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# The Royal Australasian College of Physicians' submission to Pharmac | Te Pātaka Whaioranga and Medsafe

## Proposal to change the regulatory and funding restrictions for stimulant treatments for ADHD

Hui-tanguru | February 2025

## Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to provide advice to Pharmac | Te Pātaka Whaioranga and Medsafe on its proposal to change the regulatory and funding restrictions for stimulant treatments for ADHD.

The RACP represents over 32,000 medical specialists and trainees across 33 medical specialties and works to educate, innovate and advocate for excellence in health and medical care. The RACP trains the next generation of specialists, while playing a lead role in developing world best practice, evidence informed, models of care. We draw on the skills of our expert members, to develop policies that promote a healthier society. By working together, our members advance the interest of the medical profession, our patients and the broader community.

## Background and current situation

The number of people accessing medication for attention-deficit hyperactivity disorder (ADHD) in Aotearoa New Zealand (NZ) has increased significantly between 2006 and 2022. A recent University of Otago study showed a tenfold increase in the amount of ADHD medication dispensed for adults between 2006 and 2022, with a threefold increase in prescriptions for children during the same timeframe[1].

Access to pharmacological treatment can be life changing. Untreated ADHD in adults has been significantly associated with 13 years reduced life expectancy, due to higher rates of unintentional injuries, road accidents, substance abuse, suicidality and imprisonment[2]. However, ADHD remains under-treated in Aotearoa NZ compared to global prevalence estimates. Only about one in five people with ADHD are currently receiving treatment for the condition, which is estimated to affect more than 250,000 New Zealanders[3]. The groups disproportionately impacted are likely to include tamariki Māori, those living in rural and remote communities, those born into socioeconomic disadvantage, and those with disabilities[4]. There is a significant gap in literature about Māori perspectives on ADHD, and strategies and treatments that align with Te Ao Māori[5].

[1] Beaglehole, B., Jarman, S. & Frampton, C. Dispensing of attention-deficit hyperactivity disorder medications for adults in Aotearoa New Zealand. NZ Med J. 2024. 137(1594); 23-30. Accessed on 5 February 2025. Available from: https://pubmed.ncbi.nlm.nih.gov/38696829/

[2] Kosheleff A, Maon O, Jain R, Koch K, Rubin J. Functional Impairments Associated with ADHD in adulthood and the ampact of pharmacological treatment. [Internet]. J Atten Disord. 2023 May; 27(7): 669–697 Accessed on 26 January 2025. Available from: Functional impairments associated with ADHD in adulthood and the impact of pharmacological treatment

[3] Beaglehole B, Jarman S, Frampton F. Dispensing of attention-deficit hyperactivity disorders medications for adults in Aotearoa New Zealand. [Internet]. NZ Med J 2024 May 3;137(1594): 23-30. Accessed 25 January 2025. Dispensing of attention-deficit hyperactivity disorder medications for adults in Aotearoa New Zealand - The New Zealand Medical Journal (nzmj.org.nz)

[4] Royal Australasian College of Physicians (RACP). Inequities in child health position statement. [Internet]. Sydney: RACP; May 2018. Accessed on 25 January 2025. Available from racp-inequities-in-child-health-position-statement.pdf

[5] Rangiwai B. Flighty like the piwakawaka! Personal reflections on mid-life AHD diagnosis and the beginnings of a framework for conceptualising the condition from a Māori perspective [Internet]. AlterNative An International Journal of Indigenous Peoples, May 2024. Accessed 1 February 2025. Available from: Flighty-like-the-piwakawaka-personal-reflections-on-mid-life-adhd-diagnosis-and-the.pdf

In 2024, the RACP supported the removal of renewal criteria for access to stimulant medications[6]. We were pleased to see Pharmac confirm this decision from 1 December 2024[7].

In Aotearoa NZ, the prescription of methylphenidate, dexamfetamine and lisdexamfetamine are currently subject to regulatory and funding restrictions allowing only a psychiatrist or paediatrician, or a medical or nurse practitioner acting on written recommendation of a paediatrician or psychiatrist, to prescribe. In response to the increasing struggles to access specialist care to diagnose and prescribe stimulant treatment for ADHD, Pharmac and Medsafe are proposing to allow more medical practitioners and nurse practitioners to be able to diagnose and prescribe treatments for ADHD from 1 July 2025[8]. Proposed changes include:

- For people with ADHD aged 17 years and under: Medical practitioners specialised in paediatrics or psychiatry **and nurse practitioners working within paediatric services or child and adolescent mental health services** may start people on stimulant treatments for ADHD.
- For people with ADHD aged 18 years and over: Medical practitioners specialised in paediatrics, psychiatry or **general practice** and **nurse practitioners working within their scope of practice** may start people on stimulant treatments for ADHD.
- All age groups: Any other medical practitioner or nurse practitioner may only prescribe stimulant treatment for ADHD when acting on the written recommendation of a practitioner described above authorised to start people on stimulant medicines for ADHD.
- Special Authority applications allowed from any relevant practitioner.

## RACP position on Pharmac and Medsafe's proposal

Advice from our RACP paediatricians **supports the proposal to change the regulatory and funding restrictions for stimulant treatments for ADHD** to improve ongoing access to care, provided this is balanced with carefully considered models of care focusing on patient safety. Assessment for ADHD is time consuming and requires specialist knowledge, and this will need to be considered in the model of care adopted by any primary care services that wish to diagnose.

Accessing timely ADHD assessments is challenging for many whānau across Aotearoa. RACP members report extended waiting lists for both publicly and privately funded assessment by a paediatrician or psychiatrist. Many ADHD assessments are now undertaken in the private healthcare sector at a cost of between $1,000 and $3,000[9]. Our RACP members observe this is creating significant access and equity issues for those unable to afford private healthcare assessments. Cost of living pressures can place these assessments beyond the reach of many

[6] Royal Australasian College of Physicians (RACP). Submission to Pharmac on proposal to remove the renewal criteria for stimulant treatment. RACP; Oct 2024. Accessed on 3 February 2025. Available from: racp-submission-to-pharmac-proposal-to-remove-the-renewal-criteria-for-stimulant-treatment.pdf

[7] Pharmac. Decision to remove the renewal criteria for stimulant treatments. Parmac; November 2024. Accessed on 3 February 2025. Available from: https://pharmac.govt.nz/news-and-resources/consultations-and-decisions/decision-to-remove-renewal-criteria-for-adhd-treatments

[8] Pharmac. Proposal to change the regulatory and funding restrictions for stimulant treatments for ADHD. Pharmac: 7 February 2025. Accessed on 3 February 2025. Available from: https://pharmac.govt.nz/news-and-resources/consultations-and-decisions/2024-12-proposal-to-change-the-initial-criteria-and-regulations-for-stimulant-treatments-for-adhd

[9] Radio NZ. Those worse affected by ADHD the least likely to get treatment – psychiatrists. [Internet]. Radio NZ: 19 Sept 2024. Accessed 25 January 2024. Available from: Those worst affected by ADHD the least likely to get treatment - psychiatrists | RNZ News

families, especially those facing poverty, disadvantage, or living in low socioeconomic conditions. Those who live in rural areas must also factor in the costs of travelling to access specialist care.

One RACP member travelled around the country with the aim of visiting every DHB to meet practitioners with an interest in ADHD, and to see what systems were in place for assessment and management across a patient's lifetime. This member discovered a large variability in practice across the country, with variable services available – contributing to problems with equity and access to appropriate care.

There are potential harms associated with delayed access to ADHD treatment, especially those with a delay in access to stimulants that have already reached therapeutic levels[10], including a significant risk of reduced quality of life, particularly in young children and adolescents. There is also a noted increase in factors that are likely to increase mortality, such as substance abuse, criminality, risky behaviour, and accidents[11].

Surveys conducted through the Neurodevelopment Clinical Network[12] (formerly the Child Development and Disability Network[13]) demonstrated a number of issues with the current system, including limited access to assessment services, follow-up issues, equity concerns, a medication system not fit for purpose, and limited non-pharmological supports and treatments.

Our RACP members note that any moves to improve access to medication must be balanced with ensuring patient safety and quality of care. Increasing access to pharmacological treatment will require more healthcare professionals with the necessary skills to prescribe medications**. RACP members have cautioned that much progress is required to achieve this.**

### *Multidisciplinary team-based models of care*

The RACP welcomes the development and implementation of appropriate models of care that involve paediatricians working with, and mentoring, primary care health professionals to reduce waiting times for ADHD assessments, as well as the provision of support services following ADHD diagnosis.

Our RACP members advise that paediatric ADHD is complex and requires specialised knowledge and formal training to assess the presence of ADHD, while accounting for other contributing factors, as well as managing medications which could have the potential to harm a child's development if improperly prescribed. The RACP strongly recommends that physician specialist care still has a place in the diagnosis and care of patients with ADHD, particularly in complex presentations.

An RACP member provided an example of a pilot model for integrated care to address the shortage of ADHD assessments within the public sector in New South Wales, Australia. At the

[10] Okada, T.N. et al. Effect of continuing and discontinuing medications on quality of life after symptomatic remission in attention-deficit/hyperactivity disorder: a systematic review and meta-analysis. J Clin Psychiatry. 2020. 81(3). Accessed 5 February 2025. Available from: https://www.psychiatrist.com/jcp/medication-discontinuation-and-quality-of-life-in-adhd/
[11] French, B. et al. Risks associated with undiagnosed ADHD and/or autism: a mixed-method systematic review. J Atten Disord. 2023. 27(12); 1393-1410. Accessed 5 February 2025. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC10498662/
[12] Starship Neuro Development Clinical Network https://starship.org.nz/health-professionals/neurodevelopment-clinical-network/
[13] Starship Child Development and Disability Network https://starship.org.nz/health-professionals/child-development-and-disability-network/

Lifespan Community ADHD Clinic at Cranebrook Community Health Centre[14], GPs train with experienced clinicians in ADHD identification and are given the same prescribing rights as psychiatrists and paediatricians. These GPs have access to the ADHD Clinic for more complex patients, peer support and ongoing education. Suitable clinic patients are referred back to an increasingly experienced cohort of GPs, who can provide continuity of care from childhood to adulthood.

These views are in line with RACP's position statement on the role of paediatricians in the provision of mental health services to children and young people, which calls for system change in order to develop more efficient, integrated and responsive models of care for children and young people with developmental, behavioural or mental health problems, including ADHD[15].

### *Specialist training in mental health and development*

It is crucial that any medical professional participating in the diagnosis and/or prescribing of stimulant medication for ADHD be provided with extensive specialist training in mental health and child development. RACP paediatricians stress that expert advice is needed to design training suitable for GPs and nurse practitioners. While initial training is important, ongoing development of skills and continued professional development is also necessary.

Further RACP member feedback on specialist training is provided within the specific consultation questions below.

### *Potential to reduce pressures on specialist workforce*

Access to public mental health services in Aotearoa NZ is heavily restricted due to workforce supply and demand issues. Data confirms access rates for specialist mental health services have declined over the past 18 months[16]. ADHD New Zealand has recently surveyed its membership, confirming people are waiting longer for both public and private specialist care, with only a quarter of respondents receiving support from a psychiatrist or psychologist. Of those waiting for support, a fifth give up waiting to see a specialist[17]. Opening up the potential for diagnosis and treatment to be accessible via primary care could help reduce this pressure on the specialist workforce.

However, our members stress that thought must be given to appropriately resourcing this shift to primary care-based treatment. The 2021 GP Future of the Workforce Report highlighted that the number of GPs per 100,000 people is projected to fall from 74 in 2021 to just 70 in 2031, and people needing care are already struggling to get a GP appointment when they need it[18]. 79% of GPs rated themselves as burnt-out to some degree, with increased patient need and

[14] Lifespan Community ADHD Clinic at Cranebrook Community Health Centre https://www.nsw.gov.au/departments-and-agencies/nbmlhd/service-directory/adhd-clinic-nepean
[15] Royal Australasian College of Physicians (RACP). The role of paediatricians in the provision of mental health services to children and young people. [Internet]. Sydney: RACP; 2016. Accessed on 25 January 2025. Available from: racp---the-role-of-paediatricians-in-the-Wprovision-of-mental-health-services-to-children-and-young-people.pdf
[16] Health New Zealand | Te Whatu Ora. Quarterly Performance Report: Quarter ending 31 March 2024. [Internet]. Wellington: Health New Zealand | Te Whatu Ora. Accessed 25 January 2025 Available from: Quarterly-Performance-Report-quarter-ending-31-March-2024-updated-120724.pdf (tewhatuora.govt.nz)
[17] Radio NZ. No capacity to test adults for ADHD a 'major issue', GPs NZ head says. [Internet]. Radio NZ: 10 May 2023. Accessed 5 February 2025. Available from: https://www.rnz.co.nz/news/national/489645/no-capacity-to-test-adults-for-adhd-a-major-issue-gps-nz-head-says
[18] Grimmond, D., Martin, G. & Tu. D. 2021 GP Future Workforce Requirements Report. Allen & Clarke; 2021. Accessed 5 February 2025. Available from: https://www.rnzcgp.org.nz/documents/6/2021-GP-future-workforce-report-FINAL.pdf

complexity, structure of funding, and administrative burden all cited as contributing factors[19]. It is critical that the workforce pressure and potential for associated access issues is not simply moved from secondary to primary care.

Additionally, RACP members stress that ADHD assessments cannot be conducted in a typical 15-minute GP appointment. Adequate time and care are required to conduct comprehensive ADHD assessments prior to the prescription of any stimulant treatment.

### *Shortages of ADHD stimulant medication*

Pharmac should consider how best to respond to supply chain issues regarding medications, such as Methylphenidate ER tablets Concerta, of which there is currently a nationwide shortage[20]. Our members note that medication shortages/supply disruption is happening regularly concerning important medications. The Therapeutic Goods of Australia (TGA) recently completed a public consultation regarding "Medicine shortages in Australia – Challenges and opportunities" and we suggest contact with the TGA would be beneficial to learn more about medicine shortage impacts, challenges and improvement opportunities that could be adapted for Aotearoa NZ[21]. The impact of Pharmac and Medsafe's proposal will be limited by ADHD medication supply issues.

## Specific Consultation Questions

### Medsafe Consultation Questions

1. *Do you have any feedback on the proposal to allow nurse practitioners (working within paediatric services or child and adolescent mental health services) to start stimulant treatment, for people with ADHD 17 years and under?*

The RACP supports this proposal, within the context of integrated, cross-profession, team-based models of care. If this proposal is adopted, it is crucial that specialist training in mental health and child development, including ADHD specifically, be provided to nurse practitioners. This could be incorporated into nurse practitioner training programmes or provided to applicable nurse practitioners who will be involved in team-based care of ADHD patients.

2. *Do you have any feedback on the proposal to allow medical practitioners (with a vocational scope in general practice) to start prescribing, for people with ADHD 18 years and over?*

The RACP supports this proposal, echoing our previous comments that this is only appropriate within the context of integrated, cross-profession, team-based model of care. If this proposal is adopted, it is crucial that specialist training in mental health and child development, including

[19] Royal New Zealand College of General Practitioners. Te Rangahau Ohu Mahi – The Workforce Survey 2022 – Overview Report. RNZCGP; 2023. Accessed 5 February 2025. Available from: file:///C:/Users/jwallens/Downloads/RNZCGP_Workforce_Survey_Overview_Report.pdf

[20] Pharmac | Te Pātaka Whaioranga. [Internet]. Methylphenidate ER tablets (Concerta and Teva): Supply issue. Pharmac: 23 Sep 2024**.** Accessed on 30 January 2025. Available from: Methylphenidate ER tablets (Concerta and Teva): Supply issue - Pharmac | Te Pātaka Whaioranga | NZ Government

[21] Australian Government Department of Health and Aged Care. Medicine shortages in Australia- Challenges and opportunities [Internet]. Australian Government Department of Health and Aged Care,2024. Accessed on 1 February 2025. Available from: Medicine shortages in Australia – Challenges and opportunities - Therapeutic Goods Administration - Citizen Space (tga.gov.au)

ADHD specifically, be provided to these medical practitioners. Our members stressed that it is crucial that adequate time and care is taken to conduct comprehensive ADHD assessments prior to the prescription of medication – an ADHD assessment cannot be done in a typical 15-minute GP appointment.

3. *Do you have any feedback on the proposal to allow nurse practitioners (working within their scope of practice) to start prescribing, for people with ADHD 18 years and over?*

The RACP supports this proposal, within the context of integrated, cross-profession, team-based models of care. If this proposal is adopted it is crucial that specialist training in mental health and neurodevelopmental disability, including ADHD specifically, be provided to nurse practitioners. This could be incorporated into nurse practitioner training programmes or provided to applicable nurse practitioners who will be involved in team-based care of ADHD patients.

4. *Do you have any feedback on the proposal to allow different prescribers to start stimulant treatment based on the age of the person with ADHD?*

RACP paediatricians agree that the proposed age restrictions are in keeping with specialist feedback on prescribing rights. However, they caution that children especially need careful assessment and follow-up care.

The proposals largely focus on diagnosis and starting of medication – this should be broadened to also include continuity of care, monitoring and follow-up for all age groups, but particularly children who are still developing.

5. *Do you have any feedback on any defined training requirements that vocationally registered GPs or nurse practitioners would be expected to complete before diagnosing someone with ADHD and starting them on stimulant medicine?*

RACP paediatricians stress that expert advice is needed to design training suitable for GPs and nurse practitioners. While initial training is important, ongoing development of skills and continued professional development is also necessary.

Training in the use of standardised questionnaires, clinical interviews and examinations specific to ADHD is critical, incorporating training on known comorbidities and differential diagnosis of ADHD. Assuming ADHD is the cause of an individual's developmental or behavioural issues can lead to missed opportunities to address other underlying issues, and up to 50% of those with ADHD also meet the criteria for at least one other condition[22].

Awareness of the potential for misuse and diversion of stimulant medications should also be incorporated into training, particularly for adolescents. Overseas studies suggest up to 24% of

[22] Capusan, A.J. et al. Comorbidity of Adult ADHD and its subtypes with substance use disorder in a large population-based epidemiologiual study. J Attention Disorders. 2019; 23(12):1416-1426. Accessed on 5 February 2025. Available from: https://journals.sagepub.com/doi/10.1177/1087054715626511

teenage patients prescribed stimulant medication in primary care settings report diverting medication to peers[23,24,25].

6. *Do you have any other comments on the proposed changes to the restrictions for stimulant treatments for Medsafe?*

Access to treatment, including ensuring equitable access, needs to be careful balanced with patient safety. Sole practice is not safe in the context of diagnosis and management of ADHD, and as such the RACP supports a team-based approach incorporating specialists, GPs, nurse practitioners, and other relevant medical professionals. Careful thought to both access and safety needs to be taken in rural and remote areas where this team-based approach may not work in practice.

## Pharmac Consultation Questions

7. *Do you have any feedback about the proposal and the impact for clinicians or people with ADHD or who may have ADHD?*

The RACP supports the change to address current equity and access concerns. RACP paediatricians agree that primary care is suitable for low complexity presentations, with specialist care remaining appropriate for more complex presentations.

However, our members stress that significant thought will be required as to resourcing primary care for this shift in care.

8. *Do you have any feedback on the benefits and the risks of this proposal?*

The benefits are likely to include reduced barriers to care, improved equity and improved outcomes for people with ADHD. If appropriately planned, the potential exists for improved continuity of care following diagnosis.

Potential safety risks are largely tied to inadequate training and resourcing, including lack of comprehensive assessments and inappropriate prescribing. It is also crucial that diagnosis and treatment of ADHD in a primary care setting involves a multidisciplinary team rather than sole practice.

[23] Wilens, T.E. et al., Misuse and diversion of stimulants prescribed for ADHD: A systematic review of the literature. J Am Acad Child & Adolescent Psychiatry. 2008; 47(1):21-31. Accessed 5 February 2025. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC9090190/#R5

[24] Cottler L.B., Striley, C.W., & Lasopa, S.O. Assessing prescription stimulant use, misuse, and diversion among youth 10-18 years of age. Current Opinion in Psychiatry. 2013; 26(5):511-519. Accessed 5 February 2025. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC5832028/

[25] Poulin, C. Medical and non-medical stimulant use among adolescents: from sanctioned to unsanctioned use. CMAJ. 2001; 165(8):1039-1044. Accessed 5 February 2025. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC81538/

9. *Do you have any feedback on the Special Authority access criteria for stimulant treatments?*

RACP paediatricians consider that the use of DSM-5 and ICD-11[26] are the most appropriate access criteria, and support reducing the bureaucratic load of Special Authority applications. However, it is crucial that evaluation of this change occurs, with ongoing monitoring for unintended consequences and outcomes.

10. *Clinicians: Do you have any feedback on implementation activities that would be required to support prescribers with this proposal? For example training, education, practical resources, and resourcing.*

Specialist training and education is essential to the safe implementation of these proposals. These could include:

- Training courses for primary care clinicians, including electronic resources. These need to focus on practical skills on how to assess, use of standard tools, monitoring, side-effect management, etc.
- Practical resources such as those found in the CADDRA ADHD Assessment Toolkit[27], adapted for the Aotearoa context, provided as free resources to diagnosing clinicians.
- Access to non-medication tools need to accompany the access to management of ADHD via management, as stimulant medication is not necessarily the most appropriate form of management of ADHD in all cases.

It is crucial that clinicians are adequately resource to allow time to appropriately assess patients as needed (RACP members have advised that this requires at least 1-3 hours). Further, the time required for medical professionals to undergo the required specialist training in mental health and development specific to ADHD needs to be considered.

While training and education is clearly essential, methods need to be developed to monitor prescribing habits, including a process for managing potential outliers who inappropriately prescribe stimulant medication.

## Concluding remarks

The RACP thanks Pharmac and Medsafe for the opportunity to provide advice on this proposal. To discuss this submission further, please contact the RACP's Aotearoa NZ Policy and Advocacy Unit at policy@racp.org.nz. Our RACP members would warmly welcome receiving briefings from Pharmac and Medsafe on this issue as the proposal progresses and are open to meeting with Pharmac and Medsafe.

[26] Brown, T.A., Sellbom, M., Bach B. & Newton-Howes, G. New Zealand (Aotearoa) clinicians' perspectives on the utility of the ICD-11 personality disorder diagnosis. Personality and Mental Health. 2023; 17(3):282-291. Accessed on 5 February 2025. Available from: https://onlinelibrary.wiley.com/doi/full/10.1002/pmh.1582

[27] Canadian ADHD Resource Allians. CADDRA ADHD Assessment Toolkit (CAAT) Forms. CAADRA, 2014. Accessed 5 February 2025. Available from: https://www.caddra.ca/pdfs/caddraGuidelines2011_Toolkit.pdf

Nāku noa, nā

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