

SEALED

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1 Code: \$1425
2 Mark A. Winter
3 Attorney for Qui Tam Plaintiffs
4 Nevada Bar #1977
5 801 N. Division Street
6 Carson City, Nevada 89703
7 (775) 882-2183
8 (775) 883-9413 fax

9 IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
10
11 IN AND FOR THE COUNTY OF WASHOE
12

13 STATE OF NEVADA)
14 EX REL. H. DEAN STEINKE,)

CV05 00869

15 PLAINTIFFS,)

Case No. _____

16 vs.)

Dept. No. 9

17 MERCK & CO., INC.,)
18 a NEW JERSEY CORPORATION,)

19 DEFENDANT.)
20)
21)
22)
23)
24)
25)
26)
27)
28)

COMPLAINT FOR DAMAGES UNDER NEVADA FALSE CLAIMS ACT
NRS 357.010 et. seq.

FILED IN CAMERA AND UNDER SEAL

1 Through his attorneys, H. Dean Steinke, for his Complaint
2 against Defendant Merck & Co., Inc. alleges as follows:

3 1. This is a *qui tam* action brought by Relator and
4 Plaintiff H. Dean Steinke and the State of Nevada to recover
5 treble damages and civil penalties under the Nevada False Claims
6 Act, N.R.S. § 357.010, et. seq.

7 2. The Defendant, Merck & Co., Inc. ("Merck") devised a
8 number of marketing schemes to regain or increase its market
9 share in the face of competition. One of these schemes centered
10 on Zocor, which is a drug prescribed for the treatment of
11 cardiac problems, and one scheme centered on Vioxx, which was
12 prescribed for the treatment of chronic pain or joint
13 inflammation. These drugs share a common characteristic - they
14 are both prescribed for chronic conditions. Thus, a patient who
15 is prescribed one of these drugs will generate income for Merck
16 for years after the initial prescription is made. Merck's
17 marketing strategy for these drugs included programs to ensure
18 that hospitals would prescribe Zocor or Vioxx to hospital
19 admittees in order to "capture" the patient early on and
20 capitalize on the long term "spillover" effect of that patients
21 continued use of the drug after they were released from the
22 hospital.

23 3. Merck therefore gave selected hospitals tremendous
24 financial incentives, in the form of steep discounts to either
25 start patients on Vioxx or Zocor, or to switch them to these
26 drugs away from competitor's drugs during their hospital stay in
27
28

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1 expectation that such patients would continue to take Merck's
2 products after they were released from the hospital to achieve a
3 "pull-through" strategy, as it is known in the pharmaceutical
4 industry.

5 4. Merck was required under the Medicaid Rebate
6 Act, 42 U.S.C. § 1396r-8, to report these discounts as "best
7 prices" for calculating Merck's rebates to the States, including
8 Nevada. Merck, however concealed these discounts. Merck,
9 however, concealed these discounts from the Centers for Medicare
10 and Medicaid Services (CMS) which relies on truthful reporting
11 of best price information so that rebates due to the States may
12 be properly calculated. Merck knowingly, deliberately, and
13 purposefully concealed the discounted prices; because if it had
14 reported the true discounted prices, Merck would have had to pay
15 far greater rebates to the States.
16

17 5. Merck's conduct damaged Nevada's Medicaid program
18 in four ways: (1) Nevada did not receive the rebates to which it
19 was entitled; (2) Nevada had to pay for outpatient prescriptions
20 which were more expensive prescriptions than the old
21 prescriptions; (3) switching patients to Zocor required Medicaid
22 beneficiaries to undergo expensive liver function tests; and (4)
23 a measurable percentage of Medicaid beneficiaries who were
24 switched to Vioxx developed cardiac problems as a result of the
25 switch, necessitating more treatment.
26

27 6. This complaint details Merck's fraudulent and
28 illegal conduct and is based upon non-public information Mr.

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1 Steinke obtained while employed by Merck.

2 7. In connection with the filing of the Complaint,
3 Relator furnished the State of Nevada with a written disclosure
4 of all material evidence in his possession pursuant to N.R.S. §
5 357.080(5).

6 THE PARTIES

7 8. Relator H. Dean Steinke ("Steinke") is a citizen
8 of the United States and a resident of the state of Michigan.
9 Steinke was employed by Merck from March of 1995 to April 2001.
10 Merck initially hired Steinke as a sales representative, and
11 then promoted to become one of the Business Managers of the
12 Michigan sales region. During the course of his employment with
13 Merck, Steinke acquired direct, personal knowledge of Merck's
14 fraudulent and illegal practices.
15

16 9. Defendant Merck is a global pharmaceutical
17 company, comprised of several reportable segments, including
18 Merck Pharmaceuticals and Merck Human Health Division. Merck is
19 a New Jersey corporation with its principal executive office in
20 Whitehouse Station, New Jersey. Merck's pharmaceutical business
21 is conducted through divisional headquarters located in West
22 Point, Pennsylvania and Rahway, New Jersey. Principal research
23 facilities are also located in West Point and Rahway. According
24 to its internet website, in 2001 Merck experienced total sales
25 of over \$47 billion and a net income of over \$7 billion.
26 Prescription products sold by Merck include those at issue here,
27 Zocor and Vioxx.
28

1 property to the state or a political subdivision.
2 N.R.S. § 357.040(1).

3 13. The Nevada False Claims Act violations here
4 involve the knowing and deliberate submission of false records
5 and/or statements to CMS (formally, HCFA) regarding the best
6 price, i.e. the lowest price, that Merck sold the drugs known as
7 Zocor and Vioxx, in abuse of the Medicaid Program.

8 b. The Federal Medicaid Program
9

10 14. In 1965, Congress enacted Title XIX of the Social
11 Security Act to expand the nation's medical assistance program
12 for the needy and the medically needy aged, blind, disabled, and
13 families with dependent children. 42 U.S.C. §§ 1396-1396v.
14 This became known as the Medicaid Program. The Medicaid Program
15 is funded by both Federal and State monies, collectively
16 referred to as "Medicaid Funds," with the federal contribution
17 computed separately for each state. 42 U.S.C. §§ 1396b;
18 1396d(b).

19
20 15. Each State is permitted, within certain
21 parameters, to design its own medical assistance plan, subject
22 to approval by the Department of Health and Human Services
23 (HHS). Among other forms of medical assistance, the States are
24 permitted to provide medical assistance from the Medicaid Funds
25 to eligible persons for outpatient prescription drugs. 42
26 U.S.C. § 1396a(10)(A); 1396d(a)(12).
27

28 16. HHS is an agency of the United States and is

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1 responsible for the administration, supervision and funding of
2 the federal Medicaid Program. CMS is the division of HHS that
3 is directly responsible for administering the federal Medicaid
4 Program. Prior to 2001, CMS was known as the Health Care
5 Finance Administration, or HCFA.
6

7 17. In 1990, Congress enacted the Medicaid Rebate
8 Program, 42 U.S.C. § 1396r-8, as part of the Omnibus Budget
9 Reconciliation Act of 1990. The Medicaid Rebate Program, also
10 known as the Medicaid Rebate Act and the Medicaid Rebate
11 Statute, is "a cost-savings measure" that Congress passed "(i)n
12 response to increasing Medicaid expenditures for prescription
13 drugs (and) requires drug companies to pay rebates to states on
14 their Medicaid purchases." Pharmaceutical Research & Mfrs. Of
15 America v. Walsh, 538 U.S. 644, 649, 123 S. Ct. 1855, 1860
16 (2003).
17

18 18. Pursuant to the Medicaid Rebate Act participating
19 manufacturers who want their drugs covered by Medicaid must
20 contract with the federal government in a manner that is
21 consistent with Congressional intent in passing the Medicaid
22 Rebate Act.
23

24 19. Drug manufacturer must enter into a Rebate
25 Agreement with the Secretary of HHS in order for federal
26 matching funds to be made available for that manufacturer's
27 covered outpatient drugs, 42 U.S.C. § 1396r-8(a)(1). Each
28 participating manufacturer must sign, indicating agreement and

1 compliance with all provisions therein, including that "The
2 Rebate Agreement shall be construed in accordance with federal
3 common law and ambiguities shall be interpreted in the manner
4 which best effectuates the statutory scheme."
5

6 20. The Rebate Agreement provides that the Secretary
7 enters the agreement "on behalf of the Department of Health and
8 Human Services and all States and the District of Columbia
9 (except to the extent they have in force an Individual State
10 Agreement)." Upon entering a Rebate Agreement with the
11 Secretary, the manufacturer must pay a quarterly rebate directly
12 to each participating State based on all of the manufacturer's
13 drugs purchased by that State pursuant to its Medicaid plan
14 during that quarter.
15

16 21. For single source or innovator multiple source
17 drugs, the basic rebate due on each unit paid for under the
18 State plan is calculated as the greater of either (a) a flat
19 15.1% off of the average manufacturers' price (AMP) or (b) the
20 difference between the AMP and the "best price," or the lowest
21 price available from the manufacturer during the previous
22 quarter rebate period to any wholesaler, retailer, provider,
23 health maintenance organization, nonprofit entity or non-
24 excluded government entity. 42 U.S.C. § 1396r-8(c)(1), (2).
25

26 22. "The term 'average manufacturer price' means,
27 with respect to a covered outpatient drug of a manufacturer for
28 a rebate period, the average price paid to the manufacturer for

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1 the drug in the United States by wholesalers for drugs
2 distributed to the retail pharmacy class of trade, after
3 deducting customary prompt pay discounts." 42 U.S.C. § 1396r-
4 8(k)(1).

5
6 23. The best price, or lowest price charged must take
7 into account cash discounts, free goods that are contingent on
8 any purchase requirement, volume discounts, and rebates, other
9 than the rebate paid to the States under the Medicaid Rebate
10 Program. The best price also is determined without regard to
11 special packaging, labeling, or indentifiers on the dosage form
12 or product or package. And, the best price does not take into
13 account prices that are merely nominal in amount. 42 U.S.C. §
14 1396r-8(c)(1).

15
16 24. Nominally-priced discounts are intended for not-
17 for-profit, charitable entities and for researchers using the
18 drugs for experimental or non-standard purposes. See S. Rep.
19 102-28(I), Developments in Aging: 1990-Volume 1, 102nd Cong.,
20 1st Sess. 1991 (March 22, 1991), 1991 WL 52579 (Leg.Hist.).
21 Such discounts are not intended for marketing purposes. The
22 Rebate Agreement defines "nominal price" as "any price less than
23 10% of the AMP in the same quarter for which the AMP is
24 computed." Rebate Agreement at I. Definitions, (s).

25
26 25. Any rebate amounts received by the State must be
27 offset against the State's Medicaid expenditures that quarter
28 for purposes of calculating the matching federal financial

1 participation. 42 U.S.C. § 1396r-8(b)(1)(B).

2 26. Drug manufacturers are required under the Medicaid
3 Rebate Statute and Rebate Agreement to calculate and report
4 their AMPs and best prices to the Secretary on a quarterly
5 basis. 42 U.S.C. § 1396r-8(b)(3)(A)(i); Rebate Agreement at
6 § II(e). Any information provided by a manufacturer or
7 wholesaler under the rebate statute is confidential and "shall
8 not be disclosed by the Secretary...or a State agency. . .except
9 as the Secretary determines to be necessary to carry out this
10 section." 42 U.S.C. § 1396r-8(b)(3)(D); Rebate Agreement at §
11 VII.
12

13 27. States are required to report their total
14 Medicaid drug utilization to each manufacturer and the Secretary
15 sixty days after the end of the rebate quarter. 42 U.S.C. §
16 1396r-8(b)(2)(A). Using the manufacturer pricing data, CMS
17 computes the unit rebate amount ("URA") "to which the Medicaid
18 utilization information may be applied by States in invoicing
19 the Manufacturer for the rebate payment due." Rebate Agreement
20 at § I(dd). Using the Medicaid drug utilization data,
21 manufacturers calculate and pay the States the rebates they
22 believe are due and owing to each State.
23
24

25 c. The Nevada Medicaid Program

26 28. The Division of Health Care Financing and Policy
27 is the Nevada state agency which, working with CMS, administers
28 the Nevada State Medical Assistance Plan, or Medicaid. Nevada

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1 Medicaid pays for certain prescription drugs provided to
2 eligible low-income individuals, including people with
3 disabilities, children and elderly citizens. Pursuant to
4 federal and state regulations, reimbursement for prescription
5 drugs dispensed to participants in the Nevada Medicaid program
6 is limited in accordance with formulas that are based on the
7 provider's estimated acquisition cost of the drug or other
8 regulatory limitations. In Nevada, the reimbursement rate is
9 the lowest of: (a) the Maximum Allowable Cost (MAC) established
10 by CMS for multiple source drugs that meet certain criteria,
11 plus the professional/dispensing fee; (b) the Estimated
12 Acquisition Cost (EAC), defined as the Average Wholesale Price
13 (AWP) less 15%, plus the professional/dispensing fee (presently
14 \$4.76); or (c) the pharmacy's usual charge to the general
15 public.
16
17

18 29. Nevada pays a portion of Medicaid the cost for
19 goods and services given to the State's Medicaid beneficiaries.
20 That current portion is approximately 55.9%. In the 2004 fiscal
21 year, Nevada spent well over \$900 million in Medicaid, over \$125
22 million of which consisted of payments to pharmacies. See
23 [http://dhcfp.state.nv.us/pdf%20forms/Info/Fact%20Book%201-21-](http://dhcfp.state.nv.us/pdf%20forms/Info/Fact%20Book%201-21-05%20Final.pdf)
24 [05%20Final.pdf](http://dhcfp.state.nv.us/pdf%20forms/Info/Fact%20Book%201-21-05%20Final.pdf).
25

26 30. The State of Nevada relied and continues to rely
27 upon the benefits conferred by the Medicaid Rebate program, and
28 on the performance of Merck of the obligations imposed by the

1 Rebate Agreements, to ensure that the Nevada Medicaid program
2 reimbursed payors, e.g. pharmacies, based on the best price
3 available for Merck's pharmaceutical products.

4 d. Defendant's Reported AMP and Best Price Were False
5 and Fraudulent.
6

7 31. Merck faces a continuous battle for market share of
8 its prescription drugs. In response to the competition, Merck
9 employs a variety of illegal marketing strategies to maintain
10 and/or increase its market share by inducing doctors and
11 hospitals to prescribe Merck products over those of competitors.
12 Two such marketing strategies were the SAVE and VIP programs.

13 The Zocor SAVE Program
14

15 32. Merck launched the SAVE (Simvastatin Acute-Care
16 Value Enhancement) Program for Zocor (simvastatin) in April 1998
17 to counter Pfizer's introduction into the marketplace of its
18 lower priced statin, Lipitor. This national program was
19 intended to have coronary heart disease (CHD) patients in the
20 hospital either initially put on Zocor, or switched from Lipitor
21 to Zocor so that when they were discharged, they would continue
22 the prescription, thus creating a "spillover" market.
23

24 33. So long as the hospital or hospital system
25 maintains a market share of 70% for Merck HMG's (Zocor and
26 Mevacor(a lovastatin)), the hospital is entitled to "nominal
27 price discounts" or a 92% discount off the catalog price of
28 Zocor. In May 1999, Merck expanded SAVE to allow hospitals to

1 get in on the 92% discount even if they could not maintain the
2 70% market share of the HMGs so long as they increased market
3 share for Zocor by 10 points over the previous quarter or
4 established Zocor as the exclusive or sole-preferred HMG on the
5 formulary for the first time.

6
7 34. Merck also offers second-and third-tier, non-
8 nominal price discounts for hospitals which could not meet any
9 of these three standards to be given nominal price discounts.
10 SAVE offers a 30% discount off of catalog price of Zocor for
11 hospitals maintaining a 55% market share of Zocor and a 20%
12 discount for a 45% market share.

13
14 35. By May of 1999, Merck was already seeing the
15 desired results from SAVE. Internal reports stated that "in-
16 patient market share for ZOCOR at SAVE hospitals continues to
17 climb. Further, spillover analysis shows that SAVE blunts the
18 growth of Lipitor leading to more scripts for ZOCOR in the
19 communities surrounding SAVE hospitals." As of the beginning of
20 December 1999, Merck reported that "Market share for ZOCOR for
21 targeted SAVE hospitals has grown from 42% to 55% since SAVE was
22 launched" and "SAVE has generated over \$55 million in retail
23 sales spillover for ZOCOR nationally."
24

25 36. Merck used the SAVE program to create a package
26 of financial incentives to induce hospitals to achieve Merck's
27 sought-after increased market share. For example, from the
28 launch in April 1998 until October 1999, participating

1 hospitals, regardless of the market share maintained, were
2 allowed to take advantage of the nominal price discounts.

3 37. For those hospitals that had not yet signed on to
4 the SAVE program, Merck directed its pharmaceutical sales
5 representatives to offer hospitals the following monetary
6 incentives to induce them to join:
7

- 8 1. Over one year of up-front nominal pricing for ZOCOR -a
9 benefit not typically seen in our industry.
- 10 2. A two month rebate at the start of the contract until
11 wholesaler notification.
- 12 3. Multiple enhancements and extensions to SAVE designed
13 to help hospitals achieve and maintain nominal
14 pricing.
15

16 38. Merck also used SAVE to fend off the effects that
17 favorable studies regarding Lipitor were having on Zocor's
18 market share. As stated in an internal Merck memorandum: "One
19 of the key objectives for Zocor for the remainder of 2000 is to
20 blunt the potential impact of MIRACL, an outcomes trial
21 utilizing Lipitor 80mg... (T)he SAVE contract is the key resource
22 you can use to pre-empt the possible effects of MIRACL." The
23 point was to keep Zocor in the hospitals to achieve the
24 increased market share which would result from hospital
25 prescriptions spilling over into outpatient retail scripts-paid
26 by Medicaid. "By actively reinforcing the value of ZOCOR
27 through the SAVE program in these accounts, you can stay on the
28

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1 offense and continue to strengthen the position of ZOCOR on the
2 hospital's formulary."

3 39. SAVE's "nominal pricing" is indisputably an
4 incentive-based marketing program. Merck admits that the 20%
5 and 30% discounts off of Zocor was "highly competitive versus
6 competitive statins!" Merck is virtually giving away Zocor to
7 hospitals so that they would exclusively prescribe Zocor to
8 their CHD patients. Merck makes no bones about it: the purpose
9 of SAVE was to induce the hospitals into using Zocor exclusively
10 or at least primarily and to thereby induce the CHD patients
11 into doing the same.
12

13 40. Merck permitted SAVE hospitals to purchase Zocor
14 at nominal pricing, regardless of the market share the hospital
15 maintained notwithstanding the parameters of the program until
16 October 1999. Then, Merck identified those hospitals at risk of
17 losing the nominal price or other discounts and pressured them
18 to meet the market share requirements and warning that they
19 would lose the SAVE discounts if they did not comply.
20

21 41. Merck continues to employ the SAVE program as a key
22 marketing strategy for Zocor.
23

24 42. Were Merck to use nominal pricing, as it is
25 intended, to benefit non-profits or financially disadvantaged
26 institutions, the SAVE hospitals would be predominantly "DSHs"
27 or Disadvantaged Share Hospitals which have 11.75% indigent
28 population and qualify for nominal pricing. Yet, only a few of

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1 the hospitals of those listed who were being tracked for falling
2 off the SAVE program are designated as DSHs. Instead, Merck
3 offers these terms only to hospitals which achieve Merck's goals
4 of market control.

5
6 43. Merck knows, and knew that the nominal price it
7 charges to hospitals must be reported to CMS. Even so, Merck
8 purposefully did not report both the nominal-price discounts and
9 the non-nominal pricing discounts hospitals were given under
10 SAVE as required under the Medicaid Rebate Act. Merck knowingly
11 and deliberately concealed these discounts for the purposes of
12 calculating best price. Had Merck truthfully reported these
13 prices, they would have affected the best price calculations and
14 Merck would have paid the State of Nevada much greater rebates.

15
16 44. Merck knowingly did not disclose these discounts
17 and knowingly did not account for the steep discounts offered
18 under the SAVE program in calculating its quarterly report of
19 AMP or best price to CMS.

20 The Vioxx VIP Program

21
22 45. Merck used a nominal pricing discount scheme
23 similar to SAVE to promote its cornerstone COX-2 inhibitor drug,
24 Vioxx. Merck marketed Vioxx through the Vioxx Incentive Program
25 or VIP. The VIP Program gave hospitals "upfront discounts for
26 Vioxx commensurate with a Hospital/System's agreement to achieve
27 a (greater than or equal to) 80% Market Share for Vioxx...and
28 designating Vioxx as the 'Exclusive NSAID that selectively

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1 inhibits COX-2 on Formulary'." The discount amounted to a
2 nominal price of 92% off of the Merck Catalog Price.

3 46. Merck knows that the nominal price it charges to
4 hospitals must be reported. Even so, Merck purposefully did not
5 report the nominal-price discount hospitals were given under VIP
6 as required under the Medicaid Rebate Act. Merck knowingly and
7 deliberately concealed these discounts for the purposes of
8 calculating best price. Had Merck truthfully reported these
9 prices, they would have affected the best price calculations and
10 Merck would have paid the State of Nevada much greater rebates.

11 47. Merck knowingly did not disclose the nominal
12 price discount and knowingly did not account for the steep
13 discount offered under the VIP program in calculating its
14 quarterly report of AMP or best price to CMS.
15

16 48. Both the VIP and SAVE programs misused and abused
17 nominal pricing to lure hospitals into purchasing and
18 maintaining a high market share of Vioxx and Zocor. The nominal
19 pricing offered by Merck should have been reported as the best
20 price on which rebates should have been calculated and issued to
21 the States. Since the purpose of nominal pricing is to make
22 drugs available for charitable institutions and facilities which
23 treat large numbers of uninsured patients, and not a marketing
24 ploy, the discounts Merck offered, and continues to offer, are
25 the best price upon which Medicaid Rebate Act rebates should
26 have been, and should be, issued to Nevada.
27
28

COUNT 1
VIOLATION OF NEVADA FALSE CLAIMS ACT
FOR NOMINAL PRICE DISCOUNTS

1
2
3 49. Plaintiff repeats and realleges each allegation
4 contained in paragraphs 1 through 48 above as if fully set forth
5 herein.

6
7 50. Merck's products Zocor and Vioxx are prescribed
8 to Nevada public aid recipients and Nevada's Division of Health
9 Care Financing and Policy makes payment to pharmacies that sell
10 these drugs to Nevada public aid recipients.

11 51. Merck knowingly and willfully makes or made
12 and/or causes or caused to be made false statements and/or
13 representations of material facts, directly and indirectly to
14 Nevada's Division of Health Care Financing and Policy, to obtain
15 reimbursement to pharmacies from the Nevada Medicaid program for
16 its pharmaceutical products in violation of N.R.S. §
17 357.040(1)(a) and/or (b). Specifically, Merck causes the
18 Secretary to make false statements to Nevada regarding URAs
19 which are used to invoice Merck with the amount that Merck
20 rebates to Nevada.
21

22
23 52. Merck uses the schemes detailed herein that have
24 the effect of increasing the total amount the Nevada Medicaid
25 program pays for pharmaceutical products beyond the maximum
26 amount payable for such products under the applicable rate or
27 fee schedule in violation N.R.S. § 357.040(1)(a) and/or (b).
28

53. Merck's deliberate and purposeful concealment

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1 from Nevada of the marketing, promotional and pricing
2 inducements it offers to hospital purchasers participating in
3 the SAVE and VIP programs, and Merck's deliberate and purposeful
4 failure to report the net reduction in the prices paid by the
5 hospitals constitute violations of N.R.S. § 357.040(1)(a) and/or
6 (b).

7
8 54. Accordingly, Merck violated N.R.S. § 357.040(1)(a)
9 and/or (b) from at least 1994 to the present by engaging in the
10 fraudulent and illegal practices described herein, including its
11 deliberate and knowing submission of false records and/or
12 statements of quarterly reports to CMS of AMP and best price for
13 Zocor and Vioxx which did not take into account the nominal-
14 price discounts offered under the SAVE and VIP programs.

15
16 55. Merck violated N.R.S. § 357.040(1)(a) and/or (b)
17 and knowingly causes or caused thousands of false claims to be
18 made, used and presented to the State of Nevada from at least
19 1994 to the present.

20
21 56. Compliance with applicable Medicaid laws,
22 regulations, and provisions was and continues to be an express
23 condition of payment of claims submitted to the State of Nevada,
24 and an express condition of Merck's participation in the Nevada
25 Medicaid program.

26
27 57. Had the State of Nevada known that Merck was
28 violating the Medicaid Rebate Act and the state laws cited
herein, it would not have paid the claims submitted by health

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1 care providers and third party payers in connection with Merck's
2 fraudulent and illegal practices. More importantly, Nevada
3 would have disallowed Merck's participation in the Nevada
4 Medicaid Program.

5 58. The State of Nevada, by and through the Nevada
6 Medicaid program and other state health care programs, and
7 unaware of Merck's fraudulent and illegal practices, paid the
8 claims submitted for outpatient prescriptions for Zocor and
9 Vioxx in connection therewith. As a result of Merck's false
10 statements and/or representations of material facts, Nevada has
11 paid sums in excess of the amounts which should have been
12 charged for pharmaceutical products.

13 59. As a result of Merck's violations of N.R.S.
14 § 357.040(1)(a) and/or (b) the State of Nevada has been damaged
15 in the millions of dollars.

16 60. Steinke is a private person with direct and
17 independent knowledge of the allegations of this Complaint, who
18 has brought this action pursuant to N.R.S. § 357.080(1) on
19 behalf of himself and the State of Nevada.

20 61. WHEREFORE, Relator H. Dean Steinke respectfully
21 demands judgement against Merck as prayed for below.

22
23
24
25 **COUNT II**
26 **VIOLATION OF NEVADA FALSE CLAIMS ACT**
27 **FOR NOMINAL PRICE DISCOUNTS**

28 62. Plaintiff repeats and realleges each allegation
contained in paragraphs 1 through 48 above as if fully set forth

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1 herein.

2 63. Merck's product Zocor and Vioxx are prescribed to
3 Nevada public aid recipients and Nevada's Division of Health
4 Care Financing and Policy makes payment.

5 64. Merck knowingly and willfully makes or made
6 and/or causes or caused to be made false statements and/or
7 representations of material facts, directly and indirectly to
8 Nevada's Division of Health Care Financing and Policy, to avoid
9 paying a sum certain of a rebate based upon the difference
10 between AMP and the nominal price which should have been
11 reported as the best price, in violation of N.R.S. §
12 357.040(1)(g).

13 65. Merck uses the schemes detailed herein that have
14 the effect of decreasing the total amount paid by Merck to
15 Nevada, in violation of N.R.S. § 357.040(1)(g).

16 66. Merck's deliberate and purposeful concealment
17 from Nevada of the marketing, promotional and pricing
18 inducements it offers to hospital purchasers participating in
19 the SAVE and VIP program, and Merck's deliberate and purposeful
20 failure to report the net reduction in the prices paid by the
21 hospitals constitute violations of N.R.S. § 357.040(1)(g).

22 67. Accordingly, Merck violated N.R.S.
23 § 357.040(1)(g) from at least 1994 to the present by engaging in
24 the fraudulent and illegal practices described herein, including
25 its deliberate and knowing submission of false records and/or
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1 statements of quarterly reports to CMS of AMP and best price for
2 Zocor and Vioxx which did not take into account the nominal-
3 price discounts offered under the SAVE and VIP programs.

4 68. Merck violated N.R.S. § 357.040(1)(g) and
5 knowingly causes or caused thousands of false claims to be made,
6 used and presented to the CMS and the State of Nevada from at
7 least 1994 to the present.
8

9 69. Compliance with applicable Medicaid laws,
10 regulations, and provisions was and continues to be an express
11 condition of payment of claims submitted to the State of Nevada,
12 and an express condition of Merck's participation in the Nevada
13 Medicaid program.
14

15 70. Had the State of Nevada known that Merck was
16 violating the Medicaid Rebate Act and the state laws cited
17 herein, it would not have paid the claims submitted by
18 pharmacies arising from Merck's fraudulent and illegal
19 practices. More importantly, Nevada would have disallowed
20 Merck's participation in the Nevada Medicaid Program.
21

22 71. The State of Nevada, by and through the Nevada
23 Medicaid program and other state health care programs, and
24 unaware of Merck's fraudulent and illegal practices, paid the
25 claims submitted for outpatient prescriptions for Zocor and
26 Vioxx in connection therewith. As a result of Merck's false
27 statements and/or representations of material facts, Nevada has
28 paid out excessive amounts in Medicaid reimbursements for

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1 Merck's pharmaceutical products to pharmacies throughout the
2 state of Nevada.

3 72. As a result of Merck's violations of N.R.S. §
4 357.040(1)(g) the State of Nevada has been damaged in the
5 millions of dollars.

6 73. Steinke is a private person with direct and
7 independent knowledge of the allegations of this Complaint, who
8 has brought this action pursuant to N.R.S. § 357.080(1) on
9 behalf of himself and the State of Nevada.
10

11 74. WHEREFORE, Relator H. Dean Steinke respectfully
12 demands judgement against Merck as prayed for below.
13

14 COUNT III
15 VIOLATION OF NEVADA FALSE CLAIMS ACT
16 FOR OTHER THAN NOMINAL PRICE DISCOUNTS

17 75. Plaintiff repeats and realleges each allegation
18 contained in paragraphs 1 through 48 above as if fully set forth
19 herein.

20 76. Merck's products Zocor and Vioxx are prescribed
21 to Nevada public aid recipients and Nevada's Division of Health
22 Care Financing and Policy makes payment to pharmacies that sell
23 these drugs to Nevada public aid recipients.

24 77. Merck knowingly and willfully makes or made
25 and/or causes or caused to be made false statements and/or
26 representations of material facts, directly and indirectly to
27 Nevada's Division of Health Care Financing and Policy, to obtain
28 reimbursement to pharmacies from the Nevada Medicaid program for

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1 its pharmaceutical products in violation of N.R.S. § 357.040(1)
2 (a) and/or (b). Specifically, Merck causes the Secretary to
3 make false statements to Nevada regarding URAs which are used to
4 invoice Merck with the amount that Merck rebates to Nevada.

5 78. Merck uses the schemes detailed herein that have
6 the effect of increasing the total amount the Nevada Medicaid
7 program pays for pharmaceutical products beyond the maximum
8 amount payable for such products under the applicable rate or
9 fee schedule in violation of N.R.S. § 357.040(1) (a) and/or (b).

10 79. Merck's deliberate and purposeful concealment
11 from Nevada of the marketing, promotional and pricing
12 inducements it offers to hospital purchasers participating in
13 the SAVE program, and Merck's deliberate and purposeful failure
14 to report the net reduction in the prices paid by the hospitals
15 constitute violations of N.R.S. § 357.040(1) (a) and/or (b).

16 80. Merck violated N.R.S. § 357.040(1) (a) and/or (b)
17 from at least 1994 to the present by engaging in the fraudulent
18 and illegal practices described herein, including its deliberate
19 and knowing submission of false records and/or statements of
20 quarterly reports to CMS of AMP and best price for Zocor which
21 did not take into account the first and second-tier discounts
22 (other than nominal-price discounts) offered under the SAVE
23 program.
24

25 81. Merck furthermore violated N.R.S. § 357.040(1)
26 (a) and/or (b) and knowingly caused hundreds of thousands of
27
28

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1 false claims to be made, used and presented to the State of
2 Nevada from at least 1994.

3 82. Compliance with applicable Medicaid laws,
4 regulations, and provisions was and continues to be an express
5 condition of payment of claims submitted to the State of Nevada,
6 and an express condition of Merck's participation in the Nevada
7 Medicaid program.
8

9 83. Had the State of Nevada known that Merck was
10 violating the Medicaid Rebate Act and the State laws cited
11 herein, it would not have paid the claims submitted by health
12 care providers and third party payers in connection with Merck's
13 fraudulent and illegal practices. More importantly, Nevada
14 would have disallowed Merck's participation in the Nevada
15 Medicaid Program.
16

17 84. Relator is informed and believes and based
18 thereon alleges that Merck further violated N.R.S. § 357.040(1)
19 (a) and/or (b) by delivering to some Nevada health care
20 providers free samples, in the form of stock bottles, in such
21 volumes as to effectively lower the price Merck was charging
22 these providers for these drugs.
23

24 85. The State of Nevada, by and through the Nevada
25 Medicaid program and other state health care programs, and
26 unaware of Merck's fraudulent and illegal practices, paid the
27 claims submitted by health care providers and third party payers
28 in connection therewith. As a result of Merck's false

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1 statements and/or representations of material facts, Nevada has
2 paid sums in excess of the amounts which should have been
3 charged for pharmaceutical products.

4 86. As a result of Merck's violations of N.R.S.
5 § 357.040(1) (a) and/or (b) the State of Nevada has been damaged
6 in the millions of dollars.

7 87. Steinke is a private person with direct and
8 independent knowledge of the allegations of this Complaint, who
9 has brought this action pursuant to N.R.S. § 357.080(1) on
10 behalf of himself and the State of Nevada.

11 88. WHEREFORE, Relator H. Dean Steinke respectfully
12 demands judgment against Merck as prayed for below.

13 **COUNT IV**
14 **VIOLATION OF NEVADA FALSE CLAIMS ACT**
15 **FOR NOMINAL PRICE DISCOUNTS**

16 89. Plaintiff repeats and realleges each allegation
17 contained in paragraphs 1 through 48 above as if fully set forth
18 herein.

19 90. Merck's products Zocor and Vioxx are prescribed
20 to Nevada public aid recipients and Nevada's Division of Health
21 Care Financing and Policy makes payment to pharmacies that sell
22 these drugs to Nevada public aid recipients.

23 91. Merck knowingly and willfully makes or made
24 and/or causes or caused to be made false statements and/or
25 representations of material facts, directly and indirectly to
26 Nevada's Division of Health Care Financing and Policy, to avoid
27
28

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1 paying a sum certain of a rebate based upon the difference
2 between AMP and the best price for Zocor which did not take into
3 account the first and second-tier discounts (other than nominal-
4 price discounts) offered under the SAVE program, in violation of
5 N.R.S. § 357.040(1)(g).
6

7 92. Relator is informed and believes and based thereon
8 alleges that Merck further violated N.R.S. § 357.040(1)(g) by
9 delivering to some Nevada health care providers free samples, in
10 the form of stock bottles, in such volumes as to effectively
11 lower the price Merck was charging these providers for these
12 drugs. Merck knowingly and willfully makes or made and/or
13 causes or caused to be made false statements and/or
14 representations of material facts, directly and indirectly to
15 Nevada's Division of Health Care Financing and Policy, to avoid
16 paying a sum certain of a rebate based upon the difference
17 between AMP and the best price for Zocor which did not take into
18 the discounts which resulted from the stock bottle free samples,
19 in violation N.R.S. § 357.040(1)(g).
20

21 93. Merck uses the schemes detailed herein that have
22 the effect of decreasing the total amount paid by Merck to
23 Nevada, in violation of N.R.S. § 357.040(1)(g).
24

25 94. Merck's deliberate and purposeful concealment
26 from Nevada of the marketing, promotional and pricing
27 inducements it offers to hospital purchasers participating in
28 the SAVE program, and Merck's deliberate and purposeful failure

1 to report the net reduction in the prices paid by the hospitals
2 constitute violations of N.R.S. § 357.040(1)(g).

3 95. Accordingly, Merck violated N.R.S. § 357.040(1)(g)
4 from at least 1994 to the present by engaging in the fraudulent
5 and illegal practices described herein, including its deliberate
6 and knowing submission of false records and/or statements of
7 quarterly reports to CMS of AMP and best price for Zocor and
8 Vioxx which did not take into account the nominal-price
9 discounts offered under the SAVE and VIP programs.

10 96. Merck violated N.R.S. § 357.040(1)(g) and
11 knowingly causes or caused thousands of false claims to be made,
12 used and presented to the CMS and the State of Nevada from at
13 least 1994.

14 97. Compliance with applicable Medicaid laws,
15 regulations, and provisions was and continues to be an express
16 condition of payment of claims submitted to the State of Nevada,
17 and an express condition of Merck's participation in the Nevada
18 Medicaid program.

19 98. Had the State of Nevada known that Merck was
20 violating the Medicaid Rebate Act and the State laws cited
21 herein, it would not have paid the claims submitted by health
22 care providers and third party payers in connection with Merck's
23 fraudulent and illegal practices. More importantly, Nevada
24 would have disallowed Merck's participation in the Nevada
25 Medicaid Program.
26
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28

1 than \$10,000 for each false claim which Merck caused
2 to be presented to the State of Nevada.

3 (3) Prejudgment interest; and

4 (4) All costs incurred in bringing this action.

5 To RELATOR, H. DEAN STEINKE:

6 (1) The maximum amount allowed pursuant to N.R.S. §
7 357.210 and/or any other applicable provision of law;


8 (2) Reimbursement for reasonable expenses which Relator
9 incurred in connection with this action.

10 (3) An award of reasonable attorneys' fees and costs; and

11 (4) Such further relief as this Court deems equitable and
12 just.

13 Dated: April 19, 2005

14 STATE OF NEVADA, ex rel.
15 H. DEAN STEINKE

16 By: 
17 Mark A. Winter
18 State Bar No. 001977
19 801 N. Division St.
20 Carson City, NV 89703
21 (775) 882-2183
22 (775) 883-9413 fax
23
24
25
26
27
28

Law Offices
STOKES & WINTER
801 North Division Street
Carson City, Nevada 89703-3925
(775) 882-2183 FAX (775) 883-9413