2022R00325/JRE/KMR

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

UNITED STATES OF AMERICA	:	Hon. André M. Espinosa
	:	
v.	:	Magistrate. No. 25-11168
	:	
RITESH KALRA	:	**CRIMINAL COMPLAINT**

I, Special Agent Erin Leahey, being duly sworn, state the following is true and correct to the best of my knowledge and belief:

SEE ATTACHMENT A

I further state that I am a Special Agent with the Federal Bureau of Investigation, and that this complaint is based on the following facts:

SEE ATTACHMENT B

continued on the attached pages and made a part hereof.

s/ Erin Leahey

Erin Leahey, Special Agent
Federal Bureau of Investigation

Special Agent Erin Leahey attested to this Affidavit by telephone pursuant to F.R.C.P. 4.1(B)(2)(A) on this 16th day of July 2025

s/ André M. Espinosa

Hon. André M. Espinosa
United States Magistrate Judge

ATTACHMENT A

Counts 1 through 3
(Unlawful Distribution of Controlled Substances)

On or about the dates specified below, in Bergen County, in the District of New Jersey, and elsewhere, the defendant,

RITESH KALRA,

a licensed physician, did knowingly and intentionally distribute and dispense, outside the usual course of professional practice and not for a legitimate medical purpose, mixtures and substances containing detectable amounts of oxycodone, a Schedule II controlled substance.

Count	Approx. Prescription Date	Patient	Prescription
1.	7/6/2023	Patient 1	OXYCODONE-ACETAMINOPHEN 7.5-325
2.	6/27/2023	Patient 2	OXYCODONE HCL (IR) 30 MG TAB
3.	7/7/2023	Patient 3	OXYCODONE HCL (IR) 30 MG TAB

In violation of Title 21, United States Code, Sections 841(a) and (b)(1)(C).

Counts 4 and 5
(Health Care Fraud)

On or about the dates specified below, in Bergen County, in the District of New Jersey and elsewhere, defendant,

RITESH KALRA,

knowingly and willfully executed and attempted to execute a scheme and artifice to defraud and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by and under the control of the New Jersey Medicaid Program, a health care benefit program as defined in Title 18, United States Code, Section 24(b), in connection with the delivery of and payment for health care benefits, items, and services.

Count	Approx. Purported Date of Service	Purported Services	Patient	Approx. Billed Amount
4.	6/28/2023	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 30-39 MINUTES; PREVENTATIVE MEDICAL COUNSELING, TYPICALLY 15 MINUTES	Patient 2	$213
5.	7/7/2023	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 30-39 MINUTES; ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION	Patient 3	$433

In violation of Title 18 United States Code, Section 1347.

ATTACHMENT B

I, Erin Leahey, am a Special Agent of the Federal Bureau of Investigation. The information contained in the complaint is based upon my personal knowledge, as well as information obtained from other sources, including: (a) statements made or reported by various witnesses with knowledge of relevant facts; (b) my review of publicly available information; and (c) my review of evidence, including reports, documents, and audio and video recordings. Because this complaint is being submitted for a limited purpose, I have not set forth every fact that I know concerning this investigation. Where the contents of documents and the actions and statements of others are reported, they are reported in substance and in part, except where otherwise indicated. Where I assert that an event took place on a particular date, I am asserting that it took place on or about the date alleged.

Relevant Individuals and Entities

1. At all times relevant to this Criminal Complaint:

a. Defendant RITESH KALRA ("KALRA") was a resident of New Jersey and a licensed physician in the State of New Jersey, practicing internal medicine[1] at a medical office located in Fair Lawn, New Jersey ("KALRA's Office"), in Bergen County.

b. KALRA was a registered practitioner with the U.S. Drug Enforcement Administration ("DEA"), which authorized him to prescribe, distribute, and dispense controlled substances, Schedule II through V, within the bounds of the Controlled Substances Act ("CSA"), and its implementing regulations.

c. Patient 1, Patient 2, and Patient 3 were purported patients of KALRA who resided in New Jersey. Each of these patients received multiple prescriptions for controlled substances from KALRA.

i. Patient 1 resided in Atlantic County, New Jersey.

ii. Patient 2 and Patient 3 resided in Essex County, New Jersey.

d. The New Jersey Prescription Monitoring Program ("NJPMP") was a statewide database established to electronically monitor controlled dangerous substances dispensed in or into New Jersey. *See* N.J. Stat. Ann. 45:1-45, *et seq*.

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[1] Internal medicine is a medical specialty that involves disease prevention, early disease detection, and ongoing care for chronic conditions. Internists provide routine physical examinations and do not perform surgery.

e. Pharmacies were required to electronically report information to the NJPMP on a daily basis. Pharmacies were required to report prescription information to NJPMP no more than one business day after the date a prescription was dispensed.

f. The NJPMP database collected the following data (the "NJPMP Data") regarding controlled substances prescriptions filled in New Jersey: patient information, such as name, date of birth, and address; name of controlled substance prescribed, including strength, quantity, and the calculated days' supply;[2] date the prescription was written; date the prescription was filled; name of the dispensing pharmacy; prescriber information, such as the name of the prescribing practitioner and the DEA registration number; and billing information, such as whether the patient paid cash or if the prescription was billed to a private health insurance plan or a federally-funded health insurance plan, such as Medicare or Medicaid.

g. The New Jersey Medicaid Program ("Medicaid") was a jointly funded, federal-state health insurance program that provided certain health benefits to the disabled, as well as individuals and families with low incomes and resources. Medicaid was a "Federal health care program" as defined in Title 42, United States Code, Section 1320a-7b(f). Individuals who received benefits under Medicaid were commonly referred to as Medicaid beneficiaries or Medicaid members.

Background

The Controlled Substances Act

2. The CSA, codified in Title 21 of the United States Code, and its promulgating regulations in the Code of Federal Regulations ("C.F.R."), classified drugs into five schedules depending on a drug's acceptable medical use and its potential for abuse and dependency.

3. The term "controlled substance" meant a drug or other substance, or immediate precursor, included in Schedule I, II, III, IV, and V, as designated in Title 21 of the United States Code.

4. The designation "Schedule II" meant the drug or other substance had a high potential for abuse; the drug had a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions; and abuse of the drug or other substances may have led to severe psychological or physical dependence.

[2] The "days' supply" refers to how many days the supply of dispensed medication will last based on the dosage instructions of the physician.

a. Oxycodone was classified as a Schedule II controlled substance, pursuant to 21 C.F.R. § 1308.12(b)(1)(xiv). Oxycodone was sometimes prescribed under the brand name Roxicodone, and oxycodone with acetaminophen was sometimes prescribed under the brand name Percocet. Oxycodone was used to treat moderate to severe pain. Oxycodone, as with other opioids, was highly addictive.

b. Oxycodone immediate-release tablets were available in the following strengths: 5 mg, 10 mg, 15 mg, 20 mg, and 30 mg.

c. Oxycodone tablets, and immediate release tablets of oxycodone in particular, were commonly diverted because of their high street value.

5. Except in limited circumstances, Schedule II controlled substances could not be dispensed without a written prescription. In addition, "[t]he refilling of a prescription for a controlled substance listed in Schedule II [was] prohibited." *See* 21 C.F.R. § 1306.12(a); 21 U.S.C. § 829.

6. The designation "Schedule V" meant the drug or other substance had a lower potential for abuse than drugs listed in Schedules I through IV and consisted of preparations containing limited quantities of certain narcotics. No Schedule V drug could be distributed or dispensed other than for a medical purpose. *See* 21 U.S.C. § 829(c).

a. Promethazine with codeine was an oral solution or syrup that contained approximately 6.25 mg of promethazine hydrochloride ("promethazine") and approximately 10 mg of codeine phosphate ("codeine"). It was indicated for the temporary relief of coughs and upper respiratory symptoms associated with the common cold. Codeine was a cough suppressant while promethazine was an anti-histamine used to treat allergy symptoms, such as itching, running nose, and sneezing. Promethazine with codeine was commonly abused. It was referred to on the streets as "lean," "juice," "sizzurp," or "purple drank" because of its purple color.

b. The U.S. Food and Drug Administration ("FDA") recommended that patients taking promethazine with codeine be re-evaluated after 5 days if their cough did not respond to treatment. Additionally, the FDA advised that promethazine with codeine should be "administered for the shortest duration that is consistent with individual patient treatment goals" and that patients "should be reevaluated prior to refills" due to the risk of dependence.

c. Promethazine with codeine was classified as a Schedule V controlled substance. *See* 21 C.F.R. § 1308.15(c)(1).

7. Title 21, United States Code, Section 841(a)(1), provided that "[e]xcept as authorized by this subchapter, it shall be unlawful for any person knowingly or intentionally . . . to manufacture, distribute, or dispense, or possess with intent to manufacture, distribute, or dispense, a controlled substance."

8. Title 21, United States Code, Section 802(10), provided that the term "dispense" meant "to deliver a controlled substance to an ultimate user . . . by, or pursuant to the lawful order of, a practitioner, including the prescribing and administering of a controlled substance and the packaging, labeling or compounding necessary to prepare the substance for such delivery."

9. Title 21, United States Code, Section 802(21), provided that "'practitioner' meant a physician . . .."

10. The CSA authorized physicians to dispense Schedule II and Schedule V controlled substances to individuals pursuant to a "lawful order" or valid prescription. 21 U.S.C. § 829. "An order purporting to be a prescription issued not in the usual course of professional treatment . . . is not a prescription within the meaning and intent of [21 U.S.C. § 829] . . . and the person knowingly filling such a purported prescription, as well as the person issuing it, 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).

11. For a prescription for a controlled substance to be valid, it had to be issued for a legitimate medical purpose by a registered practitioner acting in the usual course of his or her professional practice. 21 C.F.R. § 1306.04.

12. Physicians were required to obtain and maintain a registration with the DEA in order to lawfully prescribe controlled substances in the Schedules in which they are registered ("registered practitioner"). 21 C.F.R. § 1306.03.

13. A registered practitioner who issued prescriptions for controlled substances not in the usual course of professional practice and not for a legitimate medical purpose violated the provisions of the CSA and was subject to its penalties. 21 C.F.R. § 1306.04. "The responsibility for the proper prescribing and dispensing of controlled substances is upon the practicing prescriber . . . ." 21 C.F.R. § 1306.04.

Standards of Professional Practice

14. "MME" referred to "morphine milligram equivalents," which was a value assigned to opioids to represent their relative potencies. MME was determined by using an equivalency factor to calculate a dose of morphine that is equivalent to the ordered opioid. Daily MME was a calculated value representing the potency of all opioids a patient is likely to take within 24 hours, and that total was used to determine if the patient is nearing a potentially dangerous threshold.

15. The Centers for Disease Control and Prevention's ("CDC") guidelines[3] for prescribing opioids for chronic pain provided that, when prescribing opioids, physicians should, among other things, prescribe the lowest effective dosage and carefully reassess evidence of individual benefits and risks when considering increasing dosage to more than 50 MME per day. The CDC Guidelines cite studies consistently demonstrating "an association between higher doses of long-term opioids and risk for overdose or overdose death."

16. The New Jersey Administrative Code (the "Administrative Code") established additional limitations for prescribing, administering, and dispensing controlled substances (described as "controlled dangerous substances" under state regulations). *See* N. J. Admin. Code § 13:35-7.6. For example, the Administrative Code provided that, "[w]hen controlled dangerous substances are continuously prescribed for management of chronic pain, the practitioner shall: . . . 2. Assess the patient prior to issuing each prescription to determine whether the patient is experiencing problems associated with physical and psychological dependence, and document the results of that assessment." N.J. Admin. Code § 13:35-7.6(f)(2).

17. The Administrative Code also established general rules of practice for licensed health care providers regarding sexual contact with patients. *See* N.J. Admin. Code § 13:35-6.3. For example:

a. "A licensee shall not engage in sexual contact with a patient with whom he or she has a patient-physician relationship." *Id*. § 13:35-6.3(c);

b. "A licensee shall not seek or solicit sexual contact with a patient with whom he or she has a patient-physician relationship and shall not seek or solicit sexual contact with any person in exchange for professional services." *Id*. § 13:35-6.3(d);

c. "A licensee shall not engage in any discussion of an intimate sexual nature with a patient, unless that discussion is related to legitimate patient needs. Such discussion shall not include disclosure by the licensee of his or her own intimate sexual relationships." *Id*. § 13:35-6.3(e);

d. "A licensee shall not engage in sexual harassment, whether in a professional setting (including, but not limited to, an office, hospital or health care facility) or elsewhere." *Id*. § 13:35-6.3(h); and

e. "A licensee shall not engage in any other activity (such as, but not limited to, voyeurism or exposure of the genitalia of the licensee) which would

[3] *See* Deborah Dowell, MD, et al., CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, (Nov. 4, 2022), available at https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm.

lead a reasonable person to believe that the activity serves the licensee's personal prurient interests or is for the sexual arousal, the sexual gratification or the sexual abuse of the licensee or patient." *Id.* § 13:35-6.3(i).

Indicators of Abuse and Prescribing Outside the Usual Course of Professional Practice and Not for a Legitimate Medical Need

18. Based on my training and experience, the following are indicators of a physician engaging in unlawful distribution of controlled substances or prescribing outside of the usual course of medical practice and not for a legitimate medical purpose:

a. Prescribing controlled substances to individuals with whom the prescriber has sexual contact or solicits for sexual contact;

b. Prescribing oxycodone to patients for the management of chronic pain without assessing the patients prior to issuing each prescription;

c. Prescribing controlled substances in large quantities or high dosages (*e.g.*, more than 50 MME/day for opioids);

d. Prescribing controlled substances for a prolonged period of time;

e. Concurrently prescribing opioids and "potentiators" of opioids, such as promethazine with codeine, which could enhance the high from opioids and could create a high risk of abuse;

f. Prescribing identical or similar opioids and controlled substances to family members or members of the same household;

g. Inadequate justification in patient medical records for the long-term prescribing of controlled substances; and

h. Lack of individualized treatment and prescribing of controlled substances for patients.

Overview of Investigation

19. Law enforcement has been investigating KALRA for operating a "pill mill" at KALRA's Office. The investigation has revealed, among other things, that KALRA prescribed controlled substances, including Schedule II pain medications (predominantly, oxycodone) and Schedule V narcotics (predominantly, promethazine with codeine), to his patients (i) without a legitimate medical purpose, (ii) despite knowing or having reason to know that his patients were either misusing, abusing, and/or diverting such medications; (iii) despite having no contact with the patients, and (iv) in exchange for sexual favors from female patients.

20. Between in or around January 2019 through in or around February 20, 2025, KALRA issued more than approximately 31,289 prescriptions for oxycodone for over approximately 1,500 different patients. At various times, KALRA issued upwards of approximately 50 prescriptions for oxycodone in a single day.

21. The number of Schedule II drugs that KALRA prescribed increased over time. For instance, whereas KALRA issued approximately 1,278 prescriptions for Schedule II drugs in 2019, he issued approximately 9,760 such prescriptions by 2023 (an approximately 663% increase).

22. A large proportion of the patients who were prescribed oxycodone were concurrently prescribed promethazine with codeine, a known drug of abuse, often for several consecutive months.

23. In addition, between in or around January 2019 through in or around February 20, 2025, approximately 27,397 (approximately 87%) of the prescriptions for oxycodone that KALRA prescribed were for patients that, according to address information reported in NJPMP Data, lived at least approximately 25 miles from KALRA's Office. At times, more than one of KALRA's patients lived at the same address and received prescriptions for controlled substances from KALRA on the same day.

24. According to several of KALRA's former employees, many pharmacies refused to fill customers' prescriptions that were issued by KALRA due to concerns about, among other things, his prescription practices, including his practice of prescribing oxycodone concurrently with promethazine with codeine.

25. Consistent with the former employees' statements, a large proportion of KALRA's prescriptions were filled at the same few pharmacies, including one located in Jersey City, New Jersey (the "Jersey City Pharmacy").

26. According to several of KALRA's former employees, KALRA's female patients complained that KALRA touched them sexually and demanded sexual favors of them, including oral sex. Female patients reportedly told the former employees that they engaged in this conduct with KALRA to obtain prescriptions from KALRA for controlled substances.

27. Additionally, several former employees reported hearing sexual sounds coming from a room in KALRA's Office, during KALRA's appointments with certain of his female patients.

Patient 1

28. Patient 1 was a female patient of KALRA from approximately December 2020 until approximately August 2023. When Patient 1 began seeing KALRA for her doctor's appointments in or around December 2020, she was approximately 28 years old.

29. According to NJPMP Data, during an approximately 32-month period from in or around December 2020 to August 2023, KALRA prescribed opioids to Patient 1 at least approximately 34 times. The vast majority of these prescriptions were for oxycodone-acetaminophen, generally approximately 90 to 120 pills per prescription with a daily MME of between approximately 45 and 60, *i.e.,* around the threshold of approximately 50 MME at which CDC Guidelines recommended that physicians carefully reassess evidence of individual benefits and risks.

30. KALRA sexually assaulted Patient 1 during certain of her doctor's appointments between approximately early 2022 and August 2023. Specifically:

a. In at least one instance, KALRA closed the door to a patient examination room in KALRA's Office, instructed Patient 1 to pull down her pants, pulled down his own pants, and inserted his penis into her anus.

b. In at least two other instances, KALRA closed the door to KALRA's personal back office area in the back of KALRA's Office and similarly instructed Patient 1 to pull down her pants, pulled down his own pants, and inserted his penis into her anus.

c. KALRA repeatedly instructed Patient 1 to be quiet and not to tell anyone about his conduct.

d. When Patient 1 resisted KALRA's assaults, KALRA told Patient 1, in sum and substance, that Patient 1 needed to engage in sexual conduct with KALRA in order to receive her prescriptions.

e. When Patient 1 refused further sexual assaults by KALRA in exchange for prescriptions, KALRA ceased prescribing Patient 1 medication, including her controlled substances prescriptions, formally discharged Patient 1 as a patient, and refused to communicate with Patient 1 regarding her prescriptions despite multiple attempts by Patient 1 to do so.

Patient 2

31. Patient 2 was a female employee and a patient of KALRA from at least in or around March 2022 until August 2022, when Patient 2 was approximately 25 years old. Specifically:

a. Patient 2 made an appointment with KALRA for a doctor's appointment in or around March 2022.

b. At Patient 2's first doctor's appointment with KALRA, KALRA asked to see Patient 2's breasts and asked Patient 2 whether KALRA could suck on her breasts. When Patient 2 told KALRA that this was inappropriate, KALRA asked Patient 2 if she was recording him.

c. Before Patient 2 left KALRA's Office that day, one of KALRA's employees asked Patient 2 if she was looking for a job. The employee told Patient 2 that KALRA's Office would pay Patient 2 more than she was making at her current job.

d. Patient 2 agreed to work at the front desk for KALRA's Office and continued as a patient of KALRA's during her employment.

e. KALRA regularly prescribed opioids and promethazine with codeine to Patient 2, despite conducting almost no physical examinations of Patient 2 during her employment at KALRA's Office. During an approximately 18-month period between in or around March 2022 and September 2023, KALRA wrote Patient 2 approximately 17 prescriptions for oxycodone and 24 prescriptions for promethazine with codeine. Of the oxycodone prescriptions, approximately 13 of the 17 prescriptions were high-dose prescriptions with a daily MME of approximately 90, creating an increased risk of misuse or overdose.

f. At one point during her employment at KALRA's Office, Patient 2 overheard KALRA arguing with a female patient. The female patient accused KALRA of inappropriately touching women and threatened to sue KALRA.

g. In approximately August 2022, Patient 2 got into an argument with KALRA and was fired. Patient 2 did not see or speak to KALRA again.

h. Despite the fact that Patient 2 did not see or speak to KALRA again, from in or around September 2022 until in or around September 2023, KALRA continued to prescribe opioids and promethazine with codeine to Patient 2.

32. On or around June 30, 2023, Patient 2's insurance plan sent KALRA a letter regarding "Potential Clinical Concern: Opioid Risk Management: High Quantity Prescription of OXYCODONE HCL TAB 30 MG." Despite this correspondence, which was included with KALRA's electronic medical records for Patient 2, KALRA continued to prescribe opioids to Patient 2.

33. KALRA falsified "progress" notes in his electronic medical records for Patient 2 for purported dates of service on or about September 21, 2022, November 21, 2022, December 29, 2022, January 31, 2023, February 23, 2023, April 5, 2023, June 28, 2023, July 26, 2023, and August 24, 2023, despite not speaking to or

examining Patient 2. The progress notes appear to contain identical examination notes for each visit, with no recording of vital signs. The progress notes contain a general medical history of "back pain" and "neck pain" and a primary diagnosis of "lumbago of multiple sites in spine with sciatica."

34. Despite having no direct contact with Patient 2, KALRA billed Medicaid for a total of approximately $2,044 for office visits and counseling purportedly provided to Patient 2 on or about September 21, 2022, November 21, 2022, December 29, 2022, January 31, 2023, February 23, 2023, April 5, 2023, May 12, 2023, June 28, 2023, July 26, 2023, and August 24, 2023. As set forth in Count 4 above, KALRA falsely billed these purported office visits under codes including the following: ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 30-39 MINUTES; PREVENTATIVE MEDICAL COUNSELING, TYPICALLY 15 MINUTES; and ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION.

Patient 3

35. KALRA consistently prescribed opioids and promethazine with codeine to Patient 3 from at least in or around October 2021 through at least in or around December 2023. From at least in or around May 2023 to September 2023, Patient 3 was incarcerated at Essex County Correctional Facility ("ECCF"). KALRA nevertheless continued to prescribe opioids and promethazine with codeine to Patient 3 despite having no contact with Patient 3 during that time.

36. While incarcerated at ECCF, KALRA never examined Patient 3 and Patient 3 never received any of the prescriptions that KALRA wrote for him. Nevertheless, NJPMP Data indicates that nearly all of the prescriptions that KALRA wrote for Patient 3 were filled by the Jersey City Pharmacy, where numerous other KALRA patients filled prescriptions.

37. KALRA's electronic medical records system contained false "progress notes" purportedly reflecting "dates of service" for Patient 3 of on or about June 7, 2023, July 7, 2023, August 8, 2023, and September 6, 2023. Patient 3 was incarcerated at ECCF and did not receive services from KALRA on these dates. The "progress notes" contained examination notes that were generally identical from visit to visit and did not record vital signs. The progress notes contained a general medical history of "back pain," "myalgia," "nasal congestion with cough," "asthma," and a primary diagnosis of "lumbago of multiple sites in spine with sciatica."

38. KALRA billed Medicaid for a total of approximately $799 for services purportedly provided to Patient 3 on or about July 7, 2023, August 8, 2023, and September 6, 2023, while Patient 3 was incarcerated at ECCF.

39. Throughout the period during which KALRA prescribed controlled substances to Patient 3, Patient 3's insurance plan sent KALRA letters—on approximately six different occasions—indicating "Potential Clinical Concern" as to KALRA's prescribing practices for Patient 3, including with regard to (i) the number of pharmacies at which Patient 3's prescriptions were filled, (ii) the combination of medications that were prescribed, and (iii) the high doses of opioids prescribed, including prescriptions with a daily MME value of 90. Despite this correspondence, which was included with KALRA's electronic medical records for Patient 3, KALRA continued to prescribe opioids to Patient 3.

40. During the approximately 28-month period from in or around August 2021 through December 2023, KALRA prescribed opioids to Patient 3 approximately 22 times and prescribed promethazine with codeine to Patient 3 over approximately 30 times. At least approximately 13 of the opioid prescriptions had a daily MME value of approximately 90 or above, increasing the risk of misuse or overdose.

41. In total, KALRA prescribed over approximately 3,500 pills containing at least approximately 36 total grams of oxycodone to Patient 1, despite sexually assaulting Patient 1. KALRA prescribed over approximately 900 pills containing at least approximately 25.8 total grams of oxycodone to Patient 2, and at least approximately 3.4 total liters of promethazine with codeine to Patient 2, despite seeking sexual contact with Patient 2 and conducting cursory medical examinations or no examinations at all of Patient 2. While Patient 3 was incarcerated, KALRA prescribed over approximately 200 pills containing over approximately 7 total grams of oxycodone, and over approximately 800 milliliters of promethazine with codeine, to Patient 3. As outlined above, KALRA distributed controlled substances outside the usual course of professional practice and not for a legitimate medical purpose.