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8	BEFOR	
9	BOARD OF F DEPARTMENT OF C	
10	STATE OF C.	ALIFORNIA
11		
12	In the Matter of the Statement of Issues Against:	Case No. 6856
13	Agamst.	
14	CNS PHARMACY INC., DBA CAREMAX PHARMACY #4, CHANG HO YOO,	STATEMENT OF ISSUES
15	OWNER	
16	Community Pharmacy License Applicant	
17	Respondent.	
18		
19	PART	<u>ries</u>
20	1. Anne Sodergren (Complainant) bring	s this Statement of Issues solely in her official
21	capacity as the Executive Officer of the Board of	Pharmacy (Board), Department of Consumer
22	Affairs.	
23	2. On or about February 19, 2019, the B	oard received an application for a Community
24	Pharmacy License from CNS Pharmacy Inc., dba	Caremax Pharmacy #4 (Respondent Caremax
25	Pharmacy #4), owned by Chang Ho Yoo (Yoo).	On or about December 1, 2018, Respondent
26	Caremax Pharmacy #4 certified under penalty of p	perjury to the truthfulness of all statements,
27	answers, and representations in the application. T	The Board denied the application on October 25,
28	2019.	
		STATEMENT OF ISSUES (Case No. 6856)

1	JURISDICTION
2	3. This Statement of Issues is brought before the Board under the authority of the
3	following laws. All section references are to the Business and Professions Code (Code) unless
4	otherwise indicated.
5	4. Section 4011 of the Code provides that the Board shall administer and enforce both
6	the Pharmacy Law [Code sections 4000 et seq.] and the Uniform Controlled Substances Act
7	[Health & Safety Code sections 11000 et seq].
8	5. Section 4302 states:
9	The board may deny, suspend, or revoke any license of a corporation where
10 11	conditions exist in relation to any person holding 10 percent or more of the corporate stock of the corporation, or where conditions exist in relation to any officer or director of the corporation that would constitute grounds for disciplinary action against a licensee.
12	STATUTORY PROVISIONS
13	6. Section 480 states, in pertinent part:
14	(a) A board may deny a license regulated by this code on the grounds that the
15	applicant has one of the following: (3)
16	(A) Done any act that if done by a licentiate of the business or profession in question, would be grounds for suspension or revocation of license.
17 18	(B) The board may deny a license pursuant to this subdivision only if the crime or act is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made.
19	7. Section 4059 of the Code states:
20	(a) A person may not furnish any dangerous drug, except upon the prescription
21	of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7. A person may not furnish any dangerous device, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or
22	naturopathic doctor pursuant to Section 3640.7.
23	8. Section 4113 of the Code states, in pertinent part: "(c) The pharmacist-in-charge shall
24	be responsible for a pharmacy's compliance with all state and federal laws and regulations
25	pertaining to the practice of pharmacy."
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	STATEMENT OF ISSUES (Case No. 6856)

1	9. Section 4301 of the Code states:
2	The board shall take action against any holder of a license who is guilty of
3	unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct includes, but is not limited to, any of the following:
4	
5	(d) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153 of the Health and Safety Code.
6	
7	(i) The violation of our of the statutes of this state, of our other state, or of the
8	(j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.
9	
10	(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter
11	or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal
12	regulatory agency.
13	
14	10. Section 4306.5 of the Code states:
15	Unprofessional conduct for a pharmacist may include any of the following:
16	(b) Acts or omissions that involve, in whole or in part, the failure to exercise or implement his or her best professional judgment or corresponding responsibility with
17	regard to the dispensing or furnishing of controlled substances, dangerous drugs, or dangerous devices, or with regard to the provision of services.
18	
19	11. Section 4307 states, in pertinent part:
20	(a) Any person who has been denied a license or whose license has been revoked or is under suspension, or who has failed to renew his or her license while it was under
21	suspension, or who has been a manager, administrator, owner, member, officer, director, associate, or partner of any partnership, corporation, firm, or association whose application
22	for a license has been denied or revoked, is under suspension or has been placed on probation, and while acting as the manager, administrator, owner, member, officer, director,
23	associate, or partner had knowledge of or knowingly participated in any conduct for which the license was denied, revoked, suspended, or placed on probation, shall be prohibited
24	from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee as follows:
25	(1) Where a probationary license is issued or where an existing license is placed
26	on probation, this prohibition shall remain in effect for a period not to exceed five years.
27 28	(2) Where the license is denied or revoked, the prohibition shall continue until the license is issued or reinstated.
	3
	STATEMENT OF ISSUES (Case No. 6856)

1	12. Health and Safety Code Section 11153 states, in pertinent part:
2	(a) A prescription for a controlled substance shall only be issued for a legitimate
3	medical purpose by an individual practitioner acting in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding
4	responsibility rests with the pharmacist who fills the prescription. Except as authorized by this division, the following are not legal prescriptions:
5	(1) an order purporting to be a prescription which is issued not in the usual
6	course of professional treatment or in legitimate and authorized research; or
7	(2) an order for an addict or habitual user of controlled substances, which is issued not in the course of professional treatment or as part of an authorized
8 9	narcotic treatment program, for the purpose of providing the user with controlled substances, sufficient to keep him or her comfortable by maintaining customary use.
10	13. Health and Safety Code section 11162.1 states:
11	(a) The prescription forms for controlled substances shall be printed with the
12	following features:
13	(2) A watermark shall be printed on the backside of the prescription blank; the
14	watermark shall consist of the words "California Security Prescription."
15	(b) Each batch of controlled substance prescription forms shall have the lot number
16 17	printed on the form and each form within that batch shall be numbered sequentially beginning with the numeral one.
18	14. Health and Safety Code section 11164 states, in pertinent part:
19	Except as provided in Section 11167, no person shall prescribe a controlled
20	substance, nor shall any person fill, compound, or dispense a prescription for a controlled substance, unless it complies with the requirements of this section.
21	(a) Each prescription for a controlled substance classified in Schedule II, III, IV, or V, except as authorized by subdivision (b), shall be made on a controlled substance
22	prescription form as specified in Section 11162.1 and shall meet the following requirements:
23	requirements.
24	REGULATORY PROVISIONS
25 26	15. California Code of Regulations, title 16, section 1761 states:
26 27 28	(a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription.
	4
	STATEMENT OF ISSUES (Case No. 6856)

1 2	(b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose.
3	16. California Code of Regulations, title 16, section 1770 states:
4	(a) For the purpose of denial, suspension, or revocation of a personal or facility
5	license pursuant to Division 1.5 (commencing with Section 475) of the Business and Professions Code, a crime or act shall be considered substantially related to the qualifications, functions or duties of a licensee or registrant if to a substantial degree it
6 7	evidences present or potential unfitness of a licensee or registrant to perform the functions authorized by his license or registration in a manner consistent with the public health, safety, or welfare.
8	
9	17. Federal Code of Regulations, title 21, section 1306.05 states, in pertinent
10	part:
11	(a) All prescriptions for controlled substances shall be dated as of, and signed on, the day when issued and shall bear the full name and address of the patient, the drug
12	name, strength, dosage form, quantity prescribed, directions for use, and the name, address and registration number of the practitioner.
13	DEFINITIONS
14	18. Section 4022 states:
15	"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in
16	humans or animals, and includes the following: (a) Any drug that bears the legend: Caution: federal law prohibits dispensing without
17	prescription," "Rx only," or words of similar import. (b) Any device that bears the statement: "Caution: federal law restricts this device to
18	sale by or on the order of a," "Rx only," or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.
19	(c) Any other drug or device that by federal or state law can be lawfully dispensed
20	only on prescription or furnished pursuant to Section 4006.
21	19. Section 4036.5 states:
22	"Pharmacist-in-charge" means a pharmacist proposed by a pharmacy and approved by the board as the supervisor or manager responsible for ensuring the pharmacy's compliance
23	with all state and federal laws and regulations pertaining to the practice of pharmacy.
24	20. Oxycodone is a Schedule II controlled substance pursuant to Health and Safety Code
25	section 11055, subdivision (b)(1)(M), and a dangerous drug pursuant to Business and Professions
26	Code section 4022. Oxycodone is an opioid pain medication.
27	///
28	///
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	STATEMENT OF ISSUES (Case No. 6856)

1	FACTUAL ALLEGATIONS							
2	21. Since January 13, 2000, Chang Ho Yoo is and has been the Individual Licensed							
3	Owner of PCH Medical Pharmacy, located in Long Beach, California. From January 31, 2016 to							
4	August 1, 2018, Yoo was the Pharmacist-in-Charge of PCH Medical Pharmacy. From July 1,							
5	2015 to January 31, 2016, Seung Pil Sun was the Pharmacist-in-Charge of PCH Medical							
6	Pharmacy, and he has been the Pharmacist-in-Charge since August 1, 2018.							
7	22. The Controlled Substance Utilization Review and Evaluation System (CURES) is							
8	California's Prescription Drug Monitoring Program (PDMP). Pharmacies in California are							
9	required to report all filled prescriptions for Schedule II, III, and IV controlled substances to the							
10	database every week. The data is collected statewide and can be used by licensed prescribers and							
11	pharmacists to evaluate and determine whether their patients are utilizing controlled substances							
12	correctly and whether a patient has used multiple prescribers and multiple pharmacies to fill							
13	controlled substance prescriptions. Law enforcement and regulatory agencies such as the Board							
14	have access to the CURES database for official oversight or investigatory purposes.							
15	23. The Board analyzed CURES dispensing data reported by PCH Medical Pharmacy and							
16	determined that the pharmacy filled a number of prescriptions under the prescribing authority of							
17	Dr. Annamalai Ashokan. Previous Board investigations of other pharmacies had identified							
18	prescriptions from Dr. Ashokan that did not conform to the written prescription requirements of							
19	Health and Safety Code section 11162.1.							
20	24. On or about May 14, 2019, the Board conducted an inspection of PCH Medical							
21	Pharmacy.							
22	///							
23	///							
24	///							
25	///							
26	///							
27	///							
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	6							
	STATEMENT OF ISSUES (Case No. 6856)							

25. The Board inspector collected data of all prescriptions filled by PCH Medical
 Pharmacy from May 14, 2016 to May 14, 2019. A review of all the prescriptions from Dr.
 Ashokan during this time period reflected the following dispensing trends:

MEDICATION	CONTROLLED SUBSTANCE	NUMBER OF PRESCRIPTIONS	PERCENT OF DR. ASHOKAN'S PRESCRIPTIONS FILLED
Oxycodone HCI 30 mg	Yes – Schedule II	219	57.63%
Cyclobenzaprine 10 mg	No	64	16.84%
Doc-q-lace 100 mg	No	63	16.58%
Ibuprofen 800 mg	No	30	7.89%
Gabapentin 800 mg	No	4	1.05%
	TOTAL	380	100.00%

26. The Board's investigation identified multiple objective factors of irregularity—or red
flags—indicating that Dr. Ashokan's prescriptions for a controlled substance (Oxycodone) were
not issued for a legitimate medical purpose. These red flags include, but are not limited to:

14

## (a) Oxycodone constituted over 50% of Dr. Ashokan's prescriptions

15 27. Of the 380 total prescriptions PCH Medical Pharmacy received from Dr. Ashokan,
16 57.63% prescribed oxycodone, a commonly abused medication. Oxycodone not only accounted
17 for over half of Dr. Ashokan's prescribing, but it was also the only controlled substance
18 prescribed by Dr. Ashokan, according to PCH Medical Pharmacy's prescription records.

19

## (b) Oxycodone 30 mg was prescribed to all 48 of Dr. Ashokan's patients

20 28. PCH Medical Pharmacy filled prescriptions from Dr. Ashokan for a total forty-eight
21 (48) patients. All forty-eight (48) patients had at least one prescription from Dr. Ashokan for
22 Oxycodone at the same 30 mg strength, regardless of inter-patient variability in age, weight, drug
23 allergies, medical histories, severity of symptoms being treated, tolerance to drugs, and patient
24 preferences regarding drug therapy plans.

- 25 ///
- 26 ///
- 27 ///
- 28 ///

1

(c)

# The highest available strength (30 mg) was prescribed in all 219 Oxycodone prescriptions

29. PCH Medical Pharmacy filled 219 prescriptions from Dr. Ashokan for oxycodone.
All 219 prescriptions were for an immediate-release formulation of oxycodone. Immediaterelease oxycodone is available in 5 mg, 10 mg, 15 mg, 20 mg, and 30 mg strengths. For all 219
oxycodone prescriptions, Dr. Ashokan exclusively prescribed 30 mg, the highest available
strength, despite the standard practice of prescribers to treat patients with the lowest effective
dose of medication (to minimize risk of side effects and toxicity) and to also initiate therapy with
a low dosage of medication and increase only if necessary.

10

(d) Multiple, consecutive Oxycodone prescriptions were processed in a day

30. On numerous dates, PCH Medical Pharmacy processed multiple prescriptions from
Dr. Ashokan on the same day. Often, these prescriptions were processed within minutes of each
other and assigned consecutive or nearly consecutive prescription numbers by the dispensing
computer software, indicating that PCH Medical Pharmacy processed the prescriptions
consecutively or nearly consecutively. For example:

16 31. On May 23, 2016, between 3:17 p.m. and 3:35 p.m., PCH Medical Pharmacy
17 processed eight (8) prescriptions for four (4) patients from Dr. Ashokan. All four (4) patients
18 received prescriptions for 120 Oxycodone 30 mg tablets.

19

17						
20		Date and Time	Rx	Patient	Medication	Quantity
20		5/23/2016 15:17	7559797	LM	Oxycodone HCl 30 mg tablet	120
21		5/23/2016 15.:19	7559798	LM	Ibuprofen 800 mg tablet	30
		5/23/2016 15:24	7559801	SG	Oxycodone HCl 30 mg tablet	120
22		5/23/2016 15:27	7559802	SG	Cyclobenzaprine 10 mg tablet	30
23		5/23/2016 15:32	7559804	DA	Oxycodone HCl 30 mg tablet	120
		5/23/2016 15:33	7559805	DA	Cyclobenzaprine 10 mg tablet	30
24		5/23/2016 15:35	7559806	LP	Oxycodone HCl 30 mg tablet	120
25			7559807	LP	Gabapentin 800 mg tablet	
25						
26	1	//				
07	,					
27	1	//				

28 /

32. On May 31, 2016, between 2:42 p.m. and 3:27 p.m., PCH Medical Pharmacy						
processed sixteen (16	6) prescriptio	ons for eight	(8) patients from Dr. Ashokan. All e	ight (8)		
patients received prescriptions for 120 oxycodone 30 mg tablets.						
Date and Time	Rx	Patient	Medication	Quantit		
5/31/2016 14:42	7560099	DS	Oxycodone HCl 30 mg tablet	90		
5/31/2016 14:45	7560100	DS	Oxycodone HCl 30 mg tablet	30		
	7560101	DS	Ibuprofen 800 mg tablet	30		
5/31/2016 14:50	7560102	MC Sr.	Oxycodone HCl 30 mg tablet	120		
5/31/2016 14:53	7560103	MC Sr.	Ibuprofen 800 mgtablet	30		
5/31/2016 15:02	7560104	MS	Oxycodone HCl 30 mg tablet	90		
	7560105	MS	Oxycodone HCl 30 mg tablet	30		
5/31/2016 15:03	7560106	MS	Gabapentin 800 mg tablet	30		
5/31/2016 15:05	7560107	LW	Oxycodone HCl 30 mg tablet	90		
5/31/2016 15:08	7560108	LW	Oxycodone HCl 30 mg tablet	30		
	7560109	LW	Ibuprofen 800 mg tablet	30		
5/31/2016 15:09	7560110	SSL	Oxycodone HCl 30 mg tablet	120		
5/31/2016 15:10	7560111	SSL	Ibuprofen 800 mg tablet	30		
5/31/2016 15:16	7560112	KW	Oxycodone HCl 30 mg tablet	120		
5/31/2016 15:17	7560113	KW	Ibuprofen 800 mg tablet	30		
5/31/2016 15:21	7560114	MW	Oxycodone HCl 30 mg tablet	90		
5/31/2016 15:22	7560115	MW	Oxycodone HCl 30 mg tablet	30		
5/31/2016 15:23	7560116	MW	Ibuprofen 800 mg tablet	30		
5/31/2016 15:26	7560117	JM	Oxycodone HCl 30 mg tablet	90		
5/31/2016 15:27	7560118	JM	Oxycodone HCI 30 mg tablet	30		
	7560119	JM	Cyclobenzaprine 10 mg tablet	30		
33. On Augu	st 22. 2016.	between 3:1	1 p.m. and 4:27 p.m., PCH Medical F	harmacv		
-			(8) patients from Dr. Ashokan. All e	-		
patients received pres	scriptions fo	r 120 oxyco	done 30 mg tablets	-		
patients received pres		1 120 0Xyeo				
Date and Time	Rx	Patient	Medication .	Quantit		
8/22/2016 15:11	7563242	LW	Oxycodone 30 mg tablet	120		
8/22/2016 15:12	7563243	LW	Doc-q-lace 100 mg softgel	30		
8/22/2016 15:14	7563244	MC	Oxycodone 30 mg tablet	90		
	7563245	MC	Oxycodone 30 mg tablet	30		
	7563246	MC	Doc-q-lace 100 mg softgel	30		
8/22/2016 15:15	7505210	1110		23		

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8/22/2016 1	5:17	7563248	MW	Oxycodone 30 mg tablet	30
8/22/2016 1		7563249	MW	Ibuprofen 800 mg tablet	30
		7563250	LP	Oxycodone 30 mg tablet	120
8/22/2016 1	5:19	7563251	LP	Doc-q-lace 100 mg softgel	30
8/22/2016 1		7563254	LM	Oxycodone 30 mg tablet	120
8/22/2016 1		7563255	LM	Doc-q-lace 100 mg softgel	30
8/22/2016 1		7563257	SG	Oxycodone 30 mg tablet	120
8/22/2016 1		7563258	SG	Doc-q-lace 100 mg softgel	30
8/22/2016 1		7563260	JM	Oxycodone 30 mg tablet	120
8/22/2016 1	15:26	7563261	JM	Cyclobenzaprine 10 mg tablet	30
8/22/2016 1	16:21	7563290	DL	Oxycodone 30 mg tablet	120
8/22/2016 1	16:27	7563291	DL	Doc-q-lace 100 mg soffgel	30
fourteen (14) p	patients	received pro	escriptions f	Fourteen (14) patients from Dr. Asho For oxycodone 30 mg tablets—thirteer e (1) of them received prescriptions for	n (13) of the
received prese					
Date and T	'ime	Rx	Patient	Medication	Quanti
		<b>Rx</b> 7566086	Patient MW		<b>Quanti</b> 90
Date and T	12:35			Oxycodone 30 mg tablet	-
<b>Date and T</b> 10/26/2016	12:35 12:36	7566086	MW		90
<b>Date and T</b> 10/26/2016 10/26/2016	12:35 12:36 12:37	7566086 7566087	MW MW	Oxycodone 30 mg tablet Oxycodone 30 mg tablet Gabapentin 800 mg tablet	90 30
<b>Date and T</b> 10/26/2016 10/26/2016 10/26/2016	12:35 12:36 12:37 14:18	7566086 7566087 7566088	MW MW MW	Oxycodone 30 mg tablet Oxycodone 30 mg tablet Gabapentin 800 mg tablet Oxycodone 30 mg tablet	90 30 30
Date and T 10/26/2016 10/26/2016 10/26/2016 10/26/2016 10/26/2016	12:35 12:36 12:37 14:18 14:19	7566086 7566087 7566088 7566099 7566100	MW MW MW DL DL	Oxycodone 30 mg tablet Oxycodone 30 mg tablet Gabapentin 800 mg tablet Oxycodone 30 mg tablet Cyclobenzaprine 10 mg tablet	90 30 30 120 30
<b>Date and T</b> 10/26/2016 10/26/2016 10/26/2016 10/26/2016	12:35 12:36 12:37 14:18 14:19 14:23	7566086 7566087 7566088 7566099	MW MW MW DL	Oxycodone 30 mg tablet Oxycodone 30 mg tablet Gabapentin 800 mg tablet Oxycodone 30 mg tablet Cyclobenzaprine 10 mg tablet Oxycodohe 30 mg tablet	90 30 30 120
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10/26/2016 15:29 10/26/2016 15:36 10/26/2016 15:37	7566148	RH	Doc-q-lace 100 mg softgel	30
	7566153	BSJ	Oxycodone 30 mg tablet	120
	7566154	BSJ	Cyclobenzaprine 10 mg tablet	30
10/26/2016 15:44	7566155	MS	Oxycodone 30 mg tablet	90
10/26/2016 15:45	7566156	MS	Oxycodone 30 mg tablet	30
10/26/2016 15:46	7566157	MS	Doc-q-lace 100 mg softgel	30
10/26/2016 15:48	7566160	KW	Oxycodone 30 mg tablet	90
10/26/2016 15:49	7566161	KW	Oxycodone 30 mg tablet	30
	7566162	KW	Doc-q-lace 100 mg softgel	30
10/26/2016 15:52	7566167	PB	Oxycodone 30 mg tablet	120
	7566168	PB	Cyclobenzaprine 10 mg tablet	30
10/26/2016 15:54	7566169	EE	Oxycodone 30 mg tablet	120
10/26/2016 15:55	7566170	EE	Doc-q-lace 100 mg softgel	30
Date and Time	Rx	Patient	xycodone 30 mg tablets. Medication	Quan
	7567503	MW		-
11/7X/7016 13.49				un
11/28/2016 13:49			Oxycodone 30 mg tablet	90
11/28/2016 13:50	7567507	MW	Oxycodone 30 mg tablet	30
11/28/2016 13:50 11/28/2016 13:51	7567507 7567508	MW MW	Oxycodone 30 mg tablet Cyclobenzaprine 10 mg tablet	30 30
11/28/201613:5011/28/201613:5111/28/201613:55	7567507 7567508 7567509	MW MW DS	Oxycodone 30 mg tablet Cyclobenzaprine 10 mg tablet Oxycodone 30 mg tablet.	30 30 90
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11/28/2016 13:50 11/28/2016 13:51 11/28/2016 13:55 11/28/2016 13:56 11/28/2016 13:57 11/28/2016 14:03 11/28/2016 14:06 11/28/2016 14:07 11/28/2016 14:09 11/28/2016 14:10 11/28/2016 14:11 11/28/2016 14:18 11/28/2016 14:19	7567507 7567508 7567509 7567510 7567511 7567522 7567523 7567528 7567529 7567533 7567534 7567535 7567542 7567543 7567543	MW MW DS DS EE EE BSJ BSJ MC MC MC MC MS MS MS	Oxycodone 30 mg tabletCyclobenzaprine 10 mg tabletOxycodone 30 mg tablet.Oxycodone 30 mg tabletDoc-q-lace 100 mg softgelOxycodone 30 mg tabletDoc-q-lace 100 mg softgelOxycodone 30 mg tabletDoc-q-lace 100 mg softgelOxycodone 30 mg tabletDoxycodone 30 mg tabletCycodone 30 mg tabletOxycodone 30 mg tablet	30         30         90         30
11/28/2016 13:50 11/28/2016 13:51 11/28/2016 13:55 11/28/2016 13:56 11/28/2016 13:57 11/28/2016 14:03 11/28/2016 14:06 11/28/2016 14:09 11/28/2016 14:09 11/28/2016 14:10 11/28/2016 14:11 11/28/2016 14:19 11/28/2016 15:03	7567507 7567508 7567509 7567510 7567511 7567522 7567523 7567528 7567528 7567529 7567533 7567534 7567535 7567542 7567543 7567544 7567554	MW MW DS DS DS EE EE BSJ BSJ MC MC MC MC MS MS MS BP	Oxycodone 30 mg tabletCyclobenzaprine 10 mg tabletOxycodone 30 mg tablet.Oxycodone 30 mg tabletDoc-q-lace 100 mg softgelOxycodone 30 mg tabletDoc-q-lace 100 mg softgelOxycodone 30 mg tabletDoc-q-lace 100 mg softgelOxycodone 30 mg tabletDuprofen 800 mg tabletOxycodone 30 mg tablet	30         30         90         30         30         30         30         120         30         120         30
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11/28/2016 13:50 11/28/2016 13:51 11/28/2016 13:55 11/28/2016 13:55 11/28/2016 13:57 11/28/2016 14:03 11/28/2016 14:06 11/28/2016 14:09 11/28/2016 14:09 11/28/2016 14:10 11/28/2016 14:11 11/28/2016 14:19 11/28/2016 15:03 11/28/2016 15:19 11/28/2016 15:32	7567507 7567508 7567509 7567510 7567511 7567522 7567523 7567528 7567528 7567529 7567533 7567534 7567535 7567542 7567543 7567544 7567554 7567564	MW MW DS DS DS EE EE BSJ BSJ MC MC MC MC MC MS MS MS BP CM CM	Oxycodone 30 mg tabletCyclobenzaprine 10 mg tabletOxycodone 30 mg tablet.Oxycodone 30 mg tabletDoc-q-lace 100 mg softgelOxycodone 30 mg tabletDoc-q-lace 100 mg softgelOxycodone 30 mg tabletDoc-q-lace 100 mg softgelOxycodone 30 mg tabletDuprofen 800 mg tabletOxycodone 30 mg tablet	30         30         90         30         30         30         120         30         120         30         90         30         90         30         90         30         90         30         90         30         90         30         90         30         90         30         90         30         90         30

1	11/28/2016 15:39	7567571	KW	Doc-q-lace 100 mg softgel	30
1	11/28/2016 15:43	7567572	SSL	Oxycodone 30 mg tablet	90
2	11/28/2016 15:44	7567573	SSL	Oxycodone 30 mg tablet	30
2	11/28/2016 15:45	7567574	SSL	Cyclobenzaprine 10 mg tablet	30
3	11/28/2016 15:48	7567579	PB	Oxycodone 30 mg tablet	90
4	11/28/2016 15:49	7567580	PB	Oxycodone 30 mg tablet	30
~		7567581	PB	Cyclobenzaprine 10 mg tablet	30
5	11/28/2016 15:53	7567582	MC,Sr.	Oxycodone 30 mg tablet	120
6	11/28/2016 15:54	7567583	MC,Sr.	Doc-q-lace 100 mg softgel	30
_	11/28/2016 15:59	7567591	DC	Oxycodone 30 mg tablet	90
7	11/28/2016 16:00	7567592	DC	Oxycodone 30 mg tablet	30
8		7567593	DC	Doc-q-:lace 100 mg softgel	30
	11/28/2016 16:11	7567598	JT	Oxycodone 30 mg tablet	90
9		7567599	JT	Oxycodone 30 mg tablet	30
10	11/28/2016 16:12	7567600	JT	Cyclobenzaprine 10 mg tablet	30
_	11/28/2016 16:19	7567603	ТА	Oxycodone 30 mg tablet	90
11	11/28/2016 16:21	7567604	ТА	Oxycodone 30 mg tablet	30
12	11/28/2016 16:22	7567605	ТА	Ibuprofen 800 mg tablet	30

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#### (e) Patients had addresses of record excessively far from PCH Medical Pharmacy

36. Of the forty-eight (48) patients who had Dr. Ashokan's prescriptions filled by PCH
Medical Pharmacy, twenty-three (23) of them had addresses of record that were more than twenty
(20) miles from PCH Medical Pharmacy, which is located in Long Beach, California. Together,
these twenty-three (23) patients received 193 prescriptions from Dr. Ashokan that were ultimately
filled by PCH Medical Pharmacy.

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#### (f) Dr. Ashokan's written prescriptions lacked required security features

37. The Board's investigator reviewed sixty (60) prescription documents for Oxycodone
30 mg from Dr. Ashokan that had been filled by PCH Medical Pharmacy. These prescription
documents failed to include a lot number and a "California Security Prescription" watermark—
both security features that are required by law. These omitted security features alone invalidated
the prescriptions and visibly indicated that the prescriptions were not written legitimately.

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#### (g) Dr. Ashokan's written prescriptions had incorrect issue dates

38. Seven (7) of the reviewed prescription documents were dated September 27, 2016 but
were processed and dispensed by PCH Medical Pharmacy on September 26, 2016. These
prescriptions were also invalid because they had patently incorrect issue dates.

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39. None of the sixty (60) prescription documents had handwritten notes indicating a
 pharmacist at PCH Medical Pharmacy had ever contacted Dr. Ashokan to obtain additional
 information to validate the prescriptions.

4 40. Given these numerous factors of irregularity, Chang Ho Yoo and PCH Medical
5 Pharmacy knew, or had objective reason to know, that there were potential problems with Dr.
6 Ashokan's prescriptions. These red flags put Yoo and PCH Medical Pharmacy on notice to
7 conduct further inquiries into the legitimacy of the prescriptions.

41. The Board inspector reviewed additional CURES data for three other pharmacies
located near both PCH Medical Pharmacy and Dr. Ashokan's office and therefore similarly
accessible to Dr. Ashokan's patients. The data showed that from May 16, 2016 to May 14, 2019,
none of these three pharmacies filled any prescriptions from Dr. Ashokan. This trend suggests
that Dr. Ashokan's patients from this time period had specifically identified PCH Medical
Pharmacy as a location where Dr. Ashokan's prescriptions could be filled.

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### FIRST CAUSE FOR DENIAL OF APPLICATION

(Acts Warranting Denial of Licensure –

## Failure to Exercise or Implement Corresponding Responsibility)

42. Respondent's application is subject to denial under sections 480(a)(3)(A); 4301, 17 subdivisions (d), (j), and (o); 4306.5, subdivision (b); 4302; and 4113, subdivision (c); in 18 19 conjunction with Health and Safety Code section 11153, subdivision (a); and California Code of Regulations, title 16, section 1761; in that PCH Medical Pharmacy and Chang Ho Yoo, in his 2021 capacity as owner and Pharmacist-in-Charge of PCH Medical Pharmacy, failed to exercise or implement their best professional judgment or corresponding responsibility with regard to the 22 dispensing or furnishing of controlled substances or dangerous drugs, or with regard to the 23 24 provision of services. Complainant refers to, and by this reference incorporates, the allegations set forth in above paragraphs 21 through 41, as though set forth in full herein. 25 /// 26

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SECOND CAUSE FOR DENIAL OF APPLICATION (Acts Warranting Denial of Licensure –
(Acts Warranting Denial of Licensure –
Filling or Dispensing Improper Prescriptions for Controlled Substances)
43. Respondent's application is subject to denial under sections 480(a)(3)(A); 4301,
subdivisions (d), (j), and (o); 4306.5, subdivision (b); 4302; and 4113, subdivision (c); in
conjunction with Health and Safety Code sections 11164 and 11162.1, subdivisions (a) and (b);
California Code of Regulations, title 16, section 1761; and Federal Code of Regulations, title 21,
section 1306.05; in that PCH Medical Pharmacy and Chang Ho Yoo, in his capacity as owner and
Pharmacist-in-Charge of PCH Medical Pharmacy, filled or dispensed controlled substance
prescriptions that did not comply with the form requirements of Health and Safety Code section
11162.1, or contained any significant error, omission, irregularity, uncertainty, ambiguity or
alteration. Complainant refers to, and by this reference incorporates, the allegations set forth in
above paragraphs 21 through 41, as though set forth in full herein.
PRAYER
WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
and that following the hearing, the Board of Pharmacy issue a decision:
1. Denying the application of CNS Pharmacy Inc., dba Caremax Pharmacy #4, Chang
Ho Yoo, Owner, for a Community Pharmacy License;
2. Taking such other and further action as deemed necessary and proper.
DATED. May 19, 2020 Ane Sodergreen
DATED:
ANNE SODERGREN Executive Officer
Board of Pharmacy Department of Consumer Affairs
State of California Complainant
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