Addressing six common questions about the ADHD changes

Will every GP and NP offer ADHD care and/or stimulant treatment on 1 February?

Reality

- GPs and NPs with a **special interest in ADHD, and who have developed confidence and competence in ADHD** will offer ADHD services. What is offered will vary according to a prescribers' competence and confidence.
- Services will **develop gradually** and vary by location and region.
- **Local service models** will develop, and what emerges in a local area depends on factors such as the clinicians in that area and local funding arrangements.

Key messages

- *Not all GPs or NPs will provide ADHD assessment and start ADHD stimulant treatments. The change opens up options if they choose to do the work.*
- *Talk to your GP or primary care provider about what they are offering and what might be available locally.*

How will clinical quality and safety be maintained?

Reality

- The government has not mandated any specific training in ADHD as part of this policy, but there is an expectation that prescribers develop the necessary competence to deliver ADHD care.
- Expected standards for ADHD care in the NZ context are described in the **Ministry of Health's NZ Clinical Principles Framework for ADHD**
- Clinicians should also follow evidence-based guidelines (e.g. AADPA, NICE guidelines).
- Professional bodies are developing training and/or expectations for their members.
- Registered health professionals are regulated under the HPCA (2003).

Key messages for communities

- *If you're worried about quality, talk to your provider first.*
- *There are no changes to the ways in which concerns can be raised. Consumers have rights and providers have obligations under the Code of Health and Disability Consumers' Rights.*

What are the be standards and expectations for ADHD care?

- There **are expected standards** for ADHD care in New Zealand.
- These are set out in the **NZ Clinical Principles Framework for ADHD**, published by the Ministry of Health in July 2025.
  - Based on evidence and adapted for NZ.
  - Covers assessment, diagnosis, and treatment for all ages.
  - Developed by clinicians and people with lived experience.
- **It sets out that competence is not just a qualification; competence includes clinical expertise and experience**
- Competencies include comprehensive assessments, using ADHD rating scales, diagnosing according to DSM/ICD criteria, and consideration of cultural needs.
- Care should include both medication and non-medication options.

Will ADHD assessments be done in a 15-minute appointment?

Reality

- ADHD assessment is **comprehensive** and usually takes **60–120 minutes or more**, sometimes over multiple visits.
- Quality care follows the **NZ Clinical Principles Framework for ADHD**.

Key messages:

- *A good ADHD assessment takes time and includes history, questionnaires, and checking for other conditions.*
- *If someone offers a quick assessment, ask what's included and whether it meets the expected standards.*

Will ADHD care be free or very low cost?

Reality

- ADHD services are not included in core general practice funding (capitation) and can beconsidered specialist care, delivered in the community.
- Costs for ADHD services under this new policy will vary according to several factors: the providers, any local funding arrangements, and the type of service being offered.
- Fees reflect the specialist time and expertise needed for quality assessment and treatment.
- Ongoing prescriptions are usually part of standard GP visits (core funding).

Key messages:

- *The cost for ADHD assessment and starting treatment will not be the same as a standard GP appointment.*
- *The cost is expected to be similar to the cost of private psychiatrist assessments.*
- *Providers set fees based on the time and expertise needed for a quality assessment and treatment plan.*
- *Always ask about fees before booking an assessment or treatment.*

Will this make it easier for people who need it the most?

Reality

- We are aware that fees for ADHD care and their availability will vary.
- Private assessment costs can be a barrier for adults.
- Culturally safe care and responsiveness are essential to providing high quality care.
- The Ministry of Health will be monitoring the impact of these changes to inform future policy and planning.

Key messages for communities

- *Share feedback about gaps and barriers so we can improve.*
- *Ask providers about low cost or funded options where available.*
- *Ask providers for culturally safe support for Māori, Pacific peoples, and diverse communities.*

PHARMAC
TE PĀTAKA WHAIORANGA

Medicine access & supply

Robyn Harris, Team Lead,
Claudia Rees, Senior Advisor
Implementation Team

Pharmac's Role

Medicine access and funding for ADHD stimulant medicines

Pharmac

Supplier → Wholesaler → Pharmacist

Whānau and community support

Patient

Regulatory & Policy

Medsafe

Ministry of Health

Medical Council, Nursing Council, Pharmacy Council

Health services

Health New Zealand

Prescriber providing ADHD service

Training & capacity

Clinical education

Professional colleges

Funded ADHD Stimulant Medicines

For ADHD stimulant medicines, your prescriber applies for a **Special Authority** so the medicine is funded.

Special Authorities help make sure medicines are used by people who will benefit most and keeps costs manageable.

Methylphenidate comes in different brands and release types.

There are two Special Authorities for Methylphenidate. This means your prescriber may need to apply for a second approval if you need a different brand.

Funded ADHD Stimulant Medicines

The following medicines are funded by Pharmac for ADHD.

Medicine	Brand(s)	Special Authority Number
Methylphenidate (first-line brands; work well for most people)	Ritalin (IR), Rubifen (IR), Rubifen SR, Methylphenidate ER – Teva, Methylphenidate Sandoz XR, Rubifen LA (proposed from 1 July 2026)	SA2411
Methylphenidate (second-line brands; used if first-line options don't work or aren't suitable)	Concerta, Ritalin LA	SA2450
Dexamfetamine	Noumed Dexamfetamine	SA2410
Lisdexamfetamine	Vyvanse	SA2415

ADHD Medicine supply challenges

- ADHD stimulant medicines (especially methylphenidate) have had global supply issues since 2023.
- These shortages are expected to continue because demand is high and manufacturing is limited.
- Stimulant medicines are controlled drugs, so there are extra safety rules (e.g., 3-month prescriptions, monthly dispensing, caution when switching brands).
- Methylphenidate is especially complex because different brands have different release profiles.

We know not being able to get the medicine that works for you is stressful. We're working to make supply more resilient and support safe switching when needed.

What we've heard from patients, whānau and community

How we're managing supply

We have funded more medicines from more suppliers

- Lisdexamfetamine (Vyvanse) from 1 Dec 2024
- Methylphenidate Sandoz XR from December 2025

We are looking for more medicine suppliers

- Rubifen LA consultation, proposed listing 1 July 2026

Working closely with suppliers to monitor stock and reduce shortages

Helping patients & practitioners navigate supply issues

Resources for patients & whānau developed with ADHD NZ

- Q&A and practical tips for what to do if your medicine is out of stock
- View ADHD NZ's website for key messages
- Webinar with experts

Advice for pharmacists and prescribers on switching brands

- Advice available for professionals through professional organisations
- Clinical guidance in development

Regular updates on Pharmac's website

- Provides overview of stock in the country (the stock is then sent to wholesalers and local pharmacies)

Document 10

Presentation from Dr David Codyre

Models of GP/Nurse Practitioner provision of ADHD assessment and management

A number of models already exist, and other groups are looking to emulate these:

1. GPs with Special Interest (GPwSIs) in Mental Health and Addiction and Mental Health NPs – providing "psychiatry" services (including assessment and management of ADHD) in a primary care setting, supported and supervised by a psychiatrist (eg, Tamaki Health);
2. GPs trained in ADHD assessment and management, working in a specialised ADHD clinic, supported and supervised by a psychiatrist (eg, Beehyve);
3. Mental Health NPs working as part of a private psychiatry/psychology clinic, undertaking ADHD assessments, supported and supervised by a psychiatrist

Will GPs providing ADHD assessment and management need to complete training?

- The NZ Clinical Principles Framework clearly sets out the expected standards for assessment and management of ADHD.
- These standards also establish clearly what training is required to develop the clinical expertise to assess and manage ADHD.
- The College of GPs have developed a training programme – a series of weekly online teaching modules delivered by a psychiatrist - that is currently being delivered for the first time.
- The Goodfellow Unit are also developing a series online learning modules which will be ready for release by early 2026, and include content developed by 3 Psychiatrists along with content presenting a lived experience perspective.

What support structures are needed to support GPs undertaking this work?

- The College of GPs are currently working to develop clear professional standards for GPs undertaking this work. These standards are likely to include an expectation of access to specialist consultation and support.
- There have been pre-existing groups of GPs with an interest in ADHD – more of these groups are forming.
- These groups are already looking to engage support from a psychiatrist (or already have) for phone/email consultation when needed, and to join their group peer review sessions.

Workshop
(end of recording)

Workshop questions

How can we make sure advocacy groups use consistent and accurate messaging?

How can you best reach the right people with the right messages in your communities?

How can we keep a feedback loop as the changes are rolled out?

Is there anything we haven't addressed **about the changes that** your community is concerned about?

Wrap up and next steps

Wrap up and next steps

What we heard

Immediate actions

What the outputs will be

Next meeting/s planned

Karakia

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

6.2.4 Neurodiversity – upcoming regulatory prescribing changes to ADHD stimulant medications

This item updates you on the upcoming regulatory prescribing changes to enable general practitioners and nurse practitioners to initiate stimulant treatment for adult patients with ADHD.

Context

On Friday 3 May 2024, the ADHD parliamentary hui agreed to expand the clinical workforces who can initiate prescribing of ADHD stimulant medications to include general practitioners (GPs) and nurse practitioners (NPs). The proposed changes will allow vocationally registered GPs and NPs to initiate prescribing of ADHD stimulant medications for adults. For children and adolescents with ADHD, diagnosis, and initiation of prescribing of stimulant treatments will still require paediatricians and psychiatrists working within specialist services but will expand to include NPs working within these settings.

Pharmac and Medsafe ran the public consultation on the regulatory prescribing changes to the Misuse of Drugs Act 1975 regulations, which took place from December 2024 to February 2025. There was overall support for expanding prescribing permissions to GPs and NPs.

Medsafe will be accepting the proposed changes in the next week, and once confirmed, we expect the changes to come into effect in July 2025.

Comment

Prescriber changes

Prescribing changes will enable more adults to receive stimulant medications for ADHD within primary care settings. In anticipation of the proposed prescribing changes, the Ministry has jointly developed an ADHD clinical principles framework with the clinical colleges and professional bodies. It contains information for health professionals and the public on the standards they should expect regarding assessment, diagnosis, and treatment for ADHD in New Zealand. The framework provides an additional layer to support quality of clinical care for ADHD.

While the changes will improve access to medication for adults, there will be minimal impacts for children and adolescents. Children and adolescents will still require involvement from specialist services, but the changes will enable NPs working in specialist services to also initiate treatment for paediatric ADHD.

The diagnostic pathway for ADHD is not changing

Officials anticipate that there may be high public expectations that with the changes to prescribers, primary care will be able to assess and diagnose adults with ADHD because of these changes. This will not be the case and there will need to be careful communication on the prescriber changes as a result.

The prescriber changes in primary care do not provide any additional funding for the significant clinical time it would take to enable GPs and NPs who do not already do so to assess and diagnose ADHD. Assessment and diagnosis of ADHD for the adult population is not publicly funded and currently patients bear these costs.

Currently, there are primary care teams across New Zealand who have access to appropriately trained clinical workforces and could take the time required to assess and diagnose an adult with ADHD. However, this is not the case for all areas of New Zealand. We do not anticipate that the changes will increase the ability for adults to access publicly funded ADHD assessment and diagnosis in primary care. Achieving this would require either a new funding stream, or redirection of existing funding through disinvestment of other activities of primary care.

It is important to note that without new funding to primary care teams for the assessment and diagnosis of ADHD, such assessments will continue to be provided privately and access will continue to be limited and variable across New Zealand.

Additionally, Pharmac has advised that the supply issues for ADHD stimulant medications will continue throughout 2025. Pharmac expects supply issues to ease in 2026 and will continue to provide updates to yourself and Ministers Seymour and Willis (as Social Investment Minister).

Next steps

Officials will continue to engage with Health NZ regarding the changes to prescribing of stimulant medication. Both agencies will also discuss how to communicate the prescribing changes to the health workforce, highlight the potential pathways for assessment of ADHD, the availability of workforce training, and managing clinical safety for patients.

To address some of these action areas and to ensure the workforce and the public are aware of the upcoming prescribing changes, officials are:

- working with Medsafe, Pharmac, and Health NZ to develop clear communications for the public on the upcoming prescribing changes for stimulant medications and what they can expect from the changes
- planning to publish the ADHD clinical principles framework alongside information on the upcoming prescribing changes for stimulant medications in the coming months.

Deputy Director-General	Geoff Short, Clinical, Community and Mental Health, s 9(2)(a)

NZ ADHD Consensus document: Project Charter

Purpose

This Project Charter outlines an overview of the project to develop a NZ ADHD Consensus document and initial thoughts on the scope, processes, and considerations.

The NZ ADHD Consensus document will be a guiding document based on best practice and not a mandatory directive. It will provide a joint understanding and agreement on identification, diagnosis, treatment, and management of ADHD across the life course. The document will clarify:

- the roles and responsibilities of the clinical workforce involved in supporting ADHD, and
- the expectations of services and supports available for people with ADHD and their whānau.

Outcomes

Developing a NZ ADHD Consensus document will help contribute to the following goals:

- Nationally consistent diagnosis and treatment of ADHD as appropriate for child, youth and adult age groups.
- Reduced variation of health outcomes through improved access to ADHD support for groups currently disadvantaged.

Deliverables

A final draft NZ ADHD Consensus document will be delivered by mid-December 2024 and will be shared with the Hon Matt Doocey, Associate Minister of Health. A final agreed version will be published on the Ministry of Health website in early 2025.

Three to four fortnightly meetings from mid-October 2024 will be organised to support the development of the document.

Context

Improving access to support for ADHD in New Zealand has seen a rising increase in public and political interest. Health agencies and professional groups involved in the diagnosis and treatment of ADHD have agreed on actions to improve support for people with ADHD, and many of these are progressing.

There is limited data available on the level of unmet need for ADHD treatment. Prevalence data from the New Zealand Health Survey shows that children and young people aged 5 to 14 years diagnosed with ADHD fluctuates between 2.8% and 3.9% over the past five years, and this may under-represent the true level of need. Australian epidemiological data collected in 2013/14 suggested a 12-month ADHD prevalence of 7.4% in children and young people aged 4 to 17 years. Additionally, a 2021 meta-analysis of international epidemiological studies suggests that persistent ADHD affects between 4% and 5% of the adult population worldwide.

We are experiencing challenges with timely assessment and diagnosis of ADHD due to capacity constraints within infant, child, and adolescent mental health services who prioritise young people and families with the highest mental health needs. Pressures on services are driven by increased presentations for ADHD diagnosis and treatment, which is similar to

trends being seen internationally. Health services are also experiencing workforce shortages across key professional groups including child and adolescent psychiatrists.

Access to ADHD stimulant medications can be an important and effective part of ADHD treatment. There are three main issues regarding access to funded ADHD stimulant medications. These are:

- the type of health professionals that can initiate prescribing,
- the requirement to renew Special Authority approval from Pharmac for these medications every two years, and
- supply challenges due to ongoing global supply constraints for some ADHD medications, in particular methylphenidate.

Pharmac and Medsafe are working on actions to address some of the issues relating to medications.

We are aware of the current variation in services and clinical practice for diagnosis and treatment including different models of care and patient costs.

Resources

- ADHD project team – governed by the ADHD Programme Oversight group.
- Secretariat support from the Ministry of Health, however, open to professional colleges/bodies who may be interested in providing support.
- Clinical Reference Group made up of key stakeholders including:
  - Professional colleges/groups
  - Pharmac
  - Lived and whānau experience
  - Health New Zealand clinical representation
  - HealthPathways (Health New Zealand).
- It is not usual for the Ministry of Health to pay representatives from the publicly funded sector for meeting attendance. Lived and whānau experience members will be reimbursed as per the Cabinet Office Circular Revised Fees Framework. Ministry of Health may remunerate other parties by mutual agreement.

Related Activities and Dependencies

Work to develop the Consensus document will need to consider the broader work underway to improve support for people with ADHD. There are likely to be changes to clinical workforce roles and responsibilities in the diagnosis and treatment for ADHD as actions progress particularly relating to ADHD stimulant medications.

ADHD stimulant medications: From 12 September 2024, Pharmac is publicly consulting on removing the requirement for a special authority renewal every two years, as well as on funding a new ADHD medication, lisdexamfetamine, which will help increase the available supply of ADHD medications. Following consultation, if the proposal is approved by the Pharmac Board, lisdexamfetamine will be available in early December 2024.

Pharmac and Medsafe plan to work together to publicly consult on changing the requirements for who can initiate prescribing of funded and unfunded stimulant medications.

Prevalence of ADHD: The Ministry of Health is testing the tools needed to survey prevalence of mental health, addiction and substance use for children and young people. Understanding ADHD prevalence will help define the level of unmet need for support for ADHD in New Zealand.

Improving screening for targeted population groups at risk of ADHD: Government agencies are exploring this in the context of improvements to existing screening tools including Gateway assessments for at risk children. A cross agency group on neurodiversity has also been convened to advance work relating to screening for neurodiversity and neurodevelopmental conditions.

Future opportunities:

The Consensus document may serve as foundational document and the first step to support further work to improve support for ADHD in New Zealand.

- Informing work by HealthPathways within Health New Zealand for further application and localisation to support clinicians in practice
- Workforce requirements and standards
- Training opportunities and professional development
- Development of ADHD resources
- Sharing and developing ADHD models of care for health services

Project scope

The scope of the project covers information and guidance relating to the roles and responsibilities of the clinical workforce, and the expectations of services and supports available for people with ADHD and their whānau.

Can build upon and reference the underpinning documents - NICE and Australasian ADHD Professionals Association guidelines.

In scope:

- Working with population groups across the life course - childhood, youth, and adulthood
- Considerations for groups with inequitable access to support for ADHD
- Health-focussed services and supports (clinical and non-clinical)
- Professional health workforce roles and responsibilities in diagnosing and treating ADHD.

Out of scope:

- Ministry of Social Development and related social services
- Ministry of Education services
- Pharmaceutical options and prescribing regulations (dealt with separately by Pharmac and Medsafe).

Key stages and indicative timeline

Activity	Indicative timeframe
Convene Clinical Reference Group and agree Terms of Reference	Week of 14 October 2024
Initial draft of Consensus document sent to Clinical Reference Group for feedback	End of October 2024 ahead of the first CRG meeting in November 2024
Regular Clinical Reference Group meetings to provide feedback on draft Consensus document	3-4 meetings fortnightly over November to December 2024

Wider checking of the Consensus document by the Clinical Reference Group with relevant networks/members	November 2024
Potential consultation with Health New Zealand/Pharmac	December 2024
Finalise draft Consensus document provided to Programme Oversight Group and Ministers	Mid-December 2024
Consensus adopted by the Ministry of Health, Health New Zealand, and professional colleges/groups	Early 2025
Publish final Consensus document on the Ministry of Health website	Early 2025

Reactive Q&As: New Zealand Clinical Principles Framework for Attention Deficit Hyperactivity Disorder (ADHD)

Key messages:

- The Ministry of Health has worked with the health sector to develop a clinical framework for treating Attention Deficit Hyperactivity Disorder (ADHD) in New Zealand.
- The framework is supported by the key health workforces involved in treating ADHD including paediatricians, psychiatrists, psychologists, nurse practitioners, general practitioners, as well as people with lived experience of ADHD.
- The framework contains information for health professionals and the public on the standards they should expect for evidence-informed assessment, diagnosis, and treatment for ADHD.
- I welcome this move which provides health professionals with a useful and quality resource, and which adds an extra layer of protection to ensure quality care for patients.

Q&As:

Is the framework a new clinical guideline that professionals must abide by?

The framework is not a new clinical guideline, as there are existing clinical guidelines including the Australian Evidence-Based Clinical Practice ADHD Guideline that are already being used in New Zealand and endorsed by the NZ and Australian medical colleges. The aim of the framework is to bring together these existing evidence-based guidelines and outline how these can be used within the New Zealand context and what the public can expect regarding ADHD assessment and treatment.

Why aren't we creating mandated training requirements for health professionals? How will I know the GP or nurse practitioner treating me is qualified in ADHD?

Most conditions which GPs and nurse practitioners treat do not have mandated training requirements specific to those conditions. Health professionals are expected to work within their scope of practice and refer patients to other professionals as appropriate. There are existing mechanisms to ensure they do this. This includes the Health Practitioners Competence Assurance Act 2003 which requires all GPs and nurse practitioners to be registered with a professional health workforce body. These health workforce bodies regulate health professionals, providing oversight to ensure they work within their scope of practice.

The Ministry of Health is working closely with Health New Zealand and the professional workforce bodies to make sure there are adequate training opportunities for GPs and nurse practitioners to upskill in ADHD if they wish to do so.

Some people disagree with some of the expectations in the framework. What do you say to that and will the Ministry of Health change them?

The framework was developed with key representatives from professional health workforce bodies who have a role in assessing and treating ADHD in New Zealand. The aim of developing the framework was to create consensus amongst the health workforces on the expected standards that they should refer to when undertaking assessment, diagnosis and treatment of ADHD. The workforces agreed that having a set of standards to ensure high quality care for patients is essential.

There may be health professionals who feel they do not have the necessary experience, skills, or time to undertake the comprehensive process for assessing ADHD, and this may be particularly relevant to people working in primary care. Therefore, they may disagree that they can appropriately assess and treat ADHD. The Ministry of Health is clear that the framework is not setting mandated requirements on health workforces, and a priority is on making sure there is appropriate training available for the appropriate workforces who wish to upskill and have a greater role in assessing and treating ADHD in New Zealand.

Will all GPs and nurse practitioners be able to provide support for ADHD?

ADHD assessment and diagnosis is not currently part of the capitation funding provided to primary care. If ADHD assessment is offered by general practitioners or nurse practitioners working in general practice, then this is an additional specialist service and as such will not be provided by every GP or nurse practitioner. It will involve longer assessments than standard general practice assessments and will attract a cost/charge that reflects this.

Why hasn't any additional funding been made available for GPs and nurse practitioners to carry out this work?

As the framework provides a set of expected standards and is not mandating requirements for GPs and nurse practitioners to assess and treat ADHD in primary care, there are no funding implications currently to implement the framework.

I am aware of some of the barriers for access, including sometimes waiting months to access a first specialist appointment with a specialist to receive an ADHD diagnosis. In addition, I know that for adults, assessment and diagnosis of ADHD is not currently publicly funded and the costs are borne by the individual who may have to go to a private provider.

Increasing access and reducing wait times is one of my priorities for mental health care. The framework will help enable those GPs and nurse practitioners who have a special interest in ADHD to play a greater role in ADHD assessment and treatment if they wish to, and over time this is likely increase access to support for ADHD.

There is future work to be done in this area too. The Ministry of Health is currently talking to primary care teams across New Zealand to understand potential approaches for incorporating specialist clinical workforces within general practice to help diagnose and treat adults with ADHD.

Out of scope

6.2.4 Supply of stimulant medicines for the treatment of ADHD

This item updates you on the continuity of supply for the stimulant medicines used for the treatment of attention deficit hyperactivity disorder (ADHD) [H2025070004 refers].

Context

Medsafe has made changes to the regulatory restrictions that determine who can prescribe the stimulant medicines methylphenidate, dexamfetamine, and lisdexamfetamine for the treatment of ADHD. These changes were gazetted on Tuesday 24 June 2025 with the changes taking effect from Sunday 1 February 2026 [Gazette notice 2025-go3319 refers]. The changes expand prescribing authority.

Since mid-2023, there have been ongoing shortages of various brands of extended-release methylphenidate. These shortages have put pressure on other supplies of methylphenidate causing further supply issues. Since early 2024, Pharmac has been working on securing additional supplies of methylphenidate hydrochloride. It expects supply issues to continue to at least the end of 2025.

Comment

Pharmac is pursuing two strategies to ensure sufficient supply of methylphenidate prior to the start of February 2026. Firstly, it is working with two existing suppliers and talking to them about increasing the stock available in New Zealand ahead of February 2026 to meet anticipated increased demand. Secondly, Pharmac is in negotiation with two new suppliers to increase the options available. Those negotiations are progressing well.

The Ministry has asked Pharmac to develop a timeline with milestones so that progress of these potential supply issue solutions can be monitored.

Next steps

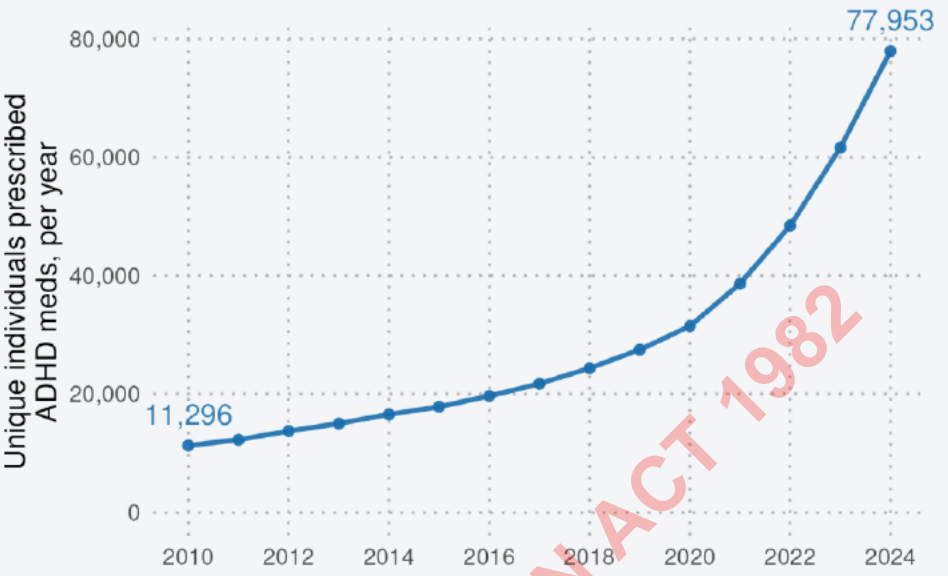
The Ministry will continue to work with Pharmac to provide you with regular updates.

Ministry lead	Geoff Short, Acting Deputy Director-General, Strategy and Policy, s 9(2)(a)

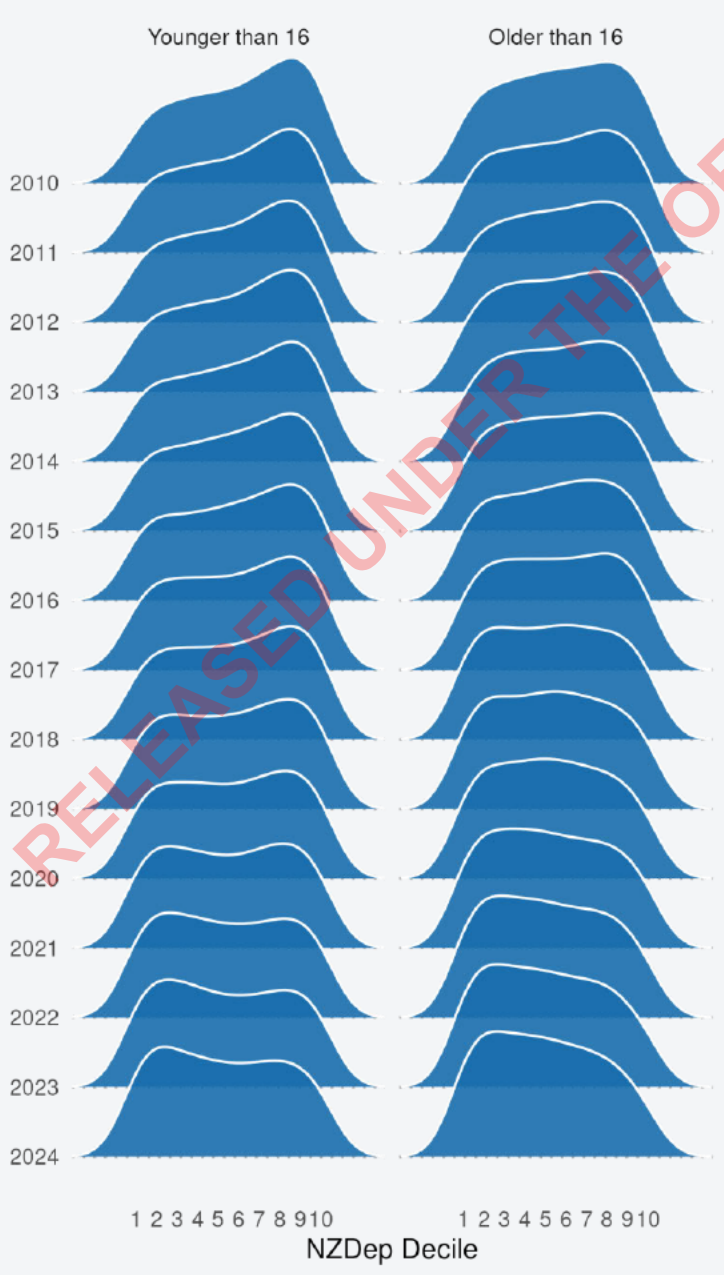
Out of scope

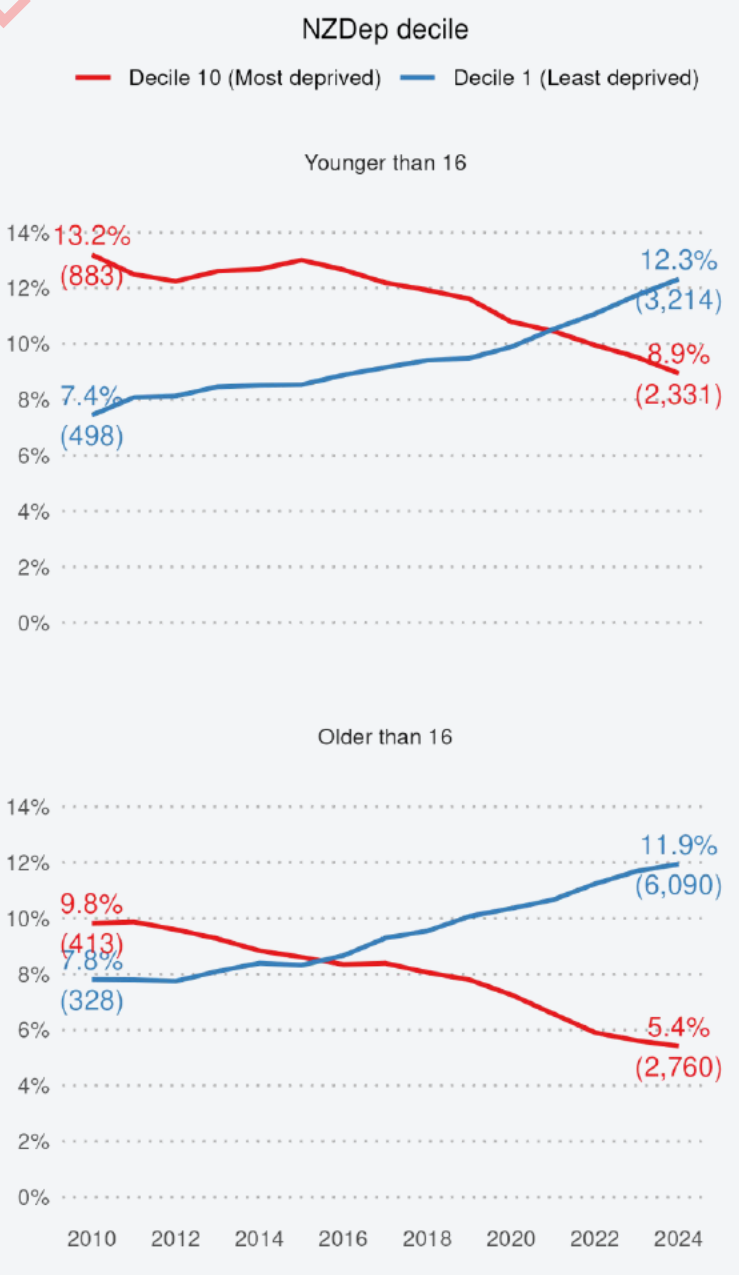
Changes in ADHD medication users over time

By analysing ADHD pharmaceutical dispensings, we were able to identify **77,953** individuals who were dispensed an ADHD medication at least once in 2024. This is a marked increase from 11,296 people in 2010.



The socioeconomic profile of these individuals has changed over time. In 2010, for both young individuals and adults, the population was more represented by the most deprived (NZDep 10). This gradually shifts over time, and by 2024 the least deprived are more represented.





MINISTRY OF HEALTH
MANATŪ HAUORA

Briefing for information

Further analysis to understand the impacts of changes to ADHD diagnosing and prescribing practices

Date due to MO:	12 March 2025	**Action required by:**	N/A
Security level:	IN CONFIDENCE	**Reference:**	H2025062661
To:	Hon Matt Doocey, Associate Minister of Health		
Copy to:	Hon Nicola Willis, Minister for Social Investment Hon David Seymour, Associate Minister of Health		
Consulted:	Health New Zealand: ☐		
Proactive release:	This **title** is proposed by the Ministry of Health for proactive release: ☒		

Analysis to be carried out by the Ministry of Health

Evaluating the success of the changes

6. The changes approved by Pharmac and MedSafe aim to improve services and care for those with ADHD by:

   a. ensuring adequate supply of ADHD medication

   b. improving ongoing access to funded stimulant treatment, and long-term care

   c. allowing a wider range of health professionals to initiate stimulant treatment.

7. The Ministry will carry out analysis focused on evaluating whether, and to what extent, the aims of the changes (outlined in paragraph 6) have been successful. Specifically, this analysis will support understanding of:

   a. increases in ADHD diagnoses and overall uptake of lisdexamfetamine for eligible users

   b. which health practitioners are diagnosing ADHD and initiating pharmaceutical treatment for eligible users

   c. any instances where eligible users are not taking up pharmaceutical treatment, or where eligible users are opting for lisdexamfetamine over other available medications

   d. where access to long term and ongoing pharmaceutical treatment and care has improved

   e. the attributes of the population who receive pharmaceutical treatment for ADHD. This includes demographic information and socioeconomic attributes such as

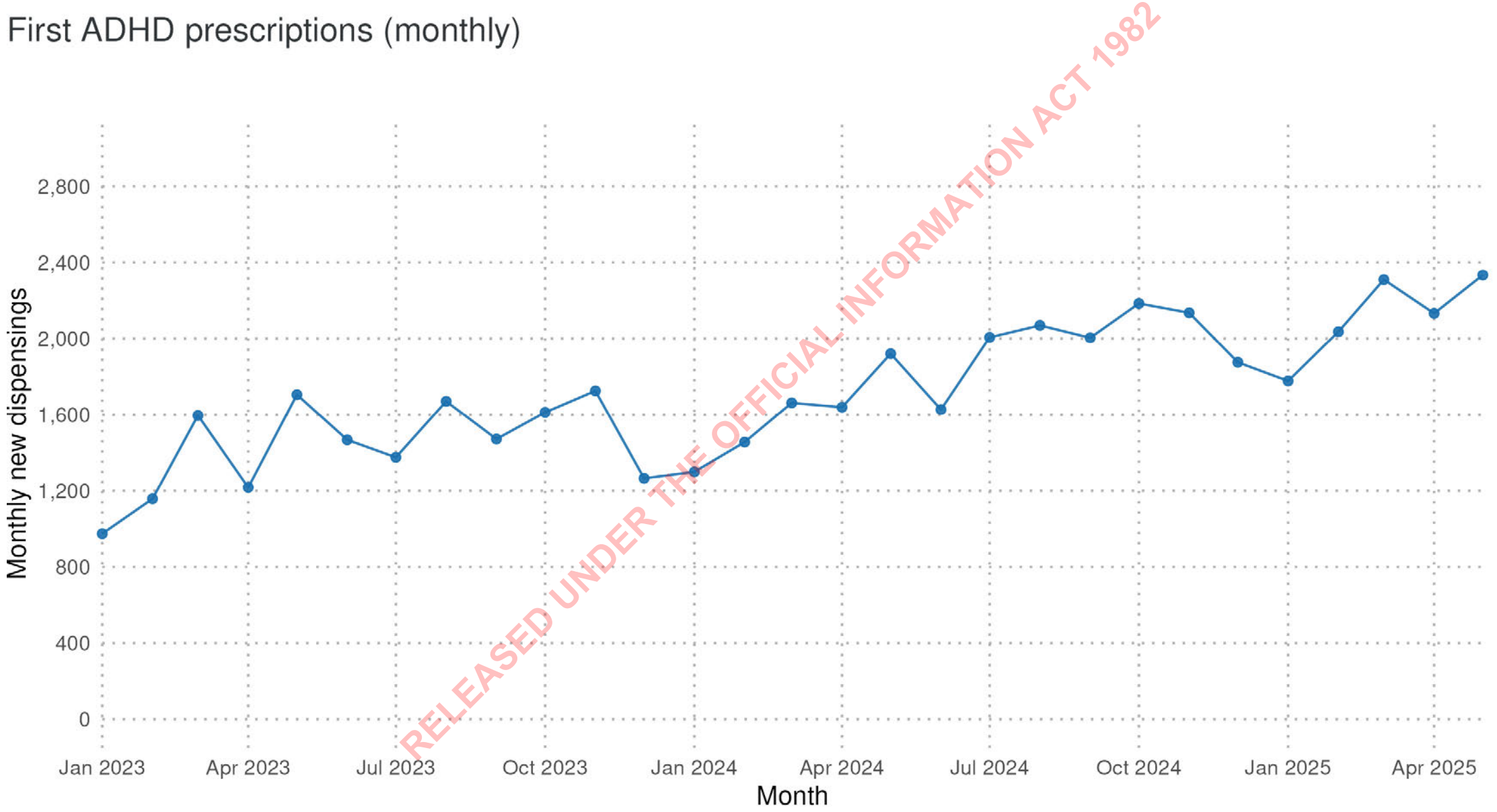
[redacted]

household income, deprivation, housing, and education. This will provide contextual information that supports interpretation of the analysis and monitoring of changes and observation of trends through time.

7.a. increases in ADHD diagnoses
(by way of drug dispensings only)

Document 17

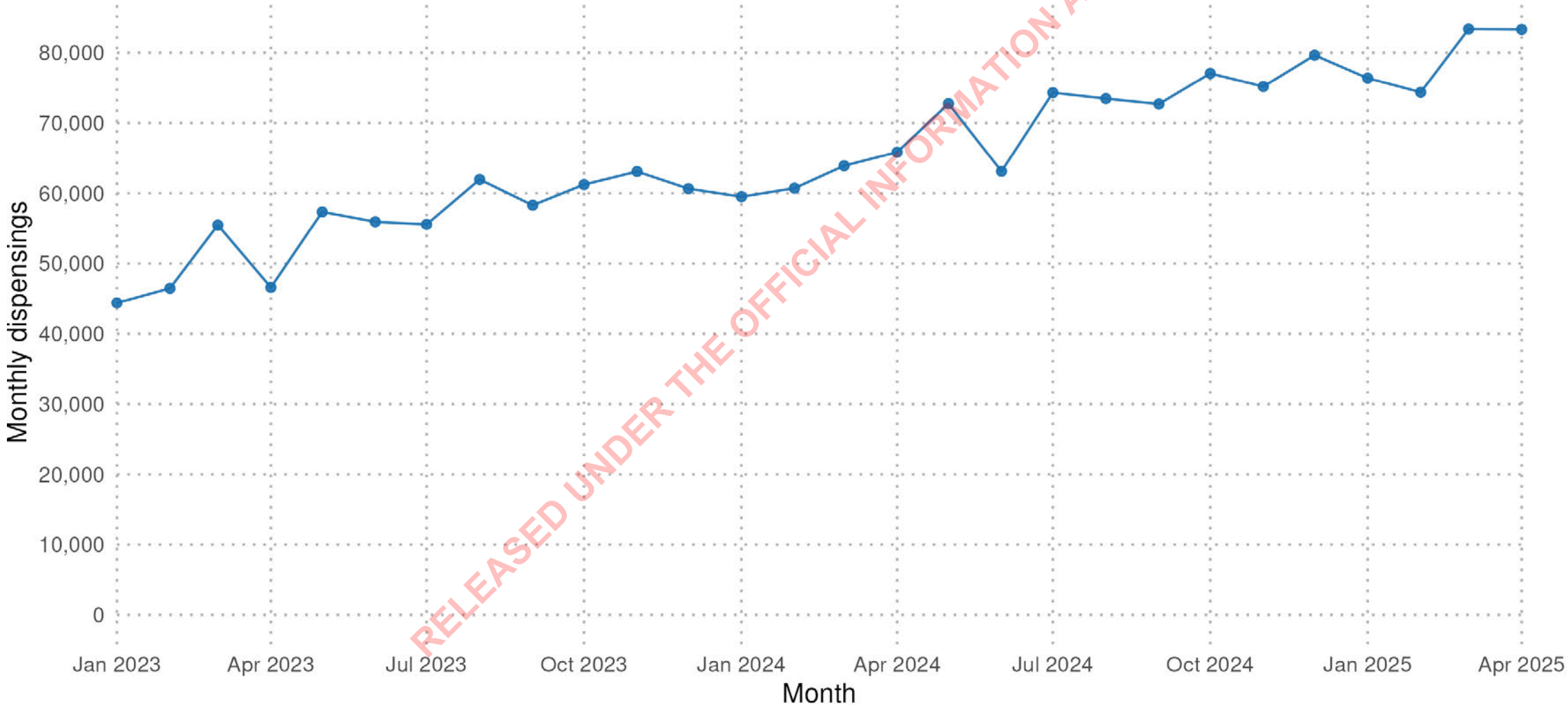
No noticeble increase of people diagnosed with ADHD



Document 17

More ADHD/Stimulants continue to be dispensed

Monthly dispensings of ADHD/Stimulant pharmaceuticals

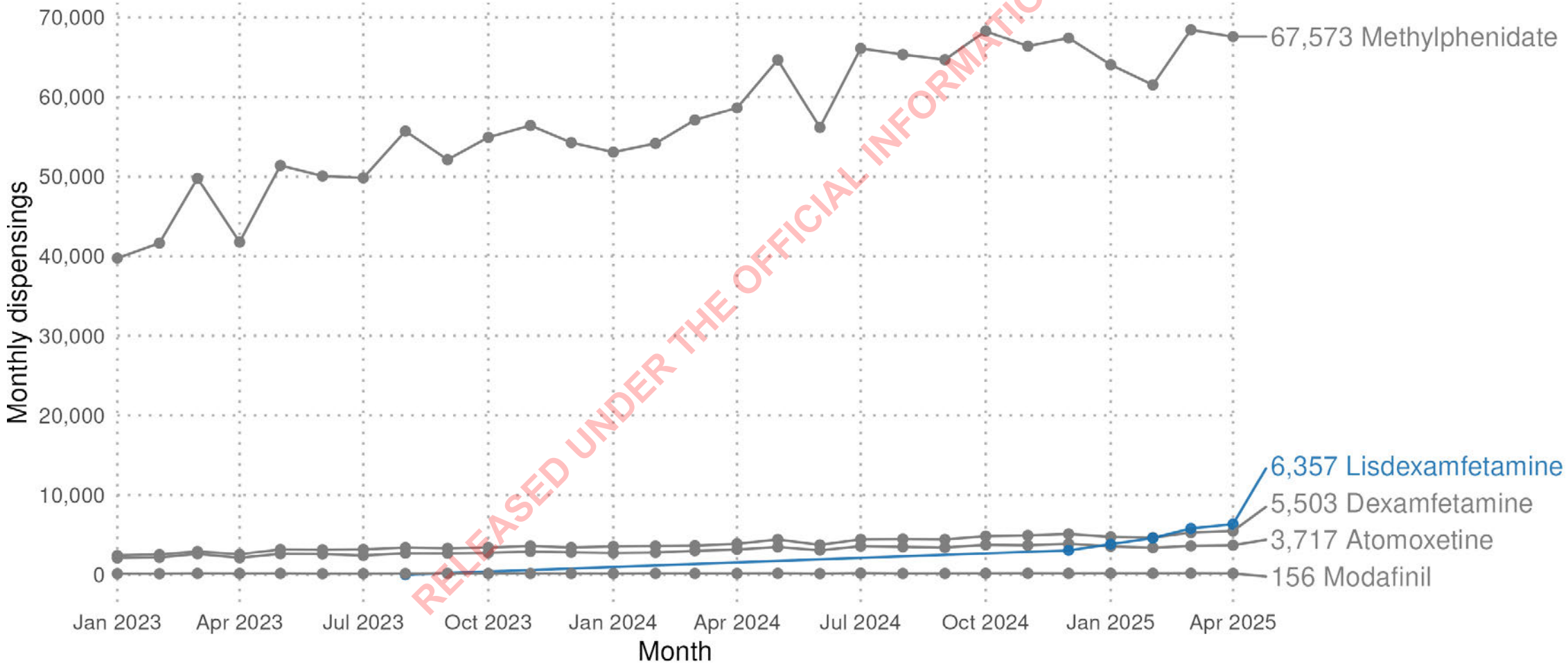


7.a. and overall uptake of lisdexamfetamine for eligible users

Document 17

Lisdexamfetamine uptake has been increasing, but Methylphenidate remains dominant

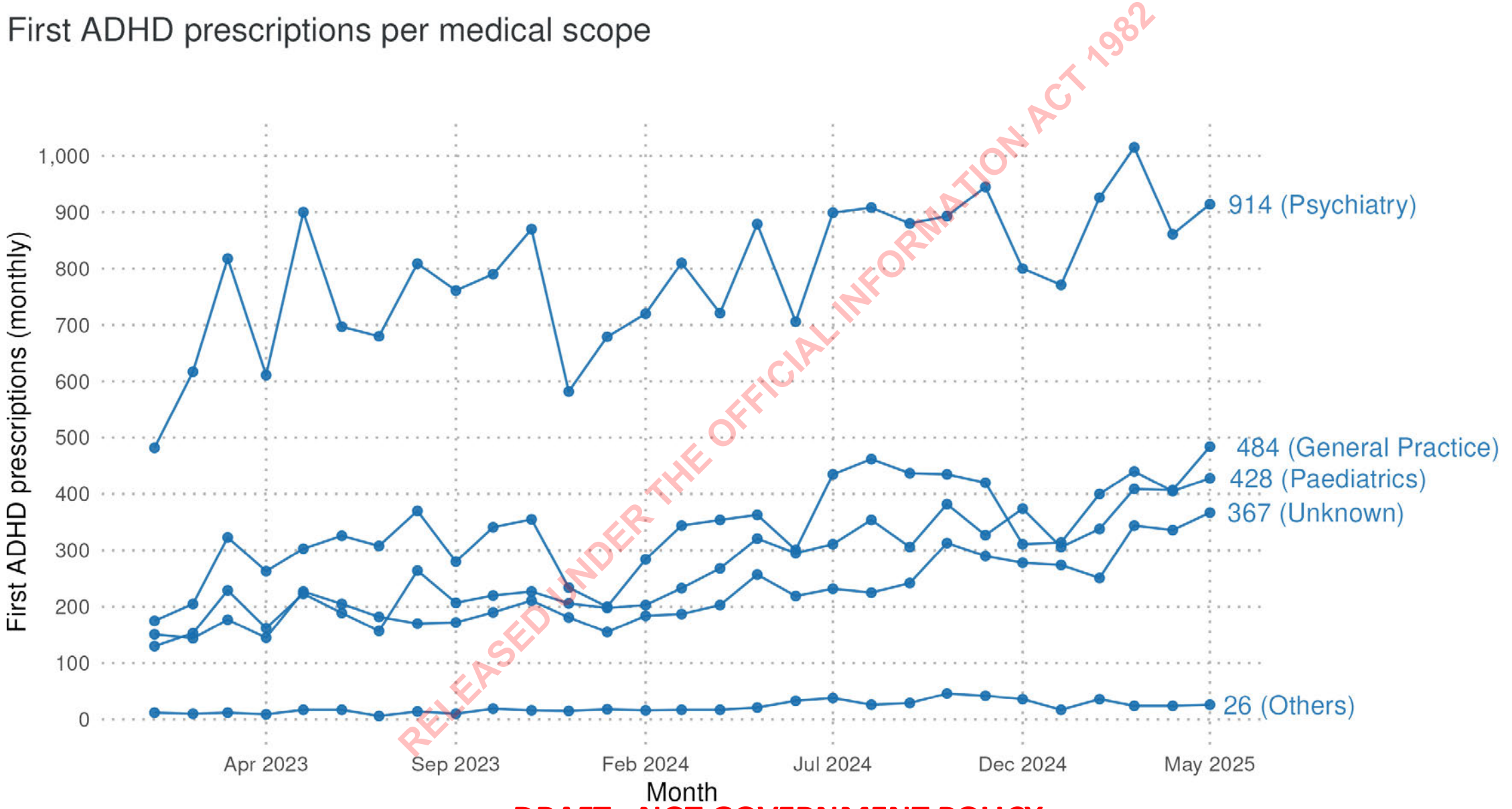
Monthly dispensings of ADHD/Stimulant pharmaceuticals, by type



7.b. Which health practitioners are diagnosing ADHD and initiating pharmaceutical treatment

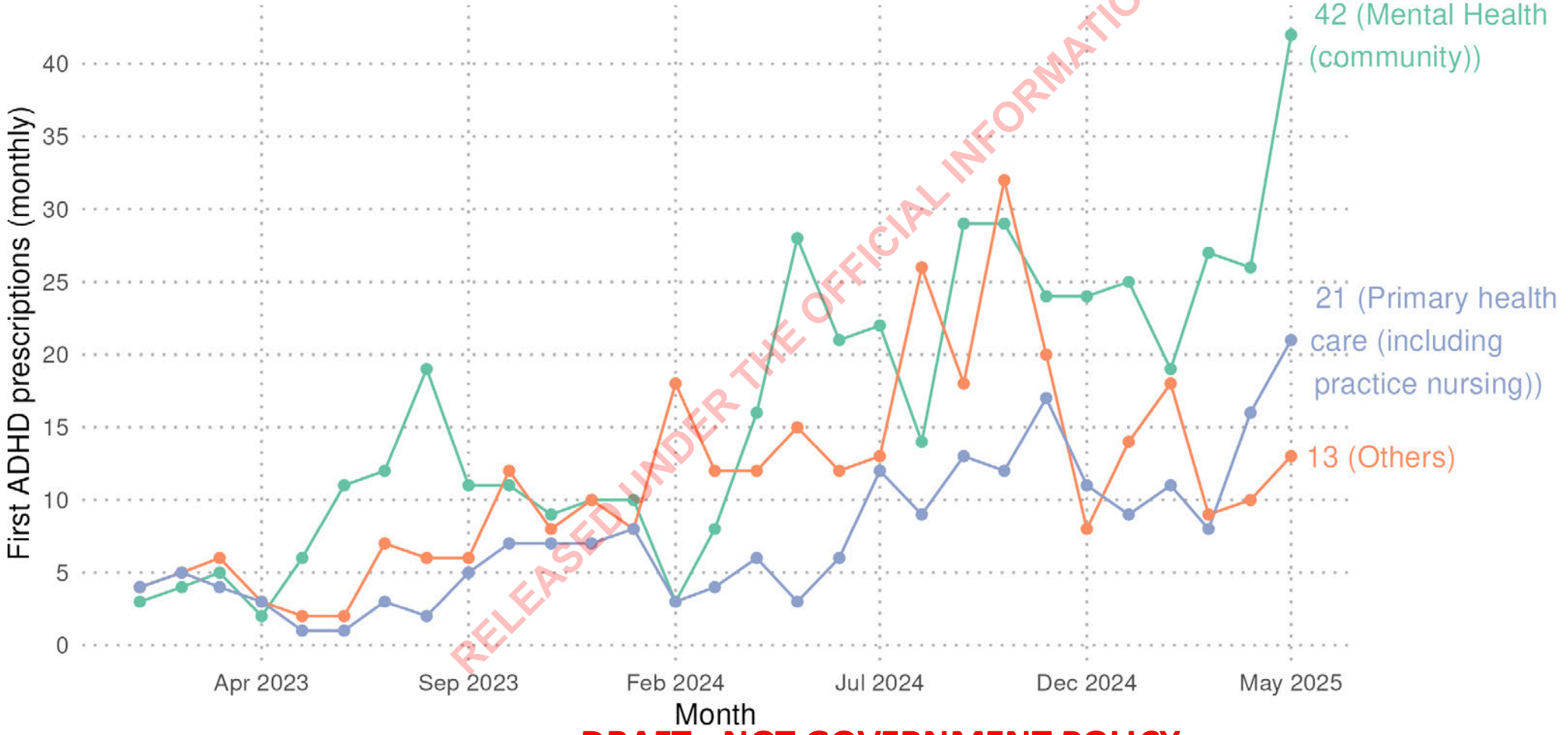
Document 17

No sustained changes in doctors initiating treatment after changes



Unclear if sustained changes in nurses initiating treatment after changes has occurred

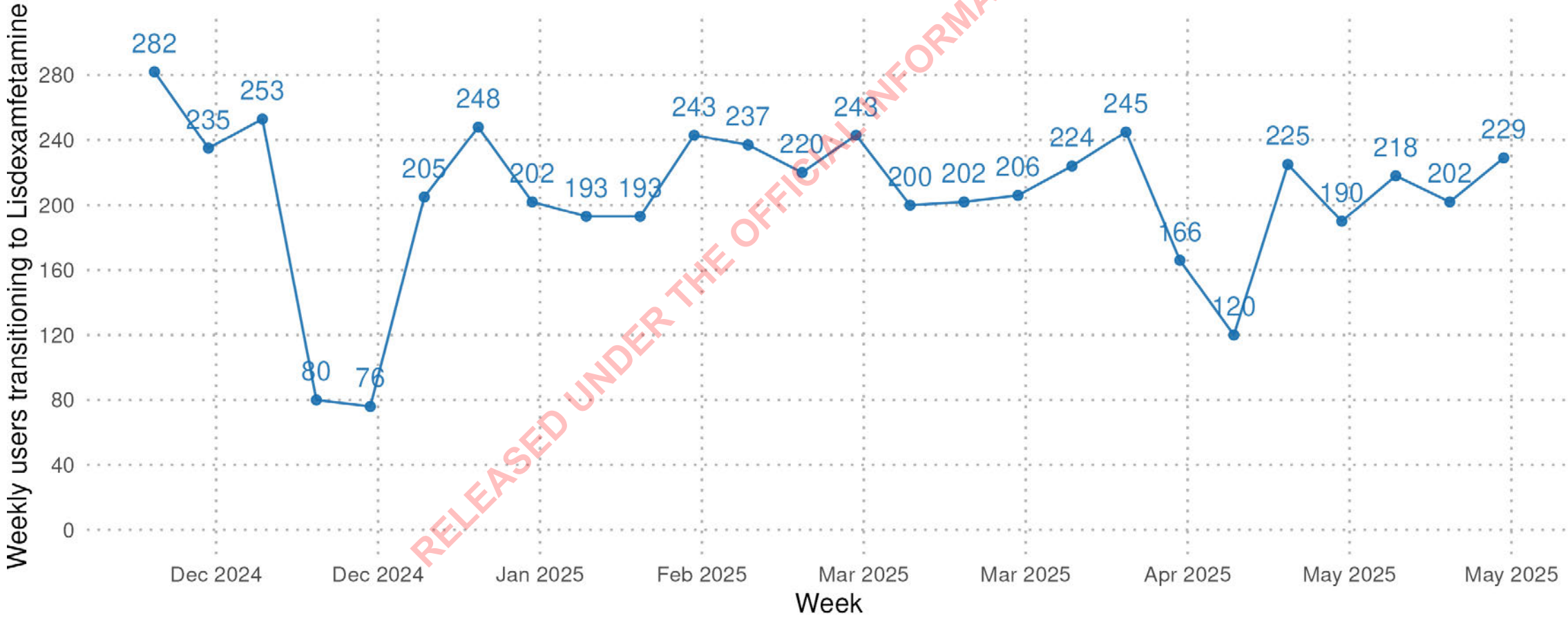
First ADHD prescriptions per nursing scope



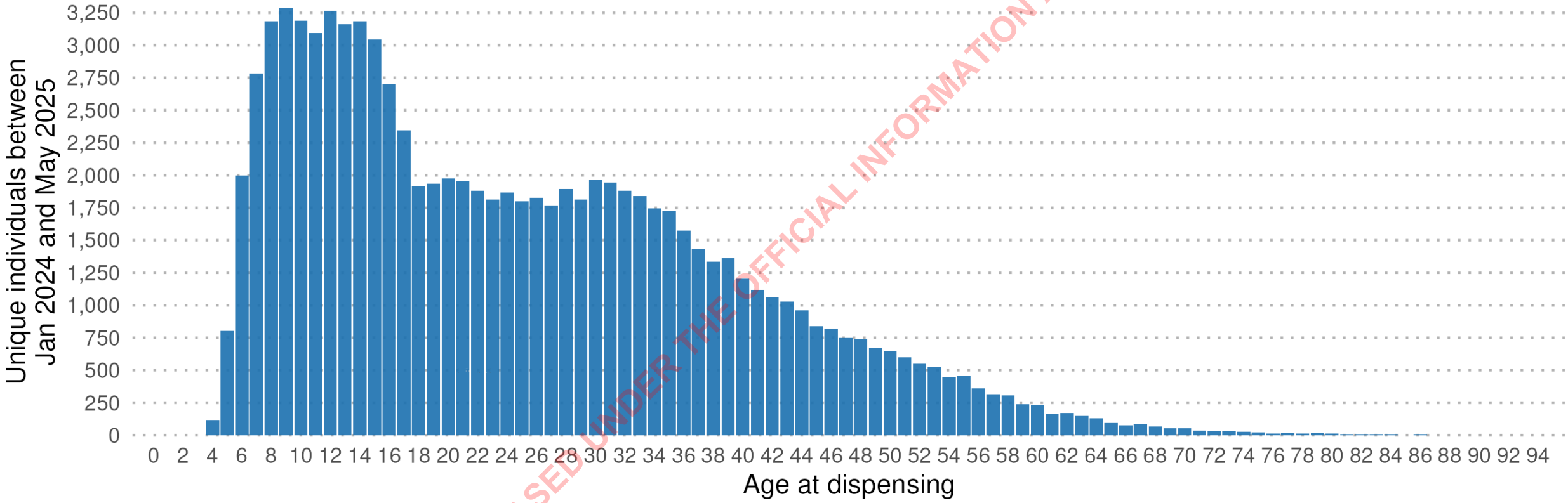
7.c. where eligible users are opting for lisdexamfetamine over other available medications

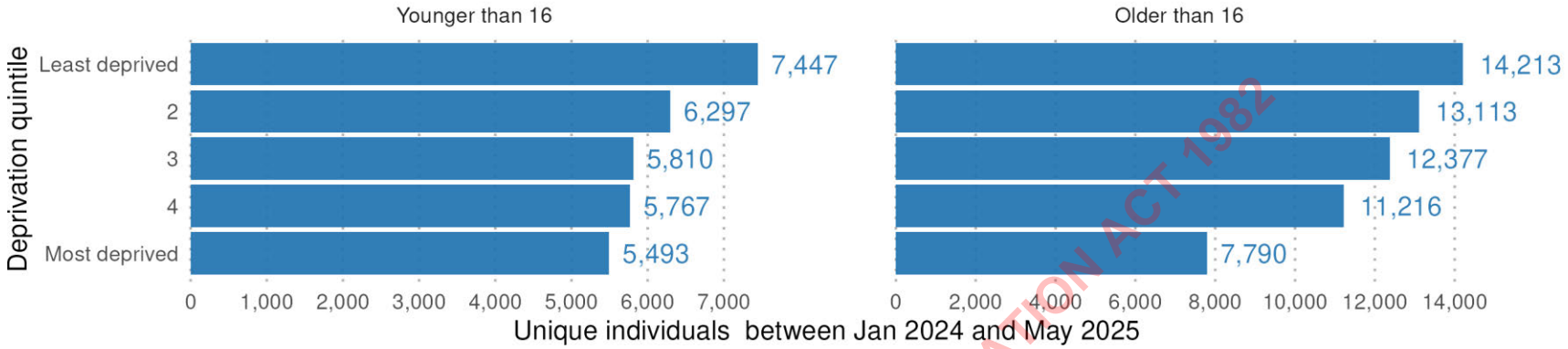
There are about 200 new weekly transtions from another ADHD drug to Lisdexamfetamine

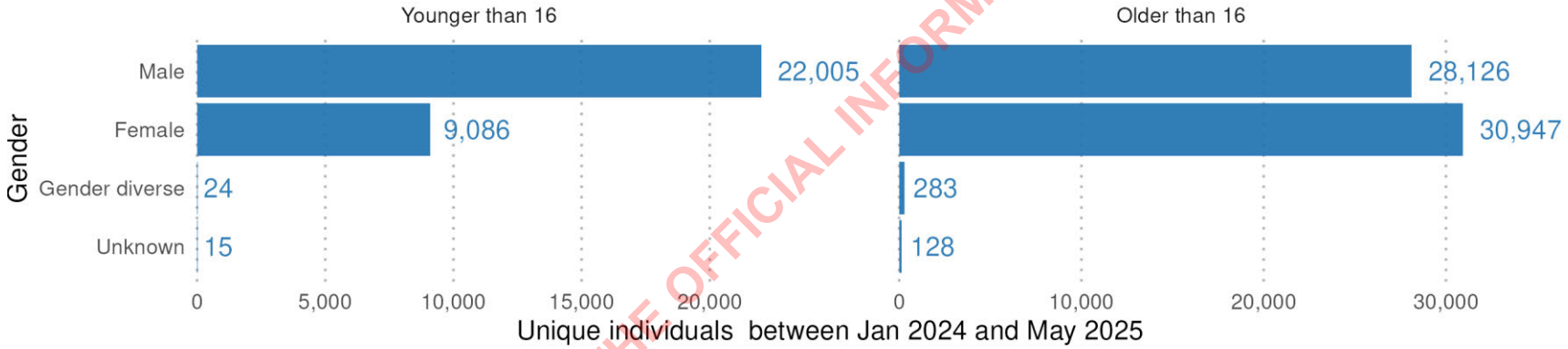
Number of unique individuals who were prescribed users of another ADHD drug and were prescribed Lisdexamfetamine for the first time

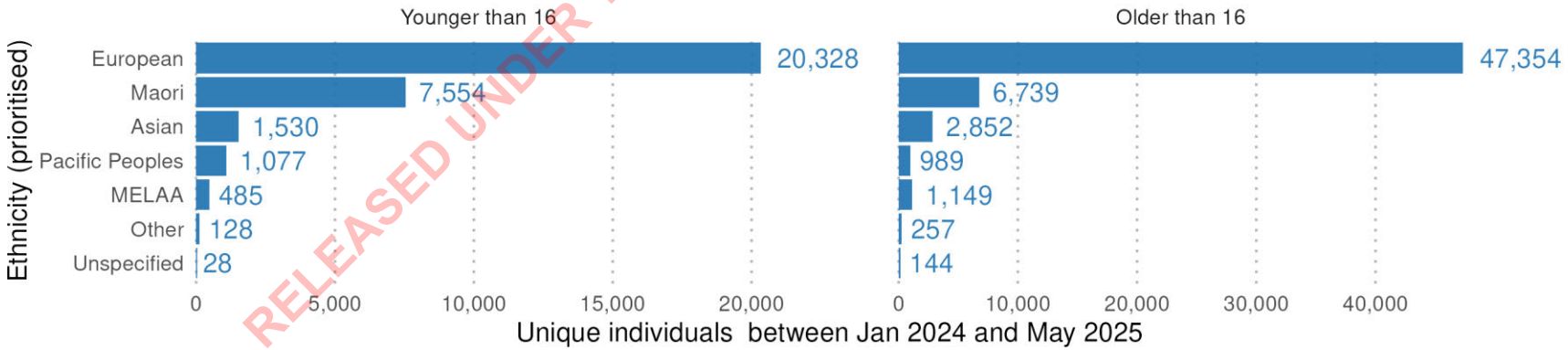


7.e. Basic demographics
(from health data, but this should
be primed to go in the IDI)









DRAFT - NOT GOVERNMENT POLICY