

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

UNITED STATES OF AMERICA	:	CRIMINAL NO. 18-
v.	:	DATE FILED: June 13, 2018
ANMOL SINGH KAMRA	:	VIOLATION:
	:	21 U.S.C. § 846 (conspiracy to distribute controlled substances - 1 count)
	:	Notice of forfeiture

INDICTMENT

COUNT ONE

THE GRAND JURY CHARGES THAT:

At all times material to this indictment:

1. Title 21, United States Code, Sections 801-971, also known as the Controlled Substances Act (the Act), governs the manufacture, distribution, and dispensing of controlled substances in the United States. Specifically, Title 21, United States Code, Section 841(a)(1), provides that “[e]xcept as authorized by this subchapter, it shall be unlawful for any person knowingly or intentionally to manufacture, distribute, or dispense, or possess with intent to manufacture, distribute, or dispense, a controlled substance.”

2. Title 21, United States Code, Section 802(10), provides that “[t]he term ‘dispense’ means to deliver a controlled substance to an ultimate user . . . by, or pursuant to the lawful order of, a practitioner, including the prescribing and administering of a controlled substance.”

3. Title 21, United States Code, Section 821, provides that “[t]he Attorney General [of the United States] is authorized to promulgate rules and regulations . . . relating to

the registration and control of the manufacture, distribution, and dispensing of controlled substances.” The Attorney General of the United States has exercised his rulemaking authority regarding the dispensing of controlled substances through the promulgation of Title 21, Code of Federal Regulations, Section 1306.04, governing the issuance of prescriptions, which provides:

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

4. Under the Controlled Substances Act, there are five schedules of controlled substances Schedules I, II, III, IV, and V. Controlled substances are scheduled into these levels based upon their potential for abuse, among other things. For example, Schedule II controlled substances have a high potential for abuse and may lead to severe psychological or physical dependence. Abuse of Schedule III controlled substances may lead to moderate or low physical dependence or high psychological dependence. Abuse of Schedules IV and V controlled substances may lead to more limited physical dependence or psychological dependence compared with the drugs or other substances in Schedule III.

5. Oxycodone is the generic name for an addictive prescription painkiller similar to morphine that is classified under the Controlled Substances Act as a Schedule II controlled substance. When oxycodone is legally prescribed for a legitimate medical purpose, it is typically used to combat acute, severe pain. Accordingly, the prescription is usually for a modest number of pills to be taken over a short period of time. Brand names for common

Schedule II controlled substances containing oxycodone include Percocet, Endocet, Roxicet and Roxycodone, and they are commonly prescribed in a strength of 5 or 10 mg. Oxycodone is also the active ingredient in the brand Oxycodone 30 mg, legitimately prescribed for the treatment of moderate-to-severe chronic pain lasting more than a few days. Even if only taken in prescribed amounts, oxycodone can cause physical and psychological dependence when taken for a long time.

6. The Pennsylvania Code of Professional and Vocational Standards, Title 49, Chapter 16.92, defines the authority of physicians licensed by the Commonwealth of Pennsylvania to prescribe or dispense controlled substances. Chapter 16.92 provides in pertinent part:

(b) When prescribing, administering or dispensing drugs regulated under this section, a person licensed to practice medicine and surgery in this Commonwealth or otherwise licensed or regulated by the Board shall carry out, or cause to be carried out, the following minimum standards:

(1) *Initial medical history and physical examination.* An initial medical history shall be taken and an initial physical examination shall be conducted unless emergency circumstances justify otherwise. Medical history and physical examination information recorded by another licensed health care provider may be considered if the medical history was taken and the physical examination was conducted within the immediately preceding 30 days. The physical examination shall include an objective evaluation of the heart, lungs, blood pressure and body functions that relate to the patient's specific complaint.

(2) *Reevaluations.* Reevaluations of the patient's condition and efficacy of the drug therapy shall be made consistent with the condition diagnosed, the drug or drugs involved, expected results and possible side effects.

(3) *Patient counseling.* The patient shall be counseled regarding the condition diagnosed and the drug prescribed, administered or dispensed. Unless the patient is in an inpatient care setting, the patient shall be specifically counseled about dosage levels, instructions for use, frequency and duration of use and possible side effects.

(4) *Medical records.* Accurate and complete medical records must document the evaluation and care received by patients.

(i) On the initial occasion when a drug is prescribed, administered or dispensed to a patient, the medical record must include the following:

(A) A specification of the symptoms observed by the licensed health care provider and reported by the patient.

(B) The diagnosis of the condition for which the drug is being given.

(C) The directions given to the patient for the use of the drug.

(D) The name, strength and quantity of the drug and the date on which the drug was prescribed, administered or dispensed.

(ii) After the initial occasion when a drug is prescribed, administered or dispensed, the medical record must include the information required in subsection (b)(4)(i)(D) and changes or additions to the information recorded under subsection (b)(4)(i)(A)--(C).

(5) *Emergency prescriptions.* In the case of an emergency contact from a known patient, a prudent, short-term prescription for a drug may be issued. Neither a refill nor a consecutive issuance of this emergency prescription may be given unless a physical examination and evaluation of the patient is first conducted by a licensed health care provider. The results of this examination and evaluation shall be recorded in the patient's medical record together with the diagnosis of the condition for which the drug is being prescribed. An emergency oral prescription for a Schedule II controlled substance shall be covered by a written prescription delivered to the pharmacist within 72 hours.

49 Pa. Code § 16.92

7. Thus, under federal law, a physician can only issue a prescription for a controlled substance if it is issued for a legitimate medical purpose and in the usual course of the physician's professional practice. A prescription that does not meet these requirements is an invalid prescription. Additionally, anyone who knowingly issues or fills an invalid prescription, including a pharmacist, is "subject to the penalties provided for violations of the law relating to controlled substances." 21 C.F.R. §1306.04.

THE CONSPIRACY

8. From at least in or about December 2012 through in or about March 2016, in Philadelphia, in the Eastern District of Pennsylvania, defendant

ANMOL SINGH KAMRA

conspired and agreed with George E. Fisher, M.D., and Frank D. Brown, both charged elsewhere, and others known and unknown to the grand jury, to knowingly and intentionally distribute and dispense, outside the usual course of professional practice and for no legitimate medical purpose, a mixture and substance containing a detectable amount of oxycodone, a Schedule II controlled substance, in violation of Title 21, United States Code, Section 841(a)(1), (b)(1)(C).

MANNER AND MEANS

It was part of the conspiracy that:

9. George E. Fisher, M.D., was a physician licensed by the Commonwealth of Pennsylvania and held medical license number MD061558L. Fisher was registered with the Drug Enforcement Administration (DEA) and held DEA registration number BF5258757. Fisher operated his medical practice at several locations in Philadelphia, in the Eastern District of Pennsylvania.

10. In or about 2008, Frank D. Brown became a patient of George E. Fisher. In or about 2010, Brown became a frequent customer of Fisher. From in or about December 2012 through in or about January 2016, Brown paid Fisher cash in exchange for fraudulent invalid prescriptions, written in his own name and in sham names, for controlled substances written outside the usual course of professional practice and for no legitimate medical purpose.

11. Frank D. Brown frequented George E. Fisher's office locations at 4027 Market Street and 7542 Ogontz Avenue, Philadelphia, Pennsylvania, to obtain multiple invalid prescriptions, under his own name and the names of other individuals. Brown paid cash directly to Fisher in exchange for these sham prescriptions for pills containing controlled substances, including oxycodone, a Schedule II controlled substance.

12. In or about December 2012, after purchasing the prescriptions in multiple names from George E. Fisher, Frank D. Brown began going to Campus Pharmacy, within the same building as Fisher's practice at 4027 Market Street, Philadelphia, Pennsylvania, to fill these fraudulent invalid prescriptions.

13. Defendant ANMOL SINGH KAMRA, an employee at Campus Pharmacy, in exchange for cash from Frank D. Brown, filled the fraudulent prescriptions written by George E. Fisher for pills containing oxycodone, in Brown's name and many different sham names.

14. Over time, defendant ANMOL SINGH KAMRA provided oxycodone pills when Frank D. Brown provided no prescription for those pills at Campus Pharmacy. At times, Brown got sham prescriptions George E. Fisher and gave them to defendant KAMRA after the pills had already been dispensed to Brown. Other times, Fisher went to Campus Pharmacy himself and defendant KAMRA, sometimes along with Brown, told Fisher the "patient" name, the type and amount of controlled substance, and earlier issuance dates to write on the sham prescriptions.

15. On or about March 9, 2016, defendant AMNOL SINGH KAMRA met privately with George E. Fisher and Frank D. Brown at Campus Pharmacy in a back office. At the meeting, defendant KAMRA and Brown instructed Fisher which "patient" names and earlier issuance dates to write on multiple prescriptions for oxycodone. Defendant KAMRA and

Brown caused to be distributed and dispensed multiple fraudulent, invalid prescriptions written by Fisher with various earlier dates in February using sham names.

16. On or about March 14, 2016, defendant AMNOL SINGH KAMRA met privately with George E. Fisher and Frank D. Brown at Campus Pharmacy in a back office. At the meeting, defendant KAMRA and Brown instructed Fisher on which “patient” name and earlier issuance dates to write on multiple prescriptions for oxycodone. Defendant KAMRA and Brown caused to be distributed and dispensed multiple fraudulent, invalid prescriptions written by Fisher with various earlier dates in February using sham names.

17. Defendant ANMOL SINGH KAMRA, Frank D. Brown and George E. Fisher caused to be distributed and dispensed hundreds of prescriptions written by George E. Fisher, for controlled substances, namely thousands of tablets containing oxycodone. Defendant KAMRA, Frank D. Brown, and George E. Fisher, used over 30 different names when filling and dispensing prescriptions at Campus Pharmacy.

18. After obtaining the oxycodone from defendant ANMOL SINGH KAMRA at Campus Pharmacy, Frank D. Brown sold the pills containing oxycodone on the street to drug users in exchange for cash.

All in violation of Title 21, United States Code, Section 846.

NOTICE OF FORFEITURE

THE GRAND JURY FURTHER CHARGES THAT:

1. As a result of the violation of Title 21, United States Code, Section 846 set forth in this Indictment, defendant

ANMOL SINGH KAMRA

shall forfeit to the United States of America:

- a. any property used or intended to be used, in any manner or part, to commit or to facilitate the commission of, such offenses; and
- b. any property constituting, or derived from, proceeds obtained directly or indirectly from the commission of such offenses, including, but not limited to, the sum of \$229,050.

2. If any of the property subject to forfeiture, as a result of any act or omission of the defendant:

- a. cannot be located upon the exercise of due diligence;
- b. has been transferred or sold to, or deposited with, a third party;
- c. has been placed beyond the jurisdiction of the Court;
- d. has been substantially diminished in value; or
- e. has been commingled with other property which cannot be divided without difficulty;

it is the intent of the United States, pursuant to Title 21, United States Code, Section 853(p), to seek forfeiture of any other property of the defendant up to the value of the property subject to forfeiture, including, but not limited to, 326 Bishop Hollow Road, Newtown Square, Pennsylvania.

All pursuant to Title 21, United States Code, Section 853.

A TRUE BILL:

GRAND JURY FOREPERSON

Demise Wolf for

WILLIAM M. McSWAIN
UNITED STATES ATTORNEY