

I had initially written up a testimony more strongly against the 90 days at a time dispensing of ADD stimulant medications, but I am more comfortable with the 60 days in this bill sub A. Instead of giving most patients 3 separate scripts for one month of medication and seeing them every 3 months, I will likely now give them two 2-month prescriptions and see them every 4 months, which in most cases is fine.

However, I am still concerned that the bill does not take into consideration how much medication is prescribed. While giving a 60-day prescription may make sense if a small, daily amount is given, it gets more risky in the setting of large multiple-times-a-day intake.

And while the physician would have discretion to only give 30 days, the patients will know that physicians are allowed to give 60 days and will put pressure on the prescriber to give 60 days. I would suggest that the bill sponsor speak with the Department of Health regarding a maximum daily milligrams allowed if a 60 day prescription is given.

For Adderall, the highest dose should probably be about 60 milligrams from my experience, and there are rough equivalents for the other stimulant schedule II drugs. By allowing 60-day prescriptions for more moderate doses of ADD stimulants, this might even put pressure on the patient taking a very high dose to moderate their intake and thereby lower their chance of getting into addiction trouble. Additionally, it is well-known that students tend to give out their stimulants to other students, especially during exam time, and having a 60-day supply, I would think, would increase the risk this happening.

Additionally, for clarity, instead of using the term “non-narcotic schedule II” medications, the bill should probably use the term “schedule II stimulants typically used to treat attention deficit disorder”. Cocaine is a schedule II medication, and I do not think the bill intends to include that medication for 60 days. Cocaine is typically used in nasal sinus surgery.

Lastly, you should know that in my 15 years or so of prescribing stimulants for ADD, I have had minimal problems with abuse and addiction, although that is likely due to my own adherence to 60 mg top daily dose and close follow up, although lately some of the health insurance companies have threatened not to pay for telephone care, which will force me to have

patients waste their time and come in for an appointment to supervise their treatment.

For those of you here or watching online, there is an excellent article by a young adult who got into trouble with Adderall that appeared in the New York Times magazine section in 2016 called "Generation Adderall". I give it to all my patients using these drugs, the first time I write a prescription, and they all read it.

Thank you.

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