

STATE OF ALABAMA)
)
MONTGOMERY COUNTY)

**VOLUNTARY SURRENDER OF
ALABAMA CONTROLLED SUBSTANCES CERTIFICATE**

After being fully advised of my rights, and understanding that I am not required to surrender my controlled substances privileges, I freely execute this document and choose to take the actions described herein.

I, **JAMES HENRY EDWARDS, M.D.**, surrender any authority under my Alabama Controlled Substances Certificate, ACSC number ACSC.30616, to order, manufacture, distribute, possess, dispense, administer or prescribe Schedule II, IIN, III, IIIN, IV and/or V controlled substances. I acknowledge that this action is taken by me while under investigation by the Alabama Board of Medical Examiners relating to my prescribing of controlled substances.

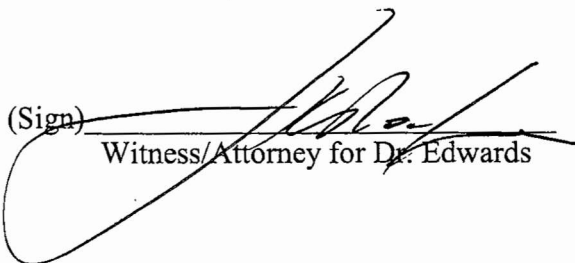
I understand and acknowledge I will have no authority to order, dispense, distribute, administer or prescribe controlled substances in the state of Alabama.

I acknowledge that I sign this document willingly and that I execute it as my free and voluntary act for the purposes herein expressed, and that I am of sound mind and under no constraint or undue influence. I further acknowledge that this voluntary surrender constitutes a public record of the Alabama State Board of Medical Examiners and will be reported by the Board to the National Practitioner Data Bank (NPDB) and to the Federation of State Medical Boards. This voluntary surrender may be released by the Alabama State Board of Medical Examiners to any person or entity requesting information concerning the licensure status in Alabama of the physician named herein.

EXECUTED this 15 day of July, 2019.


JAMES HENRY EDWARDS, M.D.

(Print) Joseph K. Rodgers
Witness/Attorney for Dr. Edwards

(Sign) 
Witness/Attorney for Dr. Edwards

STATE OF ALABAMA)
)
MONTGOMERY COUNTY)

VOLUNTARY SURRENDER

I, **JAMES HENRY EDWARDS, M.D.**, do voluntarily surrender my certificate of qualification and license to practice medicine or osteopathy in the State of Alabama, identified by license number MD.30616, under the provisions of Ala. Code § 34-24-361(g). I acknowledge that this action is taken by me while under investigation for the following alleged violations of Ala. Code § 34-24-360:

- a. Unprofessional Conduct, a violation of Ala. Code § 34-24-360(2);
- b. Practicing medicine in such a manner as to endanger the health of the patients, a violation of Ala. Code § 34-24-360(3);
- c. Distribution by prescribing a controlled substance for other than a legitimate medical purpose, a violation of Ala. Code § 34-24-360(8);
- d. Excessive prescribing, dispensing, furnishing, or suppling of a Schedule II controlled substance, a violation of Ala. Code § 34-24-360(21);
- e. Failure to comply with any rule of the Board of Medical Examiners or Medical Licensure Commission, a violation of Ala. Code § 34-24-360(23).

I acknowledge that I sign this document willingly, that I execute it as my free and voluntary act for the purposes herein expressed, and that I am of sound mind and under no constraint or undue influence.

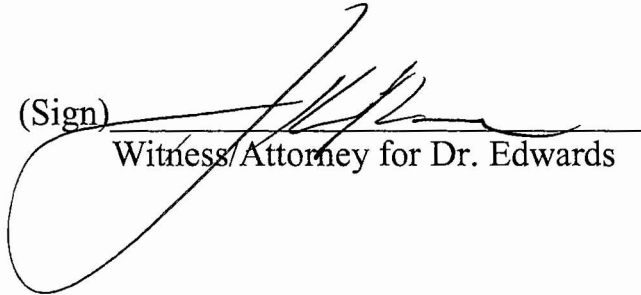
I further acknowledge that this voluntary surrender constitutes a public record of the Alabama State Board of Medical Examiners and will be reported by the Board to the National Practitioner Data Bank (NPDB) and to the Federation of State Medical Boards. This voluntary surrender may be released by the Alabama State Board of Medical Examiners to any person or entity requesting information

concerning the licensure status in Alabama of the physician named herein.

EXECUTED this 15 day of July, 2019.


JAMES HENRY EDWARDS, M.D.

(Print) Joseph K. Rodgers
Witness/Attorney for Dr. Edwards

(Sign) 
Witness/Attorney for Dr. Edwards

IN THE MATTER OF)
) BEFORE THE ALABAMA BOARD
) OF MEDICAL EXAMINERS
JAMES HENRY EDWARDS, M.D.)

JOINT STIPULATION AND CONSENT ORDER

COME NOW, the Alabama State Board of Medical Examiners ("the BME") and Respondent, JAMES HENRY EDWARDS, M.D., (the "Parties"), License number MD.30616, and hereby voluntarily enter into an agreement as follows:

1. On January 1, 2011, the BME issued to James Henry Edwards, M.D., Alabama Controlled Substances Certificate number ACSC.30616. For every year since 2011, Dr. Edwards has maintained and renewed his ACSC.

2. On February 20, 2018, the BME interviewed Dr. Edwards regarding his prescribing of controlled substances.

3. On May 16, 2018, the BME issued an Order to Show Cause alleging that Dr. Edwards excessively dispensed controlled substances, in violation of *Ala. Code* § 20-2-54(a)(5), and to show cause why his ACSC should not be revoked.

4. This Joint Stipulation, therefore, is entered into as a settlement between Dr. Edwards and the BME as a matter of compromise and to eliminate further litigation and issues between them related to the allegations.

5. Dr. Edwards denies the allegations set forth in the Order to Show Cause and asserts he is not guilty of the allegations included therein, specifically: violation of *Ala. Code* § 20-2-54(a)(5). However, Dr. Edwards acknowledges that the allegations as set forth in the Order to Show Cause, if found to be true, would constitute grounds for disciplinary action. Dr. Edwards has been advised that the Board could meet its required burden of proof to establish the allegations set forth in the Order to Show Cause. Dr. Edwards, therefore, for

purposes of resolving the issues between himself and the Board, and to avoid the uncertainties associated with a full hearing, in a compromised settlement, agrees to the terms of the Consent Order set forth herein.

- a. Dr. Edwards prescribed excessive dosages and amounts of stimulant medication to patients V.W.-A., R.C., A.C., N.F., D.G., M.H., R.K., A.P., J.S., and M.S., in violation of *Ala. Code* § 20-2-54(a)(5) and BME Rule 540-X-4-.09 (7); and
- b. Dr. Edwards prescribed excessive dosages and amounts from the same class of medications to patients R.C., A.C., N.F., D.G., M.H., R.K., A.P., J.S., M.S., and R.S., in violation of *Ala. Code* § 20-2-54(a)(5) and BME Rule 540-X-4-.09 (7); and
- c. Dr. Edwards prescribed hazardous excessive doses of medication to patients R.C., A.C., N.F., D.G., M.H., R.K., A.P., J.S., and M.S., in violation of *Ala. Code* § 20-2-54(a)(5) and BME Rule 540-X-4-.09 (7).

6. Dr. Edwards consents to an order being entered in his case revoking his authority to order, manufacture, distribute, possess, dispense, administer, or prescribe Schedules II, III, IV, and V controlled substances under ACSC number ACSC.30616. The BME further agrees to suspend the revocation of Dr. Edwards' ACSC and to place him on probation for a minimum of twenty-four (24) months, with conditions.

- a. Dr. Edwards agrees to strictly follow the patient protocols set out herein as conditions of his probation:
- b. For a minimum period of 24 months, Dr. Edwards agrees that for conditions where stimulants are prescribed, he will treat ADHD patients

ONLY and not other conditions where stimulants are used such as, including, but not limited to, narcolepsy, sleep apnea, obesity, and general fatigue;

- c. Dr. Edwards shall limit the daily dosage of stimulants for ADHD Adult patients as set forth on Exhibit 1, CMS – Stimulant Adult Dosing Guideline, attached hereto and made a part hereof;
- d. Dr. Edwards shall limit the daily dosage of stimulants for ADHD Pediatric patients as set forth on Exhibit 2, CMS – Stimulant Pediatric Dosing Guideline, attached hereto and made a part hereto;
- e. For a period of 24 months, Dr. Edwards shall limit the patient daily dosage of controlled substances identified on Exhibit 3, attached hereto and made a part hereof, to the maximum dosage specified on said exhibit;
- f. Dr. Edwards shall have one hundred twenty (120) days from the effective date of this agreement to fully implement the prescribing related terms of this Voluntary Agreement;
- g. Patients, if any, who Dr. Edwards cannot taper to the maximum dosage guidelines set forth herein, shall be referred to a psychiatrist specializing in ADHD, who is Board certified by an American Board of Medical Specialists (ABMS) member board;
- h. Dr. Edwards shall utilize urine drug screens consistent with BME Rule 540-X-4-.09 “Risk and Abuse Mitigation Strategies for Prescribing Physicians”; and MLC Rule 545-X-4-.09 “Minimum Standards for Medical Records”;

- i. Dr. Edwards agrees that his prescribing goal is to reduce each patient's reliance on stimulant medication to the lowest possible dose or to eliminate each patient's reliance on stimulant medication while balancing patient safety and legitimate medical needs including treatment of ADHD;
- j. For a period of 24 months, Dr. Edwards agrees to refrain from prescribing any controlled substances for weight-loss, narcolepsy, sleep apnea, and/or general fatigue;
- k. Each patient's medical chart will reasonably show compliance with these protocols and Alabama Board of Medical Examiners Rule 540-X-4-.09(7) and MLC Rule 545-x-4-.09;
- l. Dr. Edwards agrees to pay for and attend a course on both MEDICAL RECORDS and PRESCRIBING CONTROLLED SUBSTANCES selected and approved by the BME. Dr. Edwards will be responsible for providing the BME with a certificate of attendance within ten (10) business days of completing the course;
- m. Dr. Edwards agrees to cooperate with the BME to ensure compliance with this Agreement. As part of his cooperation, Dr. Edwards agrees to supply the BME with a copy of any medical records requested by the BME or a BME investigator within ten (10) business days, provided the total numbers of pages which is requested does not exceed twenty-five (25) pages; and

n. Dr. Edwards agrees to take prompt, medically-appropriate action to amend any deficiency, and to notify the BME of such action, within seven (7) business days of being notified of any deficiency in his compliance by the BME.

7. Dr. Edwards agrees to pay administrative costs associated with this proceeding in the amount of \$11,150.

8. The Parties agree that a violation of this agreement or existing law and BME or MLC Rules by Dr. Edwards may result in the BME revoking Dr. Edwards' probation and his ACSC.

9. Dr. Edwards understands that, after one hundred twenty (120) days from the date of the Consent Order, if his prescribing of controlled substances remains excessive, the BME may revoke his probation, revoke his ACSC, or modify the terms of this agreement as needed to ensure the safety and welfare of the public.

10. Dr. Edwards acknowledges the authority of the Alabama Board of Medical Examiners to exercise jurisdiction in this matter, consents and agrees to the entry by the BME of the Consent Order stated herein. Dr. Edwards waives any further findings of fact and conclusions of law with respect to the above-styled matter and waives any right to appeal the Stipulation and Consent Order. Dr. Edwards waives his right to an administrative hearing before the BME, his right to be represented at such hearing by counsel of his choice and agrees to waive any and all rights to further notice and formal adjudication of charges arising from the facts stated herein. Further, Dr. Edwards waives his right to judicial review of the Consent Order agreed to herein under applicable provisions of *Ala. Code* § 34-24-380 and the Alabama Administrative Procedure Act, *Ala. Code* §41-22-1, *et. seq.* However, the parties hereto agree and understand that Dr. Edwards does not waive his right to judicial review of

an adverse decision to revoke his probation for failure to comply with the provisions of the Joint Stipulation and Consent agreed to herein.

11. The Parties acknowledge that Dr. Edwards will receive notice and the opportunity for a fair hearing prior to any action by the BME to revoke his probation for his failure to comply with the Stipulation and Consent Order.

12. The BME stipulates and agrees that the terms and conditions of the Consent Order stated herein constitute a reasonable disposition of the matter stated herein, and that such disposition adequately protects the public's health and safety.

Acknowledgements

Respondent's Understanding

I have read and understand the provisions of this Agreement. I have discussed it with my lawyer agree and approve of all the provisions of this Agreement, both Individually and as a total binding agreement. I have personally and voluntarily signed this Agreement for the express purpose of entering into this Agreement with the BME.

1/12/2019
DATE

James Henry Edwards MD
JAMES HENRY EDWARDS, M.D.

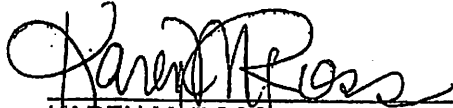
Counsel's Acknowledgement

I have discussed this case with my client in detail and have advised my client of all my client's rights and possible defenses. My client has conveyed to me that my client understands this Agreement and consents to all its terms. I believe this Agreement and the disposition set forth herein are appropriate under the facts of this case and is in accord with my best.

1/12/2019
DATE

James C. Gray III
JAMES C. GRAY, III
Counsel for Dr. Edwards


Jan 12, 2019
DATE


KAREN M. ROSS
Counsel for Dr. Edwards

Board's Acknowledgement

I have reviewed this matter and this Agreement and concur that the disposition set forth herein is appropriate and adequately protects the public's health and safety.

1/23/19
DATE


E. WILSON HUNTER
General Counsel
Alabama Board of Medical Examiners

IN THE MATTER OF) BEFORE THE ALABAMA BOARD
: OF MEDICAL EXAMINERS
JAMES HENRY EDWARDS, M.D.)

CONSENT ORDER


This matter is before the Alabama Board of Medical Examiners pursuant to a signed Stipulation entered into by the BME and JAMES HENRY EDWARDS, M.D., dated _____ Jan 23, 2019. Based upon the Stipulation of the parties, which is incorporated by reference as if fully set forth herein, it is the ORDER of the Alabama Board of Medical Examiners that:

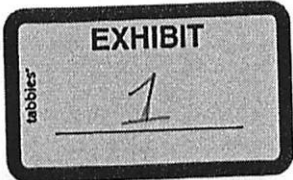
1. Dr. Edwards' Alabama Controlled Substances Certificate, ACSC.13209, is REVOKED;
2. The revocation of Dr. Edwards' ACSC is SUSPENDED;
3. Dr. Edwards is placed on PROBATION for a minimum of twenty-four (24) months, subject to the conditions set forth in the joint stipulation executed by the parties;
4. Dr. Edwards shall have one hundred and twenty (120) days from the date of this Order to reduce the daily controlled substances ADHD treatment regimen of each current patient as set forth in the Joint Stipulation executed by the parties;
5. Dr. Edwards shall be monitored by the BME for compliance with the terms of the joint stipulation executed by the parties;

IT IS FURTHER ORDERED that the conditions and probation placed on Dr. Edwards shall remain in effect for a minimum of twenty-four (24) months unless Dr. Edwards receives

reasonable notice that the BME will seek the revocation of his probation for his failure to comply with the Stipulation and Consent Order. After twenty-four months, Dr. Edwards may, upon a showing of complete compliance with this Order and good cause, petition for the termination of the conditions and probation.

ORDERED this 23rd day of January, 2019.


Howard J. Falgout, M.D., Chairman
Alabama Board of Medical Examiners



CMS-Stimulants Adult dosing Guideline

Medication	Indication	Dosing Information	Other Information
amphetamine/dextroamphetamine mixed salts[1] Adderall	ADHD	Initial dose: 5 mg once or twice a day; Maximum dose: 40 mg per day	May increase daily dose by 5 mg at weekly intervals until optimal response is achieved. Only in rare cases will it be necessary to exceed a total of 40 mg per day.
amphetamine/dextroamphetamine mixed salts	narcolepsy	Initial dose: 10 mg per day; Usual dose: 5 mg to 60 mg per day in divided doses	May increase daily dose by 10 mg at weekly intervals until optimal response is achieved. Take first dose upon awakening.
amphetamine/dextroamphetamine mixed salts ER*[2]	ADHD	Recommended dose: 20 mg once a day	Patients switching from regular-release amphetamine/dextroamphetamine mixed salts may take the same total daily dose once a day.

Medication	Indication	Dosing Information	Other Information
atomoxetine†[4]	ADHD	Initial dose: 40 mg per day; Target dose: 80 mg per day; Maximum dose: 100 mg per day	May increase after 3 days to target dose. Dose may be further increased to 100 mg per day after 2 to 4 additional weeks; dose may be given once a day in the morning or twice a day, evenly divided, in the morning and late afternoon or early evening.
dexmethylphenidate ER*[7] Focalin XR	ADHD	Patients naive to methylphenidate: Initial dose: 10 mg once a day; Maximum dose: 40 mg once a day. Patients currently taking methylphenidate: Initial dose: one-half the total daily dose of methylphenidate; Maximum dose: 40 mg once a day. Patients currently taking dexmethylphenidate: Initial dose: the same total daily dose of dexmethylphenidate given once a day; Maximum dose: 40 mg once a day	May increase daily dose by 10 mg at weekly intervals. Take in the morning.

Medication	Indication	Age or Weight	Dosing Information	Other Information
clonidine ER (Kapvay®)[6]	ADHD	6 to 17 years old	Initial dose: 0.1 mg once a day at bedtime; Maximum dose: 0.4 mg in two divided doses	Increase dose by 0.1 mg weekly. Doses above 0.1 mg should be taken in divided doses; at 0.3 mg per day, take 0.1 mg in the morning and 0.2 mg at bedtime.
dexmethylphenidate[7] Focalin	ADHD	6 to 17 years old	Patients naive to methylphenidate: Initial dose: 2.5 mg twice a day; Maximum dose: 10 mg twice a day. Patients taking methylphenidate: Initial dose: one-half the methylphenidate dose; Maximum dose: 10 mg twice a day.	May increase daily dose by 2.5 mg to 5 mg at weekly intervals; give doses 4 hours apart with or without food.

Medication	Indication	Dosing Information	Other Information
dextroamphetamine tablets[8] Dexedrine	narcolepsy	Initial dose: 10 mg per day; Usual dose: 5 mg to 60 mg per day in divided doses	May increase daily dose by 10 mg at weekly intervals until optimal response is achieved. Take first dose upon awakening.
lisdexamfetamine†[10] Vyvanse	ADHD	Initial dose: 30 mg once a day; Maximum dose: 70 mg once a day	May increase daily dose by 10 mg or 20 mg at weekly intervals. Take in the morning; afternoon doses should be avoided due to the potential to cause insomnia.
lisdexamfetamine† Vyvanse	moderate to severe binge eating disorder (BED)	Initial dose: 30 mg per day; Recommended target dose: 50 mg to 70 mg per day; Maximum dose: 70 mg per day	Increase daily dose by 20 mg at approximately weekly intervals up to target dose. Discontinue medication if binge eating does not improve. Study conducted with 18 to 55 year olds.
methylphenidate[12] Ritalin	ADHD or narcolepsy	Average dose: 20 mg to 30 mg per day; Maximum dose: 60 mg per day	May increase daily dose by 5 mg or 10 mg at weekly intervals; take in 2 or 3 divided doses preferably 30 to 45 minutes before meals.
methylphenidate chewable tablet and solution†[13] Methylin	ADHD or narcolepsy	Average dose: 20 mg to 30 mg per day; Maximum dose: 60 mg per day	May increase daily dose by 5 mg or 10 mg at weekly intervals; take in 2 or 3 divided doses preferably 30 to 45 minutes before meals.
methylphenidate ER (Aptensio XR™)†[14]	ADHD	Initial dose: 10 mg once a day in the morning; Maximum dose: 60 mg per day	May increase dose weekly by 10 mg until effective.

Medication	Indication	Dosing Information	Other Information
methylphenidate ER (Concerta®)†[15]	ADHD	Initial dose: 18 mg or 36 mg once a day; Maximum dose: 72 mg once a day	Not FDA approved for use in patients over 65 years old. May increase daily dose by 18 mg at weekly intervals. Take in the morning. Consult prescribing information for converting from methylphenidate IR to Concerta.
methylphenidate ER (Metadate ER®)§[16]	ADHD or narcolepsy	Dose: the 8-hour dosage should correspond to the titrated 8-hour dosage of the methylphenidate IR formulation	May increase daily dose at weekly intervals. Discontinue if improvement is not noted after one month.
methylphenidate ER oral suspension†[17]	ADHD	Initial dose: 20 mg once a day; Maximum dose: 60 mg once a day	May increase daily dose by 10 mg to 20 mg at weekly intervals. Take in the morning.
methylphenidate SR§[18] Quillivant XR® (methylphenidate ER)	ADHD or narcolepsy	Dose: the 8-hour dosage should correspond to the titrated 8-hour dosage of the methylphenidate IR formulation	Methylphenidate SR (Ritalin-SR®) tablets have a duration of action of approximately 8 hours.
modafinil[19] Provigil	narcolepsy or obstructive sleep apnea, adjunct therapy	Recommended dose: 200 mg once a day	Doses up to 400 mg once a day have been used. There is no consistent evidence that doses above 200 mg provide additional benefit. Take in the morning.
modafinil Provigil	shift work sleep disorder	Recommended dose: 200 mg once a day	Take 1 hour prior to the start of a work shift.

CMS- Stimulant Pediatric Dosing Guideline

<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Pharmacy-Education-Materials/Downloads/stim-pediatric-dosingchart11-14.pdf>

Medication	Indication	Age or Weight	Dosing Information	Other Information	Generic Availability
amphetamine/dextroamphetamine mixed salts[1] Adderall	ADHD	3 to 5 years old	Initial dose: 2.5 mg per day; Maximum dose: 40 mg per day	May increase daily dose by 2.5 mg at weekly intervals until optimal response is achieved; give first dose on awakening.* Only in rare cases will it be necessary to exceed a total of 40 mg per day.	Yes
amphetamine/dextroamphetamine mixed salts	ADHD	6 years old and older	Initial dose: 5 mg once or twice a day; Maximum dose: 40 mg per day	May increase daily dose by 5 mg at weekly intervals until optimal response is achieved; give first dose on awakening.* Only in rare cases will it be necessary to exceed a total of 40 mg per day.	Yes

Medication	Indication	Age or Weight	Dosing Information	Other Information	Generic Availability
amphetamine/dextroamphetamine mixed salts ER†[2] Adderall XR	ADHD	6 to 12 years old	Initial dose: 10 mg once a day; Maximum dose: 30 mg once a day	May increase daily dose by 5 mg or 10 mg at weekly intervals. An initial dose of 5 mg once a day may be given based on clinical judgment. Give dose on awakening.	Yes
amphetamine/dextroamphetamine mixed salts ER† Adderall XR	ADHD	13 to 17 years old	Initial dose: 10 mg once a day; Maximum dose: 20 mg once a day	May increase to 20 mg once a day after 1 week if symptoms are not controlled; there was no adequate evidence that doses greater than 20 mg per day conferred additional benefit. Give dose on awakening.	Yes
atomoxetine‡[3] Strattera	ADHD	6 to 17 years old and up to 70 kg	Initial dose: 0.5 mg per kg per day; Target dose: 1.2 mg per kg per day; Maximum dose: 1.4 mg per kg per day up to 100 mg per day	May increase after 3 days to target dose; dose may be given once a day in the morning or twice a day, evenly divided, in the morning and late afternoon or early evening.	Yes
atomoxetine‡ Strattera	ADHD	6 to 17 years old and weighing more than 70 kg	Initial dose: 40 mg per day; Target dose: 80 mg per day; Maximum dose: 100 mg per day	May increase after 3 days to target dose. Dose may be further increased to 100 mg per day after 2 to 4 additional weeks; dose may be given once a day in the morning or twice a day, evenly divided, in the morning and late afternoon or early evening.	Yes

dexmethylphenidate[7] Focalin	ADHD	6 to 17 years old	<p>Patients naive to methylphenidate: Initial dose: 2.5 mg twice a day; Maximum dose: 10 mg twice a day.</p> <p>Patients taking methylphenidate: Initial dose: one-half the methylphenidate dose; Maximum dose: 10 mg twice a day.</p>	May increase daily dose by 2.5 mg to 5 mg at weekly intervals; give doses 4 hours apart with or without food.	Yes
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Medication	Indication	Age or Weight	Dosing Information	Other Information	Generic Availability
dexmethylphenidate ER[8] Focalin	ADHD	6 years old and older	<p>Patients naive to methylphenidate: Initial dose: 5 mg once a day; Maximum dose: 30 mg once a day.</p> <p>Patients taking methylphenidate: Initial dose: one-half the total daily dose of methylphenidate; Maximum dose: 30 mg once a day.</p> <p>Patients taking dexmethylphenidate: Initial dose: the same total daily dose of dexmethylphenidate given once a day; Maximum dose: 30 mg once a day</p>	May increase daily dose by 5 mg at weekly intervals. Give dose in the morning.	Yes
dextroamphetamine[9] Dexadrine	ADHD	3 to 5 years old	Initial dose: 2.5 mg once a day; Maximum dose: 40 mg per day	May increase daily dose by 2.5 mg at weekly intervals until optimal response is achieved. Give first dose upon awakening. Only in rare cases will it be necessary to exceed a total of 40 mg per day.	Yes
dextroamphetamine Dexadrine	ADHD	6 years old and older	Initial dose: 5 mg once or twice a day; Maximum dose: 40 mg per day	May increase daily dose by 5 mg at weekly intervals until optimal response is achieved. Give first dose upon awakening. Only in rare cases will it be necessary to exceed a total of 40 mg per day.	Yes

Medication	Indication	Age or Weight	Dosing Information	Other Information	Generic Availability
dextroamphetamine SR[10]	ADHD	6 to 16 years old	Initial dose: 5 mg once or twice a day; Maximum dose: 40 mg per day	May increase daily dose by 5 mg at weekly intervals until optimal response is achieved.	Yes
guanfacine ER (Intuniv®)[11]	ADHD	6 to 17 years old	Initial dose: 1 mg per day; Maximum dose: 7 mg per day	Target dose should be in the range 0.5 mg per kg per day to 0.12 mg per kg per day. Doses above 4 mg per day were not studied in children 6 to 12 years old; doses above 7 mg per day were not studied in adolescents over 12 years old. Doses above 4 mg per day were not studied for adjunctive therapy.	Yes
lisdexamfetamine[12] Vyvanse	ADHD	6 to 17 years old	Initial dose: 30 mg once a day; Maximum dose: 70 mg once a day	May increase daily dose by 10 mg or 20 mg at weekly intervals. Give in the morning; afternoon doses should be avoided due to the potential to cause insomnia.	No

Medication	Indication	Age or Weight	Dosing Information	Other Information	Generic Availability
methamphetamine[13] Desoxyn®	ADHD	6 years old and older	Initial dose: 5 mg once or twice a day; Usual effective dose: 20 mg to 25 mg per day	May increase daily dose by 5 mg at weekly intervals until optimal response is achieved. May give total daily dose in 2 divided doses. When possible, interrupt administration to assess behavioral symptoms and need for continued therapy.	Yes
methyphenidate[14] Ritalin	ADHD	6 years old and older	Initial dose: 5 mg twice a day (before breakfast and lunch); Maximum dose: 60 mg per day	May increase daily dose by 5 mg to 10 mg at weekly intervals. Discontinue if improvement is not noted after 1 month.	Yes
methyphenidate chewable tablet and solution[15] Ritalin	ADHD	6 years old and older	Initial dose: 5 mg twice a day (before breakfast and lunch); Maximum dose: 60 mg per day	May increase daily dose by 5 mg to 10 mg at weekly intervals. Discontinue if improvement is not noted after 1 month. Oral solution comes in two concentrations: 5 mg per 5 ml and 10 mg per 5 ml.	Yes
methyphenidate ER (Aptensio XR™)[16]	ADHD	6 years old and older	Initial dose: 10 mg once a day in the morning; Maximum dose: 60 mg per day	May increase dose weekly by 10 mg until effective.	No

Medication	Indication	Age or Weight	Dosing Information	Other Information	Generic Availability
methyphenidate ER (Concerta®)[17]	ADHD	6 to 12 years old	Patients naive to methyphenidate: Initial dose: 18 mg once a day; Maximum dose: 54 mg once a day. Patients taking methyphenidate: dosing is based on current dosage and clinical judgment; give dose in the morning.	May increase daily dose by 18 mg at weekly intervals. Give dose in the morning. Consult prescribing information for conversion from methyphenidate.	Yes
methyphenidate ER (Concerta)[1]	ADHD	13 to 17 years old	Patients naive to methyphenidate: Initial dose: 18 mg once a day; Maximum dose: 72 mg once a day. Patients taking methyphenidate: dosing is based on current dosage and clinical judgment.	May increase daily dose by 18 mg at weekly intervals. Give dose in the morning. Maximum dose should not exceed 2 mg per kg per day. Consult prescribing information for conversion from methyphenidate.	Yes
methyphenidate ER (Metadate CD®)[18]	ADHD	6 to 15 years old	Initial dose: 20 mg once a day; Maximum dose: 60 mg once a day	May increase daily dose by 10 mg to 20 mg at weekly intervals. Give dose in the morning before breakfast.	Yes
methyphenidate ER (Metadate ER®)[19]	ADHD	6 years old and older	Daily dose should be initiated in small doses; the 8-hour dosage should correspond to the titrated 8-hour dosage of the methyphenidate IR formulation. Maximum dose: 60 mg once a day	May increase daily dose at weekly intervals. Discontinue if improvement is not noted after 1 month.	Yes

Medication	Indication	Age or Weight	Dosing Information	Other Information	Generic Availability
methylphenidate ER (Ritalin LA®)[20]	ADHD	6 to 12 years old	Initial dose: 20 mg once a day; Maximum dose: 60 mg once a day in the morning	May initiate treatment with 10 mg once a day based on clinical judgment; may increase daily dose by 10 mg at weekly intervals.	Yes
methylphenidate ER oral suspension (Quillvan[™] XR)[21]	ADHD	6 years old and older	Initial dose: 20 mg once a day; Maximum dose: 60 mg once a day	May increase daily dose by 10 mg to 20 mg at weekly intervals. Give dose in the morning.	No
methylphenidate SR†[22]	ADHD	6 years old and older	Daily dose should be initiated in small doses; the 8-hour dosage should correspond to the titrated 8-hour dosage of the methylphenidate IR formulation. Maximum dose: 60 mg once a day	May increase daily dose at weekly intervals; methylphenidate SR tablets have a duration of action of approximately 8 hours. Discontinue if improvement is not noted after 1 month.	Yes
methylphenidate transdermal patch[23]	ADHD	6 to 17 years old	Patients naive to methylphenidate or converting from another formulation of methylphenidate: Initial dose: 10 mg once a day. Patients taking methylphenidate: dosing is based on current dosage and clinical judgment.	Patch should be applied to the hip area 2 hours before an effect is needed and should be removed 9 hours after application; dose titration, final dosage, and wear-time should be individualized.	No

ADHD = attention-deficit/hyperactivity disorder LA = long-acting SR = sustained-release XR or ER = extended-release

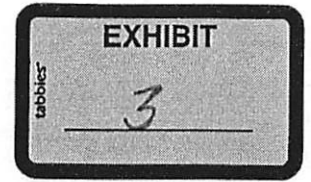
* An additional one or two doses may be given at 4 hour to 6 hour intervals. When possible, interrupt administration to assess behavioral symptoms and need for continued therapy.

† Capsules may be swallowed whole or may be opened and the contents sprinkled on applesauce.

‡ Tablets or capsules must be swallowed whole. Do not chew, crush, or divide.

§ Capsules may be swallowed whole or may be opened and dissolved in a glass of water.

Medication	Adult dose limit	Pediatric Dose limit Only for those above age 10 years and >
Alprazolam	2mg/day	0.05mg/KG max dose 1.5mg a day
Lorazepam	2 mg/day	0.05mg /Kg Max dose 1.5 mg
Clonazepam	2 mg/day	Max dose 1.5 mg a day
Diazepam	10 mg/day	Do not prescribe
Other benzodiazepine	do not prescribe	Do not prescribe
Ambien	10 mg a day	Do not prescribe
Lunesta	3 mg a day	Do not prescribe
Temazepam	15 mg /day	Do not prescribe
Other seatives and hypnotics	Do not prescribe	Do not prescribe



ORIGINAL

IN THE MATTER OF :
: BEFORE THE ALABAMA BOARD OF
JAMES HENRY EDWARDS , M.D. : MEDICAL EXAMINERS

ORDER TO SHOW CAUSE

TO: James Henry Edwards, M.D.
229 East 20th Street
Gulf Shores, AL

This Order to Show Cause is directed to James Henry Edwards, M.D., pursuant to the authority of *Ala. Code* §§ 20-2-53 (2002). A hearing will be conducted at 12:30 p.m., CST, on Wednesday, August 15, 2018, at the office of the Alabama State Board of Medical Examiners (the Board), 848 Washington Avenue, Montgomery, Alabama. James Henry Edwards, M.D., is ORDERED to appear before the Board at the time and place stated above and to show cause, if there be any, why his Alabama Controlled Substances Certificate (ACSC) should not be revoked. As grounds for revocation, the Board states the following:

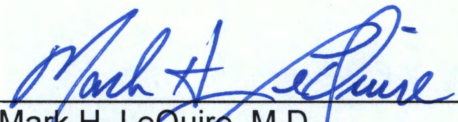
1. On January 1, 2011, the Board issued to James Henry Edwards, M.D., an Alabama Controlled Substances Certificate, number ACSC.30616, which Dr. Edwards renewed November 20, 2017.
2. The board initiated an investigation of Dr. Edwards. During the course of the investigation the Board had twelve (12) patient records reviewed by its expert. The investigation and expert review indicated probable cause to believe that Dr. Edwards has committed the following violations of *Ala. Code* §§ 20-2-54(a)(5):

- a. Dispensing excessive dosages and amounts of stimulant medications (controlled substances) to all twelve (12) patients in the charts reviewed.
 - b. Dispensing controlled substances in amounts not reasonably related to the proper medical management of the patients' illnesses or conditions to eight (8) patients in the charts reviewed.
 - c. Dispensing controlled substances for no legitimate medical purpose to ten (10) patients in the charts reviewed.
3. Pursuant to § 20-2-54, *Code of Alabama 1975*, as amended, and Alabama Board of Medical Examiners Rule 540-X-5-.03, the Board seeks to revoke the Alabama Controlled Substances Certificate of Dr. Edwards, and/or take any other action which the Board deems appropriate based upon the evidence presented for consideration.
4. Dr. Edwards is entitled to be present at the hearing, to call witnesses, to present evidence in his behalf, to examine documents offered into evidence and to examine any witnesses called to testify. Dr. Edwards is entitled to be represented by counsel at his own expense.
5. The hearing shall be considered a contested case under the Alabama Administrative Procedures Act, and the hearing shall be conducted in accordance with *Ala. Code* § 41-22-1, *et seq.*, and Chapter 6 of the Rules and Regulations of the Alabama Board of Medical Examiners.
6. The Honorable William R. Gordon is hereby appointed as Hearing Officer.

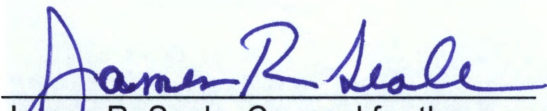
The Board is presently continuing the investigation of the Respondent Dr. Edwards and said investigation may result in additional charges being prepared and filed as an amendment to this Order.

The Board requests that administrative costs be assessed against Dr. Edwards pursuant to *Ala. Code* § 34-24-380 and Board Rule 540-X-5-.03.

This Order to Show Cause is entered by direction of the Alabama Board of Medical Examiners this 16th day of May, 2018.



Mark H. LeQuire, M.D.,
Acting Executive Director
Alabama Board of Medical Examiners



James R. Seale, Counsel for the
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RETURN OF SERVICE

I, the undersigned, being over the age of 19 years and not a party in this matter, hereby certify that I have served the foregoing Joint Stipulation and Consent Order upon TR. EDWARDS, this the 5th day of June, 2018.

Robert D. Gelman
Process Server

SWORN TO AND SUBSCRIBED before me this 5th day of June, 2018.

Carla H. Kruger
Notary Public
My Commission Expires: 9/30/19