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Attorney General Ashley Moody News Release



TALLAHASSEE, Fla.—Attorney General Ashley Moody today announced a multistate, multimillion-dollar agreement against a national pharmaceutical company. Florida is one of 15 states, along with the federal government, settling allegations of kickback violations against Pacira Pharmaceuticals, Inc., d/b/a Pacira, a developer and manufacturer of pharmaceutical products based in Parsippany, New Jersey. Pursuant to the settlement terms, Pacira will pay \$3.5 million plus interest, to Florida, the U.S. government and 14 additional states.

Attorney General Ashley Moody said, "Providing kickbacks to increase the sale of a product is unethical and illegal. This crooked scheme to make a dishonest profit not only violated federal statutes, it included falsified claims to the Florida Medicaid program—ripping off taxpayers in the process. I'm proud to join the U.S. government and 14 other states in bringing restitution and recoveries to those affected by this kickback scheme."

The settlement resolves allegations dating back to 2012 that Pacira paid kickbacks in the form of research grants to certain health care providers or institutions in order to increase sales of its product EXPAREL®, a single-dose injectable local anesthetic indicated for the treatment of post-surgical pain. The government alleges that Pacira's conduct violated the Federal Anti-Kickback Statute and the Florida False Claims Act, resulting in the submission of false claims to the Florida Medicaid program.

To read the settlement, click here.

This settlement results from a whistleblower lawsuit originally filed in the U.S. District Court for the District of New Jersey. A team from the National Association of Medicaid Fraud Control Units participated in the settlement negotiations on behalf of the states. The NAMFCU Team included representatives from the Offices of the Attorneys General for the states of Florida, Louisiana, New York, Texas and Virginia.

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The Florida Attorney General's Medicaid Fraud Control Unit investigates and prosecutes providers that intentionally defraud the state's Medicaid program through fraudulent billing practices. Medicaid fraud essentially steals from Florida's taxpayers. Additionally, the MFCU investigates allegations of patient abuse, neglect, and exploitation in facilities receiving payments under the Medicaid program.