

The logo for PHARMAC (Te Pātaka Whaioranga) is centered within a white circle. It consists of the word "PHARMAC" in a large, blue, sans-serif font, with "TE PĀTAKA WHAIORANGA" in a smaller, blue, sans-serif font directly below it. The background of the slide is a solid blue color with a decorative pattern of green and teal wavy lines on the left side.

PHARMAC  
TE PĀTAKA WHAIORANGA

Robyn Harris, Team Lead,  
Implementation Team

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# Funded ADHD Stimulant Medicines

Pharmac chooses which medicines we will fund in NZ for ADHD, and the Special authority (SA) criteria by which they are funded

**Methylphenidate:**

**SA2411 (first line):**

- Immediate Release: Rubifen 5mg, 10mg, 20mg Ritalin 10mg
- Extended Release: Methylphenidate ER – Teva, 18mg, 27mg, 36mg, 54mg
- Sustained Release: Rubifen SR 20mg

**SA2450 (second line):**

- Extended Release: Concerta 18mg, 27mg, 36mg 54mg
- Modified Release: Ritalin LA caps, 10mg, 20mg, 30mg, 40mg

**Dexamfetamine: Noumed Dexamfetamine 5mg**

**Lisdexamfetamine: Vyvanse caps, 30mg, 50mg, 70mg**

# Pharmac's Implementation Workstreams

1

## Update Special Authority criteria

align with new prescriber rules.

2

## Strengthen supply resilience

Listed new medicines and brands

3

## Support responsible use

education on the medicines for stakeholders

4

## Develop Measures

contribute to monitoring uptake, equity trends

5

## Respond to feedback

work with the sector to identify and mitigate issues

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# Strengthen Supply Resilience

Funded Lisdexamfetamine from 1 Dec 2024

Methylphenidate Sandoz XR funding from 1 December 2025. Available mid-December

Rubifen LA consultation, proposed listing 1 July 2026

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# Supporting Responsible Use

**Pharmac have a statutory function to promote the responsible use of pharmaceuticals**

(Pae Ora (Healthy Futures Act) 2022)

Prescribing changes to ADHD stimulant medicines means:

- more prescribers navigating our special authority process and needing clinical guidance
- more consumers will need to understand about our SA's and controlled drug regulations

We are:

- working with the MoH and Medsafe to provide Q and A's and website information
- commissioned a bpac article, on the prescribing of these medicines
- commissioned Healthify to support consumers with understanding the changes
- commissioned ADHD NZ to provide consumer resources
- working with the sector to see the specify by brand criteria removed from IR methylphenidate

# Stakeholder feedback – ADHD medicines

Global methylphenidate supply issues have led to enquiries to Pharmac re switching brands:

- From prescribers: "If I need to prescribe another formulation of methylphenidate and/or get a new special authority, and the recommendation was for a branded formulation – do I need another recommendation?"
- From pharmacists: "Can we substitute strengths and volumes of the same methylphenidate formulation at pharmacy level?"
- "Can we switch IR methylphenidate products at pharmacy level?"
- "Can we switch modified release methylphenidate products at a pharmacy level?"

**These scenarios required collaboration with Medsafe and other agencies**

# Regulatory considerations for switching between methylphenidate formulations

---

Alastair Shum

Team Leader, Medicines Control

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# Regulatory considerations for methylphenidate

- Medicines Regulations 1984
  - Regulation 42 (4) – Brand Substitution
- Misuse of Drugs Regulations 1977
  - Regulation 32 (2)(a) – Alterations to CD prescriptions

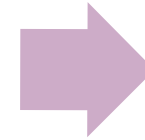
There are several operational documents (e.g. the Pharmacy Procedures Manual and previously the HQSC Specify by Brand advice) which we are engaging with stakeholders to align.

# Scenario 1: Substituting different strengths of the same formulation

✓ Permitted if the total daily dose remains unchanged

- **When would this apply?**
  - When a particular strength of a methylphenidate formulation is unavailable.
- Example:
  - Unavailable: Ritalin LA 40 mg capsules
  - Available: Ritalin LA 20 mg capsules
- **What to do:**
  - Substitute and dispense with an equivalent total dose using available strengths.
  - **Pharmacy action:** Annotate the change (brand/strength supplied, date of change, signature of pharmacist authorising the change).
  - Pharmacy to counsel patient of the change.
  - **No new prescription is required.**

Sig: Ritalin  
LA 40mg OD  
Mitte: 30



Sig: 2 x Ritalin  
LA 20mg OD  
Mitte: 60

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# Scenario 2: Generic prescribing of methylphenidate products

- ✓ Permitted for Immediate Release (IR) methylphenidate formulations only
- ✗ Not enabled for Modified Release (MR) methylphenidate products

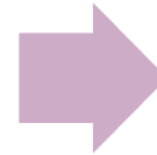
- **When would this apply?**

- Prescription written generically (e.g., “methylphenidate IR”).
- NZULM update (from 1 December) will allow generic prescribing of methylphenidate IR formulations.

- **What to do:**

- **Pharmacy action:** Dispense any brand of methylphenidate IR that matches the generic prescription.
- Annotate the prescription with the supplied formulation.
- Pharmacy to counsel patient if it constitutes a brand change.
- **No new prescription is required.**

Sig:  
Methylphenidate  
IR 10mg OD  
Mitte: 30



Sig: Rubifen IR  
10mg OD  
Mitte: 30

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

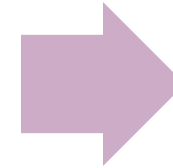
## Scenario 3: Substituting Immediate Release methylphenidate products

✓ Permitted if the brands are approved (ie, have been assessed for bioequivalence) and there is no clinical reason to not substitute

- **When would this apply?**

- The prescribed methylphenidate IR formulation is unavailable, but another IR brand can be supplied.
- Example:
  - Unavailable: Ritalin IR 10 mg tablets
  - Available: Rubifen IR 10 mg tablets

Sig: Ritalin IR  
10mg TDS  
Mitte: 90



Sig: Rubifen IR  
10mg TDS  
Mitte: 90

- **What to do:**

- Substitute and dispense with an equivalent IR methylphenidate brand.
- **Pharmacy action:** Annotate the change (brand supplied, date of change, signature of pharmacist authorising the change).
- Pharmacy to counsel patient of the change.
- **No new prescription is required.**

# Scenario 4: Substituting Modified Release methylphenidate products

✗ Not automatically permitted at pharmacy level

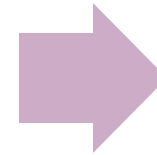
- **When would this apply?**

- The methylphenidate MR formulation is out of stock, and an alternative methylphenidate MR formulation is available.
- Example:
  - Unavailable: Ritalin LA capsules
  - Available: Concerta XR tablets

- **What to do:**

- Requires prescriber involvement.
- A pharmacy cannot substitute a different formulation without authorisation from the prescriber.
- **A new prescription is required.**

Sig: Ritalin LA  
40mg OD  
Mitte: 30



Sig: Concerta XR  
36mg OD  
Mitte: 30

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# Presentation from Dr Michael Buckley

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# GP with interest in ADHD

Dr Michael Buckley FRNZCGP

Member: AADPA ( Australasian ADHD Professionals Association )

NZ National GP ADHD Peer Group

Lived Experience

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

## Where we were 2 years ago

- Wellington Primary Liaison Group – Paediatric ADHD
- Underlying interest within Practice
- Burden of undiagnosed, underappreciated Adult ADHD
- Heritability and effect on families
- Frustrated by capacity and access challenges
- ? A different way

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

## Our 2-year Journey

- [DIVA Foundation – Worldwide Diagnostic Interview for ADHD.](#)
- ( <https://www.divacentre.eu> )
- GP ADHD Peer Group
- Psychiatrist Support
- Addition of Clinical Psychologist to our team
- [Australasian ADHD Professionals Association \[AADPA\]](#)
- ( <https://aadpa.com.au> )
- Increased awareness within our wider practice

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

## Primary Care is the best place for ADHD Care

- Long Term Relationship
- Unique appreciation of Family, Community and Wider Societal Setting
- Always thinking about the differential diagnosis / effects
  - Medical
  - Developmental
  - Psychological / Psychiatric
  - Environmental
- Interwoven into long term care
- Impact on management of other conditions
- Places in the world where it never left general practice

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1992

# We Look after FAMILIES

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

## Associated Conditions; Chicken or Egg (Once you have started living a life with persisting/pervasive ADHD Traits)

- Depression
- Anxiety
- Bipolar
- OCD
- PTSD
- Adjustment Disorder
- Environmental Stresses
- Attachment Disorders
- Traumatic Brain Injury
- Substance Use

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# Looking ahead Screening

- Ante and Perinatal
  - Prenatal A&D exposure
  - Born Premature
  - Low Birth Weight
- Neurodevelopmental Disorders
  - ASD, Intellectual Disability
  - Learning Disability
  - Auditory/Visual Processing
  - Tics, Language Disorders
- Close family member w ADHD or ASD
- Anxiety / Depression etc
  - (Especially if Not Responding)
- Oppositional Defiant / Conduct disorder
- Environmental Risks/Predictors
  - Out of Home Care
  - Imprisoned / Youth Justice
- Acquired Brain Injury
- Any Hx Substance abuse
- Eating Disorders
  - AN, Binge, ARFID

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

## Emerging Associations

- Hypermobility (EDS 3)
- POTS
- Sleep Disorders
- Disordered Eating
- Childhood constipation
- Menstrual Cycle Associations
- Degree of impact of Menopause
- Disorders of interoception
- IBS
- Endometriosis
- Some Pain challenges
- Migraine
- Autoimmunity – IBD
- Mast Cell Disorders

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

## Never a good time

- The Bad News – Funding
- As good a time as any
- Transition period
- Doing as properly as can – preserving diagnostic integrity being good Kaitiaki
- The one new condition that will have a positive ROI
- Already champions around the country
- Dynamic time and intersecting directions themes and agendas

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

## Coming into the process – our view

- AADPA conference late July
- The work is being done
- No Funding
- Don't wait
- Good existing training and resources
- Not much to bridge the gap
- Couldn't really start until could streamline and deemphasise the medication

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

## Reminding ourselves whom this is about/for

- Consumers / Tangata Whaiora

“my life feels harder than it needs to be”

“ Is there anything I can do to improve that”

- GP / NP Champions
- Wider Community of ADHD Professionals; Psychiatrists, Psychologists, Specialist ADHD Coaches, HIPs, Health Coaches
- Wider Community in general

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# Panel Q&A

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# Wrap up and next steps

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# Wrap up and next steps



What we heard



Immediate actions



What the outputs  
will be



Next meeting/s  
planned

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# Karakia

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# Karakia whakakapi

*Closing karakia*

**Ka whakairia te tapu  
Kia wātea ai te ara  
Kia tūruki whakataha ai  
Kia tūruki whakataha ai  
Haumi ē, hui ē, tāiki ē!**

*Restrictions are moved aside  
So that the pathway is clear  
So we may move forward  
Join, group, and affirm*

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

### **Session 3: Preparing for ADHD Prescribing Changes: Implementation update for Consumer representatives**

**Date:** 1 December 2025

**Time:** 90 mins

**Format:** Online Meeting

#### **Roles and attendees**

**Lead:** Ministry of Health, supported by Medsafe and Pharmac.

**Chair:** Alice Chisnall-Kalouniviti

**Support:** Dr Jin Russell, Dr Anna Skinner

**Attendees:** ADHD NZ, Aroreretini Aotearoa, Young Neurodiversity Champions, Mental Health Foundation, Healthify, Māori and Pacific groups, Pharmac, Medsafe

#### **Purpose**

- Build a positive relationship with consumer groups to enable them to assist their communities
- Outline the changes and what we expect (in patient friendly language)
- Share where information will be available, by whom, and when
  - National FAQ document
  - Healthify (for patient info)
  - Pharmac – for supply issues
  - Local service providers / people's GPs
  - AADPA, Bpac, Goodfellow (clinical resources but some are freely available)
- Enable connections across advocacy groups and the health system
- Clarify the expectation that resources will not be developed by the Gov – organisations and people will need to draw on the resources above to share and create resources for their communities
- Explore future opportunities for feedback loops etc

## Agenda and Timing: Session Three Consumer Groups

Time	Duration	Agenda Item	Details / What we're aiming for	Presented by
	3 min	Karakia / Opening	<i>Welcome everyone, thank you for joining. This hui is about the ADHD prescribing changes and what they mean for communities.</i>	Chair: Alice
	3 min	Session outline and housekeeping	<p><i>Aim: Empower advocacy groups with accurate information and design ideas for sharing messages.</i></p> <p><i>Objectives: Explain changes, share practical info, identify ways to support communities, gather ideas for communication and feedback.</i></p> <p><i>Include context: No new funding for services or training – this is about enabling you with the information we share today.</i></p> <p>Explain format: mics off, Teams “hand up”, introduce in chat, transcription enabled. We will share minutes afterwards.</p>	Chair: Alice Support: Jin
	5-10min	Introductions	<p>Introduce organisations and their roles, plus reps from each of them.</p> <p>Ask audience to introduce themselves and ask name, org, what matters most to community about these changes.</p>	Organisation and who connected to in the chat
	20 min	System update and key information - Ministry of Health, Medsafe & Pharmac	<p>Patient journey graphic, current vs future settings, what we expect.</p> <p>Reality + Key messages for myths – Jin</p>	MoH – Jin

			Medicines access and supply. Explain Special Authority simply, methylphenidate approvals, supply challenges, what to do if out of stock. – Claudia and Robyn	
	15-20mins	<p>Models of Care with Primary care + Māori and Pacific Health</p> <ul style="list-style-type: none"> <li>- Reassurance for the community</li> <li>- Holistic way of treating</li> <li>- Opening up the opportunity for a better way of working for the community</li> <li>- Supporting GPs and NPs wanting to learn more.</li> </ul>	Dr David Codyre	
	30min	Facilitated discussion	<p>Focus on three points: consistent messaging, reaching the right people, feedback loop.</p> <p>Frame as collaborative: We're not asking for new activities, just ideas for sharing info and staying connected.</p>	. Alice
	5min	Wrap up and next steps	Resources will be on Healthify and MoH. FAQ coming soon. Thank you for your input.	Alice
	3min	Karakia to close	Acknowledge shared mahi and commitment to supporting communities.	Alice

# Preparing for ADHD Prescribing Changes

**Update for ADHD and Neurodiversity Advocacy Groups**

*What's changing, what it means, and how we can work together*

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# Karakia

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# 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*

## Setting the Scene

Our goal of today is to **empower you with clear information** so you can support your communities effectively with this change.

### Today we will

- Share what's changing for ADHD care and why
- Focus on the regulatory changes and what they mean for access to ADHD medicines
- Share an example of how the change might work in reality from Dr Codyre
- Workshop together how to support your communities
- Answer your questions and hear your concerns

### We won't

- Cover other policy or funding ADHD of services today

# Housekeeping



First part (presentation) is **recorded** – we'll share it with you later



Workshop section **will not be recorded**



Please wait for the workshop section for any 'hands up' contributions



Please add written questions in the chat – we'll use these to add to our **public FAQ or other channels (e.g. Healthify)**



This is a **collaborative session** – your input will shape how we communicate these changes and provide you the messages you need for your communities.

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# Who's here today and our roles

 <p>MANATŪ HAUORA</p> <p>MINISTRY OF HEALTH</p> <p>The government's lead advisor on policy, regulation, and monitoring of the health system</p>	 <p>MEDSAFE</p> <p>NEW ZEALAND MEDICINES AND MEDICAL DEVICES SAFETY AUTHORITY</p> <p>A BUSINESS UNIT OF THE MINISTRY OF HEALTH</p> <p>A part of the Ministry, who regulate medicines and their safety</p>	<p>PHARMAC</p> <p>TE PĀTAKA WHAIORANGA</p> <p>Decides which medicines are funded and the criteria for accessing them; manages national medicine supply</p>
--	---	--

**Introductions from attendees:** Name, organisation & lived experience



**Te Kāwanatanga o Aotearoa**  
New Zealand Government

 **Public Health Agency**  
Te Pou Hauora Tūmatanui

**Document 10**  
**MINISTRY OF HEALTH**  
MANATŪ HAUORA

# The ADHD changes: a quick summary

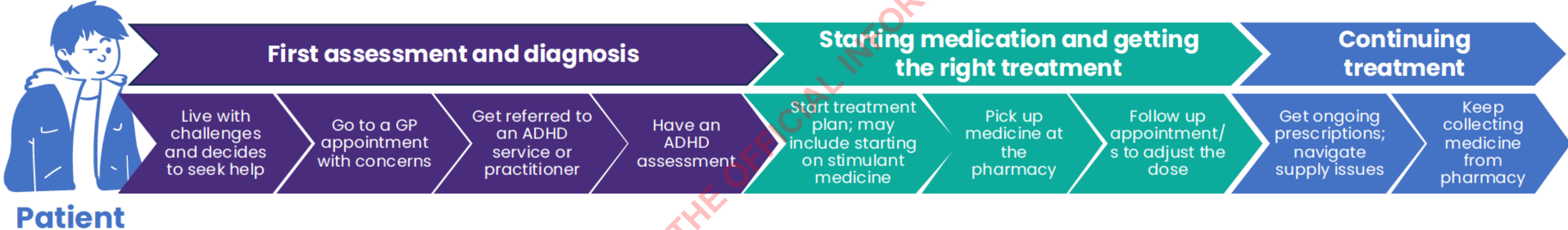
(Starting recording)

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

25 November 2025

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

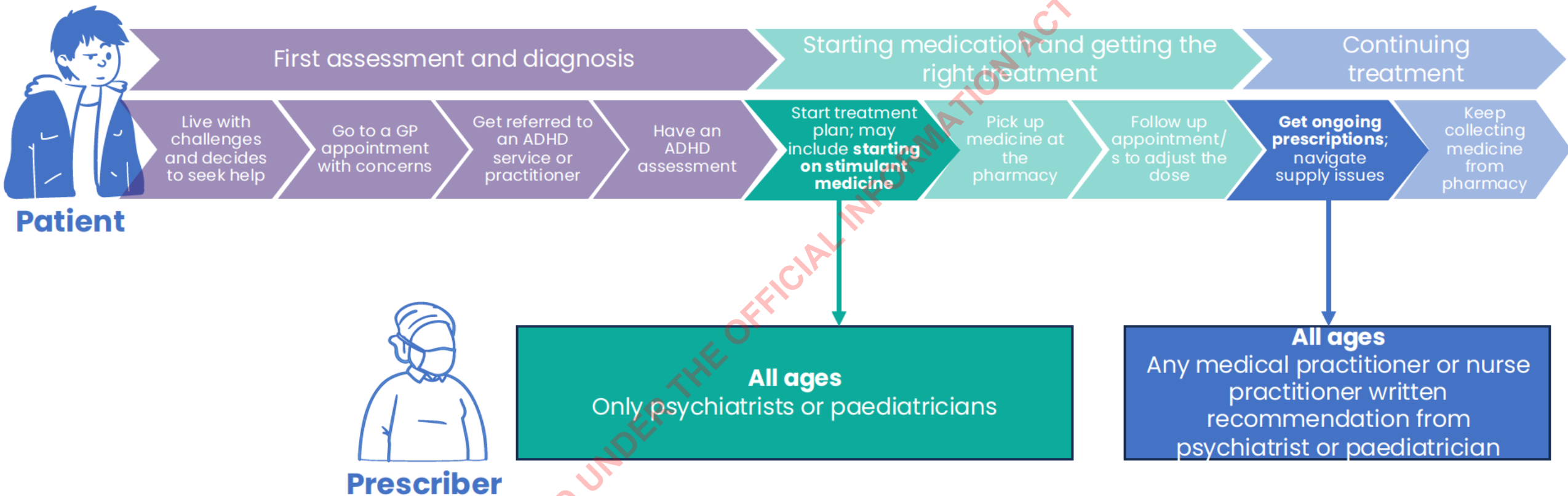
# A typical\* patient experience for ADHD medication treatment



RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

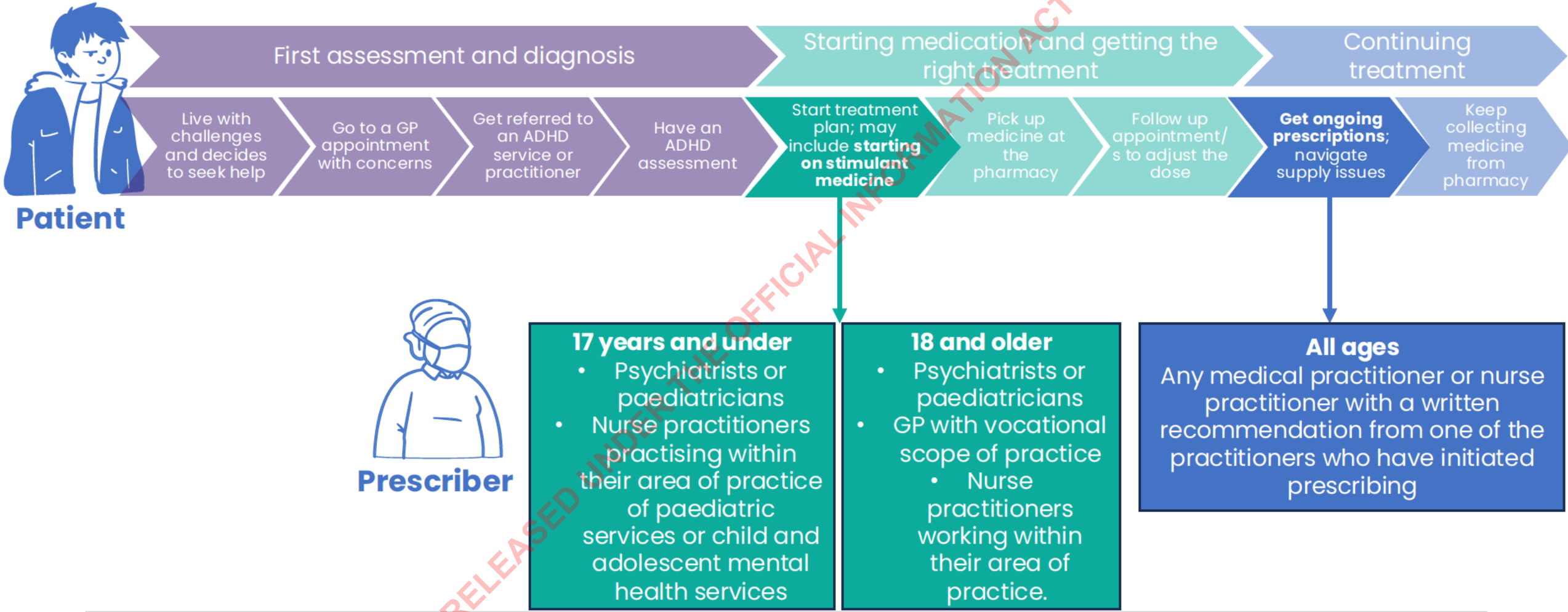
\*This is a very simplified version and may be different depending on age, location and complexity

# Current regulatory settings for ADHD prescribing



RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# Future regulatory settings for ADHD prescribing (from 1 February 2026)



RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# What this means for ADHD care in New Zealand



Rule change opens up the **potential option** for GPs and NPs to assess ADHD



More clinicians **can** start ADHD medicines



Potential for more ADHD assessments and shorter wait times

## Key messages

- There are **no new services** being set up by Health NZ or the Ministry of Health.
- Uptake is **voluntary** – GPs and NPs choose whether to offer ADHD services.
- Services will **grow gradually** and **look different in different places**.

## Where key information will be available

- **Ministry of Health, Medsafe, Pharmac: Official FAQ document**

### *Government agency led:*

- Pharmac website – for supply issues
- Healthify (for patient info)
- Health Pathways (for health practitioners)

### *Community/Other organisation led:*

- Local service providers / people's GPs and NPs for local information
- ADHD NZ for patient, whānau and community support information
- AADPA, Bpac, Goodfellow (clinical resources but some are freely available)