____

ALLERGIES: _____ PHARMACY: _____

****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION -OR- ATTACH PATIENT DEMOGRAPHIC SHEET****

The checked box signifies the originally prescribed and preferred medication(s) for my patient. If for any reason my patient cannot receive the originally prescribed compounded therapy, I order that the pharmacy shall separate out any individual RX prescribed if insurance coverage or limitations dictate it

TOPICAL COMPOUNDS

Diclofenac _____ 1%
 Ketoprofen _____ 4%
 Cyclobenzaprine _____ 2%
 Lidocaine _____ 5%
 *Diflorasone _____ 0.05%
 *Halobetasol _____ 0.05%
 *Fluocinonide _____ 0.1%
 _____ %
 *Only one steroid will be used
 Qty: _____ 120 g

Baclofen _____ 1%
 Cyclobenzaprine _____ 1%
 Lidocaine 5% _____ 5%
 ~~Baclofen~~ _____ 0.05%
 ~~Halobetasol~~ _____ 0.05%
 ~~Fluocinonide~~ _____ 0.1%
 *Only one steroid will be used
 Qty: _____ g

Ketoprofen _____ 10%
 Amitriptyline _____ 2%
 Diclofenac _____ 1%
 Qty: _____ 360 g
 With Lidocaine 5% 150g.
 Apply 2-3g top 3-4 x QD w/
 compound (30 DS)

SIG: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)

The pharmacy may separate out to the following based on insurance coverage or limitations. initial _____
Diclofenac 1% 300g; Lidocaine 5% 150g; Diflorasone 0.05% 120g, Halobetasol 0.05% 50g, Fluocinonide 0.1% 120g
SIG: Apply 1-2grams topically 1-3 times daily used in conjunction with compounded cream. (30 DS)

ADD ON OPTIONS:

1. Calcipotriene 0.005% _____ g
2. Tacrolimus _____ g
3. Doxepin 5% _____ g
4. Betamethasone _____ % _____ g
5. Hydrocortisone Buty 0.1% _____ g

SIG: Apply 2-4 grams top 3-4 times daily used in conjunction with compounded cream. (30 DS)
 Apply 1-2 grams top 1-3 times daily used in conjunction with compounded cream. (30 DS)

FASTED
8/29/23
ND

PAIN / INFLAMMATION

Ibuprofen/Famotidine 800-26.6mg Tablet QTY #90 1 TID OR Ketoprofen 25mg Capsule QTY #90 1 TID

MUSCLE RELAXANTS

Chlorzoxazone 375mg Tablet QTY #60 1 TID OR Chlorzoxazone 250mg Tablet QTY #90 1 TID

ULCER/PREVENTION

Omeprazole/Bicarb 40-1,100 Capsule QTY #30 1 QD OR Omeprazole/Bicarb 20-1,100 Capsule QTY #30 1 QD

SUPPLEMENTS

Azesco Tablet QTY #60 1 BID OR Xvite Tablet QTY #60 1 BID OR Ortho DF Tablet QTY #30 1 QD
 Zelac Probiotic Capsule QTY #30 1 QD

PHYSICIAN'S NAME: Misty Nichols, FNP-BC NPI: 1083359444
 PHONE: 865-816-3270 FAX: 865-816-3292
 PHYSICIAN'S SIGNATURE: Misty Nichols, FNP-BC DATE: 8/29/2023 REFILL: 2
 I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

Example 3, AFTER:

08/29/2023 TUE 8:50 FAX

001/002

PAIN / INFLAMMATION



7660 S. NorthShore Drive Knoxville, TN 37919

Phone: 865-337-5887

FAX: 865-337-5889

PATIENT NAME: **LG** DOB: _____ SSN: _____
 ADDRESS: _____ PHONE: _____
 ALLERGIES: _____ PHARMACY: _____

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION -OR- ATTACH PATIENT DEMOGRAPHIC SHEET

The checked box signifies the originally prescribed and preferred medication(s) for my patient. If for any reason my patient cannot receive the originally prescribed compounded therapy, I order that the pharmacy shall separate out any individual RX prescribed if insurance coverage or limitations dictate it.

TOPICAL COMPOUNDS

Diclofenac _____ 1%
 Ketoprofen _____ 4%
 Cyclobenzaprine _____ 2%
 Lidocaine _____ 5%
 Diflorasone _____ 0.05%
 Halobetasol _____ 0.05%
 Fluocinonide _____ 0.1%
 _____ %
 _____ %
 *Only one steroid will be used
 Qty: _____ 120 g

Baclofen _____ 1%
 Cyclobenzaprine _____ 1%
 Lidocaine 5% _____ 5%
 _____ %
 _____ 0.05%
 _____ 0.05%
 _____ 0.1%
 *Only one steroid will be used
 Qty: _____ g

Ketoprofen _____ 10%
 Amitriptyline _____ 2%
 Diclofenac _____ 1%
 Qty: _____ 360 g
 With Lidocaine 5% 150g.
 Apply 2-3g top 3-4 x QD w/
 compound (30 DS)

SIG: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)

The pharmacy may separate out to the following based on insurance coverage or limitations. Initial _____

Diclofenac 1% 300g; Lidocaine 5% 150g; Diflorasone 0.05% 120g; Halobetasol 0.05% 50g; Fluocinonide 0.1% 120g

SIG: Apply 1-2grams topically 1-3 times daily used in conjunction with compounded cream. (30 DS)

ADD ON OPTIONS:

- 1. Calcipotriene 0.005% 120 g
- 2. Talcionex _____ g
- 3. Doxepin 5% _____ g
- 4. Betamethasone _____ % _____ g
- 5. Hydrocortisone Buty 0.1% _____ g

SIG: Apply 2-4 grams top 3-4 times daily used in conjunction with compounded cream. (30 DS)

Apply 1-2 grams top 1-3 times daily used in conjunction with compounded cream. (30 DS)

PAIN / INFLAMMATION

Ibuprofen/Famotidine 800-26.6mg Tablet QTY #90 1 TID OR Ketoprofen 25mg Capsule QTY #90 1 TID

MUSCLE RELAXANTS

Chlorzoxazone 375mg Tablet QTY #60 1 TID OR Chlorzoxazone 250mg Tablet QTY #90 1 TID

ULCER PREVENTION

Omeprazole/Bicarb 40-1,100 Capsule QTY #30 1 QD OR Omeprazole/Bicarb 20-1,100 Capsule QTY #30 1 QD

SUPPLEMENTS

- Azesee Tablet QTY #60 1 BID OR Xvite Tablet QTY #60 1BID OR Ortho DF Tablet QTY #30 1 QD
- Zelac Probiotic Capsule QTY #30 1 QD

PHYSICIAN'S NAME: Misty Nichols, FNP-BC NPI: 1083339444
 PHONE: 865-816-3270 FAX: 865-816-3292
 PHYSICIAN'S SIGNATURE: Misty Nichols, FNP-BC DATE: 8/29/2023 REFILL: 2
 I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

118. According to information from Humana, Humana's Special Investigations Unit (SIU) initiated an investigation on 07/21/2020 based on submission spikes in Diflorasone and Calcipotriene from ROCKY HILL PHARMACY. The summary report noted that ROCKY HILL PHARMACY had over \$258,000 in exposure for Diflorasone from 213 claims which paid on average \$1,200 per claim and accounted for almost 90% of ROCKY HILL PHARMACY's payments from Humana.

119. According to the documents from Humana, eight medical provider verifications were completed with no responses from five and three denying the prescriptions were written. The pharmacy was able to mitigate with two of the prescriber denials, but provider C.T. denied four claims for Diflorasone and three claims for Calcipotriene.

120. According to the audit summary, ROCKY HILL PHARMACY's final response regarding C.T.'s denial was, "We were unable to get validation from prescriber Travis, despite having verbal authorization from her office staff member, Felecia. We had to make the assumption that Felecia was working under her authority in giving us the prescriptions. With that assumption, we filled these prescriptions in good faith as we do all of our other phoned-in prescriptions."

121. C.T. was interviewed on 08/27/2024. According to C.T., during the Humana audit, ROCKY HILL PHARMACY tried to call C.T. multiple times regarding the approval of certain steroids. C.T. did not call them back. TIFFANY HANEY then showed up to C.T.'s clinic (Clinic A) and confronted C.T. in the break room with a form that had several lines listed that TIFFANY HANEY wanted C.T. to back date prescriptions for. TIFFANY HANEY also wanted C.T. to tell Humana that C.T. wanted all the steroids added to the prescriptions that C.T. submitted, even though C.T. did not want or approve the steroids. C.T. refused to sign the form.

TIFFANY HANEY told C.T. that she needed the forms corrected and signed because ROCKY HILL PHARMACY was being audited and it would help them out. After the confrontation, C.T. told her office manager that she would no longer send prescriptions to ROCKY HILL PHARMACY.

122. A business consultant at Clinic A, J.C. was interviewed by FBI on 08/27/2024. According to J.C., when ROCKY HILL PHARMACY was being audited by Humana, Humana sent Clinic A prescriber verifications for C.T. that needed to be filled out. Clinic A filled the forms out honestly and denied that C.T. prescribed certain prescriptions. J.C. then got a visit from TIFFANY HANEY who told J.C. that ROCKY HILL PHARMACY may have made some mistakes and filled some prescriptions they were not supposed to. TIFFANY HANEY acted as if the issue was minor and that nothing was wrong. TIFFANY HANEY wanted J.C. to tell C.T. to back date the prescriptions in question and sign them. After the meeting, Clinic A made the decision to stop sending prescriptions to ROCKY HILL PHARMACY.

123. According to emails located in ANNE WARREN's ROCKY HILL PHARMACY email account, ANNE WARREN sent the following drafted language via email to Clinic A to be signed by C.T.:

“To Whom it May Concern:

In reference to Humana SIU20200745046,
I received a prescriber report in August of 2020 asking about seven prescriptions I wrote between July 2019 and July 2020. When the report came over it only listed part of the prescription I wrote for these patients and caused some confusion in that it appeared as if I wrote these particular creams as a stand-alone prescription. I did in fact write these prescription creams to be used in conjunction with compounded pain creams. Because this report did not mention those compounded pain creams which were dispensed in conjunction, the prescriber report was filled out incorrectly.

Please accept these re-written prescriptions as documentation of the validity of them prescribed.

Sincerely,

Courtney Travis, NP”

124. In response, Clinic A sent the following email to ANNE WARREN on 11/09/2020:

FW: Prescriber statement

Subject: FW: Prescriber statement
From: "Robin Gilliam" <MAILER-DAEMON>
Date: 11/9/2020, 4:52 PM
To: anne@rockyhillpharmacy.com
CC: drbeth@physicians-consulting.com; Robin Gilliam

Anne,

Good afternoon. Compliance was requested to review each of the “original” prescriptions sent to Rocky Hill Pharmacy for the 6 patients listed on the Humana request.

Our Provider Courtney Travis correctly responded to Humana in stating that the steroidal medications listed were NOT ordered. It would be fraudulent for any Associated Pain Specialist Provider to sign a statement that they ordered medications when in fact they did not. Also, there would be no medical necessity to support the ordering of the steroids since our provider is not treating the condition for which they were prescribed.

The provider marked that the pharmacy may substitute based on insurance coverage or limitations which means the pharmacist can automatically substitute a drug that is covered by the patient’s insurance formulary. This doesn’t mean the pharmacist can add on medications not prescribed on the original prescription received from Associated Pain Specialists.

Sincerely,

Robin Gilliam, CPC, CPCO, CPMA

Compliance Officer

125. According to claims data from Pioneer, between 08/15/2018 and 08/01/2024, ROCKY HILL PHARMACY submitted approximately \$13,362,174 to health benefit plans for

the add-ons and was paid approximately \$3,233,728 for them which was deposited into ROCKY HILL PHARMACY's operating accounts.

Department of Labor Health Benefits

126. In addition to traditional health benefit plans, ROCKY HILL PHARMACY started billing the Department of Labor's Energy Employees Occupational Illness Compensation Program (DOL EEOIC) in or around 08/07/2019.

127. The program was enacted and became effective in 2001 and serves as a health benefit plan for current or former employees (or their survivors) of the Department of Energy (DOE) who were diagnosed with a radiogenic cancer, chronic beryllium disease, beryllium sensitivity, or chronic silicosis, as a result of exposure to radiation, beryllium, or silica while employed at DOE facilities.

128. DOL EEOIC acts as the primary payer for all care linked to the accepted illness, including prescription drugs. The EEOICPA will pay for medications that a doctor prescribes to treat an accepted condition.

129. ROCKY HILL PHARMACY is an approved provider under DOL EEOIC.

130. The first claim submitted by ROCKY HILL PHARMACY to DOL EEOIC was a pain cream written by Dr. JACK SCARIANO (JACK SCARIANO) in or around June 2019. Since that time through July 2024, ROCKY HILL PHARMACY has submitted 16,722 prescriptions which billed insurance at least \$46,900,086 that were filled in JACK SCARIANO's name and resulted in payments totaling \$20,295,671 to ROCKY HILL PHARMACY which were deposited into ROCKY HILL PHARMACY's operating accounts. Further, provider M.F. works at JACK SCARIANO's clinic and accounted for a substantial amount of pain cream prescriptions written to ROCKY HILL PHARMACY with resulted in

payments to ROCKY HILL PHARMACY totaling \$2,604,642 which were deposited into ROCKY HILL PHARMACY's operating accounts. These amounts represent approximately 62% of ROCKY HILL PHARMACY's earnings since they opened for business in or around August 2018.

131. JACK SCARIANO is the owner of Jack Scariano, Jr., MD, PLLC, a/k/a, Access Neurology, located in Knoxville, TN. JACK SCARIANO and M.F. are approved providers under the DOL EEOIC.

132. During execution of the search and seizure warrant at ROCKY HILL PHARMACY on 04/16/2024, law enforcement seized the formularies and refill requests purportedly written by JACK SCARIANO and M.F.

133. The number of prescriptions seized written by JACK SCARIANO and M.F. were far greater than the amounts written by other providers, which called into question the medical necessity of the formularies seized. Further, JACK SCARIANO's name appeared to be signed by multiple individuals and M.F.'s signature appeared to be photocopied. A former employee at JACK SCARIANO's office, CS, also authorized many prescriptions without JACK SCARIANO or M.F.'s signatures.

134. On 09/13/2024, FBI interviewed CS. According to CS, someone from ROCKY HILL PHARMACY would occasionally call to verbally request authorization to refill prescriptions. When someone from ROCKY HILL PHARMACY called about a refill request, it was usually for a single patient, occasionally two, but CS did not recall ever giving verbal authorization for more than two patients at a time on the telephone. If CS gave a verbal authorization for a refill over the phone, CS would document this in the patient's chart.

135. Prescriptions seized during execution of the search warrant at ROCKY HILL PHARMACY on 04/16/2024 indicated there were approximately five prescription refill requests approved on 09/23/2023 for patients DE, RR, DH, JG, and RW.

136. According to records received from AdvancedMD, the company who maintains JACK SCARIANO's electronic medical records, none of the five refill requests were present in the respective patient's electronic charts and none of the five had markings indicating that the refill request was faxed from Access Neurology to ROCKY HILL PHARMACY. Further, a review of the respective charts from AdvancedMD failed to show any note or documentation from 09/23/2023 indicating a verbal authorization was given for a refill request for any of the five.

137. All five patients were seen at Access Neurology on 08/07/2019 and had a prescription for a compound cream written the same day and sent to ROCKY HILL PHARMACY. The 08/07/2019 prescription for patient DE was not signed by any provider. All five prescriptions and the September 2019 refill requests contained gabapentin; a Schedule V controlled substance which requires a provider signature.

138. JACK SCARIANO produced records for certain patients including M.U. and R.D. According to the records, ROCKY HILL PHARMACY submitted claims for a number of prescriptions for these patients, but as set forth below, JACK SCARIANO's files did not include corresponding prescriptions or office visits for many of the pharmacy claims.

139. During the interview with C.S., C.S. stated he/she would only authorize a prescription refill if the patient in question had an existing prescription and the patient had been seen within the last three or four months. C.S. would on occasion authorize a single refill if the patient had an upcoming appointment scheduled within about a month.

140. **Patient M.U.** According to patient files from JACK SCARIANO, M.U. had visit date notes ranging between 02/28/2018 and 12/16/2021. There were two patient appointments scheduled, one for 08/23/2022, which is listed as 'cancelled', and another on 01/10/2023, that was listed as 'no show.' There were also two ROCKY HILL PHARMACY prescription formularies. One formulary was signed and dated 06/16/2021 and included 6 refills. A second formulary was signed with no date and included 6 refills.

141. Despite the fact that there were only two prescriptions in JACK SCARIANO's file, ROCKY HILL PHARMACY submitted claims for six separate prescriptions, each with a number of refills, for M.U. with JACK SCARIANO listed as the prescriber. The dates include 06/16/2021 with 5 refills allowed, 11/26/2021 with 3 refills allowed, 03/28/2022 with 3 refills allowed, 08/18/2022 with 3 refills allowed, 01/03/2023 with 2 refills allowed, and 04/13/2023 with 5 refills allowed, even though, as set forth above, M.U. did not attend a patient appointment with JACK SCARIANO after 12/16/2021.

142. Each prescription was listed as a 30-day supply. In all, 25 claims (for prescriptions and refills) were filed and completed, approximately once a month from 06/2021 to 07/2023 with a total billed amount of approximately \$92,759.51 and a total paid amount of approximately \$56,996.51 to ROCKY HILL PHARMACY.

143. On 01/23/2024, FBI interviewed M.U. According to M.U., M.U. had not been to an appointment with JACK SCARIANO in two or three years. During a prior visit with JACK SCARIANO, M.U. was prescribed a topical pain cream but was not given a paper prescription. M.U. received two or three bottles of the pain cream in the mail about every 30 days from ROCKY HILL PHARMACY.

144. According to M.U., the pain creams helped on occasion if M.U. had cramps, but did not use it very much, leaving M.U. with most pain cream bottles never being used. M.U. did not need all the pain cream M.U. received, but it would keep coming every 30 days through sometime in 2023.

145. **Patient R.D.** In the patient file for R.D., JACK SCARIANO had visit date notes ranging between 10/25/2021 and 05/16/2022. According to the patient's file, there was one patient appointment, scheduled for 11/14/2022, that was listed as 'cancelled.' In addition, there was one ROCKY HILL PHARMACY formulary prescription signed and dated 10/25/2021 for 6 refills.

146. Even though there was only one prescription in R.D.'s chart to ROCKY HILL PHARMACY, ROCKY HILL PHARMACY submitted claims to DOL EEOIC for three separate prescriptions, each with several refills, for R.D. with JACK SCARIANO listed as the prescriber. According to claims from Pioneer, the claim dates included 10/25/2021 with 5 refills allowed, 04/25/2022 with 3 refills allowed, and 08/18/2022 with 3 refills allowed. Each prescription was listed as a 30-day supply. In all, 13 prescriptions were filled and completed, which were filled about once a month from 10/2021 to 09/2022 resulting in a total billed amount of approximately \$40,013.34 and total paid amount of approximately \$25,213.93.

147. A review of text messages from the cell phones of TIFFANY HANEY, TINA ROPER, and ANNE WARREN indicated ROCKY HILL PHARMACY employees often commented on the number of prescriptions ROCKY HILL PHARMACY would receive from JACK SCARIANO'S office in a day. Below are two examples of such text messages found on TINA ROPER'S cell phone.

Example 1: Conversation between TINA ROPER and TIFFANY HANEY

Time stamp (UTC)	Text	From	To
10/30/2023 20:52	Scariano has sent 68 approved refill requests today 🙄	Tiff <+ [REDACTED] >	1B27-Tina
10/30/2023 21:10	Oh wow. I had 31 this am!	1B27-Tina	Tiff <+ [REDACTED] >
10/30/2023 21:10	I'll get them all done!	1B27-Tina	Tiff <+ [REDACTED] >
10/30/2023 21:10	I wonder if some are repeated	1B27-Tina	Tiff <+ [REDACTED] >
10/30/2023 21:12	🙄	Tiff <+18652993488>	1B27-Tina

Example 2: Conversation between TINA ROPER and ANNE WARREN

Time stamp (UTC)	Text	From	To
8/18/2022 13:12	You should be able to get about 30k in an hour with 40 scariano faxes sent this am	Pharmacist) Anne (Da Bomb <+ [REDACTED] >	1B27-Tina

148. The following text message was sent from ANNE WARREN on 11/19/2020. In the messages, ANNE WARREN explained how she lied to someone from Volunteer [pharmacy] regarding a DOL EEOIC beneficiary's insurance coverage. These messages indicate ANNE WARREN and ROCKY HILL PHARMACY knew the DOL EEOIC program was financially lucrative and did not want other pharmacies to be aware of the program.

Time stamp (UTC)	Text	From	To
11/19/2020 18:10	I might have just fibbed to volunteer about a scariano dol and told her ins didn't cover. I mean her regular ins doesn't. 🙄 I'm not gonna let you know about dol 🙄	Anne 🙄 <+ [REDACTED] >	+ [REDACTED] 90, + [REDACTED] 188, + [REDACTED] 61 <SMS;+;chat6 [REDACTED] 96629>
11/19/2020 18:11	Rx 109568 if they call back 🙄	Anne 🙄 <+18652509161>	+ [REDACTED] 90, +1 [REDACTED] 188, + [REDACTED] 61 <SMS;+;chat [REDACTED] 16629>

149. A review of text messages extracted from TIFFANY HANEY'S cell phone show conversations that occurred on or around June 7, 2023 between TIFFANY HANEY and

telephone contact “[REDACTED] <+[REDACTED]>”, presumed to be [REDACTED], a sales rep employed by ROCKY HILL PHARMACY.

150. In the conversation, TIFFANY HANEY requests [REDACTED] to “get a blanket ok to add diflorasone 120g to every patient in conjunction with compounded cream. She [ANNE WARREN] will send over rx and if he [presumed to be the physician] could just check box and sign (do not add patient info). Then we could copy and add to each patient info.”

151. Other text messages from on or around 6/7/2023, not pictured below, indicate that on or around this date DOL EEOIC claims were not being accepted. TIFFANY HANEY, ANNE WARREN, and other ROCKY HILL PHARMACY employees were attempting to find alternative ways to make revenue until they could get the DOL EEOIC claims approved.

[INTENTIONALLY LEFT BLANK]

Time stamp (UTC)	Text	From	To
6/7/2023 17:26	Tiffany the office is going to work on generating new PAs for the list Monty gave me. Not sure how fast they can get it done, but they agreed to do it.	[REDACTED]	Tiffany Roper Haney <+18652993488>
6/7/2023 17:27	Liked "Tiffany the office is going to work on generating ..."	Tiffany Roper Haney <+18652993488>	[REDACTED]
6/7/2023 17:27	Anne is at the pharmacy now as well trying to work on stuff	Tiffany Roper Haney <+18652993488>	[REDACTED]
6/7/2023 17:27	👍	[REDACTED]	Tiffany Roper Haney <+18652993488>
6/7/2023 18:27	I'd stay on them. DOL is a good chunk of your check and it ain't working at all	Tiffany Roper Haney <+18652993488>	[REDACTED]
6/7/2023 18:34	👍	[REDACTED]	Tiffany Roper Haney <+18652993488>
6/7/2023 18:36	Were you able to speak to the attorneys that have done the prior authorizations in the past?	Tiffany Roper Haney <+18652993488>	[REDACTED]
6/7/2023 19:16	Anne is doing now. So if we could get a blanket ok to add diflorasone 120g to every patient in conjunction with compounded cream. She will send over rx and if he could just check box and sign (do not add patient info) Then we could copy and add to each patients file.	Tiffany Roper Haney <+18652993488>	[REDACTED]
6/7/2023 19:17	We are waiting on it	[REDACTED]	Tiffany Roper Haney <+18652993488>
6/7/2023 19:17	Ok great	Tiffany Roper Haney <+18652993488>	[REDACTED]
6/7/2023 19:19	Don't have it yet	[REDACTED]	Tiffany Roper Haney <+18652993488>
6/7/2023 19:20	She was working on it right then so she may be finishing up and sending it. I know she was working on it when I talk to her.	Tiffany Roper Haney <+18652993488>	[REDACTED]
6/7/2023 19:21	Ok, we're good. Tell Ann to text me when she sends it	[REDACTED]	Tiffany Roper Haney <+18652993488>
6/7/2023 19:22	She's almost done	Tiffany Roper Haney <+18652993488>	[REDACTED]
6/7/2023 19:25	N/A	Tiffany Roper Haney <+18652993488>	[REDACTED]
6/7/2023 19:26	About to fax	Tiffany Roper Haney <+18652993488>	[REDACTED]
6/7/2023 19:26	👍	[REDACTED]	Tiffany Roper Haney <+18652993488>

Time stamp (UTC)	Text	From	To
6/7/2023 19:27	So if he's good with it, have him check box, refills and sign like normal. Then fax back to us and we'll make copies and add to everyone's file	Tiffany Roper Haney <+18652993488>	[REDACTED]
6/7/2023 19:27	Easy sell - will substitute for hydrocortisone	[REDACTED]	Tiffany Roper Haney <+18652993488>
6/7/2023 19:27	Liked "Easy sell - will substitute for hydrocortisone"	Tiffany Roper Haney <+18652993488>	[REDACTED]
6/7/2023 19:28	I'll text you both, once it's done	[REDACTED]	Tiffany Roper Haney <+18652993488>
6/7/2023 19:29	Perfect thank you	Tiffany Roper Haney <+18652993488>	[REDACTED]
6/7/2023 19:30	He'll probably cross through hydrocortisone in the formula	[REDACTED]	Tiffany Roper Haney <+18652993488>
6/7/2023 19:30	She just emailed to you as well	Tiffany Roper Haney <+18652993488>	[REDACTED]
6/7/2023 19:30	Yes that's fine!	Tiffany Roper Haney <+18652993488>	[REDACTED]
6/7/2023 19:30	👍	[REDACTED]	Tiffany Roper Haney <+18652993488>
6/7/2023 19:30	She just faxed it	Tiffany Roper Haney <+18652993488>	[REDACTED]
6/7/2023 19:31	👍	[REDACTED]	Tiffany Roper Haney <+18652993488>
6/7/2023 19:31	Shows sent	Tiffany Roper Haney <+18652993488>	[REDACTED]
6/7/2023 19:31	Lmk when you get	Tiffany Roper Haney <+18652993488>	[REDACTED]
6/7/2023 19:40	Taking to pharmacy	[REDACTED]	Tiffany Roper Haney <+18652993488>
6/7/2023 19:42	Praise the lord 🙏 also dol just called and they were able to get one patient compound to go through 🙏 so maybe they'll slowly trickle in	Tiffany Roper Haney <+18652993488>	[REDACTED]

152. As indicated in the text messages, ANNE WARREN faxed and emailed a blank script pad to [REDACTED].

153. According to an email sent on 06/07/2023 at approximately 3:29 PM from to ROCKY HILL PHARMACY <info@rockyhillpharmacy.com>, [REDACTED] and TIFFANY HANEY tiffany@rockyhillpharmacy.com, ROCKY HILL PHARMACY employees discussed add-on prescriptions on SCARIANO's prescriptions.

154. The subject of the email was “Scariano Add on script for records” and attached to the email was a PDF file labeled, “scarianoAddOn.” The PDF depicted a prescription pad for a compound cream with JACK SCARIANO’S name, NPI number, and phone number filled in. All other fields were blank. A copy of this email and attachment are shown below.

Phone: 865-337-5887
7660 S. Northshore Drive
Knoxville, TN 37919



Pain/Inflammation

Fax: 865-337-5889

1

Amitriptyline	4%
Hydrocortisone	0.5%
Lidocaine	5%
Cyclobenzaprine	2%
Tetracaine	5%
*	%
*	%
*	%

Qty 360 g

oTypical SIG Pain: Apply 2 to 4 pumps (1gram/pump) to painful area 3 to 4 times daily (max 12g/day)

QTY: 240g, 360g -OR- _____ g
NPI# 1255333977 DEA# _____
Name: Jack Scariano
Phone: 865-769-9595
Fax: _____

o The pharmacy may substitute based on insurance coverage or limitation. INITIAL _____

Add On; please check box

Diflorasone 0.05% Ointment
Sig: Apply 1-2g topically 1-3 times daily with compounded cream (must last 30 days)
Qty: 120gm
Refills: _____

****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION
-OR- ATTACH PATIENT DEMOGRAPHIC SHEET****

Patient Info: Name: _____ DOB: _____ SSN: _____
Allergies: _____ Phone: _____
Address: _____
Pharmacy: _____

Physician's Signature: _____ Date: _____ REFILLS: _____
I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

155. On or around 06/07/2023 at approximately 19:40 UTC (3:00 PM EST), [REDACTED] sent a text message to TIFFANY HANEY (shown above) stating, “Talking to pharmacy.” Attached to this text message was a picture showing a script for a compound pain cream prescription form with JACK SCARIANO’S name, telephone number, and NPI number, a

signature, a checked box adding diflorasone ointment to the prescription, and six refills. The date and patient info are absent. Below is a copy of the attached photograph.

6/7/23, 3:32 PM
 6/7/2023 15:29:29 EDT To: 186576995:0 Page: 1/1 From: Rocky Hill Pharmacy, LLC Fax: 8653375889

Phone: 865-337-5887
 7660 S. Northshore Drive
 Knoxville, TN 37919

Rocky Hill Pharmacy

Pain/Inflammation

Fax: 865-337-5889

1	○	Amitriptyline	4%
		Hydrocortisone	0.5%
		Lidocaine	5%
		Cyclobenzaprine	2%
		Tetracaine	5%
		*	%
		*	%
		*	%

Qty 360 g

○ Typical SIG Pain: Apply 2 to 4 pumps (1gram/pump) to painful area 3 to 4 times daily (max 12g/day)

QTY: 240g, 360g -OR- _____ g
 NPI# 1255333977 DEA# _____
 Name: Jack Scariano
 Phone: 865-769-9595
 Fax: _____

○ The pharmacy may substitute based on insurance coverage or limitation. INITIAL _____

Add On; please check box
 Diflorasone 0.05% Ointment
 Sig: Apply 1-2g topically 1-3 times daily with compounded cream (must last 30 days)
 Qty: 120gm
 Refills: _____

****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION -OR- ATTACH PATIENT DEMOGRAPHIC SHEET****

Patient Info: Name: _____ DOB: _____ SSN: _____
 Allergies: _____ Phone: _____
 Address: _____
 Pharmacy: _____

Physician's Signature: [Signature] Date: _____ REFILLS: 6
 I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

156. The below text message conversation occurred between ANNE WARREN (18652509161) and TIFFANY HANEY (18652993488) on 06/07/2023, where they discussed using the signed blank script [REDACTED] obtained from JACK SCARIANO. According to the messages, TIFFANY HANEY suggested ROCKY HILL PHARMACY put a copy of the JACK SCARIANO signed blank prescription to “every DOL patient we have.”

From	To	Text	Time stamp (UTC)
18652993488	18652509161	He said he's bringing to pharmacy now	06/07/2023 07:42:51 PM (UTC+0)
18652509161	18652993488	We'll it's a good back up	06/07/2023 07:43:19 PM (UTC+0)
		Just make a million copies and add to every DOL patient we have. We must make sure hydrocortisone is not part of formula when used in conjunction: OR if patients really like it, then they get both. Will keep our numbers even instead of heavy compounding	
18652993488	18652509161	Plus will be 2k profit	06/07/2023 07:44:07 PM (UTC+0)
18652509161	18652993488	Even though it's going thru	06/07/2023 07:45:03 PM (UTC+0)
18652993488	18652509161	They're all working now?	06/07/2023 07:45:23 PM (UTC+0)
18652509161	18652993488	Yes	06/07/2023 07:45:26 PM (UTC+0)

157. The next day, 06/08/2024, ANNE WARREN explains she told [REDACTED] that DOL EEOIC claims started being accepted again, but ROCKY HILL PHARMACY would use the blank signed prescription sheet from JACK SCARIANO as a “backup” if DOL EEOIC claims stopped working again.

Time stamp (UTC)	Text	From	To
06/08/2023 01:03:36 PM (UTC+0)	What did y'all tell [REDACTED] when he came in yesterday	HANEY TIFFANY <+18652993488>	Anne <+18652509161>
06/08/2023 01:49:30 PM (UTC+0)	I said it was working for the moment but we would use the blanket at a backup since we didn't know if it would stay working	Anne <+18652509161>	HANEY TIFFANY <+18652993488>

158. **Patient H.G.** Patient H.G., a DOL EEOIC beneficiary, received a pain cream prescription and a diflorasone prescription on 7/26/2023, prescribed in the name of JACK SCARIANO.

159. According to an online obituary, H.G. passed away on 9/19/2023.

160. Based on claims from Pioneer, ROCKY HILL PHARMACY filled a refill for H.G. on 9/18/23, the day before he died, but the sale was completed on 9/22/23.

161. Also, according to Pioneer data, ROCKY HILL PHARMACY filled H.G.'s pain cream prescription on 10/25/23, 11/21/23, and 12/20/23 and H.G.'s diflorasone prescription on 10/25/23 and 12/20/23. These claims were all paid out by DOL EEOIC, for a total of \$5,852.11 which were deposited into ROCKY HILL PHARMACY's operating accounts.

162. Additionally, according to Pioneer data, ROCKY HILL PHARMACY attempted to fill the diflorasone refill again on 1/30/2024. DOL EEOIC did not reimburse for this claim and the claim was cancelled.

163. Also, according to Pioneer data, ROCKY HILL PHARMACY attempted to fill a phone-in prescription for H.G. for a compound cream on 1/10/2024 under prescriber M.F. This too was submitted, but DOL EEOIC did not reimburse for this claim and the claim was cancelled.

164. **Patient C.B.** According to their patient file, patient C.B. received a pain cream prescription, prescribed in the name of JACK SCARIANO, that was faxed to ROCKY HILL PHARMACY on 9/11/2023. The scanned prescription sheet in C.B.'s patient file did not have a date or number of refills filled in. According to Pioneer claims data, ROCKY HILL PHARMACY filled refills under this prescription on 10/11/2023, 11/20/2023, 12/18/2023, 1/18/2024, and 2/14/2024. DOL EEOIC reimbursed all of these claims for a total of \$8,802.48 which were deposited into ROCKY HILL PHARMACY's operating accounts.

165. Diflorasone cream was not added on the original faxed prescription, but the prescription seized from ROCKY HILL PHARMACY showed diflorasone checked as an add-on. ROCKY HILL PHARMACY filled this diflorasone cream add-on on 9/12/2023, 10/11/2023, 12/19/2023, 1/18/2024, 2/14/2024, 4/11/2024, and 5/9/2024. DOL EEOIC reimbursed all of these claims for a total of \$10,109.39 which were deposited into ROCKY HILL PHARMACY's operating accounts.

166. Below is the original prescription from C.B.'s patient file without refills or difflorasone add-on, and a copy of the prescription seized from ROCKY HILL PHARMACY showing refills and difflorasone added.

Example 1, BEFORE:

8/7/2023 15:29:29 EDT To: 18657699510 Page: 1/1 From: Rocky Hill Pharmacy, LLC Fax: 8653375889

Phone: 865-337-5887
7660 S. Northshore Drive
Knoxville, TN 37919

Rocky Hill Pharmacy

Pain/Inflammation

Fax: 865-337-5889

1	<input type="radio"/>	Amitriptyline	4%
		Hydrocortisone	0.5%
		Lidocaine	5%
		Cyclobenzaprine	2%
		Tetracaine	5%
	*	<u>gabapentin</u>	<u>7.0 g</u>
	*	<u>ketamine</u>	<u>7.0 g</u>
	*		%
		Qty	<u>360</u> g

Typical SIG Pain: Apply 2 to 4 pumps (1gram/pump) to painful area 3 to 4 times daily (max 12g/day)

QTY: 240g, 360g -OR- _____ g

NPI# 1255333977 DEA# _____

Name: Jack Scariano

Phone: 865-769-9595

Fax: _____

The pharmacy may substitute based on insurance coverage or limitation. INITIAL _____

Add On; please check box

Difflorasone 0.05% Ointment

Sig: Apply 1-2g topically 1-3 times daily with compounded cream (must last 30 days)

Qty: 120gm

Refills: _____

****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION OR ATTACH PATIENT DEMOGRAPHIC SHEET****

Patient Info: Name: _____ DOB: _____ SSN: _____

Allergies: _____ Phone: _____

Address: _____

Pharmacy: _____

Physician's Signature: *Jack Scariano* Date: _____ REFILLS: _____

I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

Example 1, AFTER:

09-11-23 09:23 FROM-

T-223 P0003/0005 F-146

Phone: 865-337-5887
7660 S. Northshore Drive
Knoxville, TN 37919



Pain/Inflammation

Fax: 865-337-5889

1 (S)

Amiripyrine	4%
Hydrocortisone	0.5%
Lidocaine	5%
Cyclanazaprine	2%
Tetracaine	5%
* Gabapentin	7.0 g
* Ketamine	7.0 g
* _____	%

Qty 350 g

o Typical SIG Pain: Apply 2 to 4 pumps (1gram/pump) to painful area 3 to 4 times daily (max 12g/day)

QTY: 240g 360g -OR- _____ g

NPI# 1296334977 DEA# _____

Name: Jack Scariano

Phone: 865-769-9595

Fax: _____

o The pharmacy may substitute based on insurance coverage or limitation. INITIAL _____

Add On; please check box

Diflorasone 0.05% Cream

Sig: Apply 1-2g topically 1-3 times daily with compounded cream (must last 30 days)

Qty: 120gm

Refills: _____

****PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION OR ATTACH PATIENT DEMOGRAPHIC SHEET****

Patient Info: Name: _____ DOB: _____ SSN: _____

Allergies: _____ Phone: _____

Address: _____

Pharmacy: _____

Physician's Signature: *Jack Scariano* Date: 9/11/23 REFILLS: 0

I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

167. **Patient L.O.** According to Pioneer and documents seized from ROCKY HILL PHARMACY, patient L.O., a DOL EEOIC beneficiary, received a pain cream prescription written on 2/28/2022 with I.S. listed as the prescriber. Patient, L.O. also received a pain cream prescription written on 8/28/2023 with I.S. listed as the prescriber. The 8/28/2023 prescription sheet appeared to be a photocopy of the 2/28/2022 prescription with only the date being changed.

It appeared “2/28/22” was altered to “8/28/23”. Further, the 8/28/2023 script had the following typed at the bottom: “Document: Compound Cream 2/28/2022 Printed: 10-2-2023 09:49:39.” According to Pioneer data, the prescription dated 8/28/2023 was filled on 10/3/2023 and was reimbursed \$287.01 by DOL EEOIC which was deposited into ROCKY HILL PHARMACY’s operating accounts.

168. Below are the 2/23/2023 and 8/23/2023 prescription sheets, as well as close-up images of the signature blocks from each.

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Example 1a: 2/28/2023 Prescription

PAIN / INFLAMMATION

Rocky Hill Pharmacy

7660 S. NorthShore Drive Knoxville, TN 37919 Phone: 865-337-5887 FAX: 865-337-5887

PATIENT INFO:
 NAME: [REDACTED] DOB: [REDACTED] SSN: [REDACTED]
 ADDRESS: [REDACTED] PHONE: [REDACTED]
 ALLERGIES: [REDACTED] PHARMACY: [REDACTED]

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION -OR- ATTACH PATIENT DEMOGRAPHIC SHEET

The checked box signifies the originally prescribed and preferred medication(s) for my patient. If for any reason my patient cannot receive the originally prescribed compounded therapy, I order that the pharmacy shall separate out any individual I/OX prescribed if insurance coverage or limitations dictate it.

STEROID COMPOUNDS

Diclofenac 1% *Diflorasone 0.05%
 Ketoprofen 4% *Halobetsal 0.05%
 Cyclobenzaprine 2% *Fluocinolide 0.1%
 Lidocaine 5% %

*Only one steroid will be used Qty: 120g 260

Betafen 1% *Diflorasone 0.05%
 Cyclobenzaprine 1% *Halobetsal 0.05%
 Lidocaine 2% Fluocinolide 0.1%

*Only one steroid will be used Qty: 9

Ketoprofen 10% With Lidocaine 5% 150g.
 Acetophenone 2% Apply 2-3g top 3-4 x QD w/
 Diclofenac 1% compounded cream (30 D5)

Qty: 360g

PAIN / INFLAMMATION

Ibuprofen/Famotidine 800-26.6mg Tablet QTY #90 1 TID OR
 Ketoprofen 25mg Capsule QTY #90 1 TID

MUSCLE RELAXANTS

Chlorzoxazone 375mg Tablet QTY #60 1 TID OR Chlorzoxazone
 250mg Tablet QTY #90 1 TID
 Norgaic forte #90 1 TID PRN

ULCER PREVENTION

Omeprazole/Sitirib 40-1,100 Capsule QTY #30 1 QD OR
 Omeprazole/Bicarb 20-1,100 Capsule QTY #30 1 QD

SUPPLEMENTS

Amsoa Tablet QTY #60 1 BID OR Xvita Tablet QTY # 60 1BID OR
 Ortho DF Tablet QTY #30 1 QD
 Zefac Probiotic Capsule QTY #30 1 QD

SIG: Apply 2-4 pumps (1g/pump) to painful area(s) 3-4 times daily (max 12g/day)
 The pharmacy may separate out the following based on insurance coverage or limitations. Initial

Diclofenac 1% 300g; Lidocaine 5% 150g; Diflorasone 0.05% 120g,
 Halobetsal 0.05% 50g, Fluocinolide 0.1% 120g

SIG: Apply 1-2grams topically 1-2 times daily used in conjunction with compounded cream. (30 D5)

ADD ON OPTIONS:

1. Calcipotriene 0.005% _____g 4. Betamethasone _____% _____g
 2. Taderex _____g 5. Hydrocortisone Buty 0.1% _____g
 3. Dexam 5% _____g

SIG: Apply 2-4 grams top 3-4 times daily used in conjunction with compounded cream. (30 D6)
 Apply 1-2 grams top 1-2 times daily used in conjunction with compounded cream. (30 D6)

PHYSICIAN'S NAME: Dr. David Smelyan NPI: 1104308838
 PHONE: 865-337-5137 FAX: 865-312-8350
 PHYSICIAN'S SIGNATURE: [Signature] DATE: 2/28/22 REFILL: (5)

I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

Example 1b: Close up of 2/28/2023 prescription signature block.

PHYSICIAN'S NAME: Dr. David Smelyan NPI: 1104308838
 PHONE: 865-337-5137 FAX: 865-312-8350
 PHYSICIAN'S SIGNATURE: [Signature] DATE: 2/28/22 REFILL: (5)

I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

Example 1c: 8/28/2023 Prescription

PAIN / INFLAMMATION

Rocky Hill Pharmacy
7660 S. NorthShore Drive Knoxville, TN 37919 Phone: 865-337-5887 FAX: 865-337-5889

PATIENT NAME: [REDACTED] DOB: [REDACTED] SSN: [REDACTED]
ADDRESS: [REDACTED] PHONE: [REDACTED]
ALLERGIES: [REDACTED] PHARMACY: [REDACTED]

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION OR ATTACH PATIENT DEMOGRAPHIC SHEET

The checked box signifies the originally prescribed and preferred medication(s) for my patient. If for any reason my patient cannot receive the originally prescribed compounded therapy, I order that the pharmacy shall separate out any individual RX prescribed if insurance coverage or limitations dictate it.

TOPICAL COMPOUNDS

<input checked="" type="checkbox"/> Diclofenac 1%	<input type="checkbox"/> Diflorasone 0.05%
<input type="checkbox"/> Ketoprofen 4%	<input type="checkbox"/> Halobetasol 0.05%
<input type="checkbox"/> Cyclobenzaprine 2%	<input type="checkbox"/> Fluocinonide 0.1%
<input type="checkbox"/> Lidocaine 5%	<input type="checkbox"/> _____ %

*Only one steroid will be used Qty: 120 g

<input type="checkbox"/> Betadfen 1%	<input type="checkbox"/> Diflorasone 0.05%
<input type="checkbox"/> Cyclobenzaprine 1%	<input type="checkbox"/> Halobetasol 0.05%
<input type="checkbox"/> Lidocaine 2%	<input type="checkbox"/> Fluocinonide 0.1%
<input type="checkbox"/> _____ %	<input type="checkbox"/> _____ %

*Only one steroid will be used Qty: _____ g

<input type="checkbox"/> Ketoprofen 10%	With Lidocaine 5% 150g
<input type="checkbox"/> Amitriptyline 2%	Apply 2-3g top 3-4 x QD w/ compound (30 DS)
<input type="checkbox"/> Diclofenac 1%	
<input type="checkbox"/> _____ %	

Qty: 340 g

SIG: Apply 2-4 pumps (1g/pump) to painful areas 3-4 times daily (max 12g/day)

The pharmacy may separate out the following based on insurance coverage or limitations. Initial

Diclofenac 1% 300g Lidocaine 5% 150g Diflorasone 0.05% 120g Halobetasol 0.05% 50g Fluocinonide 0.1% 120g

SIG: Apply 1-2grams topically 1-3 times daily used in conjunction with compounded cream. (30 DS)

ADD ON OPTIONS:

1. Calcipotriene 0.005% _____ g	4. Betamethasone _____ % _____ g
2. Tacrolimus 0.03% _____ g	5. Hydrocortisone Buty 0.1% _____ g
3. Dexamethasone 0.1% _____ g	

SIG: Apply 2-4 grams top 3-4 times daily used in conjunction with compounded cream. (30 DS)
 Apply 1-2 grams top 1-3 times daily used in conjunction with compounded cream. (30 DS)

PAIN / INFLAMMATION

Ibuprofen/Famotidine 800/20mg Tablet QTY #90 1 TID OR Ketoprofen 25mg Capsule QTY #90 1 TID

MUSCLE RELAXANTS

Chlorzoxazone 375mg Tablet QTY #60 1 TID OR Chlorzoxazone 250mg Tablet QTY #90 1 TID

Norepetic forte #90 1 TID PRN

ULCER PREVENTION

Omeprazole/Bicarb 40-1,100 Capsule QTY #30 1 QD OR Omeprazole/Bicarb 20-1,100 Capsule QTY #30 1 QD

SUPPLEMENTS

Azisco Tablet QTY #60 1 BID OR Xarelto Tablet QTY #60 1 BID OR Ortho DP Tablet QTY #30 1 QD

Zelic Probiotic Capsule QTY #30 1 QD

PHYSICIAN'S NAME: Eric D. Dunbar Smeliansky NPI: 1194889835
PHONE: 865-337-5137 FAX: 865-312-8350
PHYSICIAN'S SIGNATURE: [Signature] DATE: 8/28/23 REFILL: (5)

I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

Document: Compound cream 2/28/2022 Printed: 10-02-2023 09:49:39

Example 1d: Close up of 8/28/2023 prescription signature block.

PHYSICIAN'S NAME: Eric D. Dunbar Smeliansky NPI: 1194889835
PHONE: 865-337-5137 FAX: 865-312-8350
PHYSICIAN'S SIGNATURE: [Signature] DATE: 8/28/23 REFILL: (5)

I authorize the pharmacy to adjust the total number of grams dispensed based on the maximum allowable grams set by the patient's prescription insurance benefit plan. If provider wishes to write a different formula, please indicate on pad, or call the pharmacy.

Document: Compound cream 2/28/2022 Printed: 10-02-2023 09:49:39

175. Steroid Add-ons/Substitutions. Between August 2018 and July 2024, ROCKY HILL PHARMACY was paid approximately \$3,233,728 from health benefit plans for the steroid additions to the formularies.

176. DOL EEOIC. Between August 2019 and July 2024, DOL EEOIC has paid ROCKY HILL PHARMACY approximately **\$22,900,313** for those prescriptions which was deposited into the Truist account 5155.

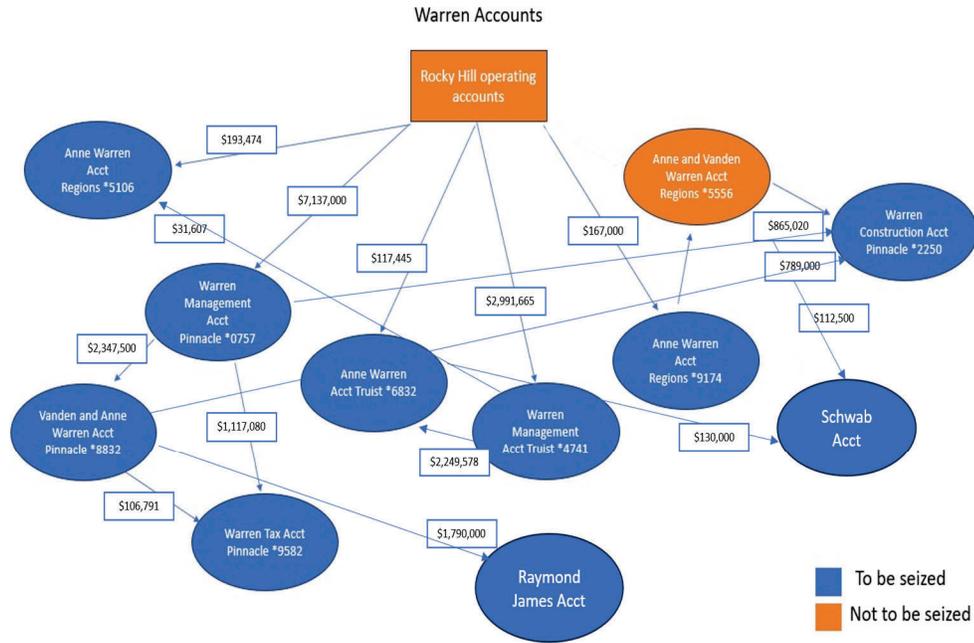
177. The sum of payments to ROCKY HILL PHARMACY for the five schemes totals \$32,925,969. There is probable cause to believe these claims were paid based on fraudulent prescriptions submitted by ROCKY HILL PHARMACY.

TRACING OF PROCEEDS

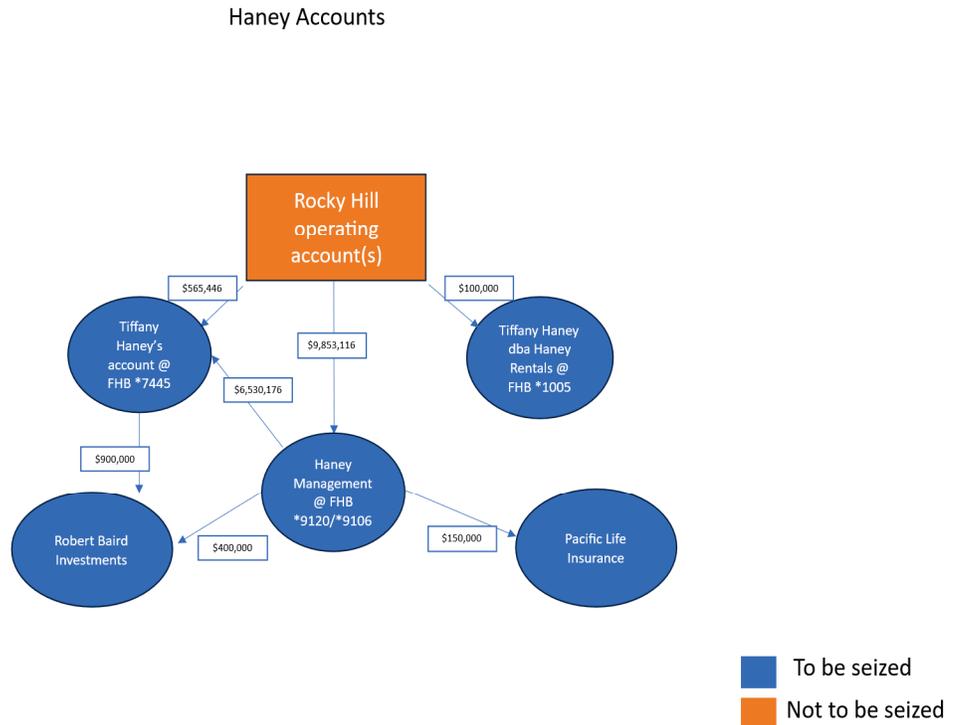
178. The claims data referenced above was used to trace the proceeds derived from the health care fraud offenses. Financial records obtained during the investigation revealed that the proceeds obtained from the PBMs for the fraudulent claims were deposited into ROCKY HILL PHARMACY's two operating accounts.

179. According to financial records, PBM deposits totaled at least \$34,001,571 to ROCKY HILL PHARMACY's two operating accounts through September 2024. As summarized in the charts below and further described below, a substantial portion of these proceeds were then transferred to other bank accounts, and then were ultimately used to enrich TIFFANY HANEY, ANNE WARREN and others by funding real properties, vehicles and investment accounts.

Summary Graph of Payments from Rocky Hill Pharmacy to Anne Warren Accounts



Summary Graph of Payments from Rocky Hill Pharmacy Accounts to Tiffany Haney Accounts



MONEY LAUNDERING, SEIZURES, AND FORFEITABILITY OF REAL PROPERTIES

180. For the reasons set forth above, there is probable cause to believe that proceeds from ROCKY HILL PHARMACY, LLC, TIFFANY HANEY, and ANNE WARREN's activities are proceeds of a specified unlawful activity, namely healthcare fraud under 18 U.S.C. § 1956(c)(7)(F). Based on the above, there is also probable cause to believe ROCKY HILL PHARMACY, LLC, TIFFANY HANEY, and ANNE WARREN knew that those proceeds were criminally derived.

181. As set forth below, TIFFANY HANEY, and ANNE WARREN, and thereby ROCKY HILL PHARMACY, LLC, conducted or attempted to conduct financial transactions, with proceeds that TIFFANY HANEY, and ANNE WARREN knew were from the conspiracy to

commit healthcare fraud, for the purpose of concealing the nature, source, location, ownership, or control of those proceeds, in violation of 18 U.S.C. § 1957.

182. As set forth below, TIFFANY HANEY, and ANNE WARREN, and thereby ROCKY HILL PHARMACY, LLC, with proceeds from the conspiracy to commit healthcare fraud exceeding \$10,000, engaged in monetary transactions involving financial institutions, in violation of 18 U.S.C. § 1957. Furthermore, based on the money movement, the Bank Accounts, Investment Accounts, Vehicles and Real Properties are therefore subject to forfeiture. The tracing analysis of the real properties are provided below. The United States will file a *lis pendens* on the real properties subject to forfeiture.

183. Section 1957 is the transactional money laundering statute — It makes it an offense merely to spend, transfer, or receive more than \$10,000 in SUA proceeds. Only part of the money need be dirty; any money involved in a transaction from a commingled account is considered “proceeds”. *United States v. Warshak*, 631 F.3d 266, 332 (6th Cir. 2010) (a transaction does not have to consist solely of criminal proceeds to constitute a money laundering offense; that a transaction may have included proceeds of a legitimate side of defendant’s business is irrelevant); *United States v. Thompson*, 758 Fed. Appx. 398 (6th Cir. 2018) (evidence that Tennessee drug dealer’s drug proceeds were the greater part of his overall income, which included income from an auto-repair business, sufficient to show that money wired to his Ohio drug supplier “involved” commingled drug proceeds, applying *Warshak*).

184. The following two spreadsheets elucidate instances in which each identified account and forfeitable asset was “involved in” money laundering transactions in violation of 18 U.S.C. § 1957. The chart does not reflect every money laundering transaction. It provides

instances to establish probable cause for the identified accounts, deposits, transfers, withdrawals, or purchases involved in Money Laundering.

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Bank	Name	Account Number	RHP funds	Next step from account listed in column B
Regions	Anne Whitehead Warren	9174	12/30/19 - \$167,000 from RP Truist 5152 On 12/05/19 this account received an \$18,000 transfer from the Truist Warren Management account 4741. The Truist account 4741 received a \$30,000 deposit from the RHP	On 03/25/20, \$50k was transferred to the Regions checking ending in 5556. The Regions 5556 account issued a \$50,000 chk to Ladd Scapes for a pool deposit (chk 5037) on 03/26/20. On 12/12/19 this account transferred \$17,246.55 to Toyota Financial via ACH transfer.
Truist Bank	Anne Warren	6832	Truist account 5152 on 11/13/19.	
Pinnacle	Anne & Vanden Warren Construction account	2250	On 04/26/22 this acct received \$40,000 from Pinnacle 0757, named Warren Management. Pinnacle 0757 received \$150,000 from RHP Truist 5152 on 03/28/22.	05/04/22 chk #1043 for \$25,440.78 was issued to SMC Residential LLC for construction-related expenses.
Pinnacle	Anne W. Warren Tax Account	9582	On 09/28/22 this acct received \$200,000 from Pinnacle (0757). Pinnacle 0757 received \$200,000 from RHP's Truist 5152 on 09/07/22.	On 09/29/22 this account wired \$200,000 to Cantley Dietrich LLC
Pinnacle	Vanden Warren, Anne Warren	8832	08/15/22 this acct rec'd a \$100,000 deposit from the Pinnacle Bank Warren Mgt 0757, which received \$150,000 from RHP Truist 5152 on 08/15/22	08/16/32 - chk 1014 for \$34,400 issued to Quinn Appliance
Truist Bank	Anne Warren	6832	12/30/19 - \$110,000 deposit from RHP's First Citizens Bank acct 2730.	01/16/20 - ACH transaction to Schwab Brokerage for \$100,000
Regions	Vanden C. or Anne Whitehead Warren	5556	On 05/28/20 this account received a \$14,000 transfer from Warren's Regions Bank account 9174. The Regions account 9174 received \$167,000 from RHP's Truist 5152 account on 12/30/19	On 06/01/20 chk #5063 for \$15,000 payable to Ladd Scapes cleared the account. This related to the addition of a swimming pool at Warren's 12001 Rivianna Lane, Knoxville, TN property.
Truist Bank	Anne Warren Warren Management, LLC	6832 4741	On 07/14/20 this account received a \$23,000 transfer from the Truist Warren Management account ending in 4741. The Truist Management 4741 account received \$100,000 from the RHP Truist 5152 account on 06/23/20. On 12/30/20 this account received a \$650,000 deposit from the RHP Truist 5152 account.	On 08/11/20 chk #1120 for \$20,000 was issued to Elite Realty for the purchase of property known as 1508 Regiment Way, Knoxville, TN On 01/20/21 this account paid \$20,000 to Tennessee State Revenue via ACH transaction. On 03/19/21 a \$17,187.11 ACH transfer was made to Capital One credit card.
Truist Bank	Anne Warren	6832	On 05/12/21 this account received a \$30,000 transfer from the Truist Warren Management account ending in 4741. The Truist Management account 4741 received \$125,000 from the RHP Truist 5152 account on 03/01/21.	On 05/14/21 chk #1141 for \$15,000 was issued to American Boat Center as a deposit for the purchase of a Sea Ray boat.
Pinnacle	Vanden Warren, Anne Warren	8832	On 06/29/21 this account received a \$134,500 transfer from the Pinnacle Warren Management account 0757. The Pinnacle Warren Management account 0757 received \$150,000 from RHP's Truist 5152 account on 06/10/21.	On 06/29/21 this account paid \$134,436.79 to American Boat Center (via cashier's check purchase) for the final payment on a Sea Ray boat.
Pinnacle	Vanden Warren, Anne Warren	8832	On 01/05/22 this account received a \$250,000 transfer from the Pinnacle Warren Management account ending in 0757, and received \$400,000 on 12/30/21. The funds in the Pinnacle 0757 account originated from a \$330,000 deposit from the RHP Truist 5152 account on 12/30/21 and a \$250,000 deposit on 12/03/21.	On 01/12/22 this account transferred \$550,000 to Raymond James Brokerage via ACH transfer.
Truist Bank	Warren Management, LLC	4741	11/10/22 - \$50,000 deposit from RHP's Truist 5152	12/20/22 made a \$15,584.95 ACH payment to Capital One
Regions	Anne Whitehead Warren	5106	11/04/22 - \$12,000 deposit from Regions 9174, which still had \$100k of the \$167k transfer listed above.	11/08/22 - the 5106 acct paid \$12,668.73 electronically to Citibank
Pinnacle	Vanden Warren, Anne Warren	8832	On 10/30/23 this account received a \$35,000 transfer from the Pinnacle Warren Management account 0757. The Warren Management account ending in 0757 received \$150,000 from the RHP Truist 5152 account on 10/18/23.	On 11/24/23 chk #1049 for \$31,730 was issued to Able Guinte Pools for a deposit on a swimming pool to be built at 1508 Regiment Way, Knoxville, TN.

Haney				
Bank	Account Title	Account	RHP funds	Next step from account listed in column B
First Horizon Bank	Jordan Haney, Tiffany Haney	██████████ 7445	On 12/31/19 this account received \$110,000 from the RHP Truist 5152 account	On 01/10/20 chk #986 for \$18,512.49 was issued to Knoxville TVA Employees Credit Union for a van payoff.
First Horizon Bank	Haney Consulting LLC	██████████ 9106	On 05/19/22 this account received \$150,000 from RHP's Truist 5152 account	On 05/31/22 this account paid \$19,549.42 to American Express via ACH.
First Horizon Bank	Jordan Haney, Tiffany Haney	██████████ 7445	On 05/15/20 this account received \$30,000 from Haney's account ██████████ 9120 in the name Haney Management LLC, with First Horizon Bank. FHB account ██████████ 9120 is now closed, but on 05/11/20 received \$100,100 from RHP Truist 5152 account.	On 06/01/20 chk #1025 for \$27,960 was issued to Able Guinite Pools to partially fund the addition of a swimming pool to Haney's 8912 Braithwaite Lane, Knoxville, TN property.
First Horizon Bank	Haney Management LLC	██████████ 9120	On 12/30/20 this account received \$350,000 from RHP's Truist 5152 account.	On 12/30/20 this account transferred \$137,500 to PAC Life (assumed to be Pacific Life Insurance) via ACH transaction.
First Horizon Bank	Jordan Haney, Tiffany Haney	██████████ 7445	On 03/05/21 this account received \$28,008.52 from Haney's FHB account ██████████ 9120 (Haney Management). The FHB Haney Management account ██████████ 9120 received \$125,000 from the RHP Truist account 5152 on 02/26/21.	On 03/08/21 this account issued check #1088 for \$28,008.52 to Rice Buick GMC for the purchase of GMC Yukon. Note that this Yukon was likely traded in for a 2024 GMC Sierra 1500 truck in 2024.
First Horizon Bank	Jordan Haney, Tiffany Haney	██████████ 7445	On 06/27/22 this account received \$110,000 from Haney's FHB account ██████████ 9106 (Haney Consulting). The FHB account ██████████ 9106 received a \$150,000 deposit from the RHP Truist 5152 account on 06/24/22.	On 06/28/22 this account transferred \$100,000 to Robert Baird & Company, an investments company, via ACH transaction.
First Horizon Bank	Jordan Haney, Tiffany Haney	██████████ 7445	On 03/10/22 this account received \$20,000 from Haney's FHB account ██████████ 9106 (Haney Consulting). The FHB account ██████████ 9106 received \$150,000 from the RHP Truist 5152 account on 02/28/22.	On 03/11/22 chk #1172 for \$15,037 was issued to Cormier Construction for home improvements to Haney's 962 Vicar Lane property.
First Horizon Bank	Haney Consulting LLC	██████████ 9106	On 03/02/23 this account received \$150,000 from the RHP Truist account 5152.	On 03/13/23 chk #1002 for \$84,292.18 was issued to Cadillac of Knoxville for the purchase of a 2023 Cadillac Escalade.
First Horizon Bank	Jordan Haney, Tiffany Haney	██████████ 7445	On 05/15/23 this account received a \$62,606.88 transfer from Haney's FHB account ██████████ 9106 (Haney Consulting). The Haney Consulting account FHB 9106 received \$150,000 from the RHP Truist 5152 account on 05/08/23.	On 05/15/23 Haney withdrew \$62,606.88 for the purchase of a pontoon boat from American Boat Center.
First Horizon Bank	Jordan Haney, Tiffany Haney	██████████ 7445	On 05/12/23 this account received a \$370,000 transfer from Haney's FHB account ██████████ 9106 (Haney Consulting). The Haney Consulting account FHB 9106 received \$150,000 from the RHP Truist 5152 account on 05/08/23, \$150,000 on 04/21/23, and \$175,000 on 03/30/23.	On 05/12/23 a wire transfer of \$369,590.72 was issued to Admiral Title for the downpayment on property located at 2099 Blue Iris Way, Sevierville, TN.
First Horizon Bank	Jordan Haney, Tiffany Haney	██████████ 7445	On 01/29/24 this account received a \$40,000 transfer from the FHB Haney Consulting account ██████████ 9106. The FHB Haney Consulting account ██████████ 9106 received a \$150,000 from RHP's Truist 5152 account on 01/29/24.	Also on 01/29/24 Haney wired \$40,000 to Admiral Title Inc to assist Tabitha Roper in the purchase of 1104 Park Hill Circle, Knoxville, TN property.
First Horizon Bank	Haney Consulting LLC	██████████ 9106	On 03/04/24 this account received a \$150,000 deposit from RHP's Truist 5152 account.	On 04/01/24 chk #1003 for \$41,672.86 was issued to Rice Buick GMC for the purchase of a 2024 GMC Sierra truck.
First Horizon Bank	Haney, Tiffany dba Haney Rentals	██████████ 1005	On 08/05/24 this account received \$100,000 from RHP's Truist 5152 acct	On 09/03/24 this account paid \$10,618.25 to United Wholesale for a loan (mortgage) payment (via ACH)

185. Notably unlike 18 U.S.C. § 1956 money laundering there is no requirement under § 1957 for the intent to conceal. *See U.S. v. Reynolds*, 534 Fed Appx. 347, 368 (6th Cir 2013). (18 U.S.C. § 1957 does not require an intent to conceal). *United States v. Allen*, 129 F.3d 1159,

1165 (10th Cir. 1997) (section 1957 proscribes a wider range of conduct than § 1956; it contains no conceal or disguise element and thus applies to the most open, above-board transactions).

186. Some examples of what would otherwise be legal transactions are a simple wire transfer, depositing proceeds, withdrawing proceeds, sales of proceeds and converting proceeds to another form. *See United States v. Igbokwe*, 518 F.3d 550, 552 (8th Cir. 2008) (simple wire transfer in excess of \$10,000 from account containing Medicare fraud proceeds is a § 1957 violation); *United States v. Caldwell*, 302 F.3d 399, 407 (5th Cir. 2002) (simple deposit of check representing fraud proceeds was a § 1957 violation); *United States v. Gregg*, 179 F.3d 1312, 1315 (11th Cir. 1999) (withdrawal of money from a bank account is a monetary transaction); *United States v. Hoogenboom*, 209 F.3d 665, 669 (7th Cir. 2000) (same); *United States v. Griffith*, 17 F.3d 865, 879 (6th Cir. 1994) (sale of inventory derived from mail/wire fraud offenses to third party is § 1957 violation); *United States v. Diamond*, 378 F.3d 720, 729 (7th Cir. 2004) (purchase of cashier's check with fraud proceeds is a § 1957 offense).

ANNE WARREN Bank Accounts

187. As summarized in the Summary Graph of Payments chart above, records reflect transfers from ROCKY HILL PHARMACY'S operating accounts to following bank accounts held in the name of ANNE WARREN:

- a. Truist Bank account number xxxxxx6832, in the name of ANNE W. WARREN, received deposits from ROCKY HILL PHARMACY's operating accounts totaling \$117,445 between 01/11/2019 and 12/31/2019;
- b. Truist Bank account number xxxxxx4741, in the name of WARREN MANAGEMENT, LLC, received deposits from ROCKY HILL PHARMACY's operating accounts totaling over \$2,991,665 between 10/21/2019 and 03/06/2024, and served as a conduit between ROCKY HILL PHARMACY's operating accounts and ANNE WARREN's accounts;

- c. Regions Bank account number xxxxxx9174, in the name of ANNE WHITEHEAD WARREN, received a deposit from a ROCKY HILL PHARMACY's operating accounts totaling \$167,000 on 12/30/2019;
- d. Regions Bank account number xxxxxx5106, in the name of ANNE WHITEHEAD WARREN, received deposits from ROCKY HILL PHARMACY's operating accounts totaling \$193,474 from 08/24/2018 through 08/28/2024;
- e. Pinnacle Bank account number xxxxxx0757, in the name of WARREN MANAGEMENT, LLC, received deposits from ROCKY HILL PHARMACY's operating accounts totaling over \$7,137,000 between 03/29/2021 and 10/02/2024;⁴
- f. Pinnacle Bank account number xxxxxx2250, in the name of ANNE C. Warren and VANDEN W. WARREN CONSTRUCTION ACCT., received \$865,020 from the Warren Management account with Pinnacle Bank xxxxxx0757 and a net of \$789,000 from ANNE WARREN'S Pinnacle Bank account xxxxxx8832, for a total of \$1,654,020 between 12/03/2021 and 10/23/2023;
- g. Pinnacle Bank account number xxxxxx9582, in the name of ANNE W. WARREN TAX ACCOUNT, received deposits totaling approximately \$1,223,871 between 05/31/2021 and 10/31/2023, \$1,117,080 of which was deposited from Pinnacle 0757 and the remainder of which was deposited from Pinnacle 8832 (discussed in the next paragraph); and
- h. Pinnacle Bank account number xxxxxx8832, in the name of VANDEN C. WARREN, ANNE W. WARREN, received deposits totaling approximately \$2,965,079 between 11/03/2020 and 10/30/2023. Of this, \$2,347,500 was transferred from the Warren Management account, Pinnacle Bank account xxxxxx0757, which received over \$7,137,000 from ROCKY HILL PHARMACY's operating accounts. The remaining \$617,579 in deposits represented transfers from other ANNE WARREN bank accounts (\$210,000 from the Truist account 6832 and \$7,000 from the Pinnacle account 2250), \$3,880 in Citibank credit card rewards, and \$396,699 from unknown sources.

⁴ Note that although Pioneer claims data extends through 7/31/2024, payments by PBM's and health benefit plans lags claims submission. Therefore, payment of July 2024 claims occurred past July 2024.

188. As described in detail below, funds were subsequently withdrawn from these accounts to make a variety of purchases and to establish investment accounts.

TIFFANY HANEY Accounts

189. As summarized in the chart above, records reflect transfers from ROCKY HILL PHARMACY'S operating accounts to the following banks accounts held in the name of TIFFANY HANEY:

- a. First Horizon Bank account number xxxxxx7445, in the name of Jordan Haney, TIFFANY HANEY, received deposits from ROCKY HILL PHARMACY'S operating accounts totaling approximately \$565,446 between 08/24/2018 and 10/27/2023;
- b. First Horizon Bank account number xxxxxx9106, in the name of HANEY CONSULTING, LLC, received deposits from ROCKY HILL PHARMACY'S operating accounts totaling approximately \$6,612,000 from 12/02/2021 through 10/01/2024⁵. Note that First Horizon Bank account xxxxx4229106 replaced First Horizon Bank account xxxxxx9120 in the name of HANEY MANAGEMENT LLC. The First Horizon Bank account xxxxxx9120 was open from 09/30/2019 through 05/05/2022 and received \$3,241,116 from ROCKY HILL PHARMACY'S operating accounts during this period; and
- c. First Horizon Bank account number xxxxxx1005 in the name of TIFFANY HANEY, dba HANEY RENTALS, received deposits totaling \$100,000 from ROCKY HILL PHARMACY'S operating account xxxxxx5152 on 08/05/2024.

190. As described in detail below, funds were subsequently withdrawn from these accounts to make a variety of purchases and to establish investment accounts.

191. **TIFFANY HANEY ACCOUNTS.** During the course of this investigation, FBI identified and requested financial accounts for TIFFANY HANEY. The following are significant transactions observed within TIFFANY HANEY'S combined bank accounts.

⁵ Note that although Pioneer claims data extends through 7/31/2024, payments by PBM's and health benefit plans lags claims submission. Therefore, payment of July 2024 claims occurred past July 2024.

Image of 8912 Braithwaite Lane



192. **8912 Braithwaite Lane.** On 01/17/2020, Tiffany and Jordan Haney issued a check for \$164,423.17 from their First Horizon Bank (FHB) account 7445 to Superior Title and Escrow LLC for the purchase of a home at 8912 Braithwaite Lane, Knoxville, TN 37922. The check was funded by a \$110k and a \$167k check from the ROCKY HILL PHARMACY First Citizens Bank (FCB) account 2730 deposited to the account ending in 7445 on 12/31/19. Home improvements to this property, including adding a swimming pool, totaled \$378,467, and mortgage payments on this property totaled \$206,946 through September 2024. All payments were made from TIFFANY HANEY's account FHB 7445, that received funds from ROCKY HILL PHARMACY Truist account 5152 and FCB account 2730. Total funds from ROCKY HILL PHARMACY invested in this property equals at least \$837,598.

193. **Refinance of 8912 Braithwaite Lane.** On 10/04/2021, Tiffany Haney issued a check for \$92,561.68 to Superior Title and Escrow LLC from her FHB account 7445. Based on text messages by TIFFANY HANEY this check was used to refinance the 8912 Braithwaite Lane, pay down mortgage as part of refinancing. This was funded by a \$92k transfer from the FHB Haney Management LLC account 9120, which in turn was funded by a \$150k check from ROCKY HILL PHARMACY Truist account 5152 on 09/13/21.

194. **2024 GMC Sierra Denali.** The 2024 GMC Sierra was purchased in or around April 2024 and was registered to Haney Consulting, LLC on 04/25/2024 at a cost of \$82,500. The Haney Consulting account with FHB ending in 9106 issued a check to Rice Buick GMC for \$41,672.86 on or about 04/01/2024. The difference between the purchase price of \$82,500 and the \$41,672.86 check is about \$40,827. Thus, the 2024 GMC Sierra appears to have involved a ~~was~~-trade of TIFFANY HANEY's previous vehicle, a 2021 GMC Yukon Denali. The 2021 Yukon Denali purchase can be traced from ROCKY HILL PHARMACY funds as follows.

195. On 12/08/2020, TIFFANY HANEY paid \$61,206.43 to Rice Buick GMC from her FHB account 7445. On 12/16/20, TIFFANY HANEY paid an additional \$67,534.65 to Rice Buick GMC, for a total of \$128,741.08 to the dealership. The funds appeared to be used to purchase two 2021 GMC Yukons. The payments to Rice GMC Buick were funded by transfers from the FHB Haney Management account 9120, which was funded by a \$250k check from ROCKY HILL PHARMACY Truist Bank account 5152 on 11/04/2020. On 03/08/2021 TIFFANY HANEY purchased an additional vehicle from Rice Buick GMC for \$28,008 from her FHB account 7445. The March 2021 vehicle purchase was funded by a \$125,000 check from ROCKY HILL PHARMACY Truist account 5152 on 02/26/2021. TIFFANY HANEY sold the

2021 GMC Yukon Denali in or around June 2024, as it was titled and registered to a new owner on 06/27/2024.

196. **Pacific Life Insurance.** On 12/30/2020, TIFFANY HANEY transferred \$150,000 from her FHB Haney Management account 9120 to PAC LIFE INS (likely Pacific Life Insurance), which could represent an insurance policy with a cash value. This was funded by a \$350k check from RHP account Truist 5152 on 12/30/2020. Additional \$12,500 transfers to PAC LIFE INS were made from the FHB Haney Management account 9120 on 02/01/2021, 03/03/2021, and 03/31/2021. The FHB Haney Management account 9120 received \$125,000 from the RHP Truist account 5152 on 02/26/2021. Note that the FHB Haney Management account 9120 was closed on 05/05/2022 and replaced by the FHB Haney Consulting account. The FHB Haney Management account 9120 received \$3,241,116 from ROCKY HILL PHARMACY, Truist account number 5152 and FCB 2730. TIFFANY HANEY received \$37,500 from PAC LIFE INSURANCE on 04/23/21, so the net investment is at least \$150,000.

197. **Robert Baird investment account.** On 08/31/2021, TIFFANY HANEY transferred \$300,000 from her FHB Haney Management LLC account 9120 to Robert W. Baird, an investment firm. This was funded by a \$150k deposit on 08/03/21 and a \$150k deposit on 06/09/21 from the ROCKY HILL PHARMACY Truist 5152.

198. On 09/13/2021, TIFFANY HANEY transferred \$300k from her FHB Haney Management LLC account 9120 to Robert W. Baird. This was funded by a \$150k deposit from ROCKY HILL PHARMACY account 5152 on 08/27/2021.

199. On 06/28/2022, \$100,000 ACH transfer to Robert Baird investments was made from Haney's FHB account 7445. This was funded by a \$110,000 deposit from the FHB Haney

Consulting LLC account 9106, which was funded by a \$150,000 deposit from ROCKY HILL PHARMACY Truist account 5152 on 06/24/2022.

200. On 07/02/2024 a \$100,000 ACH transfer to Robert Baird investments was made from HANEY'S FHB account 7445. This was funded by a \$100,000 transfer from the FHB Haney Consulting LLC account 9106 on 07/01/2024, and the 9106 account received a \$250,000 check deposit from ROCKY HILL PHARMACY Truist account 5152 on that same date, 07/01/2024.

201. Total funds transferred to Robert W. Baird investment firm through 08/2024 was \$1,300,000. The current balance in HANEY's investment account with Robert W. Baird was \$1,912,437 as of 06/30/2024.

Image of 962 Vicar Lane



202. **962 Vicar Lane.** On 11/18/2021, TIFFANY HANEY issued a check to Superior Title and Escrow for \$118,039.94 from her FHB account 7445. This check appeared to fund the

purchase of 962 Vicar Lane, Knoxville, TN 37919. This was funded by a \$118,000 transfer from the FHB Haney Management LLC account 9120, which in turn was funded by a \$150,000 deposit from ROCKY HILL PHARMACY account 5152 on 11/12/21. Home improvements to this property, such as new flooring, totaled \$107,894, and mortgage payments through 09/2024 totaled \$50,546. For example, on 04/01/2022 Haney paid \$29,491 from her FHB account ending in 7445 to Cormier Construction. This payment was funded by a \$25k transfer from the Haney Consulting FHB account ending in 9106 on 03/31/22, which in turn was funded by a \$150,000 check from the RHP Truist account ending in 5152 on 03/29/2022. All payments traced back to funds from ROCKY HILL PHARMACY Truist account ending in 5152. In total, funds traced to this property through 09/2024 totaled \$276,480.

203. **2023 Cadillac Escalade.** On 03/13/23, TIFFANY HANEY paid \$84,292.18 to Cadillac of Knoxville from the FHB Haney Consulting LLC account ending in 9106 for a 2023 Cadillac Escalade. The payment was funded by a \$150,000 deposit to the account ending in 9106 from ROCKY HILL PHARMACY account ending in 5152 on 03/02/2023.

Image of 2099 Blue Iris Way



204. **2099 Blue Iris Way.** On 05/12/2023, TIFFANY HANEY wired \$369,590.72 to Admiral Title from her FHB account ending in 7445 for the purchase of property at 2099 Blue Iris Way, Sevierville, TN 37876. This was funded by a \$370,000 transfer from the FHB Haney Consulting LLC account ending in 9106, which in turn received a \$150,000 deposit on 05/08/2023, \$150,000 on 04/21/2023, and \$175,000 on 03/22/23-- all from ROCKY HILL PHARMACY account ending in 5152. Prior to this, TIFFANY HANEY issued a \$20,000 deposit for the property on 05/09/23 from her FHB account ending in 7445. The \$20,000 was funded by a \$20,000 transfer from FHB Haney Consulting account ending in 9106 on 05/08/2023, which was funded by the above-noted deposits from ROCKY HILL PHARMACY account ending in 5152 on 03/22/2023, 04/21/2023, and 05/08/2023 .

205. Home improvements to this property, such as adding 'lake steps' and landscaping totaled \$45,231, and mortgage payments through 09/2024 totaled \$161,596. For example, on 10/23/2023 the FHB account ending in 7445 issued a check for \$13,628 to Play Rite Sport Surfaces. This payment was funded by a \$25,000 transfer from the FHB Haney Consulting account ending in 9106 on 10/20/2023, which in turn was funded by a \$150,000 deposit from the RHP Truist account ending in 5152 on 10/06/2023. Beginning in or around 06/03/2024 the mortgage payments to United Wholesale for this property were made from the First Horizon Bank account xxxxxx1005 in the name of Haney Rentals, and through 09/26/24 totaled \$46,473. The Haney Rentals account xxxxxx1005 was funded by a \$100,000 transfer from TIFFANY HANEY's personal account xxxx7445 with FHB on 05/23/24 and \$100,000 from the ROCKY HILL PHARMACY account ending in 5152 on 08/05/2024. All expenses for this property were ultimately funded by ROCKY HILL PHARMACY account ending in 5152, and funds traced to this property through 09/2024 totaled \$631,604.

206. **PWC (HIN BDF15549B323).** On 05/15/2023, TIFFANY HANEY obtained a cashiers' check for \$62,606.88 payable to the American Boat Center from her FHB account ending in 7445, with a note that referenced a pontoon boat purchase. On the same date, this account received a \$62,606.88 transfer in from the FHB Haney Consulting LLC account ending in 9106, and that account was funded by a \$150,000 deposit from ROCKY HILL PHARMACY 5152 on 05/08/2023.



207. **1104 Park Hill Circle.** On 01/29/2024, JORDAN HANEY wired \$40,000.00 to Admiral Title from his FHB account ending in 7445 for TABITHA ROPER'S purchase of property at 1104 Park Hill Circle, Knoxville, TN 37909 on 02/02/2024. This wire transfer was funded by a \$40,000 transfer to the FHB account ending in 7445 from the Haney Consulting account FHB ending in 9106, on 01/29/2024. The Haney Consulting account 9106 received \$150,000 from ROCKY HILL PHARMACY'S Truist account ending in 5152 on 01/29/2024. Prior to this, TIFFANY HANEY issued a \$15,000 check, from her FHB account 7445 to TABITHA ROPER on 12/20/2023. The \$15,000 check to TABITHA ROPER was ultimately funded by a \$375,000 check from ROCKY HILL PHARMACY account 5152 deposited to the FHB account 9106 on 12/19/2023, and the FHB 9106 account transferred \$30,000 to the FHB account 7445 on 12/21/2023. TIFFANY HANEY and JORDAN HANEY signed gift letters for the \$15,000 check and \$40,000 wire transfer indicating the both funds were gifts from TIFFANY and JORDAN HANEY to TABITHA ROPER "to be applied toward the purchase of the property located at: 1104 Park Hill Circle, Knoxville, TN 37909." The purchase price of the 1104 Park

Hill Property was \$390k, and with closing costs the cost was around \$400,202. TABITHA ROPER took a mortgage loan of \$312k for this property, leaving about \$88,202 to fund at closing. The closing documents indicated TABITHA ROPER provided \$3,000 earnest money, received \$40k as a gift, and owed \$45,017.92 at closing.

208. TABITHA ROPER'S purchase of 1104 Park Hill Circle was contingent upon the sale of her previous home, 8540 Golden Cloud Trail Lane (Golden Trail), Knoxville, TN 37931, and the sale of that property occurred on 02/01/2024. TABITHA ROPER received \$45,180.54 from the sale of 8540 Golden Cloud Trail. TABITHA ROPER purchased Golden Trail in or around January 2022 and received a net of \$42,124 from TIFFANY HANEY to purchase Golden Cloud. Specifically, on 01/11/2022 TIFFANY HANEY provided a \$2,000 check to Realty Executives from her FHB account 7445 as a deposit for TABITHA ROPER for Golden Cloud. The \$2,000 was funded by a \$42,636.07 transfer from the FHB Haney Management account 9120 on 12/31/2021. The FHB account 9120 received \$150,000 from ROCKY HILL PHARMACY account 5152 on 11/12/21. On 01/26/22 TIFFANY HANEY provided a \$91,124 check to TABITHA ROPER from HANEY'S FHB 7445. This was funded by a \$91,124 transfer from the Haney Consulting FHB account 9106 on 01/24/2022. The Haney Consulting account 9106 received a \$330k deposit from ROCKY HILL PHARMACY account 5152 on 12/30/2021. Notably, TABITHA ROPER returned \$50,000 to TIFFANY HANEY on 03/22/22, so the net funds from TIFFANY HANEY for the purchase of Golden Cloud was \$42,142. TIFFANY HANEY also provided \$15k to TABITHA ROPER on 11/23/2022 from HANEY'S FHB account 7445. The \$15k was funded by a \$30,000 transfer from the Haney Consulting account 9106, which in turn was funded by a \$200,000 deposit from ROCKY HILL PHARMACY account 5152 on 11/08/2022.

209. In summary, TABITHA ROPER received \$42,142 from TIFFANY HANEY for the purchase of Golden Cloud, and additional \$15k in 11/2022, and about \$45,000 of these funds were used by TABITHA ROPER to purchase 1104 Park Hill Circle. TIFFANY HANEY provided \$40k directly to assist in the purchase of 1104 Park Hill Circle and \$15k in the preceding month. All of the funds from TIFFANY HANEY ultimately derived from a ROCKY HILL PHARMACY account.

210. **ANNE WARREN ACCOUNTS.** During the course of this investigation, FBI identified and requested financial accounts for ANNE WARREN. The following are significant transactions observed within ANNE WARREN's combined bank accounts.

211. **Proceeds from 12001 Rivianna Lane.** At the onset of the conspiracy in August 2018 ANNE WARREN owned property located at 12001 Rivianna Lane, Knoxville, TN 37922. Between 09/2018 and at least 10/2023, ANNE WARREN made mortgage payments on this property totaling \$181,442.16 from her Regions Bank account 5106 and her Truist Bank account 6832. ANNE WARREN'S Regions Bank account received \$192,792 directly from a ROCKY HILL PHARMACY account and the Truist account received \$117,446 directly from a ROCKY HILL PHARMACY bank account. Deposits to ANNE WARREN'S bank accounts from ROCKY HILL PHARMACY occurred from both the First Citizen's Bank account 2730 and the Truist Bank account 5152. In addition, the referenced accounts received \$2,231,612 in transfers from the Warren Management account Truist 4741, and the Warren Management account was funded entirely by ROCKY HILL PHARMACY account 5152.

212. Between 03/2020 and 08/2020, ANNE WARREN added a swimming pool to this property at a cost of \$96,000, all funded from her Regions Bank account 5556. The \$50,000 deposit on the pool was funded by a \$50,416 deposit from the ROCKY HILL PHARMACY

Truist account (5152) on 03/20/20. A \$26,000 payment towards the swimming pool construction was made from ANNE WARREN's Regions account (5556) on 05/15/2020 and \$15,000 on 06/01/2020, and both payments were funded by a \$100,000 deposit from ROCKY HILL PHARMACY account (5152) on 05/07/2020. The 12001 Rivianna Lane property was sold in May 2024 per Accurint, and information on the deposit of proceeds from this sale is not known at this time. However, at least \$296,841 in mortgage payments and home improvements to this property were traceable to funds originating from ROCKY HILL PHARMACY accounts 2730 and 5152.

Image of 1508 Regiment Way



213. **1508 Regiment Way.** On 08/11/2020 ANNE WARREN issued a \$20,000 check from her Truist account 6832 to Elite Realty referencing Harper's Cove lots 8 and 9 purchase. The check was funded by a \$23,000 transfer from the Truist Warren Management account 4741 on 07/14/2020, which in turn was funded by a \$100,000 deposit to Truist 4741 from the Truist

RHP account 5152 on 06/23/2020. On 08/21/2020 ANNE WARREN obtained a \$300,329.82 check from her Truist account 6832 payable to Title Professionals, and this check was funded by a \$300,000 transfer from the Truist Warren Management account 4741 on 08/19/20. The Warren Management account 4741 received \$300,000 from the RHP Truist account 5152 on 08/11/2020. Both transactions related to the purchase of property formally known as 1508 Regiment Way, Knoxville, TN 37922.

214. ANNE WARREN obtained two loans from Pinnacle Financial to purchase the land and fund construction of a residence at 1508 Regiment Way, Knoxville, TN, 37922. Pinnacle loan number 152047874 for \$937,500 on 08/21/2020 was used to purchase the land, and ANNE WARREN paid \$320,330 at or around closing of the land purchase in 08/2020 as discussed in the previous paragraph. ANNE WARREN paid \$175,000 on the Pinnacle Financial loan [REDACTED] 7874 between 09/2020 and 09/2021, with \$109,000 funded by her personal Pinnacle Bank account ending in 8832 and \$66,000 from her Truist Bank account ending in 6832. On or around 10/08/2021 the Pinnacle Bank loan [REDACTED] 7874 was paid off by a new loan, Pinnacle loan [REDACTED] 6750 using a \$796,880 draw on loan [REDACTED] 6750. Total payments on Pinnacle loan [REDACTED] 6750 were \$838,847, with \$442,397 paid from WARREN'S Pinnacle account ending in 8832 and \$396,450 from her Warren Management account ending in 0757. Pinnacle loan [REDACTED] 66750 was paid off on or about 01/12/2023. Total payment on the two Pinnacle Financial loans was \$1,013,847. Additional construction expenses were funded directly from a Pinnacle bank account titled Anne and Vanden Warren Construction account xxxxxx2250. Construction expenses paid from the account ending in 2250 totaled \$1,617,179. As reported previously, the Pinnacle account ending in 2250 was funded entirely by \$865,202 from the Pinnacle Financial Warren Management account ending in 0757 and \$789,000 from the

Warren's personal account with Pinnacle ending in 8832. Additional improvements to this property, such as appliances, countertops, and a deposit on a swimming pool totaled \$108,566 through 10/2023 and were funded by payments from Pinnacle account xxxxxx8832. For example, on 11/24/23 ANNE WARREN paid \$31,730 to Able Guinite Pools from Pinnacle account (8832) as a deposit on a swimming pool. This was funded by a \$35,000 transfer from the Warren Management account 0757 on 10/30/2023, which received \$150k from the ROCKY HILL PHARMACY Truist account (5152) on 10/18/2023. In total, between the \$1,013,847 in loan payments on the two Pinnacle Bank loans, the \$1,617,178 in construction expenses paid from the Pinnacle account ending in 2250, the \$108,566 in additional home improvements funded by accounts other than the account ending in 2250, and the \$320,330 paid at or around closing, at least \$3,075,107 in costs associated with this property can be traced to funds from ROCKY HILL PHARMACY account 5152.

215. **Charles Schwab Investment Account.** Between 03/2019 and 09/2020 ANNE WARREN transferred a net of \$249,500 to Charles Schwab investment account. The payments were made from ANNE WARREN'S Regions Bank account 5556 and 5106, and Truist Bank 6832. For example, on 01/16/2020 WARREN transferred \$130,000 to Charles Schwab investments from Truist 6832. This was funded by a \$110,000 check from ROCKY HILL PHARMACY account xxxxxx2730 with First Citizens Bank on 12/30/2019. The remaining transfers to the Charles Schwab brokerage account were funded from the ROCKY HILL PHARMACY Truist account (5152). Bank account information for WARREN was not obtained beyond 10/2023, so additional transfers to the Charles Schwab account may have occurred beyond 10/2023. As of 06/30/2024, the balance in WARREN'S Charles Schwab account was \$1,248,455.

216. **Raymond James Brokerage Account.** ANNE WARREN transferred \$1,830,000 to a Raymond James Brokerage account between 01/05/2021 and 01/19/2022. Specifically, on 01/05/2021 ANNE WARREN transferred \$1,040,000 from her Truist account 6832 to Raymond James Brokerage. This was funded by a \$660,000 transfer from Warren Management account Truist 4741 on 01/04/21 and \$382,000 on 12/22/2020. The Warren Management account received \$650,000 on 12/30/2020 and \$250,000 on 11/03/2020, and \$100,000 on 10/16/20, all from ROCKY HILL PHARMACY account 5152. On 01/12/2022, ANNE WARREN transferred \$550,000 to Raymond James Brokerage from her Pinnacle account 8832. This was funded by a \$250,000 deposit from Warren Management account Pinnacle 0757 on 01/05/2022 and \$400,000 on 12/30/21. The Warren Management account was funded by \$330,000 from ROCKY HILL PHARMACY account 5152 on 12/30/2021 and \$250,000 from the Truist 5152 account on 12/03/2021. The value of the Raymond James Brokerage account as of 09/30/2024 was \$3,218,787.

217. **PWC (HIN SERV2340E121).** On 06/29/2021, ANNE WARREN purchased a boat from American Boat Center at a total cost of \$149,436.79. WARREN provided a \$15,000 deposit on the boat on 05/14/2021 from her Truist account 6832. This was funded by a \$30,000 transfer from the Warren Management account 4741. The Warren Management account 4741 received \$125,000 from ROCKY HILL PHARMACY account 5152 on 03/01/21. The final payment on the boat, \$134,436.79, was made by Warren via a cashier's check from Pinnacle Bank drawn from her account 8832. On the same date the account ending in 8832 received a transfer of \$134,000 from the Warren Management account 0757. The Warren Management account 0757 received \$150,000 from ROCKY HILL PHARMACY account 5152 on 06/10/2021.

218. I submit there is probable cause to believe that these Subject Bank Accounts contain proceeds of the crimes listed and as detailed above the Subject Bank Accounts, Subject Investment Accounts and Subject Vehicles were all involved in money laundering transactions.

219. On October 16, 2024, TIFFANY HANEY, ANNE WARREN, and ROCKY HILL PHARMACY, LLC were indicted in the Eastern District of Tennessee, Case No. 3:24-cr-00113, for Conspiracy to Commit Health Care Fraud in violation of 18 U.S.C. § 1349, False Statements Relating to Health Care Matters in violation of 18 U.S.C. § 1035, Aggravated Identity Theft 18 U.S.C. § 1028A and the Indictment is fully incorporated herein. The Indictment (attached hereto as Exhibit A) charging the subjects includes general forfeiture allegations that specifically seek forfeiture of the proceeds of the criminal offenses.

220. On November 5, 2025, a Third Superseding Indictment was returned in the Eastern District of Tennessee, Case No. 3:24-cr-00113 against TIFFANY HANEY, ANNE WARREN, and TINA ROPER for Conspiracy to Commit Wire Fraud in violation of 18 U.S.C. 1349, Wire Fraud in violation of 18 U.S.C. § 1343, False Statements Relating to Health Care Matters in violation of 18 U.S.C. § 1035, Aggravated Identity Theft 18 U.S.C. § 1028A and Conspiracy to Commit Money Laundering in violation of 18 U.S.C. §§ 1956(h) and 1957.

221. Said bank accounts are subject to civil forfeiture in accordance with 18 U.S.C. §§ 981(a)(1)(A), and 981(a)(1)(C).

222. Forfeiture pursuant to violations of the above money laundering statute is not limited to proceeds of the crimes being committed. Rather, forfeiture based on money laundering violations includes all property “involved in” the crime or the attempted crime, which can include “clean” or “legitimate” money that is commingled with “tainted” money derived from illicit sources. This commingling is a laundering technique that facilitates the scheme

because it obfuscates the trail of the illicit funds. See, e.g., *United States v. Huber*, 404 F.3d 1047, 1058 (8th Cir. 2005) (the presence of legitimate funds does not make a money laundering transaction lawful; it is only necessary to show that the transaction involves criminal proceeds). I submit there is probable cause to believe that these accounts contain proceeds of the crimes listed and detailed above.

223. The events described herein, and the location of the businesses and properties in question occurred and are situated in the Eastern District of Tennessee, and elsewhere.

[INTENTIONALLY LEFT BLANK]

CONCLUSION

224. Based on the foregoing information, I believe there is probable cause to believe that TIFFANY HANEY, ANNE WARREN, and TINA ROPER have committed violations of federal law, including violations of conspiracy to commit health care fraud (18 U.S.C. § 1349) and conspiracy to commit money laundering in violation of 18 U.S.C. § 1956(h) and 18 U.S.C. § 1957. Furthermore, I have probable cause to believe that the funds maintained in the Bank Accounts, Investment Accounts, along with the Vehicles including watercraft and Real Properties are subject to forfeiture.

FURTHER THIS AFFIANT SAYETH NOT



Emily B. Celeste, Special Agent
Federal Bureau of Investigation

STATE OF TENNESSEE

COUNTY OF KNOX

On this 10th day of March, 2026, before me, personally appeared Emily B. Celeste, in her capacity as a Special Agent with the Federal Bureau of Investigation, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that she executed the same as her free act and deed.

IN WITNESS WHEREOF I have hereunto set my hand and Notarial Seal.

Subscribed to and sworn before me on this this 10th day of March, 2026.





NOTARY PUBLIC

My Commission Expires: 01/30/2030

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