3

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

UNITED STATES OF AMERICA	)	
	)	
v.	)	Criminal Action No. 18-45
	)	
PATRICK TITUS,	)	
	)	
Defendant.	)	

REDACTED

FILED
IN THE DISTRICT COURT
DISTRICT OF DELAWARE
2018 JUN 14 PM 12:19

INDICTMENT

The Grand Jury for the District of Delaware charges that:

Introduction

At all times material to this Indictment, unless otherwise specified:

1. Defendant **PATRICK TITUS** ("**TITUS**") was a Medical Doctor licensed by the State of Delaware to practice medicine and was board certified in Internal Medicine. Aside from periods of suspension, **TITUS** maintained a Controlled Substance Registration and a DEA Registration Number. **TITUS** operated a practice, Lighthouse Internal Medicine, located in or around Milford, Delaware, within the District of Delaware, where he conducted his practice.

2. The Controlled Substances Act ("CSA") governed the manufacture, distribution, and dispensing of controlled substances in the United States. With limited exceptions for medical professionals, the CSA made it unlawful for any person to knowingly or intentionally manufacture, distribute, or dispense a controlled substance or conspire to do so.

3. The CSA and its implementing regulations set forth which drugs and other substances are defined by law as "controlled substances," and assigned those

controlled substances to one of five schedules—Schedule I, II, III, IV, or V—depending on their potential for abuse, likelihood of physical or psychological dependency, accepted medical use, and accepted safety for use under medical supervision.

4. A controlled substance assigned to Schedule II meant that the drug had a high potential for abuse, was highly addictive, and that the drug had a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions. Abuse of a Schedule II controlled substance could lead to severe psychological and/or physical dependence.

5. Pursuant to the CSA and its implementing regulations:

a. Morphine was classified as a Schedule II controlled substance. It was an opioid pain medication.

b. Oxycodone was classified as a Schedule II controlled substance. Oxycodone was sold generically and under a variety of brand names, including OxyContin®, Roxicodone®, Endocet®, and Percacet. Oxycodone is about fifty percent stronger than Morphine.

c. Methadone was a synthetic opioid that contains methadone hydrochloride, a Schedule II controlled substance. Methadone was roughly at least two times strong than Morphine in a single dose, and becomes even more potent when it accumulates in the body. In chronic users of high-dose opioids, Methadone may be ten times as potent as the Morphine equivalent.

d. Fentanyl is a Schedule II narcotic opioid pain medication that may become habit-forming. Fenantyl is about 50 to 100 times stronger than

Morphine. A Fentanyl transdermal system (Fentanyl patch) contains a high concentration of the potent Schedule II opioid agonist, Fentanyl.

e. Morphine, Methadone, Oxycodone, and Fentanyl are among the Schedule II opioid controlled substances that have the highest potential for abuse and associated risk of fatal overdose.

6. Medical practitioners, such as physicians, who were authorized to prescribe controlled substances by the jurisdiction in which they were licensed to practice medicine, were authorized under the CSA to prescribe, or otherwise distribute, controlled substances, if they were registered with the Attorney General of the United States. 21 U.S.C. § 822(b); 21 C.F.R. § 1306.03.

7. Upon application by the practitioner, the Drug Enforcement Administration ("DEA") assigned a unique registration number to each qualifying medical practitioner including physicians and nurse practitioners.

8. Chapter 21 of the Code of Federal Regulations Section 1306.04 governed the issuance of prescriptions and provided, among other things, that a prescription for a controlled substance "must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice." Moreover, "[a]n order purporting to be a prescription issued not in the usual course of professional treatment . . . is not a prescription within the meaning and intent of [the CSA] 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."

9. All prescriptions for controlled substances had to be "dated as of, and signed on, the day when issued and shall bear the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed, directions for use, and the name, address and registration number of the practitioner." 21 C.F.R. § 1306.05(a). "The refilling of a prescription for a controlled substance listed in Schedule II is prohibited." 21 C.F.R. § 1306.12(a): 21 U.S.C. § 829(a).

10. The Delaware Controlled Substances Act, Chapter 47 of the Delaware Health and Safety Code, Title 16, requires practitioners, including physicians, to maintain a Controlled Substance Registration ("CSR") to prescribe controlled substances legally. The Uniform Controlled Substance Act Regulations are the implementing regulations that define the authority of practitioners, including physicians, licensed to prescribe, dispense, or store controlled substances in the course of professional practice. The regulations provide the minimum standards that shall be followed when issuing a prescription for a controlled substance.

11. As a medical doctor. **TITUS** was authorized to prescribe to patients Schedule II controlled substances and to prescribe medicine to patients, including controlled substances, for legitimate medical purposes and in the usual course of professional practice. Many of the prescriptions **TITUS** issued were not issued for a legitimate medical purpose and were not issued in the usual course of professional practice.

12. A prescription monitoring program ("PMP") report contains prescription data for all Schedule II controlled substances dispensed by pharmacies in the State

of Delaware, the State of New Jersey, and the State of Maryland. Pharmacies are required by law in Delaware, New Jersey, and Maryland, among other states, to report the patient's name, the particular Schedule II controlled substance and dosage dispensed, quantity dispensed, number of days supplied, prescribing physician's name, date the prescription was issued, dispensing pharmacy's name, and the date dispensed.

TITUS's Illegal Distribution of Controlled Substances

13. In or around 2005, **TITUS** established Lighthouse Internal Medicine, an internal medicine practice in Milford, Delaware. Aside from a short period of time in or around 2011, **TITUS** was the only medical professional at Lighthouse Internal Medicine with prescriptive authority.

14. Within a few years of opening his internal medicine practice, **TITUS** began prescribing unlawful prescriptions to some of his patients for controlled substances that he wrote without a legitimate medical purpose and outside the scope of professional practice.

15. In or around 2012, **TITUS** moved his practice location from 550 S. Dupont Boulevard in Milford, Delaware to 10-12 North Church Street in Milford, Delaware, where he remained until his office shut down in or around late 2014.

16. Patients often visited **TITUS** seeking opioid pain medications. **TITUS** charged an up-front payment of approximately $225 for initial visits and approximately $180 for follow-up visits, which occurred nearly every month for pain

management patients. **TITUS** also billed Medicare for pain management patients who were Medicare beneficiaries.

17. At the first and nearly every follow-up visit, **TITUS** prescribed pain management patients controlled substances in high dosages, often without conducting any meaningful physical examination and without reviewing urine drug test ("UDT") results.

18. In many instances, **TITUS** issued unlawful prescriptions for controlled substances to patients despite indications that such patients were abusing, misusing, or diverting the controlled substances he prescribed. **TITUS** often ignored "red flags" that many of his pain management patients displayed, including inconsistent UDTs, traveling long distances—sometimes from out of state—to obtain controlled substance prescriptions from **TITUS**, paying cash despite being covered by Medicaid—which TITUS stopped taking in or around 2011, and "doctor shopping."

19. It was often **TITUS**'s practice to prescribe high doses of controlled substances to new patients without first obtaining prior medical records or reviewing recent diagnostic testing results. Moreover, **TITUS** rarely referred pain management patients for alternative modalities of treatment of chronic pain, such as physical therapy, massage therapy, or psychotherapy. Nor did **TITUS** regularly refer pain management patients for treatment or a second opinion by a pain management specialist before continuing to prescribe high doses of controlled substances on a nearly monthly basis.

20. **TITUS** distributed and dispensed, and caused to be distributed and dispensed, controlled substances to many of his patients not for a legitimate medical purpose and outside the scope of professional practice. Despite some aspects of legitimate medical practice, **TITUS** ran what was, in essence, a "pill mill"—**TITUS**'s primary method of treating nearly all of his pain management patients was to prescribe highly addictive opioid controlled substances, including, but not limited to, Oxycodone, Morphine, Methadone, Fentanyl, and Hydrocodone.

21. PMP reports for the time period between in or around July 2012 and in or around December 2014 indicate that **TITUS** wrote over 25,000 prescriptions for over 2,000,000 dosage units of Oxycodone products, including OxyContin® and Roxicodone®. In addition to Oxycodone or an Oxycodone product, **TITUS** also prescribed a majority of those patients at least one additional controlled substance such as Morphine, Methadone, or Fentanyl patches; and, in several cases, **TITUS** also prescribed a sedative such as Alprazolam, including Xanax®, or Zolpidem, including Ambien®.

22. **TITUS** obtained substantial income from this unlawful distribution of controlled substances, much of it in cash proceeds.

COUNTS ONE THROUGH FOURTEEN
Unlawful Distribution and Dispensing of Controlled Substances
(21 U.S.C. § 841 and 18 U.S.C. § 2)

23. Paragraphs 1 through 22 of this Indictment are realleged and incorporated by reference as though fully set forth herein.

24. On or about the dates set forth below, in the District of Delaware and elsewhere, the Defendant,

PATRICK TITUS

did knowingly and intentionally distribute and dispense, and cause to be distributed and dispensed, and aided and abetted the distribution and dispensing of, outside the usual course of professional practice and not for a legitimate medical purpose, the Schedule II controlled substances, as listed below:

Count	Patient	Approximate Date of Distribution	Controlled Substance(s)
1	B.H.	8/7/2013	Methadone, Oxycodone
2	S.J.	9/19/2013	Oxycodone
3	D.P.	10/16/2013	Morphine, Oxycodone
4	M.M.	12/9/2013	Oxycodone, OxyContin
5	D.D.	12/18/2013	Morphine, Oxycodone
6	L.P.	1/20/2014	Oxycodone
7	G.S.	4/3/2014	Fentanyl, Oxycodone
8	D.M.	4/22/2014	Fentanyl, Oxycodone
9	L.C.	6/12/2014	Oxycodone
10	C.C.	7/16/2014	Oxycodone, OxyContin
11	T.O.	7/22/2014	Oxycodone
12	M.A.	9/24/2014	Oxycodone, OxyContin
13	L.M.	10/27/2014	Fentanyl, Oxycodone
14	M.S.	10/30/2014	Oxycodone

In violation of Title 21, United States Code, Sections 841(a)(1) and 841(b)(1)(C) and Title 18, United States Code, Section 2.

COUNT FIFTEEN
Maintaining a Drug-Involved Premises
(21 U.S.C. § 856(a)(1))

25. The allegations contained in paragraphs 1 through 22 of this Indictment are realleged and incorporated by reference as though fully set forth herein.

26. From no later than in or around 2012 and continuing through in or around 2014, in the District of Delaware, the Defendant,

PATRICK TITUS

aided and abetted by others, did knowingly, intentionally, and unlawfully use and maintain a place known as Lighthouse Internal Medicine, located at 10-12 North Church Street, Milford, Delaware for the purpose of distributing Schedule II controlled substances outside the usual course of professional practice and without a legitimate medical purpose.

In violation of Title 21, United States Code, Section 856(a)(1) and Title 18, United States Code, Section 2.

NOTICE OF FORFEITURE

Upon conviction of the controlled substance offenses alleged in Counts One through Fifteen of this Indictment, defendant shall forfeit to the United States pursuant to 21 U.S.C. § 853, any property used, or intended to be used, in any manner or part, to commit, or to facilitate the commission of the said violation.

If any of the above-described forfeitable property, 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 21 U.S.C. § 853(p), to seek forfeiture of any other property of said defendant up to the value of the forfeitable property described above.

Grand Jury Foreperson

DAVID C. WEISS
United States Attorney

BY: _____
Aleza Remis
Trial Attorney
Edmond Falgowski
Assistant United States Attorney

DATED:
6/14/18