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**IN THE UNITED STATES DISTRICT COURT  
DISTRICT OF UTAH**

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UNITED STATES OF AMERICA,

Plaintiff,

vs.

RIDLEY'S FAMILY MARKETS, INC. and  
RIDLEY'S FOOD CORPORATION,

Defendants.

**COMPLAINT FOR CIVIL PENALTIES  
AND INJUNCTIVE RELIEF**

Civil No. 1:20-cv-00173 DBP

Chief Magistrate Judge Dustin B. Pead

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Plaintiff, the United States of America, alleges as follows:

**INTRODUCTION**

1. Defendants Ridley's Family Markets, Inc. and Ridley's Food Corporation (jointly referred to as "Ridley's") repeatedly filled purported "prescriptions" in violation of the Controlled Substances Act. These "prescriptions" were for highly abused opioid painkillers such as oxycodone and hydrocodone, and other controlled substances like carisoprodol (i.e., Soma), zolpidem (i.e., Ambien), and amphetamines that, when taken with opioids, heighten their potential for abuse and adverse health events.

2. Ridley's shirked their responsibility as the last line of defense between powerful controlled substances with high potential for abuse and the people seeking them. The warning

signs and red flags were many, but Ridley's ignored them all when they chose to fill hundreds of opioid prescriptions for members of the same family under highly suspicious circumstances.

3. The unfortunate reality is Ridley's had virtually no safeguards in place to prevent their employees from filling these and other bogus prescriptions. The few safeguards Ridley's did have were not properly followed. This turn-a-blind-eye approach to pharmacy practice violated the Controlled Substances Act. To remedy this disgraceful conduct, the United States seeks civil penalties and injunctive relief.

#### PARTIES

4. Plaintiff is the United States of America ("United States").

5. Defendant Ridley's Family Markets, Inc. is a corporation organized under the laws of Wyoming, with its corporate headquarters and principal place of business at 621 Washington Street, Twin Falls, Idaho.

6. Defendant Ridley's Food Corporation is a corporation organized under the laws of Idaho, with its corporate headquarters and principal place of business at 621 Washington Street, Twin Falls, Idaho. The United States believes that Ridley's Food Corporation has merged with Ridley's Family Market's Inc. Ridley's Food Corporation is currently listed as "active" on the State of Utah's Department of Commerce website.

7. Ridley's Pharmacy #1161 is registered by the U.S. Drug Enforcement Administration (the "DEA") as a Retail Pharmacy under registration number FR2858340 and engaged in the business of operating a retail pharmacy. Its address is listed as Ridley's Food Corporation, 275 E 300 N, Morgan, Utah.

JURISDICTION AND VENUE

8. This is an action to enforce the provisions of the Controlled Substances Act, 21 U.S.C. § 801 et seq. (the “CSA”). This Court has subject-matter jurisdiction over this action pursuant to 21 U.S.C. § 842(c)(1)(A), 21 U.S.C. § 882(a), 28 U.S.C. § 1345, and 28 U.S.C. § 1355.

9. Venue is proper in the District of Utah under 21 U.S.C. § 842(c)(1)(A), 21 U.S.C. § 843(f)(2), 28 U.S.C. § 1395(a), and 28 U.S.C. §§ 1391(b), (c), and (d).

LEGAL BACKGROUND

10. The CSA and its implementing regulations established a comprehensive regulatory structure for the manufacture, distribution, and dispensing of controlled substances. It is unlawful to manufacture, distribute, or dispense any controlled substance except in a manner authorized by the CSA or its implementing regulations.

11. The CSA categorizes controlled substances into five schedules based on several factors, including whether they have a currently accepted medical use in treatment in the United States, their relative abuse potential, and their likelihood of causing dependence when abused.

12. Schedule II controlled substances have a currently accepted medical use in the United States, but only with severe restrictions because these substances also have a high potential for abuse, which may lead to severe psychological or physical dependence. *See* 21 U.S.C. § 812(b)(2). Examples of Schedule II controlled substances include opioid-based painkillers such as oxycodone, hydrocodone, and methadone.

13. Schedule III controlled substances have a potential for moderate physical dependence or high psychological dependence, but less abuse potential than Schedule II substances. *See* 21 U.S.C. § 812(b)(3). Examples of Schedule III controlled substances include buprenorphine or products containing less than 90 milligrams of codeine.

14. Schedule IV controlled substances may lead to physical or psychological dependence when abused, but the potential for abuse is less than Schedule III substances. *See* 21 U.S.C. § 812(b)(4). Examples of Schedule IV controlled substances include alprazolam (brand name Xanax), diazepam (brand name Valium), lorazepam (brand name Ativan) and carisoprodol (brand name Soma).

15. To prevent the diversion of controlled substances, the CSA imposes requirements for their distribution and dispensing. All pharmacies, for example, wishing to distribute or dispense controlled substances must register with DEA. *See* 21 U.S.C. § 822(a). Once registered, a pharmacy and its agents and employees may only distribute or dispense controlled substances to the extent authorized by their registration and in conformity with the CSA. *See* 21 U.S.C. § 822(b).

16. The CSA defines dispensing to mean delivering a controlled substance to an ultimate user (e.g., a patient) by, or pursuant to a lawful order of, a practitioner (an authorized medical provider such as a doctor), or in other words a prescription. *See* 21 U.S.C. § 802(10). Distributing means delivering a controlled substance other than by dispensing or administering. *See id.* § 802(11).

17. The rules governing the issuance and filling of prescriptions are set forth in 21 U.S.C. § 829 and 21 C.F.R. Part 1306. 21 U.S.C. § 829 provides the circumstances when a registrant may dispense a controlled substance pursuant to an oral or written prescription.

18. Under 21 C.F.R. § 1306.04(a), a prescription for a controlled substance is valid only if it is “issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice.”

19. Along with the medical practitioner issuing a prescription, a pharmacist considering whether to fill a prescription has a “corresponding responsibility” to ensure “the proper prescribing and dispensing of controlled substances.” 21 C.F.R. § 1306.04(a).

20. Any “person knowingly filling such a purported prescription . . . shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.” 21 C.F.R. § 1306.04(a). The regulations define “person” to include an individual, a corporation, a partnership, an association, and any other legal entity. 21 C.F.R. §§ 1300.01, 1306.02.

21. Under 21 C.F.R. § 1306.06, a pharmacist may only fill a controlled substance prescription while “acting in the usual course of his professional practice.” Among other things, acting in the usual course of pharmacy practice includes compliance with all relevant state laws and regulations. In Utah, it is “unlawful conduct” for a pharmacist to “dispens[e] a prescription drug to a person who the person dispensing the drug knows or should know is attempting to obtain drugs by fraud or misrepresentation.” Utah Code Ann. 58-17b-501(11).

22. In assessing a prescription’s legitimacy, a pharmacist looks to see whether it presents red flags, or warning signs that create a reasonable suspicion the prescription is not

legitimate. Although there are many examples of red flags, some include: 1) the amount or combination of controlled substances prescribed; 2) the abuse potential of the controlled substances; 3) the temporal proximity to other prescriptions filled for the patient; 4) the prescriber issuing the prescription in light of that prescriber's location, prescribing history with the patient, or general prescribing practices; and 5) circumstances unique to the individual presenting the prescription.

23. When a red flag is present, a pharmacist must conduct further and sufficient inquiry to determine whether the prescription is legitimate. A pharmacist who fills a prescription in the face of one or more red flags without taking sufficient steps to resolve the red flags exceeds the pharmacist's authorization to dispense controlled substances under the CSA, and subjects the pharmacist and the pharmacy to civil penalties.

#### FACTUAL ALLEGATIONS

24. Ridley's operates 31 grocery stores and 2 stand-alone pharmacies in Utah, Idaho, Wyoming, Colorado, and Nevada.

25. One of the pharmacies Ridley's owns and operates is located inside one of their stores in Morgan, Utah.

26. As owners and operators of retail pharmacies, Ridley's purchases, stores, and dispenses controlled substances and are subject to the registration and dispensing requirements of Part C of the CSA, including 21 U.S.C. § 829.

27. Ridley's hires, trains, and supervises pharmacists and other employees to work in their pharmacies. Ridley's has a duty to properly hire, train, and supervise their employees in

order that they do not violate the CSA by dispensing controlled substances pursuant to illegitimate prescriptions or prescriptions written outside the scope of professional practice.

28. At all times relevant to this Complaint, Ridley's employees acted as Ridley's agents and within the course and scope of their employment with Ridley's. Therefore, Ridley's are responsible for their conduct and violations of the CSA.

29. The opioid epidemic has been well publicized in Utah and throughout the United States. The Utah Board of Pharmacy, for example, has provided multiple communications to pharmacists about this crisis. Beginning in August of 2016 and continuing yearly thereafter, the Utah Board of Pharmacy issued numerous newsletter communications to licensed pharmacists related to their corresponding responsibility in dispensing legitimate controlled substances to avoid opioid abuse and misuse. Among those are:

a. The August 2016 newsletter included summaries of numerous new Utah bills and policies relating to opioid overdose, controlled substance reporting and the FDA's Action Plan to combat the opioid epidemic. See <https://nabp.pharmacy/wp-content/uploads/2016/06/UT082016.pdf>, (last visited on November 19, 2020) (Exhibit "A");

b. The May 2017 newsletter included numerous legislative updates to opioid prescribing practices. See <https://nabp.pharmacy/wp-content/uploads/2016/06/UT052017.pdf>, (last visited on November 20, 2020) (Exhibit "B"); and

c. The February 2018 newsletter included information on CDC opioid prescribing guidelines, cautions for use regarding concomitant benzodiazepines with opioids, and recommendations for naloxone. See <https://nabp.pharmacy/wp-content/uploads/2016/06/Utah-Newsletter-February-2018.pdf>, (last visited on November 20, 2020) (Exhibit "C").

30. In spite of the flood of information about the opioid crisis and targeted guidance to pharmacists on their corresponding responsibility, Ridley's failed to ensure their pharmacists and employees were aware of this information and guidance. Ridley's also completely failed to ensure that their corporate policies and practices followed best practices.

31. The pharmacist manager at the Morgan Ridley's location, for example, had a documented history of ignoring laws and rules related to Schedule II controlled substance dispensing, yet Ridley's appeared to do nothing about it.

32. Despite this history and Ridley's knowledge, they failed to properly train and supervise the managing pharmacist.

33. Ridley's then went a step further and placed and retained a pharmacist with a known documented history of ignoring laws and rules related to the dispensing of controlled substances in a supervisory position responsible for CSA compliance.

34. Ridley's lack of safeguards, oversight, and training is not limited to their Morgan location. Ridley's Casper, Wyoming location filled at least 219 prescriptions for opioids and other controlled substances all written by a single, pill-pushing doctor who was criminally tried and convicted for writing prescriptions without a legitimate medical purpose and outside the usual course of professional practice.

35. Another Wyoming pharmacy that filled 128 prescriptions written by this pill-pushing doctor settled its claims with the Department of Justice for \$1 million. *See* <https://www.justice.gov/usao-wy/pr/casper-pharmacy-agrees-1-million-settlement-allegations-violations-controlled-substances> (last visited on November 20, 2020) (Exhibit "D").



36. At the Morgan location, Ridley's filled 76 prescriptions for 7355 pills for one person, Individual A, from June 27, 2017, to February 16, 2019. A chart of the prescriptions Ridley's filled for Individual A is attached as Exhibit "E."

37. Ridley's also filled 84 prescriptions for 8915 pills for another individual, Individual B, from June 8, 2017, to February 12, 2019. A chart of the prescriptions Ridley's filled for Individual B is attached as Exhibit "F."

38. In a just over 20 months, Ridley's filled 51 prescriptions for 6155 carisoprodol (muscle relaxer) tablets, 40 prescriptions for 4285 hydrocodone tablets, and 39 prescriptions for 4370 oxycodone tablets for Individuals A and B alone.

39. Individuals A and B are married, share the same last name, and reside at the same address.

40. Individual B reported to the emergency room on February 18, 2019, with symptoms of a drug overdose and a pocket-full of forged prescriptions for oxycodone. The name of the doctor who appeared on the forged prescriptions had closed his Utah practice in late 2018 and never treated Individual B. Although Individual A did work for the doctor whose name appeared on the forged prescriptions, Individual A was never a patient of the doctor.

41. While Individuals A and B received most of their drugs from Ridley's, they also had prescriptions filled at other pharmacies.

**Ridley's Systematically Ignored Red Flags When  
Filling Controlled-Substance Prescriptions**

42. Ridley's ignored several red flags. Rather than take simple, easy precautions to check the legitimacy of the prescriptions they filled, Ridley's threw caution to the wind and, instead, filled hundreds of prescriptions for powerful and often-abused controlled substances.

Red Flag: Cash Payments

43. A person who typically pays cash for prescriptions is a red flag that a controlled-substance prescription is not for a legitimate medical purpose or written in the usual course of professional practice.

44. Individuals A and B paid cash for most of the prescriptions Ridley's filled for them.

Red Flag: Not Within Prescribers Scope of Practice

45. Prescriptions written by a medical provider for drugs not commonly associated with his or her practice specialty or within his or her scope of practice raises red flags that the prescriptions are not for a legitimate medical purpose or written in the usual course of professional practice.

46. Individuals A and B presented to Ridley's prescriptions for high levels of opioid pain drugs written by a doctor who practiced family medicine, not pain medicine, orthopedics, surgery or physiatry. Ridley's filled those prescriptions.

47. Individual A, for example, had a prescription filled at Ridley's for Norco (hydrocodone/acetaminophen) on July 21, 2017, with the directions to take as needed for "surgery pain."

Red Flag: High Doses and Long Duration

48. Prescriptions issued for large doses of morphine milligram equivalents of opioids or for longer use than the recommended duration raise red flags that the prescriptions are not for a legitimate medical purpose or written in the usual course of professional practice.

49. The Centers for Disease Control and Prevention (“CDC”) urges caution when an individual receives an opioid dosage greater than 90 morphine milligram equivalents (MME) per day. The CDC advises practitioners to use the lowest effective dose of opioids. It cautions that clinicians, when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to more than 50 MME per day, and should avoid increasing dosage to more 90 MME per day or carefully justify a decision to titrate dosage to more than 90 MME per day. High doses of opioids (at or above 50 MME per day) significantly increase the risk of overdose and death.

50. Both Individuals A and B received extremely high doses of opioids with MMEs greater than 200 (e.g., oxycodone 15 mg and oxycodone 30 mg taken three times a day) together with carisoprodol, a muscle relaxer, for much longer than the maximum duration of use (two to three weeks).

51. Approximately 32 of the prescriptions Individual A filled at Ridley’s were for hydrocodone. At one point, Ridley’s filled seven prescriptions and dispensed 960 hydrocodone tablets to Individual A in just 65 days. Specifically, Ridley’s dispensed the following:

- 120 tablets of 7.5 mg hydrocodone on November 9;
- 120 tablets of 10 mg hydrocodone on November 19;
- 120 tablets of 7.5 mg hydrocodone on November 30;

- 180 tablets of 10 mg hydrocodone on December 10;
- 120 tablets of 7.5 mg hydrocodone on December 27;
- 180 tablets of 10 mg hydrocodone on January 4; and
- 120 tablets of 10 mg hydrocodone on January 14.

During this same period, Ridley's also filled prescriptions for amphetamine and carisoprodol for Individual A.

52. Beginning on January 12, 2019, Ridley's filled four prescriptions and dispensed 720 oxycodone tablets for Individual B in just 30 days. Two of these prescriptions were for 30 mg tablets, the highest dose available. Specifically, Ridley's dispensed the following:

- 180 tablets of 30 mg oxycodone on January 12;
- 180 tablets of 15 mg oxycodone on January 21;
- 180 tablets of 20 mg oxycodone on February 1; and
- 180 tablets of 30 mg oxycodone on February 12.

Ridley's also filled prescriptions for an amphetamine, sedative (zolpidem) and muscle relaxer (carisoprodol) during the same time for Individual B.

53. 180 tablets of 30 mg oxycodone with a dosage of 6 tablets per day is 270 MME, far in excess of the levels recommended by the CDC to avoid abuse and adverse health outcomes.

Red Flag: Family Members and Same Address

54. Members of the same family or individuals residing at the same address who present prescriptions for similar controlled substances is a red flag that the prescriptions are not for a legitimate medical purpose or written in the usual course of professional treatment.

55. Ridley's filled prescriptions, including for many of the same controlled substances, for Individuals A and B, who are married and share an address. Often Individual A picked up Individual B's prescriptions.

Red Flag: Duplicate Therapy

56. A single prescriber who repeatedly prescribes multiple drugs for the same purpose without a clear distinction of when someone should take one drug over another also raises a red flag that the prescriptions are not for a legitimate medical purpose or written in the usual course of professional treatment. This practice is referred to as "duplicate therapy" and may lead to an unintended overdose or adverse reaction.

57. In many instances, Ridley's dispensed multiple controlled substances to Individuals A and B for the same condition with no indication of when they should be taken. On May 1, for example, Ridley's dispensed to Individual A 90 hydrocodone 7.5 mg tablets (a 30-day supply) and 90 tablets of oxycodone 10 mg (a 22.5-day supply). Later on May 7, Ridley dispensed to Individual A another 90 tablets of hydrocodone 10 mg, and then on May 30 another 90 tablets of hydrocodone 10 mg tablets. Ridley's also dispensed controlled substances for duplicate therapy to Individual B.

Red Flag: Pattern Prescribing

58. A single prescriber who repeatedly issues prescriptions for the same drug or drug combinations to multiple people also raises a red flag that the prescriptions are not for a legitimate medical purpose or written in the usual course of professional treatment. This practice is often referred to as "pattern prescribing."

59. Ridley's repeatedly filled prescriptions for Individuals A and B of very similar drugs and combinations of drugs, supposedly prescribed by the same practitioner on the same day or within days of each other. As one example of many, Ridley's dispensed hydrocodone 10 mg to both Individual A and B on June 27.

60. Generally, the overall prescribing patterns presented to Ridley's just make no sense and would not have made sense to a reasonable pharmacist. Rather than prescribing all drugs for complex pain on a single day as most providers typically do, Individuals A and B presented prescriptions for controlled pain medications written on one day and a second set of similar prescriptions written just a few days later. This pattern of prescribing existed throughout the two-year period Ridley's filled prescriptions for Individuals A and B.

61. The prescriptions Individual A and B presented to Ridley's show very little to any consistency of quantities and dosage strengths. As one example of many, Individual B was supposedly prescribed hydrocodone 7.5 mg (in combination with acetaminophen) meant to last for 30 days, yet received another 30-day prescription for hydrocodone 10 mg (again in combination with acetaminophen) nineteen days later.

62. Individual B may have forged and presented prescriptions with different strengths to avoid triggering an insurance payment rejection, a tactic commonly used by abusers of pain medications.

63. Ridley's employees overlooked these suspicious patterns and filled the prescriptions without documenting why they filled the prescriptions early or in spite of this suspicious pattern.

Red Flag: Early Refills

64. A person's attempt to have a prescription filled early—i.e., before his or her current supply of controlled substances from a previous prescription is exhausted or nearly so—is also a red flag that a prescription is not for a legitimate medical purpose or written in the usual course of professional treatment.

65. There is a pattern of Individuals A and B having prescriptions filled by Ridley's for multiple strengths and early refills.

66. Individuals A and B, for example, presented 8 prescriptions written on a single day, December 4, yet filled them on 7 different days. On several occasions, Individuals A and B presented multiple prescriptions written on a single day yet filled on multiple separate days.

67. Neither Ridley's pharmacist nor their dispensing software apparently detected this prescribing pattern. If it did detect this pattern, Ridley's employees ignored the warnings and filled the prescriptions anyway.

Red Flag: Dangerous Drug Combinations

68. Individuals presenting prescriptions for combinations of controlled substances that are highly unlikely to serve a legitimate medical purpose or are known cocktails favored by drug abusers raise a red flag that the prescriptions are not for a legitimate medical purpose or written in the usual course of professional treatment.

69. Certain combinations of opioids and other controlled substances, such as benzodiazepines, muscle relaxers, sedatives, and stimulants, can enhance the effects of each substance, but also increase the risk of adverse events to the user, such as overdose.

70. Ridley's repeatedly filled prescriptions for Individuals A and B of combinations of controlled substances whose medical legitimacy was suspect. This included dispensing high doses of opioids along with other opioids, stimulants, benzodiazepines, muscle relaxers, and sedatives.

71. For example, Ridley's often dispensed hydrocodone to Individual A in combination with a benzodiazepine (10 mg diazepam), amphetamine, and muscle relaxer (such as 350 mg carisoprodol). Ridley's filled a twenty-day supply of a benzodiazepine, and a thirty-day supply of hydrocodone 10 mg tablets (90) and carisoprodol 350 mg tablets (90), all on the same day.

72. The particular combination Ridley's dispensed to Individuals A and B is often referred to as the "holy trinity," and when those three medications are taken together they increase the euphoric effects of each other and the potential for abuse. The holy trinity produces a heightened risk of death or overdose because of the combined depressant effects of these controlled substances on the central nervous system.

Red Flag: Specific Brands or Manufacturers

73. Prescriptions that request a specific brand of controlled substance or even a specific manufacturer raise a red flag that the prescriptions are not for a legitimate medical purpose or written in the usual course of professional treatment.

74. Ridley's repeatedly filled prescriptions for Individuals A and B that requested specific brands of amphetamine and dexamphetamine.



75. Individuals A and B often requested Ridley's fill generic Adderall prescriptions with a specific generic brand manufacturer. It is extremely uncommon to see this requested by a patient or prescriber.

Red Flag: Authorizing Own Prescriptions or for Family Members

76. Individuals who call-in or authorize their own prescriptions or prescriptions for family members is an obvious red flag that the prescriptions are not for a legitimate medical purpose or written in the usual course of professional treatment.

77. Individual A, on at least four occasions, called-in her own prescriptions for zolpidem, carisoprodol, and suboxone. Ridley's pharmacy manager received these prescriptions and promptly filled them without, apparently, giving a second thought to who had authorized them.

78. A reasonable pharmacist would have not allowed this practice and would have only taken a phone prescription directly from the prescriber or another agent of the prescriber. The pharmacist would then have taken reasonable steps to verify the identity of the individual.

Red Flag: Uncommon Drug Therapies

79. New prescriptions for controlled substances a patient has never received before, especially for the maximum dosage, are a red flag that the prescriptions are not for a legitimate medical purpose or written in the usual course of professional treatment.

80. Ridley's filled new prescriptions for the first time for Individuals A and B for diazepam, Vyvanse ®, and mixed amphetamine salts for maximum doses with no documentation or explanation.

81. It is extremely uncommon to dispense a new prescription for diazepam 10 mg, much less to a patient naïve to that therapy. Similarly, Vyvanse ® and mixed amphetamine salts are most commonly used in children for attention deficit disorder and titrated up to an effective dose, not prescribed at the maximum dose in a first prescription.

82. Ridley's filled initial prescriptions for Individuals A and B at maximum doses with no documentation for adult attention deficit disorder. Because Individuals A and B received high quantities and doses of several extreme sedation drugs, possible abuse or misuse would be obvious to any pharmacist where, as here, the requested drugs would likely be used to counteract the sedative effects of other drugs and not be used to treat an actual disease.

Red Flag: Prescription Errors, Misspellings, and Suspicious Signatures

83. Errors and common patterns on the prescriptions themselves raise a red flag that the prescriptions are not for a legitimate medical purpose or written in the usual course of professional treatment.

84. Many prescriptions Ridley's filled for Individuals A and B contained misspelling errors, the stamped signature of a physician rather than an actual signature, and signatures that obviously appeared forged, altered, or traced over.

85. Beginning in early 2019, signatures of the prescriber on many of the paper prescriptions obviously appear as if the signature was traced over.

**Ridley's Pharmacists Failed to Follow Their Own, Minimal Safeguards.**

86. A reasonable pharmacist would have questioned and obtained additional information before filling prescriptions for Individuals A and B, and then would have chosen not to fill the prescriptions.

87. Ridley’s employees did very little to nothing to document issues on the written hardcopies of prescriptions. What few notes do appear on the prescriptions, they fail to document anything the pharmacist did to rectify discrepancies. The notes themselves fell far below a pharmacist’s acceptable standard of practice and are another example of Ridley’s inexcusable conduct.

88. Perhaps Ridley’s only safeguard against dispensing these controlled substances was their Controlled Substance Dispensing Checklist. Ridley’s pharmacists completed, or should have fully completed, the checklist when filling prescriptions for controlled substances:

Circle drug and provide strength:

Oxycodone: \_\_\_\_\_ Morphine: \_\_\_\_\_ Other: \_\_\_\_\_

Mandatory checklist requirement (Check all boxes that apply)	Yes	No
1. Prescription is complete with all required elements.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Patient agrees to provide a valid government photo ID at "pick-up" to be documented on hard copy or computer system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>If "No" refuse to fill prescription.</i>		

Additional Checklist questions. YES = Red Flag	Yes	No
3. Patient has prescription on file for same medication written by a different prescriber.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Quantity is 120 units or more.	<input type="checkbox"/>	<input type="checkbox"/>
5. Patient/Prescriber address is <b>NOT</b> within geographic proximity to the pharmacy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Prescription is <b>NOT</b> billed to 3rd party insurance. Patient requests to pay with cash or discount card.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Patient asking for early refill (non C-II).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Patient has <b>NEVER</b> filled any prescriptions at this pharmacy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>If "Yes" to any questions 3 – 8 check prescription drug monitoring database. Use professional judgment to assess the prescription.</i>		

If professional judgment warrants a call to the prescriber:	Yes	No
9. Prescriber called using phone number in computer system.	<input type="checkbox"/>	<input type="checkbox"/>
10. Prescription written within prescriber’s scope of practice.	<input type="checkbox"/>	<input type="checkbox"/>
11. Spoke directly with prescriber.	<input type="checkbox"/>	<input type="checkbox"/>
12. Diagnosis requested.	<input type="checkbox"/>	<input type="checkbox"/>
Additional notes of call:		
<i>If in the professional judgment of the pharmacist the prescription is determined to be "valid," the prescription may be filled. NOTE: Pharmacist may fill Rx without prescriber verification for hospice or oncology patients.</i>		

89. Although the checklist requires the pharmacist to note some common red flags when considering whether to fill a prescription such as when a patient is asking for an early refill, there are many examples where Ridley's filled prescriptions for Individuals A and B early without so noting on the checklist.

90. In many instances, Ridley's filled prescriptions for quantities of more than 120 units and when the patient paid cash, yet the pharmacist did not so note on the checklist.

91. Because Ridley's employees did not check "yes" in many instances where they should have, they apparently did not check the prescription drug monitoring database when they should have. Had they checked the database here, they would have had even more information that the prescriptions were illegitimate.

92. Despite a section on Ridley's checklist prompting pharmacists to contact the prescriber if their professional judgment warrants a call, there is no note that any Ridley employee contacted the prescriber before filling Individual A's and B's prescriptions. A reasonable pharmacist would have contacted the provider to verify the prescription and resolve any red flags when seeing the red flags associated with Individual A's and B's prescriptions.

93. Rather, Ridley's employees repeatedly filled prescriptions for controlled substances, as shown by the way they filled prescriptions for Individuals A and B, without following even the most basic, minimal steps to verify the legitimacy of the prescription and prevent diversion. Those steps included failing to fully complete their own checklist, checking the prescription drug monitoring database, and speaking directly with the prescriber.

94. Had even one of their employees picked up the phone and called the prescriber whose name and phone number appeared on the prescription itself, he or she would have

promptly been able to identify the prescriptions as illegitimate, would not have filled them, and would have prevented the diversion of thousands of dangerous opioids.

95. The United States believes, based on its investigation of the Morgan and Casper Ridley's locations and the apparent absence of corporate policies and oversight, that Ridley's filled thousands of bogus prescriptions at their other locations in violation of their corresponding responsibility under the CSA. This includes the 219 prescriptions they filled at their Casper, Wyoming location written by a convicted pill-pusher.

**CIVIL PENALTY LIABILITY**  
**21 U.S.C. § 842(a)(1)**

96. The United States re-alleges and incorporates by reference the foregoing paragraphs as if fully set forth herein.

97. 21 U.S.C. § 842(a)(1) makes it unlawful for any person subject to Part C of the CSA to distribute or dispense a controlled substance in violation of 21 U.S.C. § 829. Ridley's are subject to Part C of the CSA because it is registered with the DEA to receive, handle, store, and dispense controlled substances.

98. Ridley's violated 21 U.S.C. § 829 by filling prescriptions for Schedule II, III, or IV controlled substances that also were prescription drugs under the Federal Food, Drug, and Cosmetic Act, outside the usual course of pharmacy practice and not in compliance with their "corresponding responsibility." 21 C.F.R. §§ 1306.04 and 1306.06.

99. Namely, Ridley's filled prescriptions without resolving one or more red flags indicating that such prescriptions were not for a legitimate medical purpose or written in the usual course of professional treatment.

100. Under 21 U.S.C. § 842(c)(1)(A) and 28 C.F.R. § 85.5, each violation of 21 U.S.C. § 842(a)(1) subjects Ridley's to a civil penalty of not more than \$67,627 for penalties assessed after June 19, 2020.

**INJUNCTIVE RELIEF**  
**21 U.S.C. §§ 843(f)(1) and 882(a)**

101. The United States re-alleges and incorporates by reference the foregoing paragraphs as if fully set forth herein.

102. Under 21 U.S.C. § 843(f), the Attorney General of the United States is authorized to seek appropriate declaratory or injunctive relief relating to violations of 21 U.S.C. § 842. More broadly, 21 U.S.C. § 882(a) makes injunctive relief available for any violation of the CSA.

103. Based on the violations described above and Ridley's pattern of conduct, the United States requests that the Court enter an injunction tailored to restrain violations of the CSA.

**PRAYER FOR RELIEF**

WHEREFORE, the United States requests that the Court enter judgment in favor of the United States and against Ridley's as follows:

1. Impose civil penalties up to the maximum amount allowed by law for each violation of 21 U.S.C. § 842(a) (1) committed by Ridley's;
2. With respect to the Ridley's Morgan, Utah store, enter an injunction tailored to restrain Ridley's violations of the CSA.
3. Award costs associated with the investigation, prosecution, and collection of the penalties and other relief in this matter; and
4. Award any other relief deemed just by the Court.

Respectfully submitted this 4th day of December, 2020.

JOHN W. HUBER  
United States Attorney

/s/ Joel A. Ferre  
JOEL A. FERRE  
Assistant United States Attorney