

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

In the Matter of

APOORVA CHANDRAKANT PANDIT, R.PH.  
License No. 53-02-027340,

File No. 53-17-147124

Respondent.

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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*.

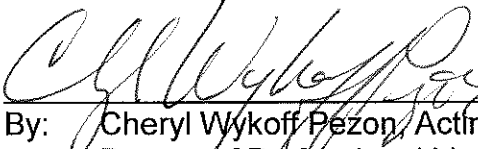
After careful consideration and after consultation with the Chairperson of the Board of Pharmacy pursuant to MCL 333.16233(5), the Department finds that the public health, safety, and welfare requires emergency action.

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

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: 12/6, 2017

  
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 Kim Gaedeke, Director, Bureau of Professional Licensing, complains against Respondent Apoorva Chandrakant Pandit, 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)(h).

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. Respondent is a Michigan-licensed pharmacist and holds a controlled substance license. Respondent has been pharmacist in charge (PIC) of Livonia Care Pharmacy (Pharmacy) in Livonia, Michigan since May 2016.<sup>1</sup>

6. As the Pharmacy's PIC, Respondent was responsible for supervising its practice. MCL 333.17748(5).

7. 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 State of Michigan pharmacy license, effective on the date the accompanying Order of Summary Suspension was served.

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<sup>1</sup>The Department has also filed an Administrative Complaint against Livonia Care Pharmacy for the conduct alleged here. *Livonia Care Pharmacy*, No. 53-17-147125.

8. 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.

9. 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.

10. Clonazepam is a commonly abused and diverted benzodiazepine schedule 4 controlled substance.

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

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

13. 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."

14. 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 dispensed in Michigan. The Department discovered that the Pharmacy was the highest-ranked dispensers of the

following commonly abused and diverted controlled substances among all Michigan dispensers in 2016 and the first quarter of 2017:

<i>Drug</i>	<i>2016 Rank</i>	<i>Q1 2017 Rank</i>
Carisoprodol 350 mg	1	1
Codeine/Promethazine Syrup	5	13

15. During an interview with Department investigators, Respondent acknowledged that carisoprodol and promethazine with codeine syrup were highly abused and diverted substances.

16. During the following periods, the Pharmacy filled prescriptions for the following commonly abused and diverted controlled substances in the quantities shown:

	<i>2016</i>	<i>2017 thru 8/22/17</i>
(a) Alprazolam 2 mg	224 (5.33%)	50 (2.72%)
(b) Carisoprodol 350 mg	946 (22.52%)	324 (17.62%)
(c) Codeine/Promethazine Syrup	775 (18.45%)	262 (14.25%)
(d) Hydrocodone/apap 10-325 mg	1152 (27.43%)	454 (24.69%)
(e) Total, (a) - (d) (percentage of overall CS dispensing)	<b>3097</b> <b>(73.74%)</b>	<b>1090</b> <b>(59.21%)</b>
(f) Total CS prescriptions	4200	1841

17. Patients paid cash for over twenty percent (24%) of the prescriptions the Pharmacy dispensed between May 1, 2016 and August 22, 2017, the period during which Respondent served as pharmacist-in-charge. That rate more than doubles the state average for cash payment and suggests that prescriptions were filled for illegitimate purposes.

18. More than 68% of all prescriptions the Pharmacy filled in between May 1, 2016 and August 22, 2017, were written by a single prescriber, 'C.' A Department

investigation revealed that 'C' ranked among the top 2 prescribers of carisoprodol for 2015 and the first three quarters of 2016, and among the top 6 prescribers of codeine/promethazine syrup in the same period. The Department summarily suspended Prescriber C's license to practice medicine on May 5, 2017 based on allegations of overprescribing and drug diversion, and C's license remains suspended as of the date of this complaint.

19. Nearly 91% of the controlled substance prescriptions the Pharmacy dispensed that 'C' prescribed between May 1, 2016 and August 22, 2017 were for the commonly abused and diverted drugs alprazolam 2 mg, carisoprodol, hydrocodone/apap 10-325 mg, and codeine/promethazine cough syrup.

20. Between May 1, 2016 and August 22, 2017, the five patients who filled the most prescriptions at the Pharmacy were responsible for 220 prescriptions, or almost 5% of all prescriptions the Pharmacy filled. All five patients were prescribed troubling combinations of controlled substances and had other indicia of diversion or abuse:

a. Patient GP filled 53 prescriptions, all of them written by 'C'. GP lives 27.1 miles one-way from the Pharmacy and filled a combination of a benzodiazepine, an opioid, and promethazine with codeine 6 times and a combination of a benzodiazepine and an opioid 6 times, in alternating months. GP filled 12 prescriptions for promethazine with codeine for a total volume of 2,160mL.

b. Patient HT filled 45 prescriptions, including combinations of a benzodiazepine and an opioid 16 times. The triangular distance, home to doctor to pharmacy to home, for HT is 42.7 miles.

c. Patient KL filled 44 prescriptions, including combinations of a benzodiazepine, an opioid, and promethazine with codeine on 12 occasions. In addition, KL filled Ambien, an anti-insomnia medication, 4 times with the previous combination. All prescriptions were written by 'C'.

d. Patient EL filled 39 prescriptions, all written by 'C'. EL filled a combination of a benzodiazepine, an opioid, and promethazine with codeine 11 times. EL received 12 prescriptions for promethazine with codeine, for a total fill volume of 2,100mL.

e. Patient FM filled 39 prescriptions, all written by 'C'. Patient FM lives 27.4 miles one-way from the Pharmacy. FM filled a combination of a benzodiazepine, an opioid, and carisoprodol, the 'holy trinity', on one occasion and a combination of carisoprodol, an opioid, and promethazine with codeine 6 times. FM filled 6 prescriptions for promethazine with codeine for a total fill volume of 2,160mL.

21. Review of MAPS data revealed that multiple patients of Prescriber 'C' who filled prescriptions at the Pharmacy lived in the same neighboring housing units, nearly 30 miles away from Prescriber C's office. These patients filled the commonly abused and diverted controlled substances, codeine/promethazine syrup, hydrocodone/apap, carisoprodol, and alprazolam.

22. During an interview with Department investigators, Respondent acknowledged that Prescriber 'C' had been "kicked out" of his office location after complaints that C's patients were creating disturbances. Respondent also indicated that he was aware C's patients would often arrive in groups at the Pharmacy to pick up their prescriptions.

23. During the aforementioned interview, Respondent acknowledged that after Prescriber 'C' was forced out of his location, 'C' moved to an office a short distance away, and Respondent's Pharmacy continued to fill prescriptions for C's patients.

24. The Department inspected the Pharmacy's business premises on September 14, 2017. The Department noted violations of regulations governing

pharmacies, including disorganized and unsanitary conditions, lack of up-to-date reference materials, and expired and misbranded drugs in active inventory.

#### 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, in violation of MCL 333.7311(1)(e).

#### COUNT II

Respondent dispensed controlled substances for other than legitimate or professionally recognized therapeutic, scientific, or industrial purposes, or outside the Respondent's scope of practice, in violation of MCL 333.7311(1)(g).

#### COUNT III

Respondent dispensed controlled substances without good faith, in violation of MCL 333.7333(1) and 333.7405(1)(a).

#### COUNT IV

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



COUNT V

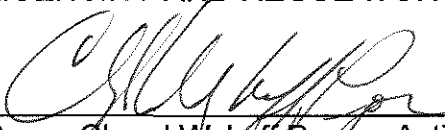
Respondent's conduct fails to conform to minimal standards of acceptable, prevailing practice for the health profession in violation of MCL 333.16221(b)(i).

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: 12/6, 2017

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

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