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**The Royal Australasian College of
Physicians' submission to Pharmac**

**Proposal to remove the renewal
criteria for stimulant treatment**

Mahuru 2024

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to provide advice to Pharmac on its proposal to remove the renewal criteria for stimulant treatment.

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 been noted to have 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.

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 imprisonment¹. 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 Zealanders². 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 disabilities³. There is a significant gap in literature about Māori perspectives on ADHD, and strategies and treatments that align with Te Ao Māori⁴.

In Aotearoa NZ, the prescription of methylphenidate, dexamfetamine and modafinil requires [Special Authority from Pharmac](#). ADHD renewal criteria currently require a renewal application to be submitted by a psychiatrist or paediatrician, or a medical or nurse practitioner who has confirmed that a paediatrician or psychiatrist has been consulted within the last two years and recommended treatment for the patient in writing. The narcolepsy renewal criteria currently only allows applications from a neurologist or respiratory specialist⁵.

In response to the increasing struggles to access renewal of special authorities for stimulant medications to treat ADHD and narcolepsy, Pharmac is proposing to **remove the renewal**

¹ Kosheleff A, Maon O, Jain R, Koch K, Rubin J. Functional Impairments Associated With ADHD in Adulthood and the Impact of Pharmacological Treatment. [Internet]. J Atten Disord. 2023 May; 27(7): 669–697 Accessed on 26 Sept 2024. Available from: [Functional Impairments Associated With ADHD in Adulthood and the Impact of Pharmacological Treatment](#)

² Beaglehole B, Jarman S, Frampton F. Dispensing of attention-deficit hyperactivity disorder medications for adults in Aotearoa New Zealand. [Internet]. NZ Med J 2024 May 3;137(1594): 23-30. Accessed 25 Sept 2024. [Dispensing of attention-deficit hyperactivity disorder medications for adults in Aotearoa New Zealand - The New Zealand Medical Journal \(nzmj.org.nz\)](#)

³ Royal Australasian College of Physicians (RACP). Inequities in child health position statement. [Internet]. Sydney: RACP; May 2018. Accessed on 25 September 2024. Available from [racp-inequities-in-child-health-position-statement.pdf](#)

⁴ Rangiwai B. Flighty like the piwakawaka! Personal reflections on mid-life ADHD 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 October 2024. Available from: [Flighty-like-the-piwakawaka-personal-reflections-on-mid-life-adhd-diagnosis-and-the.pdf](#)

⁵ Pharmac. Proposal to remove the renewal criteria for stimulant treatments (methylphenidate, dexamfetamine and modafinil) from 1 December 2024. [Internet]. Pharmac: 12 Sept 2024. Accessed 25 September 2024. Available from: [Proposal to remove the renewal criteria for stimulant treatments - Pharmac | Te Pātaka Whaioranga | NZ Government](#)

criteria for methylphenidate, dexamfetamine and modafinil from 1 December 2024⁶.

Proposed changes include:

- Anyone starting on stimulant treatment which requires a Special Authority approval would receive funded treatment without requirement for this approval to be renewed.
- Anyone with a current or recent (expired in the last two years) Special Authority approval for these treatments would automatically be issued an approval that is valid without further renewal. This would be managed by Pharmac and Health New Zealand.

Prescribers (medical or nurse practitioners) would continue to manage ongoing prescribing and seek specialist input as needed to assess whether treatment remains appropriate and whether an individual is benefitting from the prescribed treatment. Pharmac understands that as part of clinical practice, specialists may outline any specific requirements for the management of an individual with ADHD in collaboration with an individual's prescriber. Minor changes are proposed to the initiation criteria for dexamfetamine for individuals with ADHD aged 5 years and over, to align with methylphenidate.

RACP position on Pharmac's proposal

Advice from some of our RACP paediatricians **supports the proposal to remove Special Authority renewal criteria for methylphenidate, dexamfetamine and modafinil.**

RACP paediatricians observe that children and young people who have been discharged from Paediatric Services to General Practitioner (GP)/primary health care struggle to access renewal of Special Authority approvals for stimulant medications, particularly young people older than 15 years of age, because it is difficult for them to access a psychiatrist.

There are potential harms associated with delayed access to ADHD stimulants for individuals that have reached therapeutic levels, including a significant risk of reduced quality of life, particularly in young children and adolescents, as well as an increase in factors that are likely to increase mortality, such as substance abuse, criminality, risky behaviour, and accidents⁷.

RACP does not suggest that there is no need for reviews of treatment to determine whether treatment remains appropriate and beneficial, rather that reviews are essential for appropriate management of ADHD or narcolepsy and access to treatment should not be conditional of a review with a paediatrician or psychiatrist. RACP paediatricians consider that with the development of expertise, these reviews should be able to occur in a GP setting. This proposal has the potential to remove barriers to ongoing treatment and management of ADHD and narcolepsy in terms of costs and waiting times. The current requirement for Special Authority renewal, necessitating access to specialists, does not justify the impact on individuals, whānau, and the workforce, particularly if a coordinated treatment plan is in place. In terms of impact on the workforce, the proposed changes could also potentially "free up" GP and specialist time for other patient health care.

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. While there is potential for GPs to develop the expertise required to review and adjust medications, RACP members have cautioned that much progress is required to achieve this.

⁷ Tsujii N, Okada T, Usami M, 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):19r13015. Accessed on 2 Oct 2024. Available from: <https://www.psychiatrist.com/jcp/medication-discontinuation-and-quality-of-life-in-adhd/>

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 ADHD⁸.

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 shortage⁹. 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 NZ¹⁰. The impact of Pharmac's proposal will be limited by ADHD medication supply issues.

Further detail outlining RACP member feedback on the potential benefits of the Pharmac proposal are outlined below.

Potential to improve access and address inequities

The Pharmac proposal is a step towards addressing barriers for people trying to access their stimulant medications in a timely way in Aotearoa NZ, which include the cost of private health care and waitlists for specialist mental health services. The Pharmac proposal offers potential to address the gap between those who have ADHD and those who can access treatment and the negative individual and societal effects for those who are unable to access treatment.

Many ADHD assessments are now [undertaken in the private healthcare sector](#) at a cost of between \$1,000 and \$3,000¹¹. Our RACP members observe this is creating significant access and equity issues for those unable to afford private healthcare assessments. The Pharmac proposal would reduce the cost involved with receiving ongoing appropriate ADHD treatment.

Potential to reduce pressures on workforce and families

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 months¹². 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^{Error! Bookmark not defined.}.

Our RACP members observe that the Pharmac proposal would alleviate some of the administrative burden for GPs, paediatricians and psychiatrists and increase their capacity to focus on other patient care and clinical practice duties.

⁸ 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 Sept 2024. Available from: [racp---the-role-of-paediatricians-in-the-Wprovision-of-mental-health-services-to-children-and-young-people.pdf](#)

⁹ Pharmac | Te Pātaka Whaioranga. [Internet]. Methylphenidate ER tablets (Concerta and Teva): Supply issue. Pharmac: 23 Sep 2024. Accessed on 30 Sept 2024. Available from: [Methylphenidate ER tablets \(Concerta and Teva\): Supply issue - Pharmac | Te Pātaka Whaioranga | NZ Government](#)

¹⁰ 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 Oct 2024. Available from: [Medicine shortages in Australia – Challenges and opportunities - Therapeutic Goods Administration - Citizen Space \(tga.gov.au\)](#)

¹¹ Radio NZ. Those worse affected by ADHD the least likely to get treatment – psychiatrists. [Internet]. Radio NZ: 19 Sept 2024. Accessed 25 Sept 2024. Available from: [Those worst affected by ADHD the least likely to get treatment - psychiatrists | RNZ News](#)

¹² Health New Zealand | Te Whatu Ora. Quarterly Performance Report: Quarter ending 31 March 2024. [Internet]. Wellington: Health New Zealand | Te Whatu Ora. Accessed 25 Sept 2024 Available from: [Quarterly-Performance-Report-quarter-ending-31-March-2024-updated-120724.pdf \(tewhatuora.govt.nz\)](#)

Our RACP members suggest consideration of regional care navigators, such as the availability of a Clinical Nurse Specialist (CNS) as a point of contact to liaise and ensure timely referrals, assessments and follow up, as well as supporting navigation of the healthcare system, would be beneficial for individuals and their families.

Concluding remarks

The RACP thanks Pharmac 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 on this issue as the proposal progresses and are open to meeting with Pharmac.

Nāku noa, nā



Dr Hamish McCay
Aotearoa NZ President
The Royal Australasian College of Physicians