

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

MUHAMMAD MEHMOOD ASHRAF, R.PH.
License No. 53-02-037738,

File No. 53-18-149851

Respondent.

ORDER OF SUMMARY SUSPENSION

The Department filed an *Administrative Complaint* against Respondent as provided by the Public Health Code, MCL 333.1101 *et seq*, the rules promulgated under the Code, and the Administrative Procedures Act, MCL 24.201 *et seq*.

After careful consideration and after consultation with the Chairperson of the Board of Pharmacy pursuant to MCL 333.16233(5), the Department finds that the public health, safety, and welfare requires emergency action.

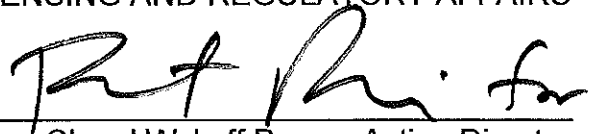
Therefore, IT IS ORDERED that Respondent's license to practice as a pharmacist is SUMMARILY SUSPENDED, commencing the date this *Order* is served.

MCL 333.7311(6) provides that a controlled substance license is automatically void if a licensee's license to practice is suspended or revoked under Article 15.

Under Mich Admin Code, R 792.10702, Respondent may petition for the dissolution of this *Order* by filing a document clearly titled **Petition for Dissolution of Summary Suspension** with the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, P.O. Box 30670, Lansing, MI 48909.

MICHIGAN DEPARTMENT OF
LICENSING AND REGULATORY AFFAIRS

Dated: 3-13, 2018


By: Cheryl Wykoff Pezon, Acting Director
Bureau of Professional Licensing

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ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs by Cheryl Wykoff Pezon, Acting Director, Bureau of Professional Licensing, complains against Respondent Muhammad Mehmood Ashraf, R.Ph. as follows:

1. The Michigan Board of Pharmacy is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq.* The Board's Disciplinary Subcommittee is empowered to discipline licensees for Code violations.

2. The Board administers the controlled substance provisions in Article 7 of the Code, MCL 333.7101 - .7545, and is empowered to discipline licensees for Article 7 violations under MCL 333.7311(1).

3. MCL 333.7333(1) provides, in pertinent part:

"[G]ood faith" means the prescribing or dispensing of a controlled substance by a practitioner . . . to or for an individual Application of good faith to a pharmacist means the dispensing of a controlled substance pursuant to a prescriber's order which, in the professional judgment of the pharmacist, is lawful. The pharmacist shall be guided by nationally accepted professional standards including, but not limited to, all of the following, in making the judgment:

(a) Lack of consistency in the doctor-patient relationship.

- (b) Frequency of prescriptions for the same drug by 1 prescriber for larger numbers of patients.
- (c) Quantities beyond those normally prescribed for the same drug.
- (d) Unusual dosages.
- (e) Unusual geographic distances between patient, pharmacist, and prescriber.

4. Mich Admin Code, R 338.490(2) provides:

A pharmacist shall not fill a prescription order if, in the pharmacist's professional judgment, any of the following provisions apply:

- (a) The prescription appears to be improperly written.
- (b) The prescription is susceptible to more than 1 interpretation.
- (c) The pharmacist has reason to believe that the prescription could cause harm to the patient.
- (d) The pharmacist has reason to believe that the prescription will be used for other than legitimate medical purposes.

5. MCL 333.7311(6) provides that a controlled substance license is automatically void if a licensee's license to practice is suspended or revoked under Article 15.

6. Respondent is a Michigan-licensed pharmacist and holds a current controlled substance license.

7. At all relevant times, Respondent was employed as a pharmacist at Super Mart Pharmacy¹ (Super Mart) located in Detroit, Michigan. Upon information and belief, Respondent has been acting as Super Mart's PIC since at least September 2017.

¹ The Department has also filed an Administrative Complaint against Super Mart for the conduct alleged here. *Super Mart Pharmacy*, No. 53-17-148292.

8. Zafar Aziz, R.Ph.² is the owner of Super Mart and according to Department records was its PIC from August 16, 2010 until approximately January 17, 2018.

9. As Super Mart's primary pharmacist on duty, Respondent was responsible for compliance with federal and state laws regulating the distribution of drugs and the practice of pharmacy per MCL 333.17741.

10. After consultation with the Board Chairperson, the Department found that the public health, safety, and welfare requires emergency action. Therefore, pursuant to MCL 333.16233(5), the Department summarily suspended Respondent's pharmacist license, effective on the date the accompanying Order of Summary Suspension was served.

11. Alprazolam is a benzodiazepine schedule 4 controlled substance. Alprazolam is a commonly abused and diverted drug, particularly in its 1 mg and 2 mg dosages.

12. Carisoprodol is a muscle relaxant and a schedule 4 controlled substance. Carisoprodol has significant potential for abuse, dependence, overdose, and withdrawal, particularly when used in conjunction with opioids and benzodiazepines.

13. Codeine/acetaminophen combination drugs are commonly abused and diverted schedule 3 controlled substances.

14. Codeine preparations (e.g., codeine/promethazine syrup) are schedule 5 controlled substances prescribed for treating cough and related upper

² The Department has also filed an Administrative Complaint against Aziz for the conduct alleged here. *Zafar Aziz, R.Ph.*, No.53-17-148293.

respiratory symptoms. Codeine/promethazine syrup is rarely indicated for any other health condition, and is particularly ill-suited for long-term treatment of chronic pain. Codeine/promethazine syrup is a highly sought-after drug of abuse, and is known by the street names “lean,” “purple drank,” and “sizzurp.”

15. Diazepam (e.g., Valium) is a benzodiazepine schedule 4 controlled substance.

16. Hydrocodone, and combination products including hydrocodone are commonly abused and diverted opioid schedule 2 controlled substances.

17. Oxycodone (e.g., Percocet), a schedule 2 controlled substance, is an opioid used to treat pain, and is commonly abused and diverted.

18. Oxymorphone, a schedule 2 controlled substance, is an opioid used to treat pain, and is a commonly abused and diverted drug. Oxymorphone 40 mg is the most commonly abused and diverted strength of oxymorphone.

19. Lorazepam is a schedule 4 benzodiazepine controlled substance.

20. Zolpidem (e.g., Ambien), a schedule 4 controlled substance, is a non-benzodiazepine hypnotic with sedative properties used to treat sleep disorders, and is commonly abused and diverted.

21. When used in combination, opioids, muscle relaxants, and benzodiazepines can produce a feeling of euphoria. These combinations are highly desired for diversion and abuse and have the street name “Holy Trinity.”

22. The Centers for Disease Control and Prevention (CDC) guidelines for opioid prescribing direct providers to avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

23. The CDC’s guidelines for opioid prescribing direct providers to use “extra precautions” when prescribing opioids with a daily morphine milligram equivalent (MME) of 50 or more. Those guidelines also direct providers to “avoid or carefully justify” increasing dosage to a daily MME of 90 or more.

Super Mart’s Dispensing Data

24. The Department reviewed data from the Michigan Automated Prescription System (MAPS), the State of Michigan’s prescription monitoring program, which gathers data regarding controlled substances prescribed and dispensed in Michigan. The Department found that Super Mart was the among the highest-ranked dispensers of the following commonly abused and diverted controlled substances among all Michigan dispensers in the following quarters of 2016 and 2017:

<i>Drug</i>	<i>2016 Q4 Rank</i>	<i>2017 Q1 Rank</i>	<i>2017 Q2 Rank</i>	<i>2017 Q3 Rank</i>	<i>2017 Q4 Rank</i>
Oxymorphone 40 mg	2	1	1	1	1
Oxymorphone (all strengths)	2	1	1	1	1
Oxycodone 30 mg	25	15	10	16	16

25. During the following period, Super Mart filled prescriptions for the following commonly abused and diverted controlled substances in the following quantities:

	2017 (thru November 30)
(a) Oxycodone 30 mg	663 (26.90%)
(b) Hydrocodone/apap 10-325 mg	195 (7.91%)
(c) Oxymorphone 40 mg	775 (31.44%)
(d) Alprazolam 2 mg	45 (1.83%)
(e) Total, (a) – (d)	1,678 (68.07%)
(f) Total CS prescriptions	2465

26. Patients paid cash for 27.10% of the prescriptions Super Mart filled between January 1, 2017 and November 30, 2017. This rate is several times the state average of approximately 10% for cash payment and suggests that prescriptions were filled for illegitimate purposes.

Inspection of Super Mart's Business Premises

27. The Department inspected Super Mart's business premises on December 19, 2017. The Department's investigator noted violations of regulations governing pharmacies, including out of date policies and procedures for delegated tasks, lack of up-to-date reference materials, and Respondent's pharmacist license not properly posted.

28. The Department's investigator observed an unidentified man in the pharmacy area working at a computer and handling medications. The investigator asked Respondent to identify the individual. Respondent told the investigator he did not know who the man was, and failed to identify him despite repeated questioning by the investigator.

Pharmacist-In Charge

29. At the inspection, Respondent provided the following information:
- a. Respondent has been employed as a pharmacist at Super Mart since July 2016 and has been Super Mart's PIC since August or September 2017. Respondent is really the only pharmacist that works at Super Mart, aside from relief pharmacists when Respondent takes time off.
 - b. Mr. Aziz owns Super Mart, does not work at the pharmacy, and is often out of the country.

30. At the inspection, the Department's investigator noted that Super Mart failed to timely notify the Department that Super Mart's PIC had been changed from Mr. Aziz to Respondent. Department records indicate that Super Mart's PIC change did not take effect until approximately January 17, 2018.

Verifying Prescriptions

31. The Department learned that in August 2017, fraudulent prescriptions were being issued in prescriber "M"'s name. Prescriber "M"'s office manager compiled a list of patients and pharmacies that dispensed the medications and contacted the pharmacies about the fraudulent prescriptions. Super Mart appeared on the list, with 38 patients representing 126 fraudulent prescriptions. The Department also learned that prescriber "M" had not practiced since the last week of August 2017; since August 29, 2017, Super Mart dispensed 202 oxycodone prescriptions under prescriber "M."

32. During the December 19, 2017 inspection, the Department's investigator reviewed several recently-filled prescriptions and discovered a set of four prescriptions with fold marks in the same spot, written by prescriber "M," for the same medication (oxycodone 30 mg). Respondent first stated that the patients all individually brought the prescriptions to Super Mart to be filled, but later stated that a caregiver

brought the prescriptions in for the patients. The investigator also found a second, similarly folded set of prescriptions from prescriber "M" for oxycodone 30 mg.

33. The Department's investigator also asked Respondent why he was dispensing prescriptions from prescriber "R," when all of the prescriptions written by "R" were for oxymorphone 40 mg and prescriber "R" does not prescribe anything else. Respondent said that Respondent had visited prescriber "R" and said that he was "OK."

34. When the Department's investigator asked Respondent if he was concerned about pattern prescribing from prescribers "M" and "R," Respondent replied that he verifies every prescription from the prescribers.

Identifying Red Flags for Abuse and Diversion

35. During the December 19, 2017 inspection, Respondent provided the following information:

- a. Respondent reviews MAPS before dispensing controlled substances and documents this verification on the prescriptions.
- b. Respondent verifies controlled substance prescriptions with the prescriber and documents the verification on the prescriptions.
- c. Respondent was familiar with the red flags for diversion of controlled substances, and was aware oxycodone, oxymorphone, and promethazine with codeine were highly diverted and abused medications.
- d. If a patient is receiving an opioid, Respondent does not dispense promethazine with codeine to the patient.
- e. Respondent is familiar with CDC recommendations discouraging prescribing opioids and benzodiazepines concurrently and morphine equivalent dosing.
- f. If Respondent dispenses an opioid to a patient, he only dispenses one opioid at a time.

- g. Respondent was familiar with the combination of drugs known as the "Holy Trinity."

36. Contrary to Respondent's statements on December 19, 2017, the Department found evidence that Super Mart had dispensed promethazine with codeine to patients filling opioid prescriptions and had dispensed more than one opioid prescription to individual patients.

37. The Department reviewed MAPS data for 10 patients to whom Super Mart dispensed prescriptions to during the review period of August 1, 2016 through March 6, 2018. All of those patients repeatedly filled prescriptions for commonly abused and diverted controlled substances at Super Mart during that period:

- (a) Patient PD filled several combinations of controlled substance prescriptions on the same day over the review period. Combinations included:
 - i. An opioid and a muscle relaxant;
 - ii. A muscle relaxant and a hypnotic;
 - iii. An opioid and a hypnotic;
 - iv. A benzodiazepine and a muscle relaxant;
 - v. A benzodiazepine and a hypnotic;
 - vi. A benzodiazepine, muscle relaxant, and a hypnotic; and
 - vii. The Holy Trinity and a hypnotic.

Patient PD filled approximately 57 controlled substance prescriptions at Super Mart during the review period.

- (b) Patient DM filled prescriptions for an opioid and benzodiazepine on the same day on nine occasions. On four of those occasions, Patient DM also filled a prescription for a hypnotic. Multiple times, Patient DM filled prescriptions on the same day for a benzodiazepine and a hypnotic; several times patient DM filled this combination in close proximity to filling an opioid prescription. Overall, patient DM filled

approximately 41 controlled substance prescriptions at Super Mart during the review period.

- (c) Patient YM filled prescriptions for an opioid, benzodiazepine, and a hypnotic on the same day ten times during the review period. Overall, patient YM filled approximately 48 controlled substance prescriptions at Super Mart during the review period.
- (d) Patient TO filled prescriptions for an opioid and a muscle relaxant on the same day on four occasions during the review period. Overall, patient TO filled approximately 17 controlled substance prescriptions at Super Mart during the review period.
- (e) Patient LP filled ten prescriptions for oxymorphone 40 mg at Super Mart during the review period, each written by prescriber "R." Each prescription carried an MME of 240.00.
- (f) Patient TP's filled prescriptions show patterns of dispensing. Patterns include:
 - i. From approximately September 30, 2016 through May 8, 2017, patient TP filled a prescription for an opioid, then filled prescriptions for promethazine with codeine and a muscle relaxant on the same day approximately 10 days later. This pattern occurred eight times. On three of those occasions, patient TP also filled a prescription for a benzodiazepine on the same day the opioid prescription was filled.
 - ii. From approximately May 26, 2017 through December 7, 2017, patient TP filled prescriptions for an opioid and a benzodiazepine on the same day, and approximately 10 days later, filled a prescription for a muscle relaxant. This pattern occurred seven times.
 - iii. Separate from the above patterns, patient TP filled prescriptions for an opioid and a benzodiazepine on the same day three times.

Overall, patient TP filled approximately 59 controlled substance prescriptions at Super Mart during the review period.

- (g) Patient SW filled prescriptions for an opioid and a benzodiazepine on the same day on 15 occasions. Overall, patient SW filled approximately 31 controlled substance prescriptions at Super Mart during the review period.
- (h) Patient YW filled several combinations of controlled substance prescriptions on the same day over the review period. Combinations included:

- i. An opioid and a muscle relaxant;
- ii. An opioid and promethazine with codeine;
- iii. A muscle relaxant and promethazine with codeine;
- iv. An opioid and a benzodiazepine;
- v. Promethazine with codeine and a benzodiazepine;
- vi. Two benzodiazepines; and
- vii. The Holy Trinity.

Overall, patient YW filled approximately 66 controlled substance prescriptions at Super Mart during the review period. Patient YW received prescriptions (filled at Super Mart and other pharmacies) from 16 providers.

- (i) Patient EW's filled prescriptions show a pattern of dispensing. Patient EW filled prescriptions for a muscle relaxant at other pharmacies, and approximately one to three weeks later, filled prescriptions for an opioid and a benzodiazepine one the same day at Super Mart. This occurred sequentially 12 times. Aside from the prescriptions included in the above pattern, patient EW once filled prescriptions for an opioid and a benzodiazepine on the same day at Super Mart. Overall, patient EW filled approximately 30 controlled substance prescriptions at Super Mart during the review period.
- (j) Patient JW filled 14 prescriptions for oxymorphone 40 mg at Super Mart during the review period, each written by prescriber "R." Each prescription carried an MME of 240.00.

COUNT I

Respondent failed to maintain effective controls against diversion of controlled substances to other than legitimate and professionally recognized therapeutic, scientific, or industrial uses, contrary to MCL 333.7311(1)(e), in violation of MCL 333.17768(2)(e).

COUNT II

Respondent dispensed controlled substances without good faith, contrary to MCL 333.7333(1) and in violation of MCL 333.17768(2)(e).

COUNT III

Respondent's conduct constitutes a violation of a general duty, consisting of negligence or failure to exercise due care, including negligent delegation to or supervision of employees or other individuals, or a condition, conduct, or practice that impairs, or may impair, the ability safely and skillfully to engage in the practice of the health profession in violation of MCL 333.16221(a).

COUNT IV

Respondent's conduct fails to conform to minimal standards of acceptable, prevailing practice for the health profession in violation of MCL 333.16221(b)(i).

COUNT V

Respondent's conduct, as described above, evidences a failure to maintain the necessary professional and technical equipment and supplies, contrary to Mich Admin Code, R 338.481, in violation of MCL 333.16221(h).

COUNT VI

Respondent's conduct, as described above, evidences a failure to maintain updated policies and procedures for delegated tasks, contrary to Mich Admin Code, R 338.490(5)(c), in violation of MCL 333.16221(h).

COUNT VII

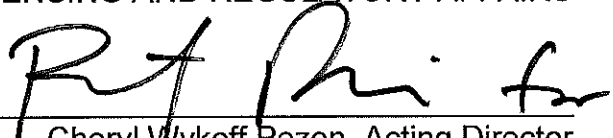
Respondent's conduct, as described above, evidences a failure to properly display his current certificate of licensure, contrary to MCL 333.16191(2), in violation of MCL 333.16221(h).

RESPONDENT IS NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this complaint to answer this complaint in writing and to show compliance with all lawful requirements for retention of the license. Respondent shall submit the response to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Respondent's failure to submit an answer within 30 days is an admission of the allegations in this complaint. If Respondent fails to answer, the Department shall transmit this complaint directly to the Board's Disciplinary Subcommittee to impose a sanction pursuant to MCL 333.16231(9).

MICHIGAN DEPARTMENT OF
LICENSING AND REGULATORY AFFAIRS

Dated: 3-13, 2018


By: Cheryl Wykoff Pezon, Acting Director
Bureau of Professional Licensing

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