

**BEFORE THE  
BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

**MATS PHARMACY INC., DBA MATS  
PHARMACY AND MEDICAL SUPPLIES,  
BANJI ALADE ADERETI AND FUMNI  
MOJISOLA ADERETI, OWNERS**

3625 Martin Luther King Jr. Blvd, Suite 1  
Lynwood, CA 90262-3509  
BANJI ALADE ADERETI, Pharmacist-in-Charge

**Original Permit No. PHY 49180**

**BANJI ALADE ADERETI**  
PO Box 1136  
Placentia, CA 92670

**Original Pharmacist License No. RPH 45057**

Respondents.

Case No. 5576

OAH No. 2017010663

**DECISION AND ORDER**

The attached Stipulated Surrender of License and Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on September 5, 2018.

It is so ORDERED on August 6, 2018.

BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA



By

\_\_\_\_\_  
Victor Law, R.Ph.  
Board President

1 XAVIER BECERRA  
Attorney General of California  
2 ARMANDO ZAMBRANO  
Supervising Deputy Attorney General  
3 BRIAN LEE  
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*Attorneys for Complainant*  
7

8 **BEFORE THE**  
**BOARD OF PHARMACY**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:

Case No. 5576

11 **MATS PHARMACY INC. DBA MATS**  
12 **PHARMACY AND MEDICAL SUPPLIES,**  
13 **BANJI ALADE ADERETI AND FUMNI**  
**MOJISOLA ADERETI, OWNERS**

OAH No. 2017010663

**STIPULATED SURRENDER OF**  
**LICENSE AND ORDER**

14 3625 Martin Luther King Jr. Blvd., Ste. 1  
15 Lynwood, CA 90262-3509  
16 BANJI ALADE ADERETI, Pharmacist-in-  
Charge

17 **Original Permit No. PHY 49180**

18 **BANJI ALADE ADERETI**  
19 PO Box 1136  
Placentia, CA 92670

20 **Original Pharmacist License No. RPH 45057**

21 Respondents.

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1 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
2 entitled proceedings that the following matters are true:

3 **PARTIES**

4 1. Virginia Herold (Complainant) is the Executive Officer of the Board of Pharmacy  
5 (Board). She brought this action solely in her official capacity and is represented in this matter by  
6 Xavier Becerra, Attorney General of the State of California, by Brian Lee, Deputy Attorney  
7 General.

8 2. Mats Pharmacy Inc. dba Mats Pharmacy and Medical Supplies ("Respondent Mats  
9 Pharmacy") and Bānji Alade Adereti ("Respondent Adereti") are represented in this proceeding  
10 by attorney Adam B. Brown, whose address is Law Offices of Brown & Brown, 3848 W. Carson  
11 St., Suite 206, Torrance, CA 90503.

12 3. On or about October 17, 2008, the Board issued Pharmacy Permit No. PHY 49180 to  
13 Respondent Mats Pharmacy. Respondent Adereti has been the President, 50% shareholder, and  
14 the Pharmacist-in-Charge since October 17, 2008. Fumni Mojisola Adereti has been the  
15 Secretary and 50% shareholder since October 17, 2008. The Pharmacy Permit was in full force  
16 and effect at all times relevant to the charges brought in Accusation No. 5576 and will expire on  
17 October 1, 2018, unless renewed.

18 4. On or about March 5, 1992, the Board issued Original Pharmacist License No. RPH  
19 45047 to Respondent Adereti. The Pharmacist License was in full force and effect at all times  
20 relevant to the charges brought in Accusation No. 5576 and will expire on May 31, 2019, unless  
21 renewed.

22 **JURISDICTION**

23 5. Accusation No. 5576 was filed before the (Board), and is currently pending against  
24 Respondents. The Accusation and all other statutorily required documents were properly served  
25 on Respondents on April 25, 2016. Respondents timely filed their Notice of Defense contesting  
26 the Accusation. A copy of Accusation No. 5576 is attached as Exhibit A and incorporated by  
27 reference.

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1 ADVISEMENT AND WAIVERS

2 6. Respondents have carefully read, fully discussed with counsel, and understand the  
3 charges and allegations in Accusation No. 5576. Respondents also have carefully read, fully  
4 discussed with counsel, and understand the effects of this Stipulated Surrender of License and  
5 Order.

6 7. Respondents are fully aware of their legal rights in this matter, including the right to a  
7 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine  
8 the witnesses against them; the right to present evidence and to testify on their own behalf; the  
9 right to the issuance of subpoenas to compel the attendance of witnesses and the production of  
10 documents; the right to reconsideration and court review of an adverse decision; and all other  
11 rights accorded by the California Administrative Procedure Act and other applicable laws.

12 8. Respondents voluntarily, knowingly, and intelligently waive and give up each and  
13 every right set forth above.

14 CULPABILITY

15 9. Respondents understand that the charges and allegations in Accusation No. 5576, if  
16 proven at a hearing, constitute cause for imposing discipline upon Pharmacy Permit No. PHY  
17 49180 and Pharmacist License No. RPH 45057.

18 10. For the purpose of resolving the Accusation without the expense and uncertainty of  
19 further proceedings, Respondents agree that, at a hearing, Complainant could establish a factual  
20 basis for the charges in the Accusation and that those charges constitute cause for discipline.  
21 Respondents hereby gives up their right to contest that cause for discipline exists based on those  
22 charges.

23 11. Respondents understand that by signing this stipulation they enable the Board to issue  
24 an order accepting the surrender of Respondent Mats Pharmacy's Pharmacy Permit and  
25 Respondent Adereti Pharmacist License without further process.

26 CONTINGENCY

27 12. This stipulation shall be subject to approval by the Board. Respondents understand  
28 and agree that counsel for Complainant and the staff of the Board may communicate directly with

1 the Board regarding this stipulation and surrender, without notice to or participation by  
2 Respondents or their counsel. By signing the stipulation, Respondents understand and agree that  
3 they may not withdraw its agreement or seek to rescind the stipulation prior to the time the Board  
4 considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order,  
5 the Stipulated Surrender and Disciplinary Order shall be of no force or effect, except for this  
6 paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not  
7 be disqualified from further action by having considered this matter.

8 13. The parties understand and agree that Portable Document Format (PDF) and facsimile  
9 copies of this Stipulated Surrender of License and Order, including Portable Document Format  
10 (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

11 14. This Stipulated Surrender of License and Order is intended by the parties to be an  
12 integrated writing representing the complete, final, and exclusive embodiment of their agreement.  
13 It supersedes any and all prior or contemporaneous agreements, understandings, discussions,  
14 negotiations, and commitments (written or oral). This Stipulated Surrender of License and Order  
15 may not be altered, amended, modified, supplemented, or otherwise changed except by a writing  
16 executed by an authorized representative of each of the parties.

17 15. In consideration of the foregoing admissions and stipulations, the parties agree that  
18 the Board may, without further notice or formal proceeding, issue and enter the following Order:

19 **ORDER**

20 IT IS HEREBY ORDERED that Pharmacy Permit No. PHY 49180 issued to Respondent  
21 Mats Pharmacy Inc. dba Mats Pharmacy and Medical Supplies and Pharmacist License No. RPH  
22 45057 issued to Banji Alade Adereti are surrendered and accepted by the Board of Pharmacy.

23 1. The surrender of Respondent Mats Pharmacy's Pharmacy Permit and Respondent  
24 Adereti's Pharmacist License and the acceptance of the surrendered permit and license by the  
25 Board shall constitute the imposition of discipline against Respondents. This stipulation  
26 constitutes a record of the discipline and shall become a part of Respondents' license history with  
27 the Board of Pharmacy.

28 ///

1           2.     Respondents Mats Pharmacy and Adereti shall lose all rights and privileges as a  
2 Pharmacy and Pharmacist, respectively, in California as of the effective date of the Board's  
3 Decision and Order.

4           3.     Respondents shall cause to be delivered to the Board any pocket license and, if one  
5 was issued, their wall certificate on or before the effective date of the Decision and Order.

6           4.     Respondents may only seek a new or reinstated license from the Board by way of a  
7 new application for licensure. Respondents understand and agree that if they ever file an  
8 application for licensure or a petition for reinstatement in the State of California, the Board shall  
9 treat it as a new application for licensure and shall not be eligible to petition for reinstatement of  
10 licensure.

11           Respondents may not apply for any license, permit, or registration from the Board for three  
12 (3) years from the effective date of this decision. Respondents stipulate that should they apply for  
13 any license from the board on or after the effective date of this decision, all allegations set forth in  
14 Accusation No. 5576 shall be deemed to be true, correct and admitted by Respondents when the  
15 Board determines whether to grant or deny the application. Respondents shall satisfy all  
16 requirements applicable to that license as of the date the application is submitted to the Board,  
17 including, but not limited to, taking and passing licensing examination(s) as well as fulfilling any  
18 education or experience requirements prior to the issuance of a new license.

19           5.     Respondents shall pay the agency, jointly and severally, its costs of investigation and  
20 enforcement in the amount of \$18,907.00 prior to issuance of a new or reinstated license.

21           6.     In the event that Mats Pharmacy and Medical Supplies is not sold within thirty (30)  
22 days of the effective date of the Order adopting this Stipulated Surrender, Respondents shall,  
23 within ten (10) days of the stayed effective date of the Board's order, arrange for the destruction  
24 of, the transfer to, sale of or storage in a facility licensed by the Board of all controlled substances  
25 and dangerous drugs and devices. Respondents shall further provide written proof of such  
26 disposition and submit a completed Discontinuance of Business form according to Board  
27 guidelines.

28     ///



1 I have carefully read the above Stipulated Surrender of License and Order and have fully  
2 discussed it with my attorney, Adam B. Brown. I understand the stipulation and the effect it will  
3 have on my Pharmacist License (RPH 45057). I enter into this Stipulated Surrender of License  
4 and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and  
5 Order of the Board of Pharmacy.

6  
7 DATED:

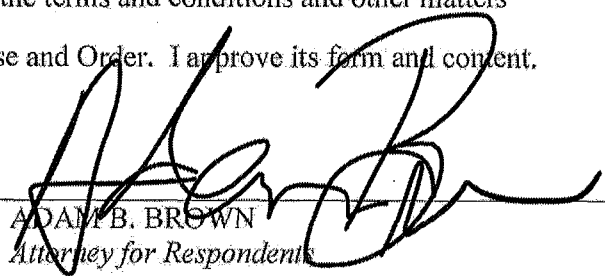
05-04-2018

  
BANJI ALADE ADERETI  
Respondent

8  
9  
10  
11 I have read and fully discussed with Respondents Mats Pharmacy Inc, dba Mats Pharmacy  
12 and Medical Supplies and Banji Alade Adereti the terms and conditions and other matters  
13 contained in this Stipulated Surrender of License and Order. I approve its form and content.

14  
15 DATED:

5/4/18

  
ADAM B. BROWN  
Attorney for Respondents

16  
17  
18 **ENDORSEMENT**

19 The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted  
20 for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

21 Dated: 5/7/18

Respectfully submitted,

22 XAVIER BECERRA  
23 Attorney General of California  
24 ARMANDO ZAMBRANO  
25 Supervising Deputy Attorney General

  
26 BRIAN LEE  
27 Deputy Attorney General  
28 Attorneys for Complainant

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**Exhibit A**

**Accusation No. 5576**

1 KAMALA D. HARRIS  
Attorney General of California  
2 MARC D. GREENBAUM  
Supervising Deputy Attorney General  
3 ZACHARY T. FANSELOW  
Deputy Attorney General  
4 State Bar No. 274129  
300 So. Spring Street, Suite 1702  
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*Attorneys for Complainant*  
7

8 **BEFORE THE**  
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14 **BANJI ALADE ADERETI AND FUMNI**  
15 **MOJISOLA ADERETI, OWNERS**  
16  
17 3625 Martin Luther King Jr. Blvd., Ste. 1  
18 Lynwood, CA 90262-3509  
19 BANJI ALADE ADERETI, Pharmacist-in-  
20 Charge  
21 **Original Permit No. PHY 49180**  
22 **BANJI ALADE ADERETI**  
23 PO Box 1136  
24 Placentia, CA 92670  
25 **Original Pharmacist License No. RPH 45057**  
26 Respondents.

Case No. 5576

**ACCUSATION**

22 Complainant alleges:

23 **PARTIES**

- 24 1. Virginia Herold ("Complainant") brings this Accusation solely in her official capacity  
25 as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.  
26 2. On or about October 17, 2008, the Board of Pharmacy issued Original Permit Number  
27 PHY 49180 to Mats Pharmacy Inc. doing business as Mats Pharmacy and Medical Supplies with  
28 Banji Alade Adereti as the Pharmacist-in-Charge, President and the owner of fifty percent of the

1 outstanding shares and Fummi Mojisola Adereti as the Secretary and the owner of fifty percent of  
2 the outstanding shares ("Respondent Pharmacy"). The Original Permit was in full force and effect  
3 at all times relevant to the charges brought herein and will expire on October 1, 2016, unless  
4 renewed.

5 3. On or about March 5, 1992, the Board of Pharmacy issued Original Pharmacist  
6 License Number RPH 45057 to Banji Alade Adereti ("Respondent Adereti"). The Original  
7 Pharmacist License was in full force and effect at all times relevant to the charges brought herein  
8 and will expire on May 31, 2017, unless renewed.

### 9 JURISDICTION

10 4. This Accusation is brought before the Board of Pharmacy, Department of Consumer  
11 Affairs ("Board"), under the authority of the following laws. All section references are to the  
12 Business and Professions Code unless otherwise indicated.

13 5. Section 4300 provides, in pertinent part, that every license issued by the Board is  
14 subject to discipline, including suspension or revocation.

15 6. Section 4300.1 states:

16 "The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation  
17 of law or by order or decision of the board or a court of law, the placement of a license on a  
18 retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of  
19 jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding  
20 against, the licensee or to render a decision suspending or revoking the license."

### 21 STATUTORY PROVISIONS

22 7. Section 4022 states

23 "Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in  
24 humans or animals, and includes the following:

25 "(a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without  
26 prescription," "Rx only," or words of similar import.

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28 ///

1           "(b) Any device that bears the statement: "Caution: federal law restricts this device to sale by  
2 or on the order of a \_\_\_\_\_," "Rx only," or words of similar import, the blank to be filled in  
3 with the designation of the practitioner licensed to use or order use of the device.

4           "(c) Any other drug or device that by federal or state law can be lawfully dispensed only on  
5 prescription or furnished pursuant to Section 4006."

6           8.    Section 4036.5 states: "Pharmacist-in-charge" means a pharmacist proposed by a  
7 pharmacy and approved by the board as the supervisor or manager responsible for ensuring the  
8 pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of  
9 pharmacy."

10          9.    Section 4301 states:

11           "The board shall take action against any holder of a license who is guilty of unprofessional  
12 conduct or whose license has been procured by fraud or misrepresentation or issued by mistake.

13 Unprofessional conduct shall include, but is not limited to, any of the following:

14           ....

15           "(d) The clearly excessive furnishing of controlled substances in violation of subdivision (a)  
16 of Section 11153 of the Health and Safety Code.

17           ....

18           "(j) The violation of any of the statutes of this state, or any other state, or of the United  
19 States regulating controlled substances and dangerous drugs.

20           ....

21           "(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the  
22 violation of or conspiring to violate any provision or term of this chapter or of the applicable  
23 federal and state laws and regulations governing pharmacy, including regulations established by the  
24 board or by any other state or federal regulatory agency."

25          10.   Section 4307 states, in pertinent part:

26           "(a) Any person who has been denied a license or whose license has been revoked or is  
27 under suspension, or who has failed to renew his or her license while it was under suspension, or  
28 who has been a manager, administrator, owner, member, officer, director, associate, or partner of

1 any partnership, corporation, firm, or association whose application for a license has been denied  
2 or revoked, is under suspension or has been placed on probation, and while acting as the manager,  
3 administrator, owner, member, officer, director, associate, or partner had knowledge of or  
4 knowingly participated in any conduct for which the license was denied, revoked, suspended, or  
5 placed on probation, shall be prohibited from serving as a manager, administrator, owner, member,  
6 officer, director, associate, or partner of a licensee as follows:

7 “(1) Where a probationary license is issued or where an existing license is placed on  
8 probation, this prohibition shall remain in effect for a period not to exceed five years.

9 “(2) Where the license is denied or revoked, the prohibition shall continue until the license is  
10 issued or reinstated.”

11 11. Health and Safety Code Section 11153 states, in pertinent part:

12 “(a) A prescription for a controlled substance shall only be issued for a legitimate medical  
13 purpose by an individual practitioner acting in the usual course of his or her professional practice.  
14 The responsibility for the proper prescribing and dispensing of controlled substances is upon the  
15 prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the  
16 prescription. Except as authorized by this division, the following are not legal prescriptions: (1) an  
17 order purporting to be a prescription which is issued not in the usual course of professional  
18 treatment or in legitimate and authorized research; or (2) an order for an addict or habitual user of  
19 controlled substances, which is issued not in the course of professional treatment or as part of an  
20 authorized narcotic treatment program, for the purpose of providing the user with controlled  
21 substances, sufficient to keep him or her comfortable by maintaining customary use.”

22 **REGULATORY PROVISION**

23 12. California Code of Regulations, title 16, section 1761, states:

24 “(a) No pharmacist shall compound or dispense any prescription which contains any  
25 significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any  
26 such prescription, the pharmacist shall contact the prescriber to obtain the information needed to  
27 validate the prescription.

28 ///



1 Code section 11056, subdivision (e)(4), and a dangerous drug pursuant to Business and  
2 Professions Code section 4022.

3 **FACTUAL BACKGROUND**

4 20. On or about May 29, 2014, the Board initiated an investigation into Respondent  
5 Pharmacy and Respondent Adereti (collectively, "Respondents") following receipt of  
6 correspondence from Cardinal Health, a pharmaceutical distribution company, stating that the  
7 company had suspended Respondent Pharmacy from ordering controlled substances because the  
8 company determined that continued sales would create an unreasonable risk of potential diversion.

9 21. A Board Inspector reviewed CURES<sup>1</sup> data for all controlled substances that were  
10 dispensed at Respondent Pharmacy, as reported by Respondent Pharmacy, between October 19;  
11 2011, and October 30, 2014. The Board Inspector reviewed hard copies of prescriptions filled at  
12 Respondent Pharmacy and Respondent Pharmacy's electronic computer records of dispensed  
13 prescriptions, amongst other documents. The Board Inspector also interviewed Pharmacist-in-  
14 Charge Respondent Adereti.

15 22. The Board Inspector's review identified factors of irregularity or red flags consistent  
16 with illegitimate doctor prescribing and indiscriminate pharmacy dispensing. These red flags  
17 included initial prescriptions written for strong dosages of opiates (in contrast to an initial  
18 prescription at a lower dose, which is slowly raised to a higher dose); some patient profiles showed  
19 the patient using prescription insurance for non-controlled substances yet paying with cash for  
20 controlled substances (a review of Patient Activity Reports identified doctor shopping patterns for  
21 these patients); and, Respondents also filled prescriptions in which groups of the same or similar  
22 prescriptions were processed together, a factor of irregularity because it is unusual to have several  
23 patients with the same diagnoses, all requiring the same drug therapy, to arrive in the pharmacy at

24 <sup>1</sup> Controlled Substance Utilization Review and Evaluation System, or CURES, is a  
25 database that contains over 100 million entries of controlled substance drugs that were dispensed  
26 in California. CURES is part of program developed by the California Department of Justice and  
27 Bureau of Narcotic Enforcement, which allows access to the Prescription Drug Monitoring  
28 Program (PDMP) system. The PDMP allows pre-registered users including licensed healthcare  
prescribers eligible to prescribe controlled substances, pharmacists authorized to dispense  
controlled substances, law enforcement and regulatory boards to access patient controlled  
substance history information. (<http://oag.ca.gov/ures-pdmp>)

1 once. These red flags either gave, or should have given, Respondent Pharmacy and Respondent  
2 Adereti sufficient information to identify potential problems with the prescriptions, and put them  
3 on notice to conduct further inquiries into the legitimacy of the prescriptions.

4 **FIRST CAUSE FOR DISCIPLINE**

5 **(Filling Erroneous Prescriptions and Failure to Assume Corresponding Responsibility in**  
6 **Legitimacy of Prescriptions)**

7 23. Respondents are subject to disciplinary action under section 4301, subdivisions (d), (j),  
8 and (o), in conjunction with Health and Safety Code section 11153, subdivision (a), and California  
9 Code of Regulations, title 16, section 1761, in that Respondents failed to comply with their  
10 corresponding responsibility to only fill medically legitimate prescriptions, by failing to review  
11 patients' drug history and by dispensing erroneous/uncertain prescriptions. The circumstances  
12 include the presence of multiple red flags for irregular prescriptions coming from both the statistics  
13 of a prescribing doctor as well as and from patients who sought early refills.

14 **A. Excessive Cash Payments**

15 24. Respondent Pharmacy dispensed 100,312 medications between October 29, 2011, and  
16 October 30, 2014. Of these, 60,267, or 60.08%, were for non-controlled substances and 40,045,  
17 or 39.92%, were for controlled substances. While 91% of the non-controlled substances were  
18 billed to an insurance plan, only 45% of controlled substances were billed to insurance. The much  
19 higher rate at which patients paid cash for controlled substances is a red flag because patients want  
20 to receive financial assistance from insurance, but insurance companies will deny payment if a  
21 patient is attempting to purchase an excessive amount of medication, or has previously purchased  
22 the same medication at another pharmacy within a short period of time.

23 **B. Irregular Prescriptions**

24 25. Respondent Pharmacy dispensed 13,592 prescriptions written by Dr. E.R. between  
25 October 29, 2011, and October 30, 2014. 80.29% of those prescriptions were for controlled  
26 substances while 19.71% were for non-controlled substances. Furthermore, over 75% (or 10,275)  
27 of Dr. E.R.'s prescriptions filled at Respondent Pharmacy were for Carisoprodol 350 mg,  
28 alprazolam 2 mg, or hydrocodone combinations. None of the hydrocodone combinations



1 contained the lower strength, 5 mg, of hydrocodone and all of the alprazolam prescriptions were  
2 for 2 mg. Of the controlled substance prescriptions written by Dr. E.R., 93.9% showed cash as  
3 the payment, thus those patients received no financial assistance from insurance.

4 26. Many of the prescriptions written by Dr. E.R. and filled at Respondent Pharmacy  
5 showed instances in which groups of the same or similar prescriptions were processed together.  
6 This is a red flag because it is unusual to have several patients with the same diagnoses, requiring  
7 the same drug therapy, arriving at the pharmacy at the same time. Some examples are as follows:

8 a. On February 1, 2013, per pharmacy records, between 10:52 a.m. and 11:30 a.m.,  
9 Respondent Pharmacy entered twelve new prescriptions, for seven patients, that were written by  
10 Dr. E.R. Pharmacy dispensing software assigns prescription numbers consecutively as  
11 prescriptions are processed. Thus, between the relevant time period, every new prescription  
12 entered by the pharmacy was written by Dr. E.R.<sup>2</sup> All twelve of the prescriptions were either for  
13 Carisoprodol 350 mg or Hydrocodone/APAP 7.5/750. For the patients that had two prescriptions,  
14 they had a prescription for each of the referenced controlled substances. It is a red flag for a  
15 pharmacy to create twelve new sequential prescriptions for seven different patient from the same  
16 doctor, and to have all of those prescriptions be for the same two controlled substances, within  
17 such a short period of time.

18 b. On July 5, 2012, per pharmacy records, between 6:12 a.m. and 6:41 a.m., Respondent  
19 Pharmacy entered thirteen prescriptions, for thirteen different patients, written by Dr. E.R. Ten of  
20 the prescriptions were newly entered by Respondent Pharmacy with sequential prescription  
21 numbers. Thus, between the relevant time period, every new prescription entered by the pharmacy  
22 was written by Dr. E.R. All thirteen of the prescriptions were either for Carisoprodol 350 mg or  
23 Hydrocodone/APAP 7.5/750. Additionally, two of the patients who had their prescriptions  
24 entered (as refills) within one minute of each other had sequential prescription numbers for the  
25 same prescription, Hydrocodone/APAP, indicating that they also had their original prescriptions

26  
27 <sup>2</sup> As pharmacy dispensing software only creates a prescription number for a new  
28 prescription, Respondent Pharmacy may have entered or filled refills for old prescriptions during  
this time period.

1 first entered by Respondents sequentially. It is a red flag for a pharmacy to enter thirteen  
2 prescriptions from the same doctor for the same two controlled substances and for a pharmacy to  
3 sequentially enter ten new prescriptions for the same two controlled substances from the same  
4 doctor all within such a short time period.

5 c. On September 12, 2012, per pharmacy records, between 10:55 a.m. and 11:02 a.m.,  
6 Respondent Pharmacy entered seven prescriptions, for seven different patients, written by Dr. E.R.  
7 Six of the prescriptions were newly entered by Respondent Pharmacy with sequential new  
8 prescription numbers. Thus, between the relevant time period, every new prescription entered by  
9 the pharmacy was written by Dr. E.R. All seven of the prescriptions were for Carisoprodol 350  
10 mg. It is a red flag for a pharmacy to enter seven prescriptions from the same doctor for the same  
11 controlled substance and for a pharmacy to sequentially enter six new prescriptions for the same  
12 controlled substances from the same doctor all within such a short time period.

13 d. On July 6, 2012, per pharmacy records, between 6:45 a.m. and 6:52 a.m., Respondent  
14 Pharmacy entered ten prescriptions, for nine different patients, written by Dr. E.R. Seven of the  
15 prescriptions were newly entered by Respondent Pharmacy with sequential prescription numbers.  
16 Thus, between the relevant time period, every new prescription entered by the pharmacy was  
17 written by Dr. E.R. Nine of the prescriptions were for Carisoprodol 350 mg and the other  
18 prescription was for Hydrocodone/APAP 7.5/750. It is a red flag for a pharmacy to enter ten  
19 prescriptions from the same doctor for the same two controlled substances and for a pharmacy to  
20 sequentially enter seven new prescriptions for the same controlled substances from the same  
21 doctor all within such a short time period.

22 e. On October 31, 2011, per pharmacy records, at 8:45 a.m., Respondent Pharmacy  
23 entered four prescriptions, for four different patients, written by Dr. E.R. All four prescriptions  
24 were for Alprazolam 2 mg. It is a red flag for a pharmacy to enter four prescriptions from the same  
25 doctor for the same controlled substance, for four different patients within one minute of each  
26 other.

27 ///

1 f. On October 9, 2012, per pharmacy records, between 12:26 p.m. and 12:28 p.m.,  
2 Respondent Pharmacy entered four prescriptions, for four different patients, written by Dr. E.R.  
3 All four of the prescriptions were newly entered by Respondent Pharmacy with sequential new  
4 prescription numbers. All four of the prescriptions were for Hydrocodone/APAP 10/325. It is a  
5 red flag for a pharmacy to create four new prescriptions from the same doctor, for the same  
6 controlled substance, for four different patients, within such a short time period.

7 g. On July 2, 2012, per pharmacy records, between 6:11 a.m. and 6:19 a.m., Respondent  
8 Pharmacy entered ten prescriptions, for five different patients, written by Dr. E.R. All ten of the  
9 prescriptions were newly entered by Respondent Pharmacy with sequential new prescription  
10 numbers. Thus, between the relevant time period, every new prescription entered by the pharmacy  
11 was written by Dr. E.R. Each of the five patients had one prescription for Carisoprodol 350 and  
12 one prescription for Hydrocodone/APAP 7.5/750. It is a red flag for a pharmacy to enter ten  
13 prescriptions from the same doctor for five patients that all have the same two prescriptions within  
14 such a short time period.

15 h. On October 17, 2012, per pharmacy records, between 11:52 a.m. and 12:12 p.m.,  
16 Respondent Pharmacy entered eight prescriptions, for four different patients, written by Dr. E.R.  
17 All eight of the prescriptions were newly entered by Respondent Pharmacy with sequential new  
18 prescription numbers. Thus, between the relevant time period, every new prescription entered by  
19 the pharmacy was written by Dr. E.R. Each of the four patients had one prescription for  
20 Alprazolam 2 mg and one prescription for Hydrocodone/APAP 10/325. It is a red flag for a  
21 pharmacy to enter eight prescriptions from the same doctor, for four patients that all have the same  
22 two prescriptions, within such a short time period.

23 27. Many of the prescriptions written by Dr. E.R. showed instances in which patients  
24 living at the same address received identical or very similar drug therapy. This is a factor of  
25 irregularity because it is unusual for multiple patients in the same household to have the same  
26 diagnoses requiring the same drug therapy. Some examples are as follows:

27 a. Six patients living at 10011 San Miguel each received several prescriptions for  
28 alprazolam 2 mg and Hydrocodone/APAP 10/325. Five of the six patients also had nearly

1 identical names, and listed the address only slightly differently, such as San Miguel Avenue as  
2 opposed to San Miguel Lane.

3 b. Three patients living at 1036 W. 98<sup>th</sup> Street each received several prescriptions for  
4 Carisoprodol 350 mg and Hydrocodone/APAP 7.5/325.

5 c. Two patients living at 13131 S. Largo Avenue each received several prescriptions for  
6 alprazolam 2 mg and Hydrocodone/APAP 10/325.

7 d. Two patients living at 14415 Lemoli Avenue received several prescriptions for  
8 alprazolam 2 mg and Hydrocodone/APAP 10/325.

9 e. Two patients living at 1702 W. Arbor and 1702 W. Arbutus Str. Each received several  
10 prescriptions for Carisoprodol 350 mg.

11 f. Seven patients, many of which with very similar names, living at 211 W. Cypress  
12 Street each received many prescriptions for alprazolam 2 mg and Hydrocodone/APAP 10/325.

13 g. Two patients living at 724 W. Tichenor Street received several prescriptions for  
14 Carisoprodol 350 mg and Hydrocodone/APAP 7.5/750.

15 h. Two patients living at 817 Flights Avenue received several prescriptions for  
16 alprazolam 2 mg and Hydrocodone/APAP 10/325.

17 i. Three patients living at 4126 W. Century Boulevard received prescriptions for  
18 Carisoprodol 350 mg in addition to Hydrocodone/APAP 7.5/750 and/or Acetaminophen/Codeine  
19 300/60.

20 **C. Prescriptions for Promethazine with Codeine Syrup**

21 28. Respondent Pharmacy dispensed 8,579 prescriptions, totaling 8.54% of all  
22 prescriptions filled, for promethazine with codeine syrup between October 29, 2011, and October  
23 30, 2014. Given the variety of medical conditions treated by generally practitioners and the vast  
24 amount of different treatment options available, it was a factor of irregularity that over 8% of the  
25 prescriptions filled during this time period were for one medication. Additionally, Promethazine  
26 with codeine syrup should be used for the temporary relief of coughs and upper respiratory  
27 symptoms. The maximum suggested volume of medication per day of use is 30 milliliters, the  
28 dosage should not be increased if the cough fails to respond, and a cough that is unresponsive after

1 five (5) days should be re-evaluated. Here, many patients received several consecutive months of  
2 therapy with Promethazine with codeine syrup, a red flag since the medication is indicated for  
3 short term treatment.

4 a. Patient J.B.: Patient J.B. received 240 mL once or twice each month for 15  
5 consecutive months in combination with other controlled substances.

6 b. Patient W.B.: Patient W.B. received 240 mL once monthly for twelve consecutive  
7 months and again for seven consecutive months in combination with other controlled substances.

8 c. Patient M.C.: Patient M.C. received 240 mL once or twice each month for 22  
9 consecutive months in combination with other controlled substances.

10 d. Patient D.C.: Patient D.C. received 240 mL once monthly for two periods of nine  
11 consecutive months and then eight consecutive months in combination with other controlled  
12 substances.

13 e. Patient J.C.: Patient J.C. received 240 mL once or twice a month for twelve  
14 consecutive months and again for five consecutive months in combination with other controlled  
15 substances.

16 f. Patient A.E.: Patient A.E. received 240 mL twenty-eight times over thirty-two  
17 months between October 2011 and May 2014 in combination with other controlled substances.

18 g. Patient M.E.: Patient M.E. received 240 mL once monthly for seventeen consecutive  
19 months in combination with other controlled substances.

20 h. Patient G.M.: Patient G.M. received 240 mL once monthly for twenty-one months in  
21 combination with other controlled substances.

#### 22 **D. Initiation of Therapy with High Doses**

23 29. Standard practice for prescribers is to initiate therapy with a low dose of medication  
24 and increase the dose if necessary. Dispensing data for Respondents showed many instances  
25 where the patients' initial prescriptions were for the highest available dose.

26 a. Alprazolam is available in 0.25 mg tablets, 0.5 mg tablets, 1 mg tablets, and 2 mg  
27 tablets. Between October 29, 2011, and October 30, 2014, Respondent Pharmacy dispensed 4479  
28

1 prescriptions for alprazolam 2 mg tablets to a total of 953 patients. Respondent Pharmacy only  
2 dispensed 106 prescriptions to 38 patients for all other strengths of alprazolam combined.

3 b. Diazepam is available in 2 mg, 5 mg, and 10 mg tablets. Between October 29, 2011,  
4 and October 30, 2014, Respondent Pharmacy dispensed 1,894 prescriptions for diazepam 10 mg  
5 tablets to a total of 359 patients. Respondent Pharmacy dispensed only 48 prescriptions to 10  
6 patients for all other strengths of diazepam combined.

7 **E. Controlled Substance Prescriptions Filled Too Early**

8 30. Respondents also failed to assume corresponding responsibility by filling a large  
9 number of controlled substance prescriptions early. Early refills are defined as controlled  
10 substance prescriptions that were filled more than five days before a previous prescription was  
11 scheduled to expire. A Board of Pharmacy Inspector reviewed Prescription Drug Monitoring  
12 Program Patient Activity Reports ("PAR" or "PARs") for 29 patients whose profiles showed a  
13 pattern of paying cash for controlled substances and billing insurance for non-controlled substances  
14 from Respondent Pharmacy between October 29, 2011, and October 30, 2014. 21 of the 29 PARs  
15 showed multiple instances of early refills, where patients visited multiple pharmacies and received a  
16 refill from a pharmacy before their prior filling of a prescription at a different pharmacy was  
17 expected to be finished. Had Respondents recognized the multiple red flags above and reviewed  
18 PARs, a freely available resource to all pharmacists, Respondents would have identified multiple  
19 instances of early refilling and doctor shopping, as follows:

20 a. Patient J.B.: The PAR showed that J.B. used approximately 15 different pharmacies,  
21 including Respondent Pharmacy, between December 2011 and July 2013. During this time period  
22 J.B. obtained 25 early refills that consisted of either Hydrocodone/APAP 7.5/750 mg or  
23 Carisoprodol 350 mg from Respondent Pharmacy.

24 b. Patient V.B.: The PAR showed that V.B. used 7 different pharmacies, including  
25 Respondent Pharmacy, between May 2012 and October 2013. During this time period V.B.  
26 obtained 26 early refills that consisted of either Carisoprodol 350 mg or Acetaminophen/Codeine  
27 300/60 mg from Respondent Pharmacy.

28 ///

1 c. Patient J.B.2: The PAR showed that J.B.2 obtained an early refill of  
2 Hydrocodone/APAP 7.5/325 mg from Respondent Pharmacy only three days after J.B.2 had  
3 received a fifteen day supply in August 2014 from another pharmacy.

4 d. Patient C.B.: The PAR showed that C.B. used 15 different pharmacies, including  
5 Respondent Pharmacy, between November 2011 and August 2013. During this time period C.B.  
6 obtained 20 early refills that consisted of either Carisoprodol 350 mg or Hydrocodone/APAP  
7 7.5/750 mg from Respondent Pharmacy.

8 e. Patient M.C.: The PAR showed that M.C. used 6 different pharmacies, including  
9 Respondent Pharmacy, between October 2012 and December 2013. During this time period M.C.  
10 obtained 12 early refills that consisted of either Acetaminophen/Codeine 300/30 mg or Diazepam  
11 10 mg from Respondent Pharmacy.

12 f. Patient S.F.: The PAR showed that S.F. used 3 different pharmacies, including  
13 Respondent Pharmacy, between April 2012 and May 2013. During this time period S.F. obtained  
14 4 early refills of Hydrocodone/APAP 7.5/750 mg from Respondent Pharmacy.

15 g. Patient J.H.: The PAR showed that J.H. used 3 different pharmacies, including  
16 Respondent Pharmacy, in March of 2012. During this time period J.H. obtained 2 early refills of  
17 Hydrocodone/APAP 7.5/750 mg from Respondent Pharmacy.

18 h. Patient S.H.: The PAR showed that S.H. used 4 different pharmacies, including  
19 Respondent Pharmacy, between December 2012 and December 2013. During this time period  
20 S.H. obtained 10 early refills of either Carisoprodol 350 mg or Hydrocodone/APAP 7.5/750 mg  
21 from Respondent Pharmacy.

22 i. Patient B.J.: The PAR showed that B.J. used 10 different pharmacies, including  
23 Respondent Pharmacy, between April 2012 and April 2014. During this time period B.J. obtained  
24 19 early refills that consisted of either Carisoprodol 350 mg or Hydrocodone/APAP 7.5/750 mg  
25 from Respondent Pharmacy.

26 j. Patient A.K.: The PAR showed that A.K. used 5 different pharmacies, including  
27 Respondent Pharmacy, between November 2011 and January 2014. During this time period A.K.  
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1 obtained 26 early refills that consisted of either Carisoprodol 350 mg or Hydrocodone/APAP  
2 7.5/750 mg from Respondent Pharmacy.

3 k. Patient E.K.: The PAR showed that E.K. used 9 different pharmacies, including  
4 Respondent Pharmacy, between October 2011 and October 2013. During this time period E.K.  
5 obtained 32 early refills that consisted of Carisoprodol 350 mg, Hydrocodone/APAP 7.5/750 mg,  
6 and Alprazolam 2 mg from Respondent Pharmacy.

7 l. Patient R.M.: The PAR showed that R.M. used 5 different pharmacies, including  
8 Respondent Pharmacy, between November 2011 and May 2013. During this time period R.M.  
9 obtained 15 early refills that consisted of either Carisoprodol 350 mg or Hydrocodone/APAP  
10 7.5/750 mg from Respondent Pharmacy.

11 m. Patient G.R.: The PAR showed that G.R. used 10 different pharmacies, including  
12 Respondent Pharmacy, between November 2011 and December 2013. During this time period  
13 G.R. obtained 59 early refills that consisted of Alprazolam 2 mg, Hydrocodone/APAP 7.5/750 mg,  
14 and Carisoprodol 350 mg from Respondent Pharmacy.

15 n. Patient S.S.: The PAR showed that S.S. used 12 different pharmacies, including  
16 Respondent Pharmacy, between December 2011 and November 2013. During this time period  
17 S.S. obtained 39 early refills that consisted of Alprazolam 2 mg, Hydrocodone/APAP 7.5/750 mg,  
18 and Carisoprodol 350 mg from Respondent Pharmacy.

19 o. Patient S.S.2: The PAR showed that S.S.2 used 5 different pharmacies, including  
20 Respondent Pharmacy, between November 2011 and August 2013. During this time period S.S.2  
21 obtained 9 early refills that consisted of either Acetaminophen/Codeine 300/60 mg, or Diazepam  
22 10 mg from Respondent Pharmacy.

23 p. Patient Y.S.: The PAR showed that Y.S. used 4 different pharmacies, including  
24 Respondent Pharmacy, between January 2012 and July 2013. During this time period Y.S.  
25 obtained 8 early refills of Hydrocodone/APAP 7.5/750 mg from Respondent Pharmacy.

26 q. Patient D.S.: The PAR showed that D.S. used 2 different pharmacies, including  
27 Respondent Pharmacy, between May 2012 and July 2014. During this time period D.S. obtained  
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1 30 early refills that consisted of either Clonazepam 2 mg, or Hydrocodone/APAP 7.5/750 mg from  
2 Respondent Pharmacy.

3 r. Patient Y.T.: The PAR showed that Y.T. obtained an early refill of  
4 Hydrocodone/APAP 7.5/750 mg from Respondent Pharmacy. Y.T. received a fifty-three (53) day  
5 supply of Hydrocodone / APAP in the previous eight (8) days.

6 s. Patient C.W.: The PAR showed that C.W. used 3 different pharmacies, including  
7 Respondent Pharmacy, between November 2011 and August 2013. During this time period C.W.  
8 obtained 21 early refills that consisted of either Carisoprodol 350 mg or Hydrocodone/APAP  
9 7.5/750 mg from Respondent Pharmacy.

10 t. Patient M.W.: The PAR showed that M.W. used approximately 25 different  
11 pharmacies, including Respondent Pharmacy, between January 2012 and September 2013. During  
12 this time period M.W. obtained 45 early refills that consisted of Diazepam 10 mg,  
13 Hydrocodone/APAP 7.5/750 mg, and Carisoprodol 350 mg from Respondent Pharmacy.

14 u. Patient E.W.: The PAR showed that E.W. obtained an early refill of Diazepam 10 mg  
15 from Respondent Pharmacy only six days after E.W. had received a thirty day supply in June of  
16 2014. The PAR also showed that E.W. obtained a second early refill of Diazepam 10 mg from  
17 Respondent Pharmacy only eleven days after E.W. had received a thirty day supply in July of 2014

18 v. Patient F.W.: The PAR showed that F.W. used 8 different pharmacies, including  
19 Respondent Pharmacy, between October 2011 and February 2014. During this time period F.W.  
20 obtained 44 early refills that consisted of either Hydrocodone/APAP 7.5/750 mg, or Carisoprodol  
21 350 mg from Respondent Pharmacy.

## 22 SECOND CAUSE FOR DISCIPLINE

### 23 (Excessive Furnishing of Controlled Substances)

24 31. Respondents are subject to disciplinary action under section 4301, subdivisions (d), (j),  
25 and (o), in conjunction with Health and Safety Code section 11153, subdivision (a), in that  
26 Respondents engaged in the clearly excessive furnishing of controlled substances, suggesting a  
27 level of specificity from patients when choosing what pharmacy to use when filling specific  
28 controlled substances. Respondent Pharmacy dispensed a significantly higher number of four

1 commonly abused controlled substances when compared to other pharmacies in close proximity as  
2 follows:

3 a. Respondent Pharmacy dispensed 265,885 tablets of Alprazolam 2 mg between  
4 October 29, 2011, and October 30, 2014, whereas a CVS Pharmacy 0.3 miles away dispensed  
5 20,426 tablets of the controlled substance at that strength, IntraRx Drugs 0.2 miles away  
6 dispensed 2,885 tablets and Century Wood Pharmacy 0.2 miles away dispensed 760 tablets during  
7 this time period.

8 b. Respondent Pharmacy dispensed 506,440 tablets of Carisoprodol 350 mg between  
9 January 11, 2012, and October 30, 2014, whereas a CVS Pharmacy 0.3 miles away dispensed  
10 approximately 62,054 tablets of the controlled substance at that strength, IntraRx Drugs 0.2 miles  
11 away dispensed approximately 49,769 tablets and Century Wood Pharmacy 0.2 miles away  
12 dispensed approximately 11,458 tablets during this time period.

13 c. Respondent Pharmacy dispensed 351,583 tablets of Hydrocodone / APAP 10/325 mg  
14 between October 29, 2011, and October 30, 2014, whereas a CVS Pharmacy 0.3 miles away  
15 dispensed 106,466 tablets of the controlled substance at that strength, IntraRx Drugs 0.2 miles  
16 away dispensed 25,691 tablets and Century Wood Pharmacy 0.2 miles away dispensed 7,611  
17 tablets during this time period.

18 d. Respondent Pharmacy dispensed 493,202 tablets of Hydrocodone / APAP 7.5/750 mg  
19 between October 29, 2011, and October 30, 2014, whereas a CVS Pharmacy 0.3 miles away  
20 dispensed 70,207 tablets of the controlled substance at that strength, IntraRx Drugs 0.2 miles  
21 away dispensed 93,923 tablets and Century Wood Pharmacy 0.2 miles away dispensed 27,331  
22 tablets during this time period.

23 **OTHER MATTERS**

24 32. Pursuant to section 4307, if discipline is imposed on Original Permit Number PHY  
25 49180 issued to Mats Pharmacy Inc., Mats Pharmacy Inc. shall be prohibited from serving as a  
26 manager, administrator, owner, member, officer, director, associate, or partner of a licensee for  
27 five years if Original Permit Number PHY 49180 is placed on probation or until Original Permit  
28 Number PHY 49180 is reinstated if the license is revoked.

1 33. Pursuant to section 4307, if discipline is imposed on Original Permit Number PHY  
2 49180 issued to Mats Pharmacy Inc., while Banji Alade Adereti and/or Fumni Mojisola Adereti  
3 have been officers and owners and had knowledge of, or knowingly participated in, any conduct  
4 for which Mats Pharmacy Inc. was disciplined, Banji Alade Adereti and/or Fumni Mojisola Adereti  
5 shall be prohibited from serving as a manager, administrator, owner, member, officer, director,  
6 associate, or partner of a licensee for five years if Original Permit Number PHY 49180 is placed on  
7 probation or until Original Permit Number PHY 49180 is reinstated if the license is revoked.

8 PRAYER

9 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
10 and that following the hearing, the Board of Pharmacy issue a decision:

11 1. Revoking or suspending Original Permit Number PHY 49180, issued to Mats  
12 Pharmacy Inc. doing business as Mats Pharmacy and Medical Supplies with Banji Alade Adereti as  
13 the Pharmacist-in-Charge;

14 2. Revoking or suspending Original Pharmacist License Number RPH 45057 issued to  
15 Banji Alade Adereti;

16 3. Prohibiting Mats Pharmacy Inc. from serving as a manager, administrator, owner,  
17 member, officer, director, associate, or partner of a licensee for five years if Original Permit  
18 Number PHY 49180 is placed on probation or until Original Permit Number PHY 49180 is  
19 reinstated if Original Permit Number PHY 49180 issued to Mats Pharmacy Inc. is revoked;

20 4. Prohibiting Banji Alade Adereti from serving as a manager, administrator, owner,  
21 member, officer, director, associate, or partner of a licensee for five years if Original Permit  
22 Number PHY 49180 is placed on probation or until Original Permit Number PHY 49180 is  
23 reinstated if Original Permit Number PHY 49180 issued to Mats Pharmacy Inc. is revoked;

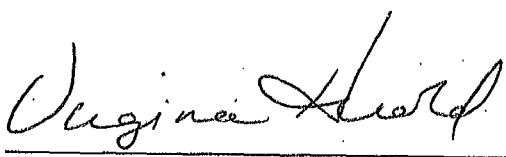
24 5. Prohibiting Fumni Mojisola Adereti from serving as a manager, administrator, owner,  
25 member, officer, director, associate, or partner of a licensee for five years if Original Permit  
26 Number PHY 49180 is placed on probation or until Original Permit Number PHY 49180 is  
27 reinstated if Original Permit Number PHY 49180 issued to Mats Pharmacy Inc. is revoked;

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6. Ordering Mats Pharmacy and Medical Supplies and Banji Alade Adereti to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

7. Taking such other and further action as deemed necessary and proper.

DATED: 4/8/16



VIRGINIA HEROLD  
Executive Officer  
Board of Pharmacy  
Department of Consumer Affairs  
State of California  
*Complainant*

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