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Tēnā koe David

Proposal to remove the renewal criteria for stimulant treatments

On behalf of The Royal New Zealand College of General Practitioners (the College) I would like to thank you for the work to progress the joint concerns of specialist GPs, other primary care practitioners, patients, and recently, the ADHD Working Group formed to identify resource constraints and practical measures to address system issues which compound inequity. The proposal to remove the renewal criteria for stimulant treatments will make a difference for both clinicians and people with ADHD.

The Royal New Zealand College of General Practitioners is the largest medical college in New Zealand. Our membership of over 6,000 specialist GPs and rural hospital doctors make up 40 percent of New Zealand's specialist medical workforce. The Medical Council of New Zealand accredits the College to deliver vocational training to the specialist General Practitioner and Rural Hospital Doctor workforce. Our kaupapa aspires to improve equity by upholding principles of Te Tiriti o Waitangi and supporting members to be culturally safe and competent through our training, CPD and Quality¹ programmes.

Our members provide care to their wider community by undertaking over 23 million patient contacts each year. Our workforce is the first point of contact for most health concerns, dealing with 90 percent of these concerns in 1077 practices across the motu.

Our submission

The College supports the introduction of the proposal to remove the renewal criteria for stimulant treatments methylphenidate, dexamfetamine, and modafinil to support people with ADHD with access to stimulant treatments without having to take a break in their medication.

The current arrangement is an unnecessary bureaucratic hurdle for specialist GPs, other specialists, and patients. The proposed removal of the Special Authority rule requiring ADHD patients to obtain approval every two years to enable patients to continue using stimulant medications is welcomed, it will support specialist GPs by freeing up specialist time to carry out additional ADHD assessments and improve access for patients.

¹ The College's Practice Quality Programme assesses standards of care in 1,077 general practices, including rural. Accreditation against the RNZCGP Foundation Standard reflects a commitment to meeting standards of care and working improve equitable patient health outcomes.

Context

People with ADHD suffer significant consequences when there are gaps in treatment. This impacts negatively on relationships, employment, mental health and equity. Adults, women, Māori, and Pacific people are at greater risk for harm, and failure to adequately diagnose and treat ADHD appropriately is more likely to lead on to significant additional harm from drug, alcohol, and nicotine use, resulting in even greater inequities. There is strong evidence that continuity of treatment with stimulant medication is effective.¹

The ADHD Working Group identified the most important need to improve outcomes for ADHD as:

- Improved access to ADHD diagnosis
- Funded access to long-acting stimulants
- Access to support and ADHD treatment

Additional resources

- Pharmac plan to fund lisdexamfetamine from December 2024 will remove barriers to access and increase equity for people with ADHD.
- Titration is a skill, and we recommend that Pharmac provide guidance on dose titration and formulation changes to support prescribing.
- We suggest releasing of prescription data will help to give confidence to the wider sector that prescriptions remain appropriate with the proposed changes.

Conclusion

The College supports removal of the renewal criteria as it will considerably increase equity of access to stimulant treatments for people with ADHD. Removal will significantly reduce bureaucracy for specialist GPs and improve access to timely treatment for patients.

As the removal the renewal criteria for stimulant treatments transitions to a primary prescribing model, we flag the need to include communicate changes to the sector and people with ADHD. The College is keen to work with you to disseminate these changes to our members.

If you require further clarification, please contact Maureen Gillon, Manager Policy, Advocacy, Insights – Maureen.Gillon@rnzcgp.org.nz.

Nāku noa, nā



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References

- ¹ The New Zealand Drug Foundation. Report: Neurodivergence and substance use. 1.10.24 Available at: [Report: Neurodivergence and substance use - NZ Drug Foundation](#)