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Department of Justice

Office of Public Affairs

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Friday, June 5, 2020

Four Florida Men Charged for Their Roles in a \$54 Million Compound Pharmacy Kickback Scheme

Four Florida men were charged in an indictment unsealed Thursday for their alleged participation in a compound pharmacy kickback scheme.

Assistant Attorney General Brian A. Benczkowski of the Justice Department's Criminal Division, U.S. Attorney Maria Chapa Lopez of the Middle District of Florida, Special Agent in Charge Cyndy Bruce of the Defense Criminal Investigative Service's (DCIS) Southeast Field Office, Special Agent in Charge Michael F. McPherson of the FBI's Tampa Field Office, Special Agent in Charge Omar Aybar Perez of the U.S. Health and Human Services-Office of Inspector General (HHS-OIG) Miami Regional Office and Special Agent in Charge David Spilker of the Veterans Affairs-Office of Inspector General (VA-OIG) Southeast Field Office, made the announcement.

James Wesley Moss, 57, of Zephyrhills, Florida, Edward Christopher White, 38, of Panama City Beach, Florida, David Byron Copeland, 52, of Tallahassee, Florida, and Michael Alton Gordon, 56, of Ft. Myers, Florida, were each charged in an indictment filed in the Middle District of Florida with one count of conspiracy to defraud the United States and to pay or receive health care kickbacks.

In addition, Moss was charged with six counts of offering or paying health care kickbacks and one count of possession with intent to deliver a controlled substance, ketamine;

White was charged with four counts of soliciting or receiving health care kickbacks; Copeland was charged with two counts of soliciting or receiving health care kickbacks and three counts of offering or paying health care kickbacks; and Gordon was charged with three counts of soliciting or receiving health care kickbacks. The defendants will be arraigned in the Middle District of Florida at a later date.

The allegations stem from the defendants' participation in a multi-million dollar conspiracy to defraud TRICARE, a federal health care benefit program. TRICARE is the health care benefit program of the U.S. Department of Defense that provides health care coverage for active duty service members, National Guard and Reserve members, retirees, their families and survivors. The indictment alleges that Moss and others owned and operated Florida Pharmacy Solutions Inc. (FPS) for the purpose of targeting TRICARE beneficiaries and causing the submission to TRICARE of claims for expensive prescription compounded drugs that were not legitimately prescribed because they were induced and procured by the payment of illegal kickbacks and bribes. The indictment alleges that between approximately November 2012 and September 2015, the defendants caused the submission to TRICARE of more than \$54 million in claims for prescription compounded drugs and that TRICARE paid approximately \$41 million to FPS on those claims.

The indictment further alleges that Moss paid more than \$20 million in health care kickbacks to White, Copeland and Gordon in return for their procuring and referring prescriptions for compounded drugs for TRICARE beneficiaries to be filled by FPS. FPS allegedly submitted claims for payment to TRICARE for providing prescription compounded drugs to TRICARE beneficiaries living in approximately 30 states and several foreign countries.

An indictment is merely an allegation and all defendants are presumed innocent until proven guilty beyond a reasonable doubt in a court of law.

This case was investigated by the DCIS Tampa Resident Agency, assisted by the FBI, the HHS/OIG and the VA/OIG. Trial Attorney John A. Michelich of the Criminal Division's Fraud Section, National Health Care Fraud Strike Force, is prosecuting the case.

The Criminal Division's Fraud Section leads the Medicare Fraud Strike Force. Since its inception in March 2007, the Medicare Fraud Strike Force, now operating in 12 cities across the country, has charged nearly 4,000 defendants who have collectively billed the Medicare program for more than \$14 billion. In addition, the HHS Centers for Medicare & Medicaid Services, working in conjunction with the HHS-OIG, are taking steps to increase accountability and decrease the presence of fraudulent providers.

The year 2020 marks the 150th anniversary of the Department of Justice. Learn more about the history of our agency at www.Justice.gov/Celebrating150Years.

Topic(s):

Health Care Fraud

Component(s):

[Criminal Division](#)

[Criminal - Criminal Fraud Section](#)

[USAO - Florida, Middle](#)

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