

UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY

FILED

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UNITED STATES OF AMERICA

v.

RITESH KALRA

Hon. Michael E. Farbiarz  
Crim. No. 25-783 (MEF)

21 U.S.C. §§ 841(a)(1),  
(b)(1)(C), (b)(3)  
21 U.S.C. § 856(a)(1)  
18 U.S.C. § 1347

INDICTMENT

The Grand Jury in and for the District of New Jersey, sitting at Newark, charges as follows:

COUNTS 1 THROUGH 36  
(Unlawful Distribution of Controlled Substances)

1. At all times relevant to this Indictment:
  - a. Defendant RITESH KALRA (“KALRA”) was a resident of New Jersey and a licensed physician in the State of New Jersey. KALRA practiced medicine at a medical office located in Fair Lawn, New Jersey, 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, Patient-3, and Patient-4 were purported patients of KALRA who resided in New Jersey. Each of these patients received multiple prescriptions for controlled substances from KALRA.
  - d. Patient-1 resided in Atlantic County, New Jersey.

- e. Patient-2 and Patient-3 resided in Essex County, New Jersey.
- f. Patient 4 resided in Essex County and Middlesex County, New Jersey.

***The Controlled Substances Act (“CSA”)***

g. 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.

h. 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.

i. 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.

j. 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 names Percocet and Endocet. Oxycodone was used to treat moderate to severe pain. Oxycodone, as with other opioids, was highly addictive.

k. 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.

1. Promethazine with codeine was an oral solution or syrup that contained promethazine hydrochloride ("promethazine") and 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.

2. On or about the dates set forth below, in Bergen County, in the District of New Jersey, and elsewhere, defendant

**RITESH KALRA,**

a registrant authorized to dispense controlled substances, knowingly and intentionally dispensed and distributed mixtures and substances containing detectable amounts of oxycodone, a Schedule II controlled substance, and promethazine with codeine, a Schedule V controlled substance, outside the scope of professional practice and not for a legitimate medical purpose, as set forth below:

Count	Approximate Date Prescription Written <sup>1</sup>	Patient	Controlled Substance and Schedule
1	8/22/2022	PATIENT-1	OXYCODONE-ACETAMINOPHEN 10-325 (Schedule II)
2	9/21/2022	PATIENT-1	OXYCODONE-ACETAMINOPHEN 10-325 (Schedule II)
3	9/21/2022	PATIENT-2	OXYCODONE HCL (IR) 30 MG TAB (Schedule II)
4	10/24/2022	PATIENT-1	OXYCODONE-ACETAMINOPHEN 10-325 (Schedule II)
5	11/21/2022	PATIENT-1	OXYCODONE-ACETAMINOPHEN 10-325 (Schedule II)
6	11/21/2022	PATIENT-2	OXYCODONE HCL (IR) 30 MG TAB (Schedule II)  PROMETHAZINE-CODEINE SOLUTION (Schedule V)
7	12/20/2022	PATIENT-1	OXYCODONE-ACETAMINOPHEN 10-325 (Schedule II)
8	12/30/2022	PATIENT-2	OXYCODONE HCL (IR) 30 MG TAB (Schedule II)
9	1/17/2023	PATIENT-1	OXYCODONE-ACETAMINOPHEN 10-325 (Schedule II)
10	1/31/2023	PATIENT-2	OXYCODONE HCL (IR) 30 MG TAB (Schedule II)  PROMETHAZINE-CODEINE SYRUP (Schedule V)
11	2/15/2023	PATIENT-1	OXYCODONE-ACETAMINOPHEN 10-325 (Schedule II)
12	2/23/2023	PATIENT-2	OXYCODONE HCL (IR) 30 MG TAB (Schedule II)
13	3/15/2023	PATIENT-1	OXYCODONE-ACETAMINOPHEN 10-325 (Schedule II)
14	4/5/2023	PATIENT-2	OXYCODONE HCL (IR) 30 MG TAB (Schedule II)
15	4/13/2023	PATIENT-1	OXYCODONE-ACETAMINOPHEN 10-325 (Schedule II)
16	5/10/2023	PATIENT-1	OXYCODONE-ACETAMINOPHEN 10-325 (Schedule II)

<sup>1</sup> According to New Jersey Prescription Monitoring Program Data.

17	5/13/2023	PATIENT-2	OXYCODONE HCL (IR) 30 MG TAB (Schedule II)
18	6/8/2023	PATIENT-1	OXYCODONE-ACETAMINOPHEN 10-325 (Schedule II)
19	6/8/2023	PATIENT-3	OXYCODONE HCL (IR) 30 MG TAB (Schedule II)
20	6/27/2023	PATIENT-2	OXYCODONE HCL (IR) 30 MG TAB (Schedule II)
21	7/6/2023	PATIENT-1	OXYCODONE-ACETAMINOPHN 7.5-325 (Schedule II)
22	7/7/2023	PATIENT-3	OXYCODONE HCL (IR) 30 MG TAB (Schedule II)
			OXYCODONE HCL (IR) 30 MG TAB (Schedule II)
23	7/26/2023	PATIENT-2	PROMETHAZINE-CODEINE SOLUTION (Schedule V)
24	8/1/2023	PATIENT-1	OXYCODONE-ACETAMINOPHN 7.5-325 (Schedule II)
			OXYCODONE HCL (IR) 30 MG TAB (Schedule II)
25	8/8/2023	PATIENT-3	PROMETHAZINE-CODEINE SOLUTION (Schedule V)
			OXYCODONE HCL (IR) 30 MG TAB (Schedule II)
26	8/25/2023	PATIENT-2	PROMETHAZINE-CODEINE SOLUTION (Schedule V)
			OXYCODONE HCL (IR) 30 MG TAB (Schedule II)
27	9/5/2023	PATIENT-3	PROMETHAZINE-CODEINE SOLUTION (Schedule V)
			OXYCODONE-ACETAMINOPHEN 10-325 (Schedule II)
28	11/20/2023	PATIENT-4	PROMETHAZINE-CODEINE SOLUTION (Schedule V)
29	1/18/2024	PATIENT-4	OXYCODONE-ACETAMINOPHEN 10-325 (Schedule II)
30	9/16/2024	PATIENT-4	OXYCODONE-ACETAMINOPHEN 10-325 (Schedule II)
31	10/15/2024	PATIENT-4	OXYCODONE-ACETAMINOPHEN 10-325 (Schedule II)

32	11/15/2024	PATIENT-4	OXYCODONE-ACETAMINOPHEN 10-325 (Schedule II)
33	12/17/2024	PATIENT-4	ENDOCET 10-325 MG TABLET (Schedule II)
34	1/17/2025	PATIENT-4	ENDOCET 10-325 MG TABLET (Schedule II)
35	2/14/2025	PATIENT-4	OXYCODONE-ACETAMINOPHEN 10-325 (Schedule II)
36	3/14/2025	PATIENT-4	ENDOCET 10-325 MG TABLET (Schedule II)

In violation of Title 21, United States Code, Sections 841(a), (b)(1)(C), and (b)(3).

**Count 37**  
(Maintaining a Drug Involved Premises)

3. Paragraph 1 is realleged here.
4. From in or around January 2020, and continuing through in or around July 2025, in Bergen County, in the District of New Jersey, the defendant,

**RITESH KALRA,**

did unlawfully and knowingly use and maintain an office located at 15-01 Broadway, Suite 8, Fair Lawn, New Jersey, for the purpose of distributing oxycodone, a Schedule II controlled substance, and promethazine with codeine, a Schedule V controlled substance, outside the usual course of professional practice and without a legitimate medical purpose, in violation of Title 21, United States Code, Section 856(a)(1).

**COUNTS 38 THROUGH 58**  
(Health Care Fraud)

5. Paragraph 1 is realleged here.
6. At all times relevant to this Indictment:
  - a. 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 “health care benefit program” as defined in Title 18, United States Code, Section 24(b). Individuals who received benefits under Medicaid were commonly referred to as Medicaid beneficiaries or Medicaid members.
  - b. Medicaid required health care providers to submit claims for payment for covered services provided to Medicaid beneficiaries. When providers submitted claims, Medicaid required the providers to certify that the services provided to Medicaid beneficiaries were medically indicated and necessary to the health of the patient. Medicaid required providers to certify that the services had been personally furnished by the provider or an employee under the provider’s personal direction.
  - c. Patients 2, 3, and 4, referenced above, were Medicaid beneficiaries.

**The Scheme to Defraud**

7. From in or around November 2022 through in or around March 2025, in Bergen County, in the District of New Jersey, and elsewhere, the defendant,

**RITESH KALRA,**

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

**Goal of the Scheme to Defraud**

8. The goal of the scheme to defraud was for Kalra to unlawfully enrich himself by submitting and causing the submission of false and fraudulent claims for reimbursement for services that were never provided to the Medicaid beneficiaries.

**Manner and Means of the Scheme to Defraud**

9. It was part of the scheme that:

a. Kalra submitted and caused to be submitted claims to Medicaid that falsely stated that he had provided Medicaid beneficiaries with medical services at office visits, when in fact he had not.

b. Kalra sent prescriptions for controlled substances to various pharmacies on behalf of Medicaid beneficiaries who contacted Kalra and his office by telephone and text message to request prescriptions.

c. Kalra then generated false electronic medical records suggesting that the Medicaid beneficiaries had been seen at his office for office visits, when in fact Kalra had not seen the patient and had merely transmitted a prescription in to the beneficiary's preferred pharmacy.

d. For example, after approximately August 2022, Patient-2 had no in-person contact with Kalra and did not visit Kalra's office. However, after that time, Kalra continued to prescribe controlled substances to Patient-2 and continued to submit claims to Medicaid for office visits that never took place.

e. Patient-3 was incarcerated from at least in or around May 2023 to in or around September 2023. Nonetheless, during that time Kalra prescribed controlled substances to Patient-3 and submitted claims to Medicaid for office visits that never took place.

f. Patient-4 regularly contacted Kalra by text message to request prescriptions for controlled substances. Kalra prescribed controlled substances to Patient-4 without examining Patient-4 and without requiring Patient-4 to come to his office. Kalra then submitted claims to Medicaid for office visits for Patient-4 that never took place.

#### **Execution of the Scheme to Defraud**

10. On or about the dates referenced below, for the purpose of executing and attempting to execute the scheme to defraud, in Bergen County, in the District of New Jersey, and elsewhere, KALRA submitted and caused to be submitted the following false and fraudulent claims to Medicaid in an attempt to execute, and in execution of, the scheme described above:

Count	Approximate Date of Claim	Patient	Approximate Amount Billed
38	11/21/2022	Patient-2	\$213
39	12/29/2022	Patient-2	\$213
40	01/31/2023	Patient-2	\$213
41	2/23/2023	Patient-2	\$213
42	4/5/2023	Patient-2	\$213
43	5/12/2023	Patient-2	\$213
44	6/28/2023	Patient-2	\$213
45	7/7/2023	Patient-3	\$433
46	7/26/2023	Patient-2	\$170
47	8/8/2023	Patient-3	\$183
48	8/24/2023	Patient-2	\$170
49	9/6/2023	Patient-3	\$183
50	11/20/2023	Patient-4	\$183
51	1/17/2024	Patient-4	\$183
52	9/16/2024	Patient-4	\$286
53	10/15/2024	Patient-4	\$286
54	11/18/2024	Patient-4	\$286
55	12/18/2024	Patient-4	\$286
56	1/17/2025	Patient-4	\$286
57	2/14/2025	Patient-4	\$100
58	3/14/2025	Patient-4	\$336

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

**FORFEITURE ALLEGATION AS TO COUNTS 1 THROUGH 37**

1. Upon conviction of the controlled substance offenses charged in Count 1 through Count 37 this Indictment, the defendant, RITESH KALRA, shall forfeit to the United States of America, pursuant to Title 21, United States Code, Section 853, any property constituting, or derived from, any proceeds the defendant obtained, directly or indirectly, as a result of such offenses, and any property used, or intended to be used, in any manner or part, to commit or to facilitate the commission of such offenses.

**FORFEITURE ALLEGATION AS TO COUNTS 38 THROUGH 58**

2. Upon conviction of the Federal health care fraud offenses charged in Count 38 through Count 58 of this Indictment, the defendant, RITESH KALRA, shall forfeit to the United States, pursuant to Title 18, United States Code, Section 982(a)(7), all property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to such offenses.

**SUBSTITUTE ASSETS PROVISION**

3. If any of the forfeitable property described above, as a result of any act or omission of the defendant:

- (a) cannot be located upon the exercise of due diligence;
- (b) has been transferred or sold to, or deposited with, a third party;
- (c) has been placed beyond the jurisdiction of the Court;
- (d) has been substantially diminished in value; or
- (e) has been commingled with other property which cannot be subdivided without difficulty,

it is the intent of the United States, pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b), to seek forfeiture of any other property of the defendant up to the value of the forfeitable property described above.

A TRUE BILL



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U.S. Deputy Attorney General

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PHILIP W. LAMPARELLO  
Senior Counsel

/s/ Katherine M. Romano  
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Assistant United States Attorney

CASE NUMBER: 25-783

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v.

RITESH KALRA

INDICTMENT FOR

21 U.S.C. §§ 841(a)(1), (b)(1)(C), (b)(3)

21 U.S.C. § 856(a)(1)

18 U.S.C. § 1347

A True Bill,

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