IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF CONNECTICUT

IN THE MATTER OF: AN APPLICATION FOR A CRIMINAL COMPLAINT AGAINST MICHELE MUZYKA	Case No. 3:25-mj-585 (MEG) June 20, 2025

AFFIDAVIT IN SUPPORT OF A CRIMINAL COMPLAINT

I, Emma Dugas, a Special Agent with the United States Department of Health and Human Services, Office of the Inspector General, having been duly sworn, state the following:

INTRODUCTION AND AGENT BACKGROUND

1. I am a Special Agent with the U.S. Department of Health and Human Services, Office of Inspector General ("HHS-OIG"). I am currently assigned to the Hartford, Connecticut Field Office. I have been employed as a Special Agent with HHS-OIG since January 2019.

2. I received my Bachelor of Science in Nursing degree from the University of Connecticut in 2011 and received a certification in hospice and palliative care nursing in 2015. I am also a graduate of the Criminal Investigator Training Program at the Federal Law Enforcement Training Center in Glynco, Georgia.

3. Prior to becoming an HHS-OIG Special Agent, I was employed as a registered nurse in Connecticut for approximately eight years. As a registered nurse I worked in the pediatric hematology and oncology and hospice settings.

4. As an HHS-OIG Special Agent, I am responsible for investigating allegations of fraud against the various programs under HHS's jurisdiction, including the Medicare and Medicaid programs. I have participated in numerous investigations involving those programs and have interviewed witnesses, conducted surveillance, reviewed claims data, medical records and other business records. I have also assisted with the execution of search and arrest warrants.

5. I am an investigative or law enforcement officer of the United States within the meaning of Section 2510(7) of Title 18 of the United States Code, in that I am empowered by law to conduct investigations and to make arrests for federal felony offenses.

6. As part of my duties, I am currently investigating violations of 18 U.S.C. § 1347 (Health Care Fraud), 18 U.S.C. § 1035 (False Statements relating to health care matters), 21 U.S.C. §§ 841(a) and (b) (Distributing or Dispensing Controlled Substances) by Michele Muzyka.

7. Michele Rene Luzzi Muzyka, (Muzyka) is licensed by the State of Connecticut as an Advanced Practice Registered Nurse. Her nursing license, license #1759, was first granted on January 23, 1998, and expires on September 30, 2025. Muzyka is also licensed by the State of Connecticut with a Controlled Substances Registration, license #CSP.0034490, which was first granted on January 22, 2004 and expires on February 28, 2027. According to the National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI) website, Muzyka's primary taxonomy is clinical nurse specialist. Muzyka is also a DEA Registered Practitioner with controlled substances privileges in Schedule II-V[1] controlled substances. Her DEA license, #MM1069574, was issued on February 11, 2004 and expires on January 31, 2028.

8. Under Connecticut law, providers who prescribed Schedule II-V controlled substances were required to issue prescriptions electronically to a pharmacy starting on January 1, 2018. The law provided certain exceptions to its mandate, including lack of technological capacity. In such cases, a waiver was required. According to her State of Connecticut profile, Muzyka indicates she is not able to send electronic prescriptions for controlled substances. She

[1] Drugs and other substances that are considered controlled substances under the Controlled Substances Act (CSA) are divided into five schedules. Substances are placed in their respective schedules based on whether they have a currently accepted medical use in treatment in the United States, their relative abuse potential, and likelihood of causing dependence when abused. Schedule II substances are substances that have a high potential for abuse which may lead to severe psychological or physical dependence.

requested and has received a waiver of any requirement that controlled substances prescriptions be submitted electronically.

9. According to the Connecticut Secretary of State website, Muzyka is listed as the principal agent of Medication Management Solutions, LLC, a business that was formed April 4, 2014. The principal office address and mailing address are both listed as the same as her home address in Cheshire, CT.

10. Muzyka is also known to see patients in an office located at 1062 Barnes Road, Wallingford, CT. On a few occasions, however, Muzyka indicated to a DEA Confidential Source (CS1) and an undercover DEA Task Force Officer (UC1) that she does not have her own office in the Wallingford, CT office space, and instead subleases and uses whatever office is open at the time.

11. This affidavit is made in support of a criminal complaint and a warrant to arrest Muzyka for violating 21 U.S.C. §§ 841(a), (b)(1)(C), (b)(2) (Dispensing or Distributing Controlled Substances) and 18 U.S.C. § 1035 (False Statements relating to health care matters).

12. I base this affidavit upon my personal knowledge, upon information and documents provided to me by other investigators assigned to this investigation, and upon information and documents provided by third parties. I have not included each and every fact known to me from the investigation; rather, I have submitted sufficient information to establish probable cause for the requested warrants.

JURISDICTION

13. This Court has jurisdiction to issue the requested warrants because it is "a court of competent jurisdiction" as defined by 18 U.S.C. §§ 2711 and 2703(a), (b)(1)(A), and (c)(1)(A).

Specifically, the Court is a "district court of the United States . . . that – has jurisdiction over the offense[s] being investigated." 18 U.S.C. § 2711(3)(A)(i).

THE CONTROLLED SUBSTANCES ACT

14. The Controlled Substances Act ("CSA") governs the manufacture, distribution, and dispensing of controlled substances in the United States. *See* 21 U.S.C. § 801, *et seq.* It is a federal offense for any person to knowingly or intentionally distribute or dispense a controlled substance except as authorized by law. *See* 21 U.S.C. § 841(a)(1). It is similarly a federal offense to conspire to violate Section 841(a)(1). *See* 21 U.S.C. § 846. The DEA was established in 1973 to serve as the primary federal agency responsible for the enforcement of the CSA.

15. Title 21 of the U.S. Code § 812 establishes Schedules for controlled substances that present a potential for abuse and the likelihood that abuse of the drug could lead to physical or psychological dependence on it. Such controlled substances are listed in Schedule I through Schedule V, depending on the level of potential for abuse, the current medical use, and the level of possible physical dependence. Controlled substance pharmaceuticals are listed as controlled substances, from Schedule II through V, because they are also considered drugs for which there is a substantial potential for abuse and addiction.

16. Legitimate transactions involving pharmaceutical controlled substances take place within a "closed system" of distribution established by Congress. Under the "closed system," Title 21 of the United States Code requires that all legitimate handlers of controlled substances (including manufacturers, distributors, physicians, pharmacies, and researchers) be registered with the DEA and maintain strict accounting for all distribution.

17. Legitimate distributions of controlled substances are limited by the scope of each

type of registration. Title 21 of the U.S. Code U.S.C. § 802(21) defines a "Practitioner" to include physicians and other medical professionals licensed, registered, or otherwise permitted by the United States or the jurisdiction in which he practices or does research to distribute, dispense, conduct research with respect to, administer, or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research.

18. Medical professionals, including physicians, must become registered with the Attorney General to be authorized under the CSA to write prescriptions for, or to otherwise distribute or dispense, controlled substances, as long as they comply with requirements under their registration. 21 U.S.C. § 822(b). Such medical professionals are then assigned a registration number with the DEA.

19. To comply with the terms of their registration, medical professionals cannot issue a prescription for a controlled substance unless it is "issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice." 21 C.F.R. § 1306.04(a). Section 1306.04(a) provides that:

> 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 Controlled Substances Act (Title 21, United States Code, Section 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 relating to controlled substances.

Id.

RELEVANT CONTROLLED SUBSTANCES

Benzodiazepines

20. Benzodiazepines are Schedule IV depressants that are prescribed to help put a patient to sleep, relieve anxiety and muscle spasms, and prevent seizures. Benzodiazepines share many of the undesirable side effects of opioids, including tolerance and dependence. Benzodiazepines may be abused by individuals seeking euphoria or a "high." When used in conjunction with other drugs, depressants can increase the user's "high." When used in combination with opioids, specifically, depressants not only add to the opioid's high, but the combination also increases the potential of negative side effects, such as slowed breathing, known as respiratory depression. Some examples of benzodiazepines are Valium (diazepam), Xanax (alprazolam), and Klonopin (clonazepam).

21. Alprazolam, for example, is a generic name for a Schedule IV benzodiazepine prescription drug marketed primarily under the brand name Xanax. When used for a legitimate medical purpose, Alprazolam is used to treat such conditions as anxiety, depression, and panic disorder. Alprazolam comes in .25 mg, .5 mg, 1 mg, and 2 mg strengths. The 2 mg tablets are rectangular in shape and are often referred to on the street as "bars" or "zanny bars." Alprazolam can be addictive and is a commonly abused controlled substance that is diverted from legitimate medical channels.

Amphetamines

22. Amphetamines are stimulants, most often used to treat attention-deficit hyperactivity disorder (ADHD) and narcolepsy. Because of their high potential for abuse, many amphetamines are Schedule II stimulants. Prolonged use of amphetamines has a high risk of drug dependence. Misuse of amphetamine can cause serious cardiovascular issues, as well as death.

23. Dextroamphetamine-amphetamine, for example, is a form of Schedule II stimulant prescription drug. Dextroamphetamine-amphetamine is marketed primarily under the brand name Adderall. When used for a legitimate medical purpose, Dextroamphetamine-amphetamine is used to treat such conditions as ADHD and narcolepsy. Dextroamphetamine-amphetamine comes in 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, and 30 mg tablets and 5 mg, 10 mg, 15 mg, 20, mg, 25 mg, and 30 mg extended-release capsules. Dextroamphetamine-amphetamine can be addictive and is a commonly abused controlled substance that is diverted from legitimate medical channels.

BACKGROUND ON MEDICAID

The Medicaid Program in Connecticut

24. The Connecticut Department of Social Services ("DSS") provides medical assistance to low-income persons and people who could otherwise support themselves if not for the fact that they have excessive health care costs. DSS provides this assistance through the Connecticut Medical Assistance Program (CTMAP). CTMAP offers a comprehensive health care benefit package that includes the following:

a. HUSKY A - Family Medicaid;

b. HUSKY B - State Children's Health Insurance Program ("SCHIP");

c. HUSKY C - previously referred to as Medicaid, Title XIX, fee-for-service, or Adult Medicaid; and

d. HUSKY D - previously referred to as Medicaid for Low Income Adults ("MLIA").

25. The HUSKY programs identified above are joint federal-state government programs designed primarily to finance the provision of the medical services to the indigent. This affidavit refers to the various HUSKY programs above collectively known as "Medicaid." DSS administers

these Medicaid programs in Connecticut. The Medicaid program is administered at the federal level by the Centers for Medicare and Medicaid Services ("CMS") and is funded approximately 50 percent by the federal government. The remaining approximately 50 percent is funded by the State of Connecticut.

26. Medicaid is a public plan or contract that pays claims submitted by participating health care providers for medically necessary benefits, items, and services rendered to Medicaid members. As such, Medicaid is a "health care benefit program" under 18 U.S.C. § 24(b).

27. According to the Medicaid Provider Enrollment Agreement, participating providers in the Medicaid program are required to maintain medical documentation of the services provided to Medicaid members for at least five years from the date of service. In addition, providers agree to accept payment as determined by DSS or its fiscal agent in accordance with federal and state statutes and regulations and policies as payment in full for all services, goods, and products covered by Connecticut Medical Assistance Program and provided to program clients. In general, enrolled providers may not charge an eligible Connecticut Medical Assistance Program client for goods or services that are covered under the Connecticut Medical Assistance Program. *See* 42 C.F.R. § 447.15 ("A State plan must provide that the Medicaid agency must limit participation in the Medicaid program to providers who accept, as payment in full, the amounts paid by the agency plus any deductible, coinsurance or copayment required by the plan to be paid by the individual."); *see also New York City Health & Hosps. Corp. v. Perales*, 954 F.2d 854 (2d Cir. 1992) ("Those doctors and hospitals who are willing to treat Medicaid patients must agree to accept the designated Medicaid rate and not ask the patient to pay any money beyond that amount.").

28. It is possible for Medicaid members to have one or more additional sources of coverage for health care services, including coverage by other health insurers or programs. By law, all of

the available third-party resources, including public or private health insurance plans, must meet their legal obligation to pay claims before the Medicaid program pays for the care of an individual eligible for Medicaid. As such, Medicaid is generally the payer of last resort.

29. Muzyka is enrolled in the Medicaid program and has been so since at least January 1, 2013. As an individual, Muzyka is enrolled as an ordering, prescribing, and referring provider. In addition, Muzyka's group, Medication Management Solutions, LLC, has been enrolled with the Medicaid program since at least October 28, 2014. Medication Management Solutions, LLC is enrolled as a billing provider and the most updated re-enrollment was completed November 13, 2024. According to Muzyka's DSS enrollment application dated December 5, 2022, Muzyka does not maintain her patient records electronically.

30. A review of Medicaid pharmacy claims data reveals that many of Muzyka's patients utilize their Medicaid insurance to fill prescriptions written by her. Despite Muzyka's group being enrolled as a Medicaid billing provider, based on the investigation and as further described below, I believe that many of these patients pay Muzyka cash at their visit.

31. Based upon the investigation to date and further described below, I believe Muzyka is prescribing large quantities of controlled substances outside the course of professional practice, and without a legitimate medical purpose, including but not limited to various benzodiazepines, such as Xanax, and stimulants, such as Adderall.

INITIATION OF INVESTIGATION

32. This investigation is being conducted by the DEA New Haven District Office ("NHDO") Tactical Diversion Squad ("TDS") and Health and Human Services Office of Inspector General (HHS-OIG). as described in more detail below, the DEA has received several complaints about the prescribing practices of Muzyka since approximately August 2022.

33. On August 21, 2022, the DEA received a tip from a Walgreens pharmacist (Pharmacist 1) in New Britain, CT. Pharmacist 1[2] stated that he noticed a pattern of suspicious written prescriptions for stimulant and benzodiazepine medications over the past year, specifically for 90 Adderall IR (immediate release) 30 mg tablets and 60 or 90 Xanax 2 mg tablets for at least 4 patients, all written by Muzyka. Pharmacist 1 noted that the patients never bring in prescriptions for other psychiatric medication. Pharmacist 1 began refusing to fill prescriptions from Muzyka as he suspected that the Muzyka was not the individual writing the prescriptions or that Muzyka was being paid to write these specific prescriptions for these patients.

34. On October 20, 2022, the DEA received another tip from a Walgreen's pharmacist, (Pharmacist 2) located in Middletown, CT. Pharmacist 2 told DEA investigators that he noted Muzyka was prescribing similar quantities of high-dose controlled substances to a group of individuals that seemed to be connected. Pharmacist 2 reported the following:

a. Muzyka prescribed Patient 1 Adderall 30 tablets, 1 tablet four (4) time a day, and alprazolam 2mg tablets, 1 tablet three (3) times a day, on a monthly basis.

b. Muzyka prescribed to Patient 1's friend,[3] Patient 2, Adderall 30mg tablets, 1 tablet three (3) time a day, and alprazolam 2mg tablets, 1 tablet three (3) times a day, on a monthly basis.

c. Muzyka prescribed to Patient 2's friend, Patient 3, Adderall 30mg tablets, 1 tablet three (3) time a day.

[2] All cooperating witnesses and confidential sources will be referred to herein using the masculine forms of pronouns, regardless of the individual's actual gender.

[3] The pharmacist's tip identified the relationships between Patients 1, 2, 3, and 4. In addition, Patient 1 and 2 were arrested together for drug offenses in June 2022 in Middletown, Connecticut. The pharmacist also reported that Patient 2 has picked up Patient 1's prescriptions for him.

d. Muzyka prescribed to Patient 1's boss, Patient 4, Adderall 30mg tablets, 1 tablet three (3) time a day. Pharmacist 2 knew this because on or about October 03, 2022, Patient 1 presented Patient 4's Adderall prescription to Walgreens and said, "this is for my boss."

35. In addition, investigators are aware of at least five overdose deaths in Connecticut within the last three years in which Muzyka prescribed the decedents a combination of benzodiazepines and amphetamines within 30 days of the fatality.

36. Furthermore, investigators are aware of at least one Connecticut family court matter in which a publicly available appellate court decision explained that Muzyka prescribed benzodiazepines to an individual who gave birth that same year to an infant treated for neonatal abstinence syndrome, that the parents of that infant (both treated by Muzyka) arrived at the hospital upon the birth of their child impaired, and that at least one parent refused to comply with the Department of Children and Family Services' (DCF) request to seek a second opinion regarding their ongoing treatment by Muzyka. *See In re Angelina S.*, 223 Conn. App. 52, 306 A.3d 1185 (2023), *cert. denied*, 348 Conn. 950, 308 A.3d 549 (2024).[4]

INTRODUCTION OF CONFIDENTIAL SOURCE 1 (CS1) TO MUZYKA

January 17, 2024 Consensual Monitoring #1

37. On January 17, 2024, investigators inserted a DEA Confidential Source (CS1) into Muzyka's medical practice for a patient visit resulting in the acquisition of generic Adderall and generic Xanax. CS1 is a long time, DEA confidential source.

38. Prior to the visit, investigators met with CS1 at a pre-arranged location to discuss the details of the meeting with Muzyka. CS1 was provided $200.00 in DEA serialized money (that is,

[4] Available at: https://www.jud.ct.gov/external/supapp/cases/AROap/AP223/223AP64.pdf.

the currency serial numbers were record in advance) and equipped with an electronic audio recording and monitoring device to ensure the safety of CS1 and document the meeting.

39. CS1 was observed by investigators entering Subject Premises 2 at approximately 9:15 AM.

40. Upon review of the video recording, this affiant noted that CS1 entered the building, used the restroom, and then proceeded to enter a room with "106" on the door. Upon entering, Muzyka introduced herself and had CS1 come into her office.

41. Muzyka and CS1 made small talk and CS1 asked Muzyka what else she does for work. Muzyka told CS1 that she also works at Connecticut Mental Health Center with the chronically mentally ill as well as Branford Counseling Center in the evenings. At this point in the conversation, CS1 said "here is your $200" and Muzyka responded, "thank you."

42. Muzyka proceeded to ask CS1 questions such as the spelling of his name, date of birth, address, and phone number. Muzyka then asked CS1 who referred him to her. CS1 told Muzyka he was referred by a friend named "Matt" who told him about Muzyka and that she was "good." Muzyka asked what "Matt's" last name was and CS1 said that he forgot. Muzyka asked if she sees "Matt" as a patient and CS1 said that she used to see him.

43. Muzyka continued to ask CS1 general questions such as CS1's marital status and if he had any children. Muzyka asked CS1 if he had any allergies and what his preferred pharmacy was. CS1 said he was not able to recall the name of the pharmacy, and Muzyka said it did not matter because she could write the prescriptions and give them to CS1 so he could take them to whatever pharmacy he wanted.

44. Muzyka then asked CS1 to tell her what had been going on and what brought him to see her. CS1 told Muzyka that everything was "basically fine" with him. He said he had been

taking Adderall and Xanax but lost his State of New York insurance because he did not renew it. He told Muzyka that he did not mind paying cash. Muzyka asked CS1 who was providing the Adderall and Xanax prescriptions, and CS1 told her that he was obtaining the medications on "the street," but he did not feel this was a safe option because he knew people could get sick from medications bought on the street. Muzyka acknowledged it was not safe and asked CS1 how long he had been getting the medication from the street. CS1 told Muzyka he was getting Adderall and Xanax from the street for about one and a half years.

45. Muzyka asked CS1, "why the Xanax?" CS1 responded, "it gets me through my day." Muzyka asked if CS1 was anxious and asked CS1 to describe the symptoms to her. CS1 told Muzyka that he was not anxious but for some reason that he could not explain, it made him function through the day and made him "balanced." Muzyka asked, "so it balances your mood?" and CS1 agreed.

46. Muzyka asked CS1 why he started taking Xanax. CS1 said it started with a friend who told him to try the medication, so he did. Muzyka asked CS1 how much he was getting off the streets. CS1 told Muzyka "like 2"[5] and he was taking it twice a day. Muzyka then asked him "if it's ok" if she started him at a 1 mg dose twice a day because "the pharmacy might question it." Muzyka explained that the pharmacy might question CS1 being started on a higher dose of Xanax since he was not previously obtaining prescriptions from a physician and was getting them instead off the street.

47. Muzyka then asked what CS1 was taking Adderall for. CS1 told Muzyka when he could not get the Xanax, he would take Adderall instead because it also "helps" him. Muzyka asked

[5] In the video, when Muzyka asked CS1 how much he was getting, CS1 asked, "like gram wise?" and said "like 2." Despite saying "grams," I know through my training and experience Xanax is dosed in milligrams, and 2 mg is a known dosage of Xanax.

which medication works better, and CS1 said that both worked. CS1 explained he sometimes took the Adderall and Xanax together to get a "strong balance." Muzyka asked what effects the Adderall had on CS1, and CS1 said it keeps his mood "even." Muzyka asked what dose CS1 was taking and CS1 said possibly 10 mg twice a day. Muzyka said she could start CS1 at the 10 mg dose of Adderall twice a day, and asked CS1 if he agreed. CS1 agreed to try it and if he had any concerns, he would let her know. Muzyka then asked CS1 if he had ever been in treatment before, if he had any substance abuse history, if he smokes marijuana, about his family history of mental health, if he had family history of substance abuse, if he had any legal history, and if he had any history of suicidal ideation. CS1 denied having any of the issues Muzyka asked about. Muzyka then asked CS1 if he wanted to come back in one month or in two months. CS1 said he wanted to come back in one month and Muzyka agreed. CS1 told Muzyka that he was not anxious, and that everything was "basically fine" with him, and he provided no information about any recognized symptoms of anxiety, attention-deficit hyperactivity disorder, or narcolepsy. In addition, Muzyka did not ask any additional questions when CS1 indicated that the medications "get him through the day" and "keep his mood even." Muzyka did not ask what other medications CS1 was taking or about his personal medical history. Despite this, and despite CS1 indicating he had been receiving Adderall and Xanax from the street, Muzyka wrote CS1 prescriptions for Adderall 10 mg tabs, 60 tabs with no refills and Xanax 1 mg tabs, 60 tabs with one refill.

February 7, 2024 Consensual Monitoring #2

48. A second consensual monitoring occurred on February 7, 2024 resulting in the acquisition of generic Adderall and generic Xanax.

49. Prior to the visit, investigators met with CS1 at a pre-arranged location to discuss the details of the meeting with Muzyka. CS1 was provided $200.00 in DEA serialized money and

equipped with an electronic audio recording and monitoring device to ensure the safety of CS1 and document the meeting.

50. Upon meeting with CS1, Muzyka asked how the medicine was working. CS1 told Muzyka that "it's alright." Muzyka asked CS1 to clarify and CS1 only responded with "something a little stronger." Muzyka then asked CS1 to describe how the medicine was helping or not helping. CS1 said that sometimes the medicine worked and sometimes it did not, but he thought it was probably a little too weak because he was "taking the orange"[6] before, and believed he was taking "around 30 [mg]." Muzyka told CS1 that she could prescribe him Adderall 20 mg twice a day and asked CS1. "Would that be ok?" CS1 agreed to the increase.

51. Muzyka asked CS1 if the Adderall helps keep him focused a little bit. CS1 said both of his medications are "weak" and help only a little bit but he does not feel "how he is supposed to feel."

52. Muzyka then asked CS1 about his Xanax prescription and confirmed he was taking 1 mg twice a day. Muzyka stated, "that's probably not strong enough" and CS1 confirmed. Muzyka asked CS1 if the 1 mg Xanax helped at all, and CS1 said that at first, it did help, but it was not helping anymore since his body "got used to it." Muzyka asked CS1 if it would be helpful if she increased the Xanax to 1 mg three times a day, and she asked if CS1 had ever taken a higher dose of the medication. CS1 responded that if Muzyka gave him a higher dose of the medication "that would work" instead of taking the 1 mg dose three times a day. Muzyka offered to give CS1 Xanax 2 mg twice a day and CS1 agreed to "try that." Muzyka said she didn't want to "jump [up] too

[6] The most common colors for Adderall pills include the following: **White**: 5 mg Adderall is a small, round, white pill. **Blue**: 7.5 mg and 10 mg Adderall pills are blue. The 7.5 mg pill is oval, and the 10 mg pill is round. **Peach**: 12.5 mg Adderall is round and peach colored. **Orange**: 15 mg, 20 mg, and 30 mg Adderall pills are orange. The 15 mg pill is oval, and the 20 mg pill is round. The 30 mg pill is light orange and oval.

quickly" and said, "because number one I shouldn't, and number two the pharmacy then questions it if I 'jump' way too quickly." Muzyka told CS1 she could increase the Xanax to the 2 mg "bars"[7] and asked if he had ever taken the "bars" before. CS1 told Muzyka he had previously taken the "bars." Muzyka asked CS1 if he wanted her to provide him with two months' worth of medication so he did not have to come back in a month, but CS1 said he preferred to see Muzyka in one month to let her know how he is doing.

53. Muzyka acknowledged that CS1 would likely not be able to fill his prescription until the following week therefore she pre-dated the prescription for that time.

54. Throughout the visit, CS1 continued to provide vague and nondescript answers to Muzyka regarding the medication efficacy. Muzyka did not ask more probing or specific questions about CS1's use of the medication. Despite this, she doubled the doses of both the Adderall and Xanax for CS1 and provided CS1 with prescriptions for Xanax 2 mg tabs, 60 tabs, and Adderall 20 mg tabs, 60 tabs. Moreover, CS1 still had one refill from his January 17, 2024 Xanax prescription. If CS1 filled that refill as well as his new prescription, he would be in possession of 60 Xanax 1 mg tabs as well as 60 Xanax 2 mg tabs. Muzyka did not ask CS1 if he had filled the refill Xanax prescription from his first visit.

March 7, 2024 Consensual Monitoring #3

55. A third consensual monitoring occurred on March 7, 2024 resulting in the acquisition of generic Adderall and generic Xanax.

56. Prior to the visit, investigators met with CS1 at a pre-arranged location to discuss the details of the meeting with Muzyka. CS1 was provided $200.00 in DEA serialized money and

[7] A popular street name or slang term for 2 mg Xanax is "bars" referring to the shape of the 2 mg Xanax tablets, which are often divided into four segments. Use of such nicknames or slang terms often indicates illegal or recreational use instead of legitimate medical use.

equipped with an electronic audio recording and monitoring device to ensure the safety of CS1 and document the meeting.

57. Upon review of the video, this affiant again noted that CS1 entered the building, used the restroom, then proceeded to enter an office labeled "106" to meet with Muzyka.

58. Muzyka began by asking CS1 how he was doing, to which CS1 replied, "excellent." Muzyka asked what CS1 meant by excellent, and CS1 told Muzyka that "the stuff is working good." Muzyka asked CS1 how the medications were working and CS1 replied, "smooth." Although CS1 had never independently stated he suffered from anxiety, Muzyka then prompted CS1 by asking, "So it's controlling your anxiety, is that true?" CS1 responded, "yep." Muzyka asked about CS1's focus and concentration and CS1 told Muzyka that his focus is "getting there" and his concentration is "almost there." Muzyka asked CS1 if he had any side effects or issues with the medications. CS1 denied any side effects. Despite his prior assertion that he was doing "excellent," CS1 then asked Muzyka if he could "go up a notch" on the medications, and Muzyka told CS1 she could increase his Xanax but the Adderall was at the highest recommended dose, and told CS1 that research shows that Adderall dosing above 40 mg a day does not make a difference and provides the same effect. Muzyka explained that the higher dose of Adderall could increase the risk of an increased heart rate so she would rather not increase the Adderall. Muzyka said if CS1 needed her to increase the Xanax she could do that. CS1 agreed and told Muzyka that should have him at "total balance."

59. Muzyka reviewed CS1's previous prescription and noted that she wrote him a prescription for Xanax 2 mg twice a day. She asked CS1 if he wanted to go up two more milligrams [per day] and CS1 agreed. Muzyka proceeded to write CS1 a prescription for Xanax 2 mg three times a day, 90 tablets with one refill, and a prescription for Adderall 20 mg twice a day, 60 tablets.

Muzyka told CS1 that she probably would not increase the doses of medications for a little bit since the previous doses were increased quickly. Muzyka then handed CS1 the prescriptions, CS1 placed the $200 in serialized money on the small coffee table in front of Muzyka, and Muzyka thanked him.

60. During the visit, CS1 indicated that he was "excellent," that the medications were controlling his anxiety, and that things were "smooth." He also indicated that his concentration was "getting there" and was "almost there." Despite these answers, Muzyka offered to increase CS1's Xanax daily prescription by an additional 2 mg per day.

61. Based on my training, experience, and review of relevant medical literature, I know that alprazolam (Xanax) is prescribed to manage panic and anxiety disorders.[8] In addition, a common adverse effect of taking Xanax includes trouble concentrating and memory problems.[9] Despite CS1 indicating that his anxiety was well controlled on the current dose, but his concentration and focus were not completely controlled, Muzyka increased CS1's Xanax dose to 2 mg three times a day, or a total of 6 mg per day.

April 9, 2024 Consensual Monitoring #4

62. A fourth consensual monitoring occurred on April 9, 2024 resulting in the acquisition of generic Adderall and generic Xanax.

63. Prior to the visit, investigators met with CS1 at a pre-arranged location to discuss the details of the meeting with Muzyka. CS1 was provided $200.00 in DEA serialized money and

[8] *See, e.g.*, Tobin T. George and Jayson Tripp, "Alprzaolam," StatPearls Publishing, *available at:* https://www.ncbi.nlm.nih.gov/books/NBK538165/ (last updated April 24, 2023; last visited June 17, 2025); *see also* Alprazolam FDA Drug Approval (1/2023), *available at:* https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/018276s059lbl.pdf (last visited June 17, 2025).

[9] *See id.*; *see also* Alprazolam, Medline Plus, *available at* https://medlineplus.gov/druginfo/meds/a684001.html#side-effects (revised May 15, 2021; last visited June 17, 2025).

equipped with an electronic audio recording and monitoring device to ensure the safety of CS1 and document the meeting.

64. Upon review of the video, this affiant again noted that CS1 entered the building, used the restroom, then proceeded to enter an office labeled "106" to meet with Muzyka. When CS1 first interacted with Muzyka during this visit, Muzyka was in a different room inside the office space labeled "106." Muzyka stated that she only rents that office space along with other individuals, so she does not always use the same exact office within the rented space.

65. Muzyka asked CS1 how he was doing. CS1 said that he was feeling great, things were going "very good," and the medications were "working excellent." CS1 added that his "mood is always good." Muzyka and CS1 then discussed Muzyka's upcoming vacation to Marco Island, FL.

66. Muzyka told CS1 that he did not have to come in every month, but he could if he wanted to. CS1 told Muzyka he felt better coming in every month. Muzyka said that it was up to him, but she did not want CS1 to have to come and give her $200 for five minutes to "say you're doing great."

67. Muzyka asked CS1 when he picked up his last Adderall prescription and CS1 said he could not remember what day it was. Muzyka asked if it was in April and if CS1 picked up the prescription within the last few days because she wanted to know what date to put on the next prescription. Muzyka told CS1 she would write two months' worth of prescriptions for both the Adderall and Xanax. Muzyka gave CS1 a prescription for Xanax 2 mg tabs, 90 tabs, dated April 29, 2024, with one refill. She also gave CS1 two prescriptions for Adderall 20 mg tabs, 60 tabs. One Adderall prescription was dated for April 29, 2024 and the second prescription was pre-dated for May 26, 2024.

68. The video recording device for this visit malfunctioned and stopped recording after approximately 10 minutes and 15 seconds. Consistent with DEA practice and the prior three CS1 visits to Muzyka, DEA debriefed with CS1 after the visit. Upon debrief, CS1 provided the written prescriptions from Muzyka and noted that Muzyka had used one brown and one black "scheduling notebook" during their visit.

May 29, 2024 Consensual Monitoring #5

69. A fifth consensual monitoring occurred on May 29, 2024 resulting in the acquisition of generic Adderall and generic Xanax.

70. Prior to the visit, investigators met with CS1 at a pre-arranged location to discuss the details of the meeting with Muzyka. CS1 was provided $200.00 in DEA serialized money and equipped with an electronic audio recording and monitoring device to ensure the safety of CS1 and document the meeting.

71. Upon review of the video, this affiant again noted that CS1 entered the building, used the restroom, then proceeded to enter an office labeled "106" to meet with Muzyka.

72. At the beginning of the visit, Muzyka and CS1 discussed their holiday weekend and Muzyka's vacation. Muzyka then asked CS1 "how's the medicine?" CS1 said the medicine was working great and he was feeling great. Muzyka asked CS1 when he picked up his Adderall last, and CS1 told her that he could not remember. Muzyka asked CS1 if he wanted her to date the prescription for "today" [May 29, 2024] and then for a month later. Muzyka asked CS1 if she gave him two months' worth of prescriptions last time. CS1 said he could not recall, and Muzyka said she thought it was two months' worth. In the video, this affiant noted that Muzyka is seen reviewing papers within what appears to be a manila folder to check when she wrote the last

prescription. Muzyka said she would write him two months' worth of his prescriptions and he could come back in two months if he wanted.

73. CS1 is heard counting out loud what sounds to be like money and he says, "here's 200 [dollars]." Muzyka asked CS1 if he had any issues or concerns, and CS1 says he is "feeling great" and "perfect."

74. Muzyka gave CS1 a prescription for Xanax 2 mg tabs, 90 tabs, dated May 29, 2024, with one refill. She also gave CS1 two prescriptions for Adderall 20 mg tabs, 60 tabs, one dated May 29, 2024 and one pre-dated June 26, 2024.

CS1 INTRODUCES UNDERCOVER AGENT (UC1) TO MUZYKA

July 17, 2024 Consensual Monitoring #6

75. A sixth consensual monitoring occurred on July 17, 2024 resulting in the acquisition of generic Adderall and generic Xanax. During this visit, CS1 introduced his "friend," an undercover DEA Task Force Officer, ("UC1"), to Muzyka.

76. Prior to the visit, investigators met with CS1 and UC1 at a pre-arranged location to discuss the details of the meeting with Muzyka. CS1 and UC1 were provided $200.00 in DEA serialized money and were equipped with an electronic audio recording and monitoring device to ensure the safety of CS1 and UC1 and document the meeting.

77. Upon review of the video, this affiant noted that CS1 and UC1 walked into the building and entered an office with "106" on the door.

78. Upon entering the office, CS1 and UC1 encountered Muzyka. CS1 explained that he had to pick up his friend (UC1) for work and they thought that Muzyka could see them both. Muzyka agreed to see them both at the same time. Muzyka said she needed get some paper to make a chart for UC1.

79. Muzyka asked CS1 how he was doing, and CS1 said he was trying to stay focused. Muzyka asked if the medicine was helping him stay focused, and CS1 said that it was, and it was making him "feel excellent." Muzyka indicated that she was going to keep CS1's medications the same. CS1 told Muzyka he had the cash for her. Muzyka then wrote CS1 prescriptions for Xanax 2 mg tabs, 90 tabs with one refill, and Adderall 20 mg tabs, 60 tabs. Muzyka also provided CS1 with one additional prescription for Adderall 20 mg tabs, 60 tabs, pre-dated to August 14, 2024.

80. Muzyka then turned to UC1 and obtained basic background information from him. Muzyka asked UC1 to tell her about what was going on with him. UC1 said that he was working with CS1 and he knew that CS1 was "getting some" [Xanax and Adderall] and CS1 told UC1 that his doctor was "good people." UC1 said his ex-girlfriend was also getting Xanax and Adderall and he was using hers. Muzyka asked what the medications help with. UC1 said he "just feels nice" when he takes the medications and they "mellow him out" so he can "just chill." Muzyka confirmed with UC1 that he was obtaining pills from his girlfriend or the street, and UC1 said yes.

81. Muzyka then asked UC1 how much Xanax he was taking. UC1 told Muzyka at he takes four or five of "the bars" throughout the day. Muzyka told UC1 that she could not give him that much. UC1 told Muzyka that getting pills from the street is tough, because he does not always know what the pills are made of and it is scary. Muzyka asked UC1 if he had ever been prescribed Xanax before, and UC1 told Muzyka he used to have a doctor, "Dr. C," but he did not know what happened to him. UC1 said "Dr. C" used to give him 6 mg of Xanax, and Muzyka said she could give UC1 that same dose. UC1 said that "Dr. C" also used to give him Adderall 30 mg pills that he would use throughout the day. Muzyka told UC1 that she only prescribes up to a total of 40 mg per day (20 mg twice a day), and she agreed to do this for UC1. Muzyka said it was not safe to prescribe higher doses of Adderall. UC1 indicated that the higher dose was not a problem for him,

and that he usually takes whatever he could "get his hands on." Muzyka told UC1 that they could reevaluate the dose, as sometimes she is willing to go to Adderall 30 mg twice a day, but she preferred to start UC1 at 20 mg twice a day.

82. Muzyka said that since UC1 had likely not picked up a prescription in a long time, the pharmacy would question it if she wrote prescriptions for Xanax 6 mg per day and Adderall 60 mg per day. Muzyka indicated that pharmacies "get suspicious" if the prescriptions start at too high of a dose. Despite this, Muzyka said she was willing to write a prescription for Xanax 2 mg three times a day since UC1 has been taking the medication and was tolerating it. Muzyka said she would not go higher than 6 mg per day for the Xanax and told UC1 that if he needed to go higher, UC1 should "do what you got to do." UC1 asked if she meant supplement with "street stuff," and Muzyka said "yeah…I would prefer that you take the 2 mg three times a day." Muzyka wrote UC1 prescriptions for Xanax 2 mg tabs, 90 tabs with one refill, and Adderall 20 mg tabs, 60 tabs. She also provided one additional prescription for Adderall 20 mg tabs, 60 tabs pre-dated to August 14, 2024.

83. While writing the Xanax prescription for UC1, Muzyka asked for CS1's Xanax prescription back because she needed to write a diagnosis on the prescription itself as required by the pharmacy. Muzyka said she was going to write, and did indeed write, "panic disorder" on the prescription since the dose was so high. She also wrote the same diagnosis on UC1's Xanax prescription. Neither CS1 or UC1 had ever mentioned "panic disorder" to Muzyka or described experiencing the symptoms of panic disorder to her.

84. At the end of the visit, Muzyka asked UC1 how he was going to pay for the visit and asked if he had insurance. UC1 told Muzyka he had Husky state insurance, a Medicaid program. Muzyka said she did not take state insurance and said she could not get on "their panel." UC1

checked to see how much money he had on him and Muzyka said she "hated" to have to make UC1 and CS1 pay cash. When UC1 counted money in front of Muzyka and said he had $200, Muzyka said "alright, I'm taking all of your money."

85. After UC1 explained that he had been taking street Xanax and Adderall to "mellow him out" and "just chill," Muzyka did not ask UC1 any follow up questions to ascertain what medical problem or concern that these controlled substances addressed, as opposed to a purely recreational desire to "chill out." Muzyka did not ask UC1 about a prior anxiety diagnosis or symptoms he might be having related to anxiety, or a prior diagnosis of ADHD or ADHD symptoms.

86. More, when UC1 told Muzyka that he had been obtaining Xanax and Adderall on the street or from his girlfriend, he established himself as someone willing to illegally obtain those substances. After learning of UC1's behavior, Muzyka still agreed to write the prescriptions for the substances and suggested that he should seek those substances on the street again if her prescriptions were not sufficient. Muzyka made this recommendation, despite the FDA's specific warning that patients should be continuously assessed for abuse, misuse, and addiction to Xanax.[10]

87. As discussed, she wrote a diagnosis on the prescription indicating UC1 had panic disorder, even though she asked no questions that would lead her to that conclusion and UC1 provided no description of a panic disorder.

88. In addition, according to the Connecticut Prescription Monitoring Program Database (CT PMP),[11] Muzyka never ran UC1's name through the CT PMP database to see if he had been

[10] See Alprazolam FDA Drug Approval (1/2023), available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/018276s059lbl.pdf (last visited June 17, 2025).

[11] The CT PMP, or Connecticut Prescription Monitoring Program, is an electronic database that tracks controlled substance prescriptions dispensed by pharmacies and certain healthcare practitioners in Connecticut. It is also known as the Connecticut Prescription Monitoring and Reporting System (CPMRS). The purpose of the CPMRS is to present a complete picture of a patient's controlled substance use, including prescriptions by other providers. As a healthcare

truthful about being prescribed Xanax and Adderall in the past, or if he was currently being prescribed any other controlled substances that may interact with the Xanax and Adderall. Muzyka did not ask UC1 what other medications he was taking, or anything about his past medical history. Despite all of this, Muzyka still wrote UC1 prescriptions for substantial doses of controlled substances with a potential for addiction and abuse.

September 27, 2024 Consensual Monitoring #7

89. A seventh consensual monitoring occurred on September 27, 2024 resulting in the acquisition of generic Adderall and generic Xanax for CS1 and UC1.

90. Prior to the visit, investigators met with CS1 and UC1 at a pre-arranged location to discuss the details of the meeting with Muzyka. CS1 and UC1 were provided $200.00 in DEA serialized money and were equipped with an electronic audio recording and monitoring device to ensure the safety of CS1 and UC1 and document the meeting. However, it was later determined that the video recording device did not function properly. The audio recording device performed correctly, and this affiant was able to listen to the recording.

91. During the visit, CS1 and UC1 can be heard together engaging in conversation with Muzyka. Muzyka asked CS1 and UC1 how things were going and how the medications were working. CS1 said the medications were working great, and UC1 responded "alright." Muzyka indicated she knew that UC1 wanted more [medication], but she said she could not give him more because it was "not good practice" and told UC1 "you gotta take what you can get…it's better than the street I think." Muzyka asked UC1 if he was still getting medications on the street and asked how much extra he was taking. UC1 did not specify how much extra he was taking, and only said "whatever he could get his hands on." UC1 told Muzyka that he takes extra when he feels sick,

tool, the CPMRS is used to improve quality of patient care and to reduce prescription abuse, opioid use disorder, and overdose. This allows providers the opportunity to properly manage the patient's treatment.

and Muzyka inquired what he meant by "sick." UC1 said he gets head and body aches and did not want to have a seizure. Muzyka told UC1 if he was taking three Xanax 2 mg tabs per day, it should be enough to prevent him from having a seizure. Muzyka asked if UC1 was taking more than three Xanax per day, causing him to run out early and then having to buy the medication on the street. UC1 said yes. Muzyka told UC1 that she could not give him another benzodiazepine but offered to give him something else for the anxiety. Muzyka agreed to give UC1 a prescription for Buspar.[12] CS1 asked Muzyka if he could try the Buspar too and without asking any further questions, Muzyka said "absolutely." Muzyka told UC1 and CS1 that if they like the Buspar she could increase the dose next time.

92. Muzyka provided CS1 with prescriptions for the following: Xanax 2 mg tabs, 90 tabs with two refills; three prescriptions for Adderall 20 mg tabs, 60 tabs, dated September 27, 2024, October 25, 2024, and November 22, 2024; and Buspar 10 mg tabs, 90 tabs with two refills.

93. Muzyka provided UC1 with prescriptions for the following: Xanax 2 mg tabs, 90 tabs with two refills; three prescriptions for Adderall 20 mg tabs, 60 tabs, dated September 27, 2024, October 25, 2024, and November 22, 2024; and Buspar 10 mg tabs, 90 tabs with two refills.

December 19, 2024 Consensual Monitoring #8

94. An eighth consensual monitoring occurred on December 19, 2024 resulting in the acquisition of generic Adderall and generic Xanax for CS1 and UC1.

95. Prior to the visit, investigators met with CS1 and UC1 at a pre-arranged location to discuss the details of the meeting with Muzyka. CS1 and UC1 were provided $200.00 in DEA serialized money and were equipped with an electronic audio recording and monitoring device to

[12] According to https://www.accessdata.fda.gov, BuSpar® (buspirone hydrochloride tablets, USP) is an antianxiety agent that is not chemically or pharmacologically related to the benzodiazepines, barbiturates, or other sedative/anxiolytic drugs.

ensure the safety of CS1 and UC1 and document the meeting. However, it was later determined that the video recording device did not function properly. The audio recording device performed correctly, and this affiant was able to listen to the recording.

96. Muzyka asked CS1 and UC1 how things were going, and CS1 said things were going well. Muzyka asked if CS1 was taking the Buspar and CS1 said he was, and it made him feel "good." CS1 said that everything was going "smooth" for him.

97. Muzyka then asked UC1 how he was. UC1 said that when he took the Buspar it gave him a headache, so he did not want it anymore.

98. CS1 asked if he could "up" any of his prescriptions. Muzyka initially denied the request, but then said she could increase CS1's Buspar to 15 mg three times a day. CS1 asked if Muzyka could increase his Adderall prescription, and Muzyka said that 40 mg per day is the maximum dose and she "tries to stick to the guidelines."

99. Muzyka provided CS1 with prescriptions for the following: Xanax 2 mg tabs, 90 tabs with two refills; three prescriptions for Adderall 20 mg tabs, 60 tabs, dated December 19, 2024, January 16, 2025, and February 13, 2025; and Buspar 15 mg tabs, 90 tabs with two refills.

100. Muzyka provided UC1 with prescriptions for the following: Xanax 2 mg tabs, 90 tabs with two refills; three prescriptions for Adderall 20 mg tabs, 60 tabs, dated September 27, 2024, October 25, 2024, and November 22, 2024.

March 14, 2025 Consensual Monitoring #9

101. A ninth consensual monitoring occurred on March 14, 2025, resulting in the acquisition of generic Adderall and generic Xanax.

102. Prior to the visit, investigators met with CS1 and UC1 at a pre-arranged location to discuss the details of the meeting with Muzyka. CS1 and UC1 were provided $200.00 in DEA

serialized money and were equipped with an electronic audio recording and monitoring device to ensure the safety of CS1 and UC1 and document the meeting.

103. CS1 and UC1 were seen together by Muzyka. At the beginning of the visit, UC1 asked Muzyka if he could get Klonopin (clonazepam), a benzodiazepine. UC1 told Muzyka he got some from a friend and it helped him "over the edge." Muzyka asked UC1 if he meant instead of the Xanax or on top of the Xanax. CS1 responded that they were looking for the Klonopin in addition to the Xanax, and that UC1's friend also gave him (CS1) some as well and it worked "excellent." Muzyka said two benzos was "not the way to go" and told CS1 and UC1 that it was not healthy or safe to prescribe two benzodiazepines together. Muzyka asked UC1 and CS1 how much Klonopin they were taking. UC1 said he was taking 1 mg of Klonopin in between his doses of Xanax. UC1 again stated he was taking "as much as he could get his hands on." Muzyka asked UC1 how bad his anxiety was and acknowledged that she knew UC1 was taking more than the prescribed 6 mg per day of Xanax. UC1 only responded with "yeah, those make you feel good," and never responded with an answer about anxiety during the visit. Muzyka asked where UC1 got the Klonopin, but before he could respond, Muzyka stated she did not care where it came from. CS1 said adding the Klonopin seemed to "keep the brains a little more focused."

104. Muzyka then told UC1 and CS1 that she was "going out on a limb" for them. She agreed to provide UC1 and CS1 with Klonopin 0.5 mg tabs, one tab twice a day as needed. Muzyka told UC1 and CS1 they could take it as they wanted twice a day. She then added, "it's better than nothing." Muzyka asked CS1 if he wanted to stop the Buspar and CS1 said he is taking it and it is working well. Muzyka proceeded to add Klonopin to CS1's and UC1's medication regimen, and stated "it's just a lot, but you two seem to be tolerating it."

105. Muzyka provided CS1 with prescriptions for the following: Xanax 2 mg tabs, 90 tabs with two refills; three prescriptions for Adderall 20 mg tabs, 60 tabs, dated March 14, 2025, April 11, 2025, and May 9, 2025; Buspar 15 mg tabs, 90 tabs with two refills; and Klonopin 0.5 mg tabs, 60 tabs with two refills.

106. Muzyka provided UC1 with prescriptions for the following: Xanax 2 mg tabs, 90 tabs with two refills; three prescriptions for Adderall 20 mg tabs, 60 tabs, dated March 14, 2025, April 11, 2025, and May 9, 2025; and Klonopin 0.5 mg tabs, 60 tabs with two refills.

June 9, 2025 Consensual Monitoring #10

107. A tenth consensual monitoring occurred on June 9, 2025, resulting in the acquisition of generic Adderall, generic Xanax, and generic Klonopin.

108. Prior to the visit, investigators met with CS1 and UC1 at a pre-arranged location to discuss the details of the meeting with Muzyka. CS1 and UC1 were provided $200.00 in DEA serialized money and were equipped with an electronic audio recording and monitoring device to ensure the safety of CS1 and UC1 and document the meeting.

109. This affiant reviewed the video footage of the visit and noted that CS1 and UC1 were again seen by Muzyka at the same time. Muzyka asked CS1 and UC1, "how are the medications?" and CS1 and UC1 responded that they are "good." Muzyka asked if the Klonopin was helping with the breakthrough anxiety. UC1 affirmed this and then proceeded to tell Muzyka that he "tweaked" his back and asked Muzyka if she would prescribe him a "couple 'percs' [Percocets]." Muzyka told UC1 she could not do that because she could get in trouble and that it was outside of her scope of practice.

110. CS1 then asked Muzyka "would my stuff be able to be up a little" because he believed he was getting "immune to the medications." Muzyka told CS1 that she could increase

the Klonopin to 0.5 mg three times a day, and said, "do you guys want to do that?" to which UC1 responded "sure" and CS1 responded "yes." Muzyka explained that one can build an immunity to benzodiazepines. Muzyka proceeded to increase both CS1 and UC1's Klonopin to 0.5 mg three times a day despite UC1 not asking to increase his Klonopin.

111. Muzyka provided CS1 with prescriptions for the following: Xanax 2 mg tabs, 90 tabs with two refills; three prescriptions for Adderall 20 mg tabs, 60 tabs, dated June 9, 2025, July 7, 2025, and August 4, 2025; 90 tabs with two refills; and Klonopin 0.5 mg tabs, 90 tabs with two refills.

112. Muzyka provided UC1 with prescriptions for the following: Xanax 2 mg tabs, 90 tabs with two refills; three prescriptions for Adderall 20 mg tabs, 60 tabs, dated June 9, 2025, July 7, 2025, and August 4, 2025; and Klonopin 0.5 mg tabs, 90 tabs with two refills.

113. UC1 did not ask for his Klonopin to be increased, and yet when CS1 asked for his dose to be increased, Muzyka offered the increase to both of them.

SUMMARY OF SUSPECT PRACTICES BY MUZYKA

114. Based on my training and experience and knowledge of this investigation, I am aware of certain suspect practices or "red flags" which indicate that a doctor may be prescribing controlled substances outside the scope of legitimate medical practice. The "red flag" behaviors often suggest both drug diversion and health care fraud violations.

115. With regard to health care fraud "red flags," indicia can include: prescribing medically unnecessary medication, or spending only a few minutes with a patient and providing him/her with a prescription for controlled substance without conducting a physical examination.

116. Some of these "red flags" that indicate drug diversion include the following: (a) brief, cursory medical examinations, or in some cases, none at all; (b) prescribing multiple drugs

within the same category (*e.g.*, painkillers); (c) elevating the dose of a controlled substance or changing the prescription from a weaker controlled substance to a stronger controlled substance without a legitimate medical need; (d) a lack of diagnostic testing, including urine drug screens, to assess for presence of the prescribed drug and/or the presence of illegal drugs in the urine; (e) failing to refer patients to a pain specialist for treatment; (f) failing to heed warnings about patients by others (including insurance companies, pharmacists, family members, and doctors); (g) ignoring the condition, physical appearance, or behavior of patients, which would create suspicion of drug addiction in the mind of a reasonable physician or pharmacist; (h) patient deaths; and (i) prescribing inappropriate and dangerous combinations of drugs to patients.

117. Based on my training and experience and knowledge of this investigation, and as described in more detail above, I am aware that Muzyka exhibited several "red flags," which indicate that she is prescribing controlled substances outside the scope of legitimate medical practice.

118. First, Muzyka either did not complete, or performed only a very cursory medical examination of UC1 or CS1. Upon meeting CS1 and UC1 for their respective first appointments, she asked each why they were taking Adderall and Xanax, but she did not ask any further questions in response to their vague and diagnostically inadequate answers such as, "they make me feel good" and they "mellow me out." Muzyka did not ask UC1 or CS1 about their medical history or any current medications they were taking. Based on my training and experience, I know that benzodiazepines such as Xanax, and stimulants such as Adderall, not only have a high abuse potential, but can also negatively interact with other medications. For example, mixing Xanax with other medications that may cause drowsiness, such as antihistamines, may increase side effects such as dizziness, drowsiness, and difficulty concentrating. Mixing Adderall with medications

such as selective serotonin reuptake inhibitors (SSRIs), commonly prescribed for depression and anxiety, may increase the effects of Adderall, and side effects such as jitteriness, nervousness, anxiety, restlessness, and racing thoughts. Combining these medications can also increase the risk of a rare but serious condition called the serotonin syndrome, which may include symptoms such as confusion, hallucination, seizure, extreme changes in blood pressure, increased heart rate, fever, excessive sweating, shivering or shaking, blurred vision, muscle spasm or stiffness, tremor, incoordination, stomach cramp, nausea, vomiting, and diarrhea. Severe cases may result in coma and even death. Although these interactions may be rare, legitimate prescribing practices, as described in the FDA's approval of Xanax, include asking about a patient's other medications to avoid dangerous drug interactions, ensure the effectiveness of treatments, and prioritize patient safety.[13] In addition, prior to prescribing any controlled substance, it is best practice for providers to check the CT PMP database to see if the patient is receiving any other controlled substances from other providers. Based on information received from Connecticut State Drug Control regarding Muzyka's use of the CT PMP database, Muzyka never checked the PMP for CS1 or UC1.

119. Second, during the March 14, 2025 consensual monitoring visit, Muzyka told CS1 and UC1 that she was "going out on a limb" for them and prescribed them Klonopin in addition to Xanax. Both Klonopin and Xanax are benzodiazepines. When substances within the same category

[13] The FDA's approval of Xanax specifically includes warnings about the potential for abuse of Xanax and its potential interactions with other drugs, such as opioids. *See* Alprazolam FDA Drug Approval (1/2023), available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/018276s059lbl.pdf (last visited June 17, 2025) ("Concomitant use of benzodiazepines and opioids may result in profound sedation, respiratory depression, coma, and death. Reserve concomitant prescribing of these drugs for patients for whom alternative treatment options are inadequate. Limit dosages and durations to the minimum required. Follow patients for signs and symptoms of respiratory depression and sedation[.] … The use of benzodiazepines, including XANAX, exposes users to risks of abuse, misuse, and addiction, which can lead to overdose or death. *Abuse and misuse of benzodiazepines commonly involve concomitant use of other medications, alcohol, and/or illicit substances, which is associated with an increased frequency of serious adverse outcomes.* Before prescribing XANAX and throughout treatment, assess each patient's risk for abuse, misuse, and addiction.") (emphasis added).

are combined, they can have synergistic effects, meaning their combined impact is greater than the sum of their individual effects. This can lead to increased risks of overdose and other adverse health outcomes. Despite telling UC1 and CS1 that prescribing two benzodiazepines was "not the way to go" and that it was not healthy or safe to prescribe two benzodiazepines together, she continued to do it anyway. In addition, Muzyka knew that UC1 was taking more Xanax than was being prescribed. On July 17, 2024, Muzyka told UC1 that if he needed to go higher on the Xanax, UC1 should "do what you got to do." UC1 asked if she meant supplement with "street stuff," and Muzyka said "yeah…I would prefer that you take the 2 mg three times a day." On September 27, 2024, Muzyka indicated she knew that UC1 wanted more [medication], but she said she could not give him more because it was "not good practice" and told UC1 "you gotta take what you can get…it's better than the street I think." Muzyka asked UC1 if he was still getting medications on the street and asked how much extra he was taking. UC1 did not specify how much extra he was taking, and only said "whatever he could get his hands on." Finally, on March 14, 2025, Muzyka asked UC1 how bad his anxiety was and acknowledged that she knew UC1 was taking more than the prescribed 6 mg per day of Xanax.

120. Third, Muzyka increased CS1's and UC1's medication dosages without an apparent medical need. For example, during the March 7, 2024 visit, CS1 indicated that he was "excellent," that the medications were controlling his anxiety, and that things were "smooth." He also indicated that his concentration was "getting there" and was "almost there." Despite these answers, Muzyka offered to increase CS1's *Xanax* prescription. Xanax is prescribed to manage panic and anxiety disorders. Despite CS1 indicating that his anxiety was well controlled on the current dose, but his concentration and focus were not completely controlled, Muzyka increased CS1's Xanax dose to 2 mg three times a day, or a total of 6 mg per day.

121. Another example of this occurred during the June 9, 2025 visit. During the visit, UC1 asked Muzyka for a few "percs" [Percocets] because he hurt his back while working out. Muzyka refused to provide Percocet to UC1. CS1 then asked Muzyka if some of *his* medications could be increased because he felt he was becoming "immune" to them. Muzyka told CS1 that she could increase his Klonopin to 0.5 mg three times a day, and said "do you guys want to do that?" offering the increase to both CS1 and UC1, without any prompting from UC1. In fact, earlier in the visit, Muzyka asked UC1 how the medications were, and asked if the Klonopin was helping him with breakthrough anxiety, and UC1 confirmed that it was. UC1 did not indicate that the Klonopin was not helping him at the current dose. Despite this, Muzyka increased UC1's Klonopin dose to 0.5 mg three times a day, for no legitimate medical purpose.

INVOLVEMENT OF HEALTH CARE BENEFIT PROGRAMS

122. UC1 specifically informed Muzyka that he relied on a Medicaid plan through the State of Connecticut, a so-called Husky plan and UC1 used his Medicaid insurance to pay for the prescriptions that Muzyka prescribed.

123. Between July 2024 and June 2025, Medicaid paid a total of $287.58 for the following medically unnecessary prescriptions Muzyka prescribed for UC1.

Drug Name	Drug Strength	Days Supply	Non-Sum Quantity	Prescription Date Written	Non-Sum Paid Amount
DEXTROAMPHETAMINE-AMPHETAMINE	20 mg	30	60	07/17/2024	$30.43
ALPRAZOLAM	2 mg	30	90	07/17/2024	$15.30
ALPRAZOLAM	2 mg	30	90	07/17/2024	$15.23
DEXTROAMPHETAMINE-AMPHETAMINE	20 mg	30	60	08/14/2024	$31.16
ALPRAZOLAM	2 mg	30	90	09/27/2024	$15.12
DEXTROAMPHETAMINE-AMPHETAMINE	20 mg	30	60	09/27/2024	$31.27
ALPRAZOLAM	2 mg	30	90	12/19/2024	$14.53
DEXTROAMPHETAMINE-AMPHETAMINE	20 mg	30	60	01/16/2025	$30.97
ALPRAZOLAM	2 mg	30	90	12/19/2024	$14.79

DEXTROAMPHETAMINE-AMPHETAMINE	20 mg	30	60	02/13/2025	$30.49
ALPRAZOLAM	2 mg	30	90	03/14/2025	$15.14
DEXTROAMPHETAMINE-AMPHETAMINE	20 mg	30	60	03/14/2025	$31.09
CLONAZEPAM	0.5 mg	30	60	03/14/2025	$12.06

124. Based on my training and experience, I know that when a provider such as Muzyka prescribes medications, the medications must have a legitimate medical purpose which is determined by a thorough examination of the patient. When a Medicaid patient receives a prescription from Muzyka, they bring it to a pharmacy and that pharmacy fills the prescription and bills the patient's Medicaid insurance. Medicaid then pays the pharmacy for that medication. The pharmacy fills the prescription relying on Muzyka's determination that the medication and dose are medically necessary. Medicaid pays the pharmacy for dispensing the medication relying on the representation that the medication is medically necessary.

125. In addition, based on my training and experience, when a provider, such as Muzyka, enrolls in Medicaid, they agree not to bill clients or any other party for services covered by the Connecticut Medical Assistance Program (Medicaid). If a patient is a Medicaid beneficiary, the provider should not be charging the patient cash as this violates the Medicaid provider enrollment contract. Therefore, if the services were medically necessary and appropriate, I would expect Muzyka to bill Medicaid for such services instead of charging the patient cash. *See* 42 C.F.R. § 447.15 ("A State plan must provide that the Medicaid agency must limit participation in the Medicaid program to providers who accept, as payment in full, the amounts paid by the agency plus any deductible, coinsurance or copayment required by the plan to be paid by the individual."); *see also New York City Health & Hosps. Corp. v. Perales*, 954 F.2d 854 (2d Cir. 1992) ("Those doctors and hospitals who are willing to treat Medicaid patients must agree to accept the designated Medicaid rate and not ask the patient to pay any money beyond that amount.").

126. Investigators have reviewed CT PMP records for Muzyka's prescribing practices and identified more than 20 patients who, like CS1 and UC1, are currently filling a combination of prescriptions for high doses of benzodiazepines and amphetamines written by Muzyka. All but 3 of those patients filled their prescriptions using Medicaid.

127. In addition, investigators have identified from CT PMP records an additional, approximately 20 patients who previously filled similar combinations of prescriptions written by Muzyka since 2018 but are no longer filling prescriptions written by Muzyka. All but 3 of those discontinued patients filled their prescriptions using Medicaid.

128. As mentioned above, investigators have identified five overdose deaths in which the decedent had filled a prescription written by Muzyka within 30 days of their death. Of those five individuals, four filled their prescriptions using Medicaid.

CONCLUSION

129. Based upon the facts described above and my training and experience, there is probable cause to believe, and I do believe, that that Muzyka has exceeded the scope of her medical license to dispense controlled substances by prescribing patients large quantities and dangerous combinations of controlled substances without a legitimate medical need and therefore has committed criminal offense of prescribing a controlled substance without a legitimate medical reason, in violation of 21 U.S.C. § 841.

130. In addition, by issuing prescriptions to a Medicaid beneficiary without a legitimate medical need, there is probable cause to believe, and I do believe, that Muzyka made a materially

false or fraudulent statement – that is, the written prescription itself-- in connection with the delivery of health care services, in violation of 18 U.S.C. § 1035.

EMMA DUGAS Digitally signed by EMMA DUGAS
Date: 2025.06.20 14:15:50 -04'00'

Emma Dugas
Special Agent
United States Department of Health and Human Services
Office of the Inspector General, Office of Investigations

The truth of the foregoing affidavit has been attested to me by videoconference application by Special Agent Emma Dugas on this 20th day of June, 2025, at New Haven.

Maria E. Garcia Digitally signed by Maria E. Garcia
Date: 2025.06.20 15:35:51 -04'00'

HONORABLE MARIA E. GARCIA
UNITED STATES MAGISTRATE JUDGE