

30 September 2024

Pharmac
PO Box 10254
The Terrace
Wellington 6143

By email to: consult@pharmac.govt.nz

Tēnā koe

Re: Proposal to remove the renewal criteria for stimulant treatments

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide feedback on PHARMAC's proposal to remove the renewal criteria for methylphenidate, dexamfetamine, and modafinil.

The RANZCP is the principal organisation representing the medical specialty of psychiatry in Aotearoa New Zealand and Australia and is responsible for training, educating, and representing psychiatrists. The RANZCP has over 8400 members, including more than 5900 qualified psychiatrists and is guided on policy matters by a range of expert committees, including Tu Te Akaaka Roa, the New Zealand National Committee.

Tu Te Akaaka Roa supports easier and more equitable access to diagnosis and treatment of Attention Deficit Hyperactivity Disorder (ADHD) for tāngata whai ora of all ages. Psychostimulants play a key role in the effective management of ADHD symptoms but should not be considered standalone treatments and any changes to the regulation of psychostimulants must consider both access barrier, as well as the risks of medication use, abuse and diversion. As outlined in the RANZCP's [Position Statement 55: ADHD across the lifespan](#), the risk and benefits of psychostimulant use vary across the lifetime and we recommend age-specific requirements for the renewal of special authority applications. Specifically, we recommend:

- removing the renewal criteria for adults with a stable ADHD diagnosis,
- retaining the requirement of two-yearly special authority renewals for young people under the age of 18, to be completed by psychiatrists, paediatricians, GPs, or nurse practitioners (with specialist support).

Removing the renewal Criteria for adults with a stable ADHD diagnosis

Given the more stable nature of adult ADHD, we are comfortable with the removal of the requirement for two-yearly Special Authority Reviews for people with a formally established diagnosis whose symptoms are stable on regular treatment. However, we recommend regular prescriber follow-up to monitor:

- benefits of the medication,
- cardiovascular function and weight,
- potential adverse effect
- risk of diversion and prescribing trend

Keeping the two-yearly renewal requirement for young people under the age of 18

Tu Te Akaaka Roa recommends that two-yearly special authority renewals requirement be retained for all tamariki and rangatahi under the age of 18, in addition to regular prescriber monitoring.

Developmental changes in children's abilities to manage symptoms of ADHD with and without medication, and adolescent-related increases in risk-taking behaviour, including diversion of medication, may require treatments to be adapted from time to time. Special authority renewals allow for more extensive reviews and ensures treatment aligns with the changing needs of tangata whai ora and appropriately balances the benefits and risk of psychotropic medication use. Additionally, special authority reviews offer an opportunity for tamariki to gain understanding of the condition and available treatment options. When medication is started at a young age consent is provided by caregivers, rather than the children themselves, and regular reviews provide an opportunity young people to take a more active role in treatment decisions as appropriate for their age and development. We recommend that two-yearly special authority reviews include:

- confirmation of ongoing clinical symptoms and functional impairment, including clinical assessment of mental state,
- review of adverse effects of medication, including monitoring of growth.
- reviewing comorbid health conditions and their management; and
- confirmation of individual consent or parental consent and child assent for continuation of medication.

Tu Te Akaaka Roa is comfortable with special authority reviews for children and young people being undertaken by a general practitioner with additional training, and nurse practitioners with support from paediatricians or psychiatrists. We are mindful that this proposal would transfer more responsibility to the primary health care sector and additional resources will be required to supports the implementation of this shift.

The Australasian ADHD Professionals Association (AADPA) recently released [guidelines](#) for the treatment of ADHD; these guideline have been endorsed by the RANZCP and offer a comprehensive and up-to-date resource for Aotearoa New Zealand-based practitioners. Tu Te Akaaka Roa suggests the development of a practical implementation guide to supplement the AADPA guidelines and ensure ADHD assessment and treatment across the motu is holistic and in line with paediatric and psychiatric practice in Aotearoa New Zealand.

Additionally, Tu Te Akaaka Roa supports the extension of primary/secondary care networks and the development of post-graduate training opportunities for primary care physicians such as the [RANZCP Certificate of Postgraduate Training in Clinical Psychiatry](#), recently launched in Australia.

It is important to note that removal of the requirement for special authority reviews places Aotearoa New Zealand out of sync with practice in Australia, where renewals are required in all states, ranging from annual reviews in Western Australia to five-yearly reviews in South Australia. We believe that retention of the requirement for two-yearly special authority renewal reviews for those aged under 18 only, appropriately balances the risks and developmentally related concerns with the need for improved access to assessment and treatment of ADHD.

Thank you for the opportunity to provide feedback; we look forward to working with PHARMAC in the future. If you have any further questions regarding this letter, please contact the New Zealand National Office - Tu Te Akaaka Roa via nzoffice@ranzcp.org or on +64 (0)4 472 7247.

Ngā manaakitanga



Dr Hiran Thabrew
National Chair, Tu Te Akaaka Roa

Specifically, we had recommended that whilst the requirement for renewal of special authority applications could be dispensed with for adults, we recommended that this be retained for children and young people under 18 years old. However, we were comfortable with the responsibility for these renewals being passed into the realm of primary care rather than retaining the requirement for consultation with specialist colleagues.

We are also aware that this proposal will pass more responsibility for ongoing management of ADHD onto primary care. There are several ways of assisting our colleagues with this workload: