BEFORE THE BOARD OF HEALING ARTS
OF THE STATE OF KANSAS

In the Matter of	)	
WILLIAM RORY MURPHY, M.D.	)	
Kansas License No. 04-22495	)	**KSBHA Docket No. 16-HA00004**
	)	

FINAL ORDER GRANTING PETITION PURSUANT TO K.S.A. 65-2837a(b)(8) TO PRESCRIBE VYVANSE FOR MODERATE TO SEVERE BINGE-EATING DISORDER IN ADULTS

NOW on this 14th day of August, 2015, comes on for consideration before the Kansas State Board of Healing Arts ("Board"), the Petition of William Rory Murphy, M.D. ("Licensee") requesting that, pursuant to K.S.A. 65-2837a(b)(8), the Board make a determination that Vyvanse (lisdexamfetamine dimesylate) can be used for moderate to severe Binge-Eating Disorder ("BED") in adults. Licensee appears in person and through counsel, Carol R. Bonebrake of Simpson, Logback, Lynch, Norris, P.A.

In accordance with the provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501 *et seq.*, and upon due consideration of the Petition, exhibits and testimony, and otherwise being duly advised in the premises, the Board makes the following findings, conclusions and order:

1. Licensee is a psychiatrist and practices in Overland Park, Kansas.

2. Vyvanse is a sympathomimetic amine and a Schedule II controlled substance in Kansas.

3. The Food and Drug Administration ("FDA") initially approved Vyvanse for the treatment of Attention Deficit Hyperactivity Disorder ("ADHD") in 2007, subsequently expanding the range of patients in 2008, 2010, and 2012 to include adolescents and adults with ADHD.

4. Vyvanse has a "black box" warning indicating a high potential for abuse and dependency.

5. On January 30, 2015, the FDA granted marketing approval for Vyvanse to be used in treating moderate to severe BED in adults. Currently, Vyvanse is the only drug approved by the FDA to treat moderate to severe BED in adults.

6. In 2013, the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) re-classified BED as a distinct psychiatric diagnosis. Previously, BED was considered to be a provisional diagnosis.

7. In the DSM-5, BED is defined as:

> A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
>
> > 1. Eating, in a discrete period of time (e.g. within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
> >
> > 2. A sense of lack of control over eating during the episode (e.g. a feeling that one cannot stop eating or control what or how much one is eating).
>
> B. The binge eating episodes are associated with three (or more) of the following:
>
> > 1. Eating much more rapidly than normal.
> >
> > 2. Eating until feeling uncomfortably full.
> >
> > 3. Eating large amounts of food when not feeling physically hungry.
> >
> > 4. Eating alone because of feeling embarrassed by how much one is eating.
> >
> > 5. Feeling disgusted with oneself, depressed or very guilty afterward.

C. Marked distress regarding binge eating is present.

D. The binge eating occurs, on average, at least once a week for three months.

E. The binge eating is not associated with the recurrent use of inappropriate compensatory behavior as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.

7. Moderate to severe BED is generally defined as having four to thirteen binge-eating episodes per week.

8. Comorbidities of BED include anxiety, depression, and obesity. The FDA has not approved Vyvanse for the treatment of obesity.

9. K.S.A. 65-2837a(b) restricts the prescribing, ordering dispensing, administering, selling, supplying or giving of any amphetamine or sympathomimetic amine, designated in Schedule II, III, or IV under the Uniform Controlled Substances Act, to eight permissible purposes and requires the purpose to be adequately documented in the patient's medical record. One of the permissible purposes set forth in subsection (b)(8) is, "The treatment of any other disorder or disease for which such drugs or compounds have been found to be safe and effective by competent scientific research which findings have been generally accepted by the scientific community . . ."

10. However, before prescribing, ordering dispensing, administering, selling, supplying or giving of any Schedule II, III or IV amphetamine or sympathomimetic amine for a disorder or disease meeting the criteria of (b)(8), the Board must first provide a determination that the drug or compound can be used for the particular condition.

11. In support of his Petition requesting a Board determination that Vyvanse can be used for moderate to severe BED in adults, Licensee submitted evidence in the form of medical literature regarding BED, the safety and efficacy of Vyvanse to treat BED, and information regarding the FDA's approval of Vyvanse to treat BED. Licensee also testified about his experience treating BED and addressed the Board's concerns regarding the potential for over-diagnosis of BED and the risks of substance abuse associated with Vyvanse.

12. The Board finds the evidence presented by Licensee to be persuasive.

13. The Board concludes that the FDA's approval of Vyvanse for moderate to severe BED coupled with the evidence presented by Licensee satisfies the requirements of K.S.A. 65-2837a(b)(8) and supports a determination that Vyvanse can be used to treat moderate to severe BED in adults.

14. The Board's determination does not extend to minors or adolescents, or the treatment of obesity.

15. The Board expects that each licensee prescribing Vyvanse for the treatment of moderate to severe BED in adults shall document that purpose in the patient's medical record as required by K.S.A. 65-2837(b). Further, Licensees are expected to be able to demonstrate through adequate medical record documentation that they have met the applicable standard of care in diagnosing BED; considering contraindications to using Vyvanse; prescribing Vyvanse; and monitoring BED patients receiving Vyvanse under their care.

IT IS THEREFORE ORDERED that, effective August 14, 2015, consistent with the terms of this Final Order, Vyvanse may be used to treat moderate to severe BED in adults.

IT IS FURTHER ORDERED that this case shall be designated as precedent and may be used as precedent in any subsequent adjudication before the Board.

IT IS SO ORDERED THIS 31st DAY OF AUGUST 2015, IN THE CITY OF TOPEKA, COUNTY OF SHAWNEE, STATE OF KANSAS.

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Kathleen Selzler Lippert, Executive Director
Kansas State Board of Healing Arts

NOTICE OF RIGHTS

PLEASE TAKE NOTICE that this is a Final Order. A Final Order is effective upon service, and service of a Final Order is complete upon mailing. Pursuant to K.S.A. 77-529, Licensee may petition the Board for Reconsideration of a Final Order within fifteen (15) days following service of the final order. Additionally, a party to an agency proceeding may seek judicial review of a Final Order by filing a petition in the District Court, as authorized by K.S.A. 77-601, *et seq.* Reconsideration of a Final Order is not a prerequisite to judicial review. A petition for judicial review is not timely unless filed within **30 days** following service of the Final Order. A copy of any petition for judicial review must be served upon Kathleen Selzler Lippert, Executive Director, at 800 SW Jackson, Lower Level-Suite A, Topeka, KS 66612.

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that a true copy of the foregoing **Final Order** was served this 31st day of August, 2015, by depositing the same in the United States Mail, first-class, postage prepaid, and addressed to:

William Rory Murphy, MD
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Overland Park, KS 66223

Carol Ruth Bonebrake
Megan Lewis
Simpson, Logback, Lynch, Norris, P.A.
107 SW 6th Street, Suite 210
Topeka, KS 66603

And the original was filed with the office of the Executive Director.

Kelli J. Stevens