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20 March 2026

Elsbeth Baker-Vevers

By email: [fyi-request-33110-56e6a2f8@requests.fyi.org.nz](mailto:fyi-request-33110-56e6a2f8@requests.fyi.org.nz)  
Ref: H2025076445

Tēnā koe Elspeth

### **Response to your request for official information**

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health – Manatū Hauora (the Ministry) on 3 December 2025 for information regarding ownership, governance, classification, as well as operational rollout of the ADHD Clinical Principles Framework. The response timeframe was extended on 22 January 2026, and a decision was issued on 17 February. The Ministry acknowledges that it has not met the required deadline and apologises for any inconvenience caused by the delay in providing you this information.

After receipt of your request, the Ministry contacted you to arrange a meeting to clarify and discuss your request. On 16 December 2025, you declined this meeting. X

The Ministry notes that you have made multiple requests on the same topic (H2025076364, H2025076972, H2025076281, and H2025076277 refers), which has resulted in some overlap in subject matter across the documents identified. To avoid unnecessary repetition or reproduction of the same material, these are instead referenced in the appropriate releases as referenced in Appendix 1.

To address parts of your information request and to support your understanding of the material set out below, I have first outlined some background and broader context before responding to your specific questions.

### **Ownership and classification of the ADHD Clinical Principles Framework**

The ADHD Clinical Principles Framework (the framework) is owned and authorised by the Ministry. The Ministry authored the framework, in partnership with a Clinical Reference Group. The Clinical Reference Group comprised representatives with clinical expertise in ADHD from health professional bodies as well as people with lived and family experience of ADHD.

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The framework is a clinical framework that incorporates principles from international evidence-based clinical guidelines for the assessment, diagnosis, and treatment of ADHD. The framework describes expected standards for the assessment, diagnosis, and treatment of ADHD within the New Zealand context, representing the consensus views of the Clinical Reference Group and the Ministry.

Clinical frameworks exist to describe standards for care, support evidence-based care, and to promote clinical quality and safety to guide registered health professionals in their clinical practice. Clinicians are still required to use their clinical judgement to tailor care to an individual's circumstances, while taking into account evidence-based clinical guidelines and frameworks.

The framework was published by the Ministry in July 2025. It can be viewed here: [www.health.govt.nz/publications/new-zealand-clinical-principles-framework-for-attention-deficit-hyperactivity-disorder](http://www.health.govt.nz/publications/new-zealand-clinical-principles-framework-for-attention-deficit-hyperactivity-disorder)

The framework was updated on 6 October 2025 to include all psychology scopes (see 'General Principles', page 6). Greater emphasis has been placed on competence as the over-arching consideration in line with consultation feedback.

### **Commissioning and planning of health services for ADHD**

The Ministry does not hold any documents relating to commissioning or planning of changes to service delivery for ADHD services by Health New Zealand. Members of the Implementation Working Group – a group of officials from the Ministry of Health and Pharmac supporting the implementation of the changes across the health sector have met with Health New Zealand clinical leads as a key stakeholder for implementation of the changes to the prescribing rules for ADHD stimulant medicines. Health New Zealand has been included in online stakeholder meetings hosted by the Implementation Working Group.

### **Workforce development, training, and referral pathways**

The Ministry and Pharmac Implementation Working Group has met with education and training providers to discuss opportunities for professional development, including the Royal New Zealand College of General Practitioners, Nurse Practitioners New Zealand, the Royal Australian and New Zealand College of Psychiatrists, the Goodfellow Unit, and others. I refer you to these providers for details regarding clinical educational and training opportunities for ADHD care.

Escalation and referral pathways are an important part of health sector readiness for the upcoming changes, particularly for the management of complex cases. The Implementation Working Group has engaged with HealthPathways to ensure readiness in the clinical pathways relating to ADHD care in preparation for the prescribing changes. The HealthPathways are an online resource that set out pathways for referral and escalation between primary and specialist services for the management of specific conditions in the local context, including ADHD.

### **Competence**

ADHD care will continue to be delivered by registered health practitioners under the Health Practitioners Competence Assurance Act 2003. Under this Act, all health professionals must practise within their scope and maintain competence. The regulatory authorities that are responsible for ensuring competence and investigating issues of competence for the general practitioner and nurse practitioner workforces are the Medical Council of New Zealand and Nursing Council of New Zealand.

Turning to your request, you asked:

*This request covers the period from 1 January 2022 to the date this request is received.*

*1. Ownership, stewardship, and classification*

*A. Ownership and responsibility*

*Please confirm which agency holds ownership, stewardship, or responsibility for the ADHD Clinical Principles Framework (2025), including responsibility for implementation, rollout, updating, governance, and monitoring.*

*If responsibility for any function has been assigned to another agency, please provide the documents recording that assignment and name the responsible agency.*

*B. Classification of the document*

*Please confirm whether the Framework has been formally classified as any of the following:*

- a clinical guideline*
- a national standard*
- a mandated service-delivery requirement*
- a commissioning specification*
- an operational protocol*
- an advisory document*
- a non-binding clinical framework*

*If no formal classification exists, or if the document is considered non-binding, please confirm this.*

*C. Please provide any documents describing who had authority to approve, endorse, or finalise the Framework on behalf of Manatū Hauora.*

*If no such documents exist, please confirm this.*

Please refer to the above background and broader context, as well as, Document 18, for information captured within scope of this part of your request.

*2. Governance of the Clinical Reference Group (CRG)*

*Please provide:*

- a. Any terms of reference, governance diagrams, role descriptions, or internal instructions describing the Ministry's role in convening, supporting, overseeing, or approving the CRG.*
- b. Any documents describing how members were selected, including criteria, invitations, acceptances, and any records of groups or individuals who were identified but not approached.*
- c. Any documents describing decision-making processes within the CRG (e.g., consensus, majority, clinical lead sign-off).*
- d. Any records noting identified gaps in Māori, Pacific, Rainbow+/Takatāpui, or lived-experience representation.*

*If no such documents exist, please confirm this.*

A prior response under the Act has been published on the Ministry's website for information relating to the ADHD Clinical reference group, which can be viewed here: [www.health.govt.nz/information-releases/adhd-clinical-framework-0](http://www.health.govt.nz/information-releases/adhd-clinical-framework-0). As such section 18(d) of the Act applies to this part of your request.

*3. Implementation planning and the February 2026 rollout*

*Please provide any documents, project plans, timelines, briefs, internal advice, scoping documents, or communications describing how the Framework is intended to be implemented or operationalised as part of the February 2026 ADHD prescribing changes.*

*This includes any documents discussing:*

- expectations for sector behaviour change*
- planned implementation phases*
- risks, barriers, or dependencies*
- whether implementation is mandatory or optional*
- any decisions that rollout activity will be symbolic or guidance-only*

*If no such documents exist, please confirm this.*

Please refer to Documents 5, 6, 7, 8, 9, 10 for information captured within scope of this part of your request. .

#### *4. Commissioning, service delivery, and expectations for Te Whatu Ora*

*Please provide any documents describing:*

- planned or proposed changes to ADHD service delivery*
- commissioning plans or service specifications for ADHD care in primary or specialist settings*
- instructions, expectations, or requests provided to Te Whatu Ora regarding implementation*
- any agreements, memoranda, or handovers between Manatū Hauora and Te Whatu Ora relating to the Framework*
- any impacts on GP, PHO, NGO, or specialist roles*

*If no such documents exist, please confirm this.*

Please refer to Documents 1, 2, 3, 5, 7, 8, and 13 for information captured within scope of this part of your request.

#### *5. Workforce development, training, and capability*

*Please provide any documents describing:*

- training or capability-building for GPs, nurses, psychologists, or allied health*
- any planned or implemented professional development related to ADHD assessment or treatment*
- supervision structures, escalation pathways, or safety standards*
- cultural-safety expectations relating to Māori, Pacific, or Rainbow+/Takatāpui populations*

*If no such documents exist, please confirm this.*

Please refer to Documents 3, 4, 5, 7, 8, 11 and 18 for information captured within scope of this part of your request.

#### *6. GP competence: determination, verification, and support*

*Please provide any documents, advice, internal correspondence, or planning materials describing how general practitioner competence to assess, diagnose, or manage ADHD will be determined, verified, supported, or monitored as part of the February 2026 changes.*

*This includes any documents that:*

- define or describe the expected competencies for GPs*
- outline any training, credentialing, or verification requirements*
- discuss how competence will be assessed prior to prescribing*

- address medicolegal or safety considerations relating to competence
- assign responsibility for determining or overseeing GP competence
- note any gaps, risks, or limitations in current competence systems

*If any part of competence determination has been assigned to another agency, please provide the documents recording that assignment and name the responsible agency.*

*If no such documents exist, please confirm this.*

The Ministry and Pharmac have published an Information Sheet that responds to frequently asked questions about the changes to prescribing rules for ADHD stimulant medicines that took effect from 1 February 2026. The document titled, 'Changes to the Rules for Prescribing Medicines for ADHD Information Sheet' is available on the Ministry's website and linked in Appendix 1 as document 11. The Information Sheet addresses many of the matters raised in your request.

#### *7. Funding, resourcing, and budget considerations*

*Please provide any documents that describe or quantify:*

- funding allocated for the rollout or implementation of the Framework
- any business cases, budget bids, financial planning, or cost modelling
- any financial risk assessments
- any funding provided to Te Whatu Ora, PHOs, NGOs, or other providers relating to implementation

*If no such documents exist, please confirm this.*

Please refer to Documents 11, 12 and 14 for information captured within scope of this part of your request.

#### *8. Monitoring, evaluation, and equity accountability*

*Please provide any documents describing:*

- how the February 2026 rollout will be monitored or evaluated
- any proposed indicators, KPIs, or outcomes measures

Some initial scoping analysis to test use of datasets for understanding the effectiveness of the changes has been completed. Work to determine an approach to monitoring and evaluating the regulatory change is ongoing.

*-any plans to track ADHD service delivery or outcomes through national datasets or the IDI*

Initial work has been done in the IDI to draw a baseline for monitoring, but given gaps that exist in service delivery data, this focusses on pharmaceutical dispensing (as an indicator of diagnosis and diagnosis service access and use).

The pharmaceutical national collection contains claim and payment information from pharmacists for subsidised dispensing. PRIMHD is the single national source of mental health and addiction service activity and outcomes data for health consumers. Further information relating to PRIMHD is available at: [www.tewhatauora.govt.nz/for-health-professionals/data-and-statistics/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data](http://www.tewhatauora.govt.nz/for-health-professionals/data-and-statistics/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data).

*-any equity monitoring (including for Māori, Pacific, Rainbow+/Takatāpui populations)*

Work to determine an approach to monitoring and evaluating the regulatory change is ongoing with no formal decisions made yet. However, initial scoping analysis has included investigating discrepancies between genders, ethnicity and deprivation.

Understanding the distribution and equity implications of the changes will be considered in developing a monitoring or evaluation approach.

*-any internal assessments of system impact, risk, or inequity*

Initial scoping analysis has included investigating discrepancies between gender, ethnicity and deprivation. Please refer to Documents 16 and 17 for information captured within scope of this part of your request.

*9. Communications, engagement, and public messaging*

*Please provide any internal or external communications, media lines, stakeholder briefs, sector updates, or messaging plans relating to:*

*-the February 2026 rollout*

*-how the Framework will be communicated to clinicians, PHOs, Te Whatu Ora, NGOs, or the public*

*-any statements describing expected changes to ADHD care*

*If no such documents exist, please confirm this.*

Please refer to Documents 1-11 and 14 for information captured within scope of this part of your request.

*10. Absence of information*

*If Manatū Hauora does not hold:*

*-an implementation plan*

*-a commissioning plan*

*-a service specification*

*-a workforce or training plan*

*-monitoring or evaluation documentation*

*-funding documentation*

*-a communications plan*

*-or any documents assigning responsibility*

*please confirm this.*

Please refer to Document 6 for the implementation plan for the 1 February 2026 ADHD changes, Document 3 for the engagement plan and Document 14 for funding documentation.

Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in release in making this decision and decide that it does not outweigh the need to withhold at this time. Information deemed out of scope of your request has been removed and noted in the Appendix as well as in the document itself.

If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: [oiagr@health.govt.nz](mailto:oiagr@health.govt.nz).

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: [info@ombudsman.parliament.nz](mailto:info@ombudsman.parliament.nz) or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry website at: [www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests](http://www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests).

Nāku noa, nā

A handwritten signature in black ink, appearing to be 'Joe Bourne', with a stylized flourish extending to the right.

Dr Joe Bourne  
**Chief Medical Officer**  
**Strategy and Policy | Te Pou Rautaki**

## Appendix 1: List of documents for release

#	Date	Document	Document details	Decision on release
1	September 2025	Ministry of Health ADHD prescribing Changes Implementation Stakeholder Group – Draft Purpose and Scope	This is a draft document prepared by a Pharmac official to describe the purpose and scope of the Ministry of Health and Pharmac Implementation Working Group (referred to in the document as the Implementation Stakeholder Group). This document was reviewed and used as a reference document by the Implementation Working Group. It was never finalised.	Released in full.
2	2 October 2025	Weekly report item: Supporting the upcoming regulatory prescribing changes for Attention Deficit Hyperactivity Disorder (ADHD) medicines	Update to Minister Doocoy	Some information is withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons.  Released as an excerpt in accordance with section 16(1)(e) of the Act.  Some information has been deemed out of scope.
3	14 November 2025	Engagement Plan – ADHD implementation	This document was prepared by Ministry officials to set out the communications and engagement approach to supporting communication to the health sector and public about the ADHD changes. The approach includes planning for three stakeholder hui tailored for different stakeholder groups and the creation of an information sheet for the public.	
4		Draft minutes: Preparing for ADHD prescribing changes – Information-sharing session for key implementation stakeholders	A copilot generated summary of Session 1 and was produced by a Pharmac official after the first stakeholder hui. These Minutes were not finalised and go into greater detail than standard minutes. These were intended for internal use only.	Withheld in full under section 9(2)(g)(i) to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers and officers and employees of
5	29 October 2025	Session 1 Agenda and Minutes		

				any public service agency.
6	29 October 2025	Stakeholder Hui 1 PowerPoint presentation: Preparing for ADHD Prescribing Changes Implementation Leads Information-Sharing and Insights Session	This powerpoint was presented by the Implementation Working Group to attendees and invited speakers at the first online stakeholder hui.	Released in full.
7	24 November 2025	Session 2 Agenda: Preparing for ADHD Prescribing Changes: Health Sector update	This is the agenda prepared by the Implementation Working Group for the second online stakeholder hui.	
8		Stakeholder Hui 2 PowerPoint presentation: Preparing for ADHD Prescribing Changes Health sector update	This powerpoint was presented by the Implementation Working Group and invited speakers to attendees at the second online stakeholder hui.	
9	1 December 2025	Session 3 Agenda: Preparing for ADHD Prescribing Changes: Implementation update for Consumer representatives	This is the agenda prepared by the Implementation Working Group for the third online stakeholder hui.	
10		Stakeholder Hui 3 PowerPoint presentation: Preparing for ADHD Prescribing Changes Update for ADHD and Neurodiversity Advocacy Groups What's changing, what it means, and how we can work together	This powerpoint was presented by the Implementation Working Group and invited speakers to attendees at the third online stakeholder hui	
11	December 2025	Changes to the Rules for Prescribing Medicines for ADHD – Information Sheet	This document was written to provide clear information to the public about the changes and to respond to frequently asked questions.	This document has been published on the Ministry's website at: <a href="http://www.health.govt.nz/news/changes-to-adhd-prescribing-rules-from-1-february-2026">www.health.govt.nz/news/changes-to-adhd-prescribing-rules-from-1-february-2026</a> . As such, section 18(d) of the Act applies.
12	9 April 2025	Neurodiversity – upcoming regulatory prescribing changes to ADHD stimulant medications	This document was written to provide the Minister with context on the changes to prescribing stimulant medications, and that the change itself would not	Some information is withheld under section 9(2)(a) of the Act.

			increase diagnosis and treatment for ADHD, but resourcing and training for primary care can enable this.	
13	September 2024	NZ ADHD Consensus document: Project Charter	This document was prepared by a Ministry official for internal reference. It describes the approach to developing the NZ Clinical Principles Framework for ADHD. Content relates to the establishment of the ADHD Clinical Reference Group, the intended purpose and scope of the framework, and the project timeline.	Released in full.
14	July 2025	Reactive Q&As: NZ Clinical Principles Framework for ADHD	This document was prepared by the Ministry communications team to support the Associate Minister of Health and the Ministry respond to media queries related to the publication of the NZ Clinical Principles Framework for ADHD	
15	26 August 2025	Weekly report item: Supply of stimulant medicines for the treatment of ADHD	This document was written by a Ministry official to provide an update on the supply of stimulant medicines to the Associate Minister of Health. The item was included in the Weekly Report to the Minister.	Some information is withheld under section 9(2)(a) of the Act.  Released as an excerpt in accordance with section 16(1)(e) of the Act.
16	July 2025	Changes in ADHD medication users over time	This is a PowerPoint presentation to an internal network of data analysts in the Ministry of Health. It takes snapshots of key findings from document 19 which has been released to you in a separate request.	Released in full.
17	July 2025	ADHD graphs	This is a snapshot of two graphs from document 19 (released to you in a separate request). This is provided to demonstrate the initial analysis the Ministry has done to understand equity in access to ADHD medication.	
18	4 July 2025	Memo: Publishing the <i>New Zealand Clinical Principles Framework</i>	This document was prepared by Ministry officials to provide information to the Director General of Health about the	

		<i>for Attention Deficit Hyperactivity Disorder</i>	publication of the NZ Clinical Principles Framework for ADHD. The document provides background information and considerations for its publication.	
19		ADHD medication dispensing: the impact of changes and the characteristics of the population being dispensed drugs	N/A	Provided to you in the Ministry's response to you through a separate OIA (H2025076277 refers).
20		Outline for IDI analysis on ADHD medication users, and tentative timelines		Provided to you in the Ministry's response to you through a separate OIA (H2025076277 refers).
21	10 October 2024	Briefing for information: Understanding impacts of proposed changes to diagnosing and prescribing practices for ADHD (H2024050136)		Provided to you in the Ministry's response to you through a separate OIA (H2025076972 refers).
22	12 March 2025	Briefing for information: <i>Further analysis to understand the impacts of changes to ADHD diagnosing and prescribing practices (H2025062661)</i>		Provided to you in the Ministry's response to you through a separate OIA (H2025076277 refers).
23	10 October 2024	Briefing for information: <i>Understanding impacts of proposed changes to diagnosing and prescribing practices for ADHD (H2024050136)</i>		Provided to you in the Ministry's response to you through a separate OIA (H2025076277 refers).

## Ministry of Health ADHD prescribing Changes Implementation Stakeholder Group – Draft Purpose and Scope

From 1 February 2026, regulatory and funding changes will allow a wider range of health professionals to initiate the prescribing of stimulant medicines for ADHD. This represents a significant shift for prescribers and may affect how patients access treatment.

The Ministry of Health and Pharmac wish to convene a short series of sector meetings to acknowledge this change, share information, and support alignment across the health system.

### Purpose

The group will exist to:

- Acknowledge the upcoming regulatory and funding changes to support a wider range of health professionals to initiate treatment and its implications for prescribers, pharmacists, consumers, and the health sector.
- Share information and increase visibility of sector readiness activities already underway and planned.
- Enable coordination between stakeholders to reduce duplication and identify gaps.
- Support consistent messaging to clinicians and consumers.
- Develop a shared, high-level view of key risks and monitoring priorities, with an equity and safety lens.

### Scope of the group

The focus of this group is practical preparation for the regulatory and funding changes taking effect on 1 February 2026, within the constraints of existing budgets, services, and capacity. The emphasis is on clarity for prescribers and pharmacists, and on consistent, accessible information for consumers and whānau.

### Out of scope for the group:

- Planning or delivering clinical services, clinical pathways, or referral systems.
- Commissioning, funding, accrediting, or endorsing training programmes or providers.
- Credentialling, regulation of practice, or oversight of clinical decision making.
- Designing new service models or changing capitation or payment structures.
- Creating new data collections or analytics beyond light use of existing datasets.
- Endorsing specific commercial products, platforms, or courses.

### Roles

**Ministry of Health:** Host and convene the meetings, send invitations, own the shared pack of materials. Lead engagement with other government agencies.

**Pharmac:** Provide medicines and funding context, support session planning and administration, contribute to consumer and prescriber resources including responsible use messages, and support the development of equity insights that relate to medicines and funded access

**Medsafe:** Participate in a technical capacity to clarify regulatory settings and update on amendments, as appropriate.

## Other stakeholders:

Stakeholders are defined as representatives of groups that are directly affected by or involved in implementation of the regulatory and funding changes for prescribing of stimulant medicines. These groups are expected to contribute updates, resources, and practical insights.

These include:

Health New Zealand, professional colleges and bodies, PHOs, HQSC, Health Pathways, Healthify, pharmacy groups, consumer and lived experience organisations, Māori and Pacific partners, and /professional development providers.

## Participation

Invitees will be those directly connected to implementation of the regulatory and funding changes.

- **Session 1 (mid-October):** Health sector stakeholders only (professional bodies, prescriber groups, pharmacy, training providers) to align on technical and operational considerations.
- **Session 2 (tbc):** Includes consumer and lived experience representatives, so they can engage with clear, agreed messages and avoid unnecessary confusion from early technical discussions.
- **Session 3 (tbc):** Includes primary health organisations, providers and wider health professionals group.

Optional check-in in January if useful.

## Approach and Format

### How sessions will be designed

- MoH and Pharmac will design the sessions based on preliminary conversations with some stakeholders, and using our current knowledge of sector readiness. We will also ask about preferred format, duration and accessibility needs to inform the sessions.
- The agenda, expectations and scope will be communicated in advance of the session.

### What we will ask people to prepare before the sessions

- Activities already underway and the perceived role of each organisation that is in scope of the regulatory change.
- Priority questions, risks and concerns that are in scope.
- Key queries coming from members, networks and whānau.

### What success will look like

- **Single source of truth.** A short, agreed set of messages that states what changes on 1 February 2026, what does not, and where authoritative information will live for clinicians, pharmacists, consumers, and whānau. May include FAQs, consumer facing web-copy, and signposting to sector-led training and guidance available.
- **Visible coordination.** A summary of sector activities already underway or planned, identifying clear owners for each item

- **A light monitoring view.** A short list of indicators for equity, safety, and supply, with clarity on who observes what, how often, and how issues will be escalated to the appropriate owner.

## Appendix A: Stakeholder list

### Meeting 1 and 2

- Health Pathways
  - bpac<sup>nz</sup>
  - Goodfellow
- RNZCGP
- NPNZ
- GPNZ
- GenPRO?
- Private specialists (individuals/practice groups/organisations) providing ADHD diagnostic and treatment services – eg, GP groups, psychologists, psychiatrists
- Are there any Māori, Pasifika, of other focused service providers.
- Health NZ commissioning (general practice)
- Pharmaceutical Society
- Pharmacy Guild

My not sure about (and what they would bring for this focused exercise):

- HDC
- HQSC

### Meeting 2

- Healthify
- ADHD New Zealand
- Aroreretini

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**IN CONFIDENCE**

Out of scope



#### **6.2.4 Supporting the upcoming regulatory prescribing changes for attention deficit hyperactivity disorder medicines**

This item provides you with an update about how the Ministry is supporting the upcoming prescribing changes for attention deficit hyperactivity disorder (ADHD) medicines. The changes take effect from Sunday 1 February 2026.

We have provided information to you in a previous briefing on Wednesday 30 July 2025 [H2025070004 refers] and in the Weekly Report for the week beginning Monday 1 September [item 6.2.4 refers].

##### **How the upcoming prescribing changes for ADHD are being implemented**

The safe and effective implementation of the prescribing changes relies upon the actions of several key stakeholders. These include professional bodies for general practitioners and nurse practitioners, education providers, and clinical information providers.

The Ministry is convening an implementation group to oversee the change.

- The *New Zealand Clinical Principles Framework for ADHD* has been updated to reflect the breadth of psychologists who assess and diagnose ADHD. This will be re-published on the Ministry's website in October 2025.

**IN CONFIDENCE**

## IN CONFIDENCE

- In partnership with Pharmac, the Ministry will convene a series of online meetings for key stakeholder groups before the changes take effect. Participants will share how they are supporting the prescribing changes. These meetings will create visibility of actions and opportunities for coordination.
- The Ministry is preparing a communications plan together with Pharmac to ensure there is clear information about the prescribing changes for a wider group of stakeholders, including providers and people with lived experience of ADHD.
- The Ministry is communicating with the Health Pathways team and Health NZ to update clinical guidance for prescribers.
- The Ministry will derive data insights from comparison analyses before and after the prescribing changes take effect. These insights will inform strategies to continue to improve ADHD access.

### Update on ADHD medicine supply

Pharmac continues working to secure additional supply of methylphenidate hydrochloride. A proposal to fund a new brand of this medicine (methylphenidate Sandoz XR) is underway. Pharmac also continues to work with existing methylphenidate suppliers to increase availability in New Zealand to meet the expected increase in demand. Based on our conversations with Pharmac, we are confident that Pharmac is taking all reasonable measures to ensure that New Zealand has sufficient supply of medications in time for the change in prescribing setting.

### Next steps

We will continue to engage with stakeholders regarding implementation and supply and provide you with updates through our weekly reports and officials meetings.

<b>Ministry lead</b>	Dr Joe Bourne, Chief Medical Officer, Strategy and Policy, s 9(2)(a)
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Out of scope

# Engagement Plan- ADHD Implementation

**PROGRAMME NAME:** ADHD Implementation

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**Customer / SME (s)** Clinical Team  
**Date** 14/11/2025

## APPROVALS

If applicable, provide a summary of approvals. These may differ for each programme.

Role	Name	Organisation	Date
Senior Engagement Advisor	Paul Cleary	Ministry of Health	1/10/2025
Principal Engagement Advisor	Mariana Pobornikova	Ministry of Health	10/11/2025
Engagement Manager	Ruth Cook	Ministry of Health	11/11/2025
Group Manager Clinical, Quality and Safety	Rosie Moore	Ministry of Health	12/11/2025
Group Manager	Annie Coughlan	Ministry of Health	25/11/2025

## CONSULTATION

Chief Clinical Advisor Child and Youth	Jin Russell	Ministry of Health	17/11/2025
Principal Advisor	Alice Chisnall-Kalouniviti	Ministry of Health	21/10/2025
Clinical Chief Advisor Primary Care	Anna Skinner	Ministry of Health	5/11/2025

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## PURPOSE OF THIS PLAN

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This plan sets out an engagement approach to communicating to the health sector the changes on Attention-Deficit/Hyperactivity Disorder (ADHD) medicine prescription powers. The changes come into effect on 1 February 2026.

## CONTEXT

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Regulatory and funding changes take effect on 1 February 2026 to allow a wider range of health professionals to initiate and manage stimulant medicines for ADHD:

- Adults (18 years and over): General practitioners (GPs) (vocationally registered specialist) and nurse practitioners (NPs) working within their area of practice will be able to initiate these medicines.
- Children and young people (17 years and under): NPs working in paediatric services or child and adolescent mental health services will be able to initiate these medicines.
- Psychiatrists and paediatricians will continue to prescribe as they do now.
- Other prescribers may prescribe only on the written recommendation of an authorised practitioner.

Feedback from consultation on the proposed changes suggested strong support for improved access, alongside concerns about training, equity, and supply.

## ENGAGEMENT OBJECTIVES

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Prepare the health sector for the regulatory and funding changes coming into effect on 1 February 2026 to enable a broader range of health professionals to initiate ADHD treatment.

## ENGAGEMENT APPROACH

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This engagement plan focuses on working closely with the health sector to support the upcoming changes. Communications regarding the regulatory and funding changes in February 2026 have been identified and the relevant communications products will be attached as appendices.

### **Engagement will enable the health sector to**

- Understand what they are expected to deliver in their respective professions.
- Stay connected and reduce duplication, by having clarity on roles and timelines.
- Understand the training and products that will be offered for new prescribers.

### Proposed engagement and communication activities

- An Implementation Working Group will support this engagement. The group meets weekly and includes representatives from the Ministry of Health including Medsafe, and Pharmac. This group will:
  - Engage with stakeholders impacted by the changes. Refer Appendix One.
  - Design and deliver online sector sessions.
- Develop a point in time frequently asked questions (FAQs) document.

### Channels to be updated:

- Pharmac will update medicines pages for Special Authority, supply updates.
- HealthPathways, NZ Formulary, Best Practice Advocacy Centre New Zealand (bpacnz), Goodfellow – for prescriber guidance.
- ADHD NZ and Healthify websites – for consumers.

### Agency roles

Ministry of Health	Leads and convenes cross-agency sessions (Clinical, Quality and Safety team, Medsafe, PHA and Strategy & Policy, Engagement team)
Pharmac	Support session planning and administration. Contribute to consumer and prescriber resources

### KEY MESSAGES

- From 1 February 2026, more prescribers can apply for funded ADHD medicines to initiate ADHD treatment:
- GPs and NPs working in their area of practice can initiate ADHD stimulant treatment for adults.
- Nurse practitioners in paediatric or mental health services can initiate treatment for children and adolescents aged under 18 years.
- Only specialist GPs and nurse practitioners who have developed the requisite competence in ADHD care should initiate treatment. Others may refer patients to trained colleagues or specialists.

- Specialist GPs cannot initiate ADHD treatment for under-18s but can continue prescriptions started by specialist psychiatrists, paediatricians or nurse practitioners working in specialist child or mental health teams.
- A [clinical principles framework](#) has been developed to guide safe, evidence-based ADHD diagnosis and treatment.
- As a specialised service is not available in standard primary care, consultations are expected to take longer and cost more than general appointments.
- These changes aim to reduce wait times and improve equity by enabling more trained health professionals to assess, diagnose, and treat ADHD.
- Up to 7,000 more people may access treatment in the first year, growing to 50,000 by year five.

## ENGAGEMENT AND COMMUNICATIONS ACTIVITIES

Date	Activity / channel	Engagement objectives	Stakeholder groups
29 October	Session 1: Technical and operational readiness	Implementation leads Information-Sharing and Insights.	Prescribers, pharmacy sector, selected training providers
24 November	Session 2: Practical implementation	Training providers depend on what comes out of session 1.	Session 1 attendees Quality, safety and rights agencies, PHOs
1 December	Session 3: Consumer groups	Build awareness of changes. Provide clear, accessible information. Gather feedback and concerns.	ADHD NZ, Aroreretini Aotearoa, Young Neurodiversity Champions, Healthify, Māori and Pacific groups, Pharmac, Medsafe
December	Internal Ministry channels, e.g. Te Whare, weekly internal DG pānui	Build awareness of the changes.	Ministry of Health staff
End of December	Publication of FAQs on the Ministry's website		All stakeholder groups

Date	Activity / channel	Engagement objectives	Stakeholder groups
<b>1 February 2026</b> (legislation comes into force)	Ministerial press release (tbc) Provide link to FAQs and reactive lines to the Minister's Office Website update External DG pānui Email Clinical stakeholders Te Whare article Weekly DG pānui	External communication of legislation coming into force External communication of legislation coming into force Internal Ministry communications	General public All prescribers <i>Refer Appendix 2 for a full list of communication products</i> Ministry staff

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## APPENDIX 1: STAKEHOLDER ANALYSIS

Stakeholder group	What we want from them	What they may want from us	Why	Who	Activities
<b>Consumer Groups</b>	<ul style="list-style-type: none"> <li>Understand the changes and the impact on stakeholders</li> <li>If advocacy organisations are developing any resources</li> <li>Understand any key risks or issues for them from a public health system perspective.</li> </ul>	<ul style="list-style-type: none"> <li>Know what changes on 1 February 2026, what does not change, what to expect from assessments, likely costs, and where to find trusted information and support.</li> <li>Access practical guidance on how to navigate common challenges with ADHD treatment, especially regarding supply of medicines and switching brands.</li> <li>Where information will be located</li> <li>What services will look like</li> <li>What they should expect from services.</li> </ul>	<ul style="list-style-type: none"> <li>Directly impacted by the change, especially people who have been waiting or had access issues for a long time.</li> <li>They will have expectations, questions and concerns about the change.</li> </ul>	ADHD NZ, Aroreretini Aotearoa, Healthify, Māori and Pacific consumer groups	Session Three
<b>Govt agencies, funders and regulators</b>	<ul style="list-style-type: none"> <li>Understand any key risks or issues for them from a public health system perspective.</li> </ul>	<ul style="list-style-type: none"> <li>Continued system level alignment (i.e. implementation working group)</li> </ul>	<ul style="list-style-type: none"> <li>These are the system stewards who provide regulatory, funding and national materials to support ADHD policies. Of note, there is no national coordinated ADHD clinical pathway from a system level.</li> </ul>	Ministry of Health, Medsafe, Pharmac	Session One

Stakeholder group	What we want from them	What they may want from us	Why	Who	Activities
<b>Professional and prescriber bodies</b>	<ul style="list-style-type: none"> <li>• Understand which training they're endorsing</li> <li>• Understand what their messaging to their members are to receive</li> <li>• Understand any key risks or issues for them</li> </ul>	<ul style="list-style-type: none"> <li>• Access practical guidance on clinical frameworks, regulatory rules, Special Authority and funded access, supply considerations, and responsible and optimal use of medicines to share with their members</li> <li>• Clarify understanding of the changes from a funding, regulatory and operational perspective.</li> <li>• Understand what the costs are for members to do CPD and who will pay for that</li> <li>• What the expectations are of them (We expect it will take time for general practitioners and nurse practitioners to develop competence and confidence in ADHD care and treatment. Not all general practitioners and nurse practitioners will develop an interest in ADHD and uptake across the country will be variable)</li> <li>• How to manage public and patient expectations</li> </ul>	<ul style="list-style-type: none"> <li>• Involved in the implementation phase.</li> <li>• They will:</li> <li>• Endorse training provider/s</li> <li>• Share communications with their members</li> <li>• Advocate resources and support</li> <li>• Input into local, regional and national clinical resources</li> </ul>	RNZCGP, RANZCP, Paediatric Society, NPNZ, NZ College of Mental Health Nurses, Pharmacy Guild*, PSNZ*, NZHPA*	Session One (Oct 29) *Pharmaceutical bodies will be invited to Session Two as there is not as direct of a change to their practice.

Stakeholder group	What we want from them	What they may want from us	Why	Who	Activities
<b>Clinical systems and operational enablers</b>	<ul style="list-style-type: none"> <li>Understand any key risks or issues for them from a public health system perspective</li> <li>Timelines and alignment with policy change (i.e. will the systems and guidance be ready)</li> </ul>	<ul style="list-style-type: none"> <li>What needs to be updated in their systems and platforms</li> <li>Are they getting any more money</li> <li>What do they need to share and to who</li> </ul>	<ul style="list-style-type: none"> <li>The organisations and teams within the public system that provide operational tools to help clinicians understand referral pathways, write and send prescriptions, apply for funded medicines and access clinical treatment advice.</li> </ul>	Health NZ Ops (electronic special Authority), Health NZ Pharmacy Commissioning (write guidance for pharmacists) NZePS team, NZ Formulary, HealthPathways	Session One
<b>Training providers</b>	<ul style="list-style-type: none"> <li>Understand what they are developing</li> <li>What will the training cover</li> <li>How long will the training take</li> <li>How much will the training cost</li> <li>Is the training endorsed by professional body?</li> </ul>	<ul style="list-style-type: none"> <li>Funding and commissioning opportunities</li> <li>How to access professional networks</li> <li>Specific clinical pathways in New Zealand / details of New Zealand system</li> </ul>	<ul style="list-style-type: none"> <li>Responsibility for producing education and training resources.</li> </ul>	Goodfellow Unit Best Practice Advocacy Centre New Zealand (bpacnz) Australasian ADHD Professionals Association (AADPA)	Session One
<b>Health NZ primary care &amp; mental health Commissioning</b>	<ul style="list-style-type: none"> <li>Understand any key risks or issues for them from a public health system perspective</li> <li>To see regional teams front footing preparation for changes (i.e. local clinical networks, formal or informal)</li> </ul>	<ul style="list-style-type: none"> <li>Understand the changes, expectations of what'll happen etc</li> </ul>	<ul style="list-style-type: none"> <li>Specifically – their mental health teams will have an increase in referrals and escalations and cases in MH teams. Those psychiatrists are more established prescribers. Like with anything in primary</li> </ul>	Health NZ national functions	Session One

Stakeholder group	What we want from them	What they may want from us	Why	Who	Activities
	<ul style="list-style-type: none"> <li>Understand the changes, expectations of what will happen.</li> <li>At the commissioning level (primary care)</li> <li>Monitoring risks and changes over time</li> </ul>		<p>care, they must escalate to specialist (part of competence)</p>		
<b>Care delivery organisations</b>	<ul style="list-style-type: none"> <li>Who is developing services, and what are they</li> <li>Cost of services to patients</li> <li>Any specific services for Māori, Pasifika and other high need groups</li> <li>Understand any key risks or issues for them from a public health system perspective</li> </ul>	<ul style="list-style-type: none"> <li>Understand scope boundaries, clinical information sources, and commissioning pathways, so that service development is aligned and safe</li> <li>Reassurance to GPs about expectations from the system</li> <li>Gaining a line of sight of implementation activities across the health system. (Understand who is developing services / lay of the land and what is happening in the sector)</li> <li>Understand how they will be regulated and governed</li> </ul>	<ul style="list-style-type: none"> <li>Existing and those potentially developing services. They will mainly be engaged via professional bodies and local structures.</li> <li>This might include groups of GPs with a special interest, or specifically representing a sub-type of GPs (e.g. Rural)</li> </ul>	<p>PHOs Private ADHD providers</p>	<p>Session Two</p>
<b>Quality, safety and rights agencies</b>	<ul style="list-style-type: none"> <li>Understand any key risks or issues for them from a public health system perspective</li> </ul>	<ul style="list-style-type: none"> <li>Be informed and prepared for the key changes</li> </ul>	<p>Safety and regulatory role.</p>	<p>Medical Council, Nursing Council, Pharmacy Council, HQSC, HDC, Privacy Commissioner</p>	<p>Session Two</p>

Stakeholder group	What we want from them	What they may want from us	Why	Who	Activities
<b>Government and Policy</b>	<ul style="list-style-type: none"> <li>• Have the same messaging as the sector (i.e. managing expectations)</li> <li>• Be aware of the risks (i.e. lack of additional funding and capacity)</li> </ul>	<ul style="list-style-type: none"> <li>• Be confident that sector readiness is being coordinated, risks are visible with mitigations, and that public messages are consistent and careful about expectations and safety.</li> <li>• Ensure we have clear understanding of different connections occurring</li> <li>• Supply of medicines</li> <li>• Be confident that sector readiness is being coordinated, risks are visible with mitigations, and that public messages are consistent and careful about expectations and safety.</li> <li>• Ensure we have clear understanding of different connections occurring</li> </ul>	n/a	Minister of Mental Health, Associate Minister of Health for Pharmac	Updated via existing channels

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## APPENDIX 2: COMMUNICATION PRODUCTS TO BE DEVELOPED

Collateral / Comms	Purpose	Audience	Responsible / Content owner	Commissioning content	Status	Timeline
Supply Website (Pharmac)	Provide supply status, Special Authority info, and guidance on navigating supply challenges	Pharmacists, prescribers, patients	Pharmac	Pharmac	In progress	Ongoing updates
BPAC Article	Help prescribers navigate medicines incl. brand equivalence and release profiles	Pharmacists, prescribers, care providers	BPAC	Pharmac	Pending	Targeting 1 Feb
HealthPathways Update	Updated details about regulatory changes, link to clinical framework, link to Healthify updates & Pharmac website	Prescribers (GPs)	HealthPathways team	TBC	Not started	TBC
Goodfellow e-learning programme	Providing education and practical advice for prescribers (ongoing)	Prescribers (GPs)	Goodfellow Unit	TBC	Not started	TBC
Healthify Updates	Patient-facing resources on medicines and monitoring	Patients and whānau	Healthify	Pharmac	In progress	Scope TBC
Q&A (MoH)	Provide official responses to common queries	Health System, general public	Ministry of Health	MoH	In progress	TBC
Q&A for Patients	Support patients with practical information and reassurance	Patients and whānau	ADHDNZ or similar	Pharmac	In progress	TBC
Reactive Comms	Prepare comms for reactive messaging	Public and health professionals	Pharmac	Pharmac	In progress	As needed
Targeted Comms to Pharmacy Colleagues	Clarify regulatory rules and navigating brand switches for pharmacy	Pharmacists	Medsafe	Medsafe	Not started	ASAP
Monitoring Checklist & Patient Resources	Support patients with navigating new medicines and brand switches	Patients and prescribers	Healthify	Pharmac / TBC	In progress	TBC

### APPENDIX 3: MINISTRY OF HEALTH EMAIL TO STAKEHOLDERS PRIOR TO 1 FEBRUARY 2026

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#### **Subject: Upcoming changes to ADHD treatment initiation – effective 1 February 2026**

Kia ora,

From 1 February 2026, specialist general practitioners and nurse practitioners working within their area of practice will be able to initiate stimulant treatment for adults with ADHD. Nurse practitioners in paediatric or mental health services will also be able to initiate treatment for children and adolescents. Psychiatrists and paediatricians will continue to prescribe stimulant treatments as they do now.

These updates are designed to meet the needs of people living with ADHD across New Zealand by improving access, and timeliness of care.

Prescribing will continue to follow existing regulatory and clinical guidelines to ensure quality care and prevent misuse. Pharmac is actively managing supply and exploring alternative brands and treatments to support increased demand.

We appreciate your ongoing commitment to providing high-quality care. If you have any questions, please see [Ministry of Health weblink with FAQ publication]

Ngā mihi nui,

[Name]

Ministry of Health – Manatū Hauora

# Preparing for ADHD Prescribing Changes

## Implementation Leads Information-Sharing and Insights Session

# Karakia

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# Karakia whakatuwhera

*Opening karakia*

**Kia hora te marino**

**Kia whakapapa pounamu te  
moana**

**Hei huarahi mō tātou i te rangi nei**

**Haumi ē, hui ē, tāiki ē!**

*May peace be widespread*

*May the seas be as flat as pounamu*

*To provide a path for us today*

*Join, group, and affirm*

# Agenda overview

**Chair:** Dr Anna Skinner

**Hosts:** Ministry of Health, supported by Medsafe and Pharmac

**Attendees:** Organisations and professionals involved in implementing the changes. This includes prescriber leadership bodies, clinical education providers, and related system partners.

**1. Intro and System Update** – ADHD NZ, Ministry of Health, Medsafe, Pharmac (~2:00–2:30pm)

**2. Sector Readiness Round Robin** (~2:30–3:20)

1. Professional bodies (RNZCGP, NPNZ, RANZCP, PSNZ)
2. Clinical education providers (AADPA, Goodfellow, Bpacnz)
3. Operational enablers and sector partners (Pharmac, HealthPathways, Health NZ)
4. Each share: readiness activities, next steps, communication plans, support needs

**3. Shared Discussion** (~3:25–3:40)

1. Gaps, risks, and equity considerations
2. Feedback on key messages
3. Visibility of sector priorities

**4. Wrap-up & Next Steps**

# Housekeeping

1. This is a safe space for open discussion. Please respect that comments shared here are for sector collaboration and not for wider distribution.
2. Introduce yourself in the chat
3. Keep microphones muted unless speaking
4. Use the “Raise Hand” function
5. Introduce yourself before speaking
6. This session will be recorded and transcribed
7. Slides and a summary of key points will be shared afterwards
8. Parking lot: We’ll note items for follow-up if they can’t be addressed today. Please put comments in the chat (if they’re outside discussion time)

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# Lived experience from the ADHD community

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# Hearing from Sarah Hogan, ADHD NZ – lived experience perspective from the ADHD community



**ADHD**  
**New Zealand**

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# System update and key information - Ministry of Health, Medsafe & Pharmac

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**Te Kāwanatanga o Aotearoa**  
New Zealand Government

**Public Health Agency**  
Te Pou Hauora Tūmatanui

**Document 6**  
**MINISTRY OF HEALTH**  
MANATŪ HAUORA

# Supporting the implementation of the ADHD changes: a health system overview

**Dr Jin Russell, Chief Clinical Advisor – Child and Youth**

29 October 2025

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# Prescribing changes shifting to include GPs and nurse practitioners

- From 1 February 2026:
  - vocationally registered general practitioners (GPs) and nurse practitioners will be able to initiate stimulant medicines for ADHD to adults (18 years and older)
  - nurse practitioners working in paediatric or mental health services will be able to initiate and prescribe stimulant medicines for ADHD to children and teenagers (17 years and younger)
- This means that people diagnosed with ADHD will find it easier to start ADHD stimulant treatments, as they will be able to see a wider range of medical and nurse practitioners.

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# Creating the health system environment for safe and effective implementation of the changes

- The safe and effective implementation of the prescribing changes relies on the actions of several key stakeholders.
- Key stakeholders have a role to play in *creating the health system environment* for the policy to be taken up.
- The Ministry of Health, Pharmac, and Medsafe are convening a short series of meetings with stakeholders:
  - 29 October: Key stakeholders – coordination of actions, increase visibility including of risks
  - TBC November: Health system stakeholder updates – share information and collate queries

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# Creating the health system environment for implementation: Ministry of Health activities

- Maintaining high quality and clinically safe practice
    - Clinical guidance, educational opportunities, escalation and referral
    - Confidence and competence among new prescribers
  - Clear communication to the public and providers
    - Including clear information about what to expect
  - Monitoring impacts
  - Managing ministerial and cross-agency communication
- NZ Clinical Principles Framework for ADHD
  - Endorsement of a single set of clinical guidelines for ADHD (AADPA, 2022)
  - Liaison with key stakeholders for coordination
  - Development of communications and engagement approach
  - Briefings for Ministers

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## What we expect will happen when the changes take effect

- It will take time for general practitioners and nurse practitioners to develop competence and confidence in ADHD care and treatment.
  - Not all general practitioners and nurse practitioners will develop an interest in ADHD.
  - Uptake will vary.
  - Training and educational opportunities for new prescribers will be self-funded.
  - There is no mandatory requirement for training or micro-credentialling system.
  - Health professionals are expected to practice within their scope and refer when appropriate.
- ADHD assessment and diagnosis is not a core general practice service and is not included in capitation funding.
  - The policy change is not linked to any additional funding.
  - These services cannot be undertaken in a standard consultation.
  - Providers will charge service users. Fees are likely to vary between providers.
  - The fee-for-service model has implications for the accessibility of ADHD care.

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# What we expect will happen when the changes take effect

- Local ways of working will emerge, and will vary
  - Primary care providers will seek to discuss or refer complex cases to specialists at the local level.
  - Multidisciplinary clinical models of care may be established that include practitioners working in private.
- Clear communication to the public and prescribers about what to expect will be important during this time.
- The Ministry will monitor the impacts of the policy, including analysis of geographic and between-group variation.
- Over time, we expect that the changes will reduce costs and improve access to ADHD treatment.

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# Medsafe overview

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Alastair Shum

Team Leader, Medicines Control

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# Consultation on changes to the regulatory restrictions for stimulant medicines

- The proposed setting developed through engagement with a multi-disciplinary group of experts
- Public joint consultation with Pharmac – Dec 2024 to Feb 2025
- Approximately 900 responses received to the consultation

## Broad support for the proposal

- Improved access to ADHD stimulant medicines
- Potential reduction to waitlists and costs

## Some concerns

- Risk of misdiagnosis and over prescribing
- Need for clear scope and targeted training
- Preference for specialist oversight in complex cases

# Current prescribing settings

PRESCRIBING SETTINGS		
PATIENT AGE	INITIATION OF PRESCRIBING	ONGOING PRESCRIBING
Any	Medical practitioners with a vocational scope of practice of paediatrics or psychiatry may initiate prescribing.	Any medical practitioner or nurse practitioner may prescribe when acting on the written recommendation of one of the practitioners who have initiated prescribing.

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# Approved prescribing settings from 1 February 2026

PRESCRIBING SETTINGS		
PATIENT AGE	INITIATION OF PRESCRIBING	ONGOING PRESCRIBING
17 years and under	Medical practitioners with a vocational scope of practice of paediatrics or psychiatry.	Any medical practitioner or nurse practitioner may prescribe when acting on the written recommendation of one of the practitioners who have initiated prescribing.
	Nurse practitioners practising within their area of practice of paediatric services or child and adolescent mental health services.	
18 years and above	Medical practitioners with a vocational scope of practice of paediatrics, psychiatry, or general practice.	
	Nurse practitioners working within their area of practice.	

The logo for PHARMAC (Te Pātaka Whaioranga) is centered in a white circle. It features the word "PHARMAC" in a large, blue, sans-serif font, with "TE PĀTAKA WHAIORANGA" in a smaller, blue, sans-serif font below it. The background of the slide is blue with a green, swirling, maze-like pattern on the left side.

PHARMAC  
TE PĀTAKA WHAIORANGA

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Dr David Hughes,  
Chief Medical Officer

# Pharmac update

What are we changing?

Implications

Recent actions

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# Quick break

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# Round robin

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# Sharing Implementation activities from key organisations

- RNZCGPs
- NPNZ
- RANZCP
- Paediatric Society NZ
- AADPA
- Goodfellow
- Bpacnz
- Pharmac
- HealthPathways
- Health NZ

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The logo for PHARMAC, featuring the text 'PHARMAC' in a large, bold, sans-serif font above 'TE PĀTAKA WHAIORANGA' in a smaller, all-caps, sans-serif font. The logo is contained within a white circle.

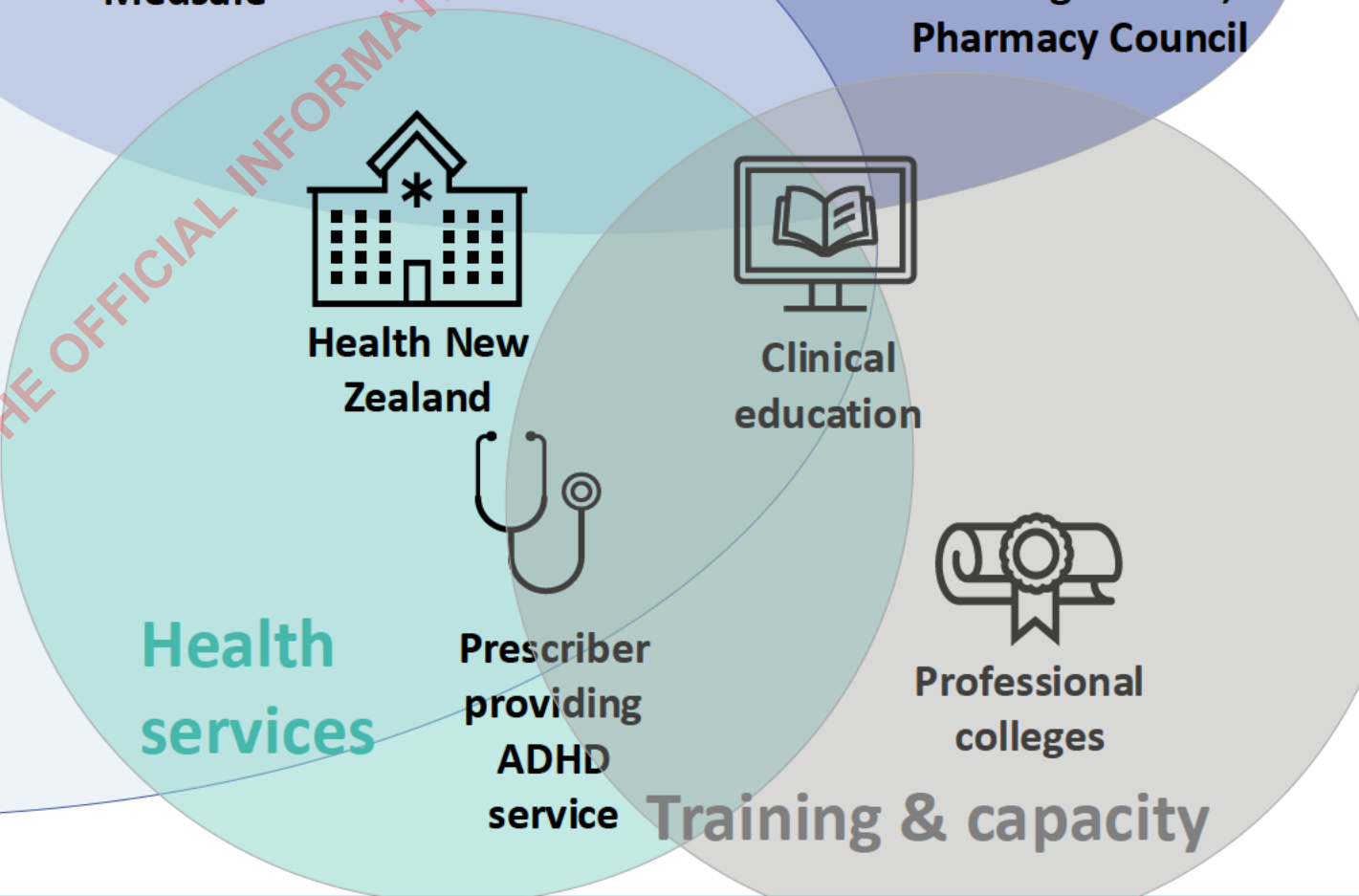
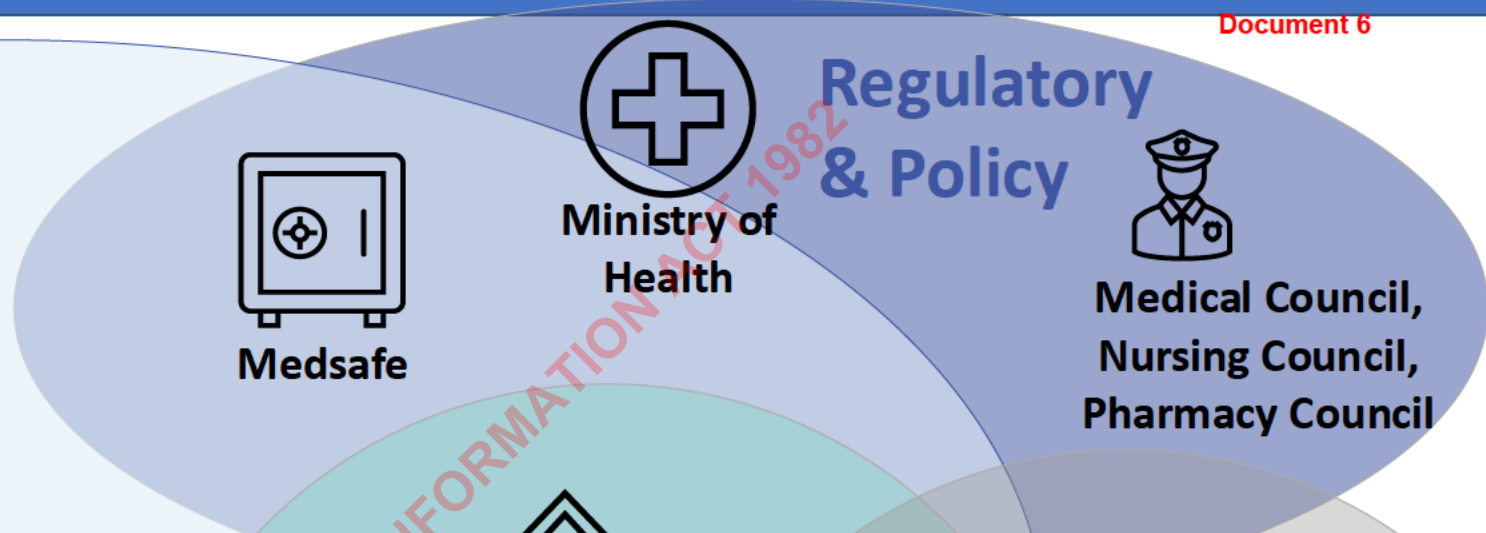
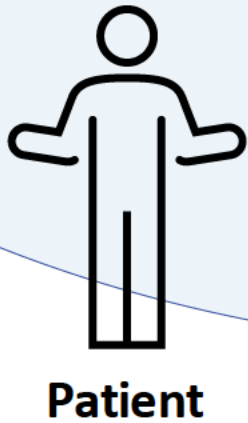
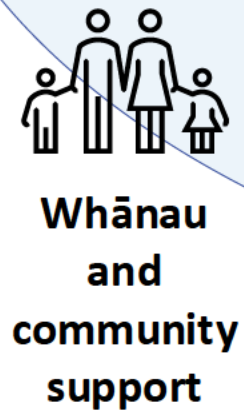
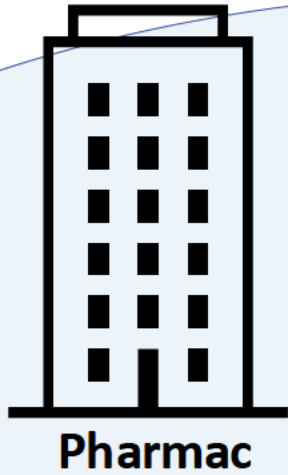
PHARMAC  
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# Pharmac's implementation plan

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### Pharmac's Role

Medicine access and funding for ADHD stimulant medicines



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# Pharmac's Implementation Workstreams

1

**Update Special Authority criteria** – align with new prescriber rules.

2

**Strengthen supply resilience** – fund additional methylphenidate brand, engage suppliers.

3

**Clear, consistent messaging** – prescriber and consumer comms with MoH, Medsafe, ADHD NZ.

4

**Support responsible use** – commission bpac<sup>NZ</sup> article, consumer resources, update HealthPathways

5

**Identify system impacts** – contribute to monitoring uptake, equity trends.

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