MEDSAFE
New Zealand Medicines and Medical Devices Safety Authority

Proposal to change the regulatory restrictions for stimulant treatments for ADHD

Consultation Outcome

June 2025

MINISTRY OF HEALTH
MANATŪ HAUORA

Contents

Executive Summary

Background: an overview of the regulatory restrictions administered by Medsafe

Dexamfetamine, lisdexamfetamine and methylphenidate are medicines used in the treatment of ADHD. They are classified as Class B controlled drugs by the Misuse of Drugs Act 1975.

Approval from the Minister of Health is required for a health practitioner to prescribe these medicines, pursuant to regulation 22 of the Misuse of Drugs Regulations 1977. This approval function is delegated to the Ministry of Health and is administered by Medsafe.
Medsafe have issued approval notices under regulation 22 to enable the prescribing, supply, and administration of these medicines by health practitioners under specific circumstances.

The current settings require treatment for ADHD to be initiated by a medical practitioner with a vocational scope of practice of paediatrics or psychiatry. For ongoing treatment of a patient under their care, any other medical practitioner or nurse practitioner may prescribe medicines for treatment of ADHD when acting on the written recommendation of one of the specified vocational medical practitioners.

Health practitioners and their professional practice activities, including the prescribing decisions they make, are regulated by their respective regulatory authorities, including the Medical Council of New Zealand and the Nursing Council of New Zealand. Medsafe expect all prescribers to prescribe in a manner that is consistent with their legislative, professional, and ethical obligations, including the Code of Health and Disability Services Consumers' Rights and any standards set by regulatory authorities.

The current approval notices are published in the New Zealand Gazette:

Controlled Drug	Gazette Notice
Dexamfetamine	https://gazette.govt.nz/notice/id/2015-go761
Lisdexamfetamine	https://gazette.govt.nz/notice/id/2022-go5683
Methylphenidate	https://gazette.govt.nz/notice/id/2015-go760

Medsafe and Pharmac have been actively engaging with a multi-disciplinary expert group from around New Zealand to review who can initiate prescribing of these medicines for the treatment of ADHD.

This group was made up of representatives from the following:

- Psychiatrists
- Nurse practitioners
- The Royal New Zealand College of General Practitioners
- Mental Health, Addiction – Ministry of Health
- Intellectual Disability Service – Ministry of Health
- Te Whatu Ora

Based on the feedback from this group, Medsafe are proposing to update the current settings to enable additional practitioners to initiate prescribing.

About the consultation

Medsafe and Pharmac consulted on a proposal to amend the prescriber restrictions for access to stimulant medicines, methylphenidate, dexamfetamine, and lisdexamfetamine from 1 July 2025. This consultation related to the use of these medicines only for the treatment of attention deficit hyperactivity disorder (ADHD).

Why did we consult on these regulatory restrictions?

Medsafe and Pharmac have worked with a range of stakeholders to support better services for people with ADHD in New Zealand. We understand there is a need to make it easier for people to get assessed and diagnosed for ADHD and improve access to ADHD treatment. We understand that the following actions would support improvements in access.

- Increasing the number of practitioners able to assess and diagnose ADHD.
- Creating a consistent model of care for ADHD.
- Adapting new medicine practice guidelines.
- Improving access to ADHD related care, including to medicines used to treat ADHD.

Who could take part in the consultation?

The consultation was open to any member of the public. However, we noted that the potential changes would be of most interest to the following groups.

- People with ADHD, their whānau, partners, and caregivers.
- Medical practitioners, psychologists, nurses, pharmacists, and other health professionals. particularly those involved in the care of people with ADHD.
- Support and advocacy groups.
- Health New Zealand and professional organisations.
- Pharmaceutical suppliers and wholesalers.

Initiation of prescribing – current and proposed settings

The following classes of persons may prescribe controlled drug products containing methylphenidate, dexamfetamine or lisdexamfetamine for a patient under their care, for the treatment of ADHD, in the specified circumstances.

> ***Definitions:***
>
> *To **initiate prescribing** means to diagnose a patient, either personally or in collaboration with a multi-disciplinary team, as having ADHD and to personally prescribe or provide a written recommendation to another prescriber to prescribe, methylphenidate, dexamfetamine or lisdexamfetamine for the treatment of ADHD.*
>
> *A **medical practitioner** must be registered with and hold a current Annual Practising Certificate issued by the Medical Council of New Zealand under the Health Practitioners Competence Assurance Act 2003.*

*A **nurse practitioner** must be registered with and hold a current Annual Practicing Certificate issued by the Nursing Council of New Zealand under the Health Practitioners Competence Assurance Act 2003.*

Table 1: Current 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.

Table 2: Proposed settings

<table>
<tr><th>Patient age</th><th>Initiation of prescribing</th><th>Ongoing prescribing</th></tr>
<tr><td rowspan="2">17 years and under</td><td>Medical practitioners with a vocational scope of practice of paediatrics or psychiatry may initiate prescribing.</td><td rowspan="4">Any medical practitioner or nurse practitioner may prescribe when acting on the written recommendation of one of the practitioners who have initiated prescribing.

*Note. the written recommendations provided (for the treatment of ADHD) for dexamfetamine or lisdexamfetamine are interchangeable. (i.e. the following situations are considered to be 'ongoing prescribing' for the purposes of this Approval, where the prescriber considers it clinically appropriate:
prescribing of lisdexamfetamine may occur where the patient has been initiated on dexamfetamine.
prescribing of dexamfetamine may occur where the patient has been initiated on lisdexamfetamine.</td></tr>
<tr><td>Nurse practitioners working within paediatric services or child and adolescent mental health services, within their scope of practice.</td></tr>
<tr><td rowspan="2">18 years and above</td><td>Medical practitioners with a vocational scope of practice of paediatrics, psychiatry or general practice may initiate prescribing.</td></tr>
<tr><td>Nurse practitioners working within their scope of practice.</td></tr>
</table>

As part of the consultation, Medsafe have sought comments on the following.

- Do you have any feedback on the proposal to allow nurse practitioners (working within paediatric services or child and adolescent mental health services) to start stimulant treatment, for people with ADHD 17 years and under?

- Do you have any feedback on the proposal to allow medical practitioners (with a vocational scope in general practice) to start prescribing, for people with ADHD 18 years and over?

- Do you have any feedback on the proposal to allow nurse practitioners (working within their scope of practice) to start prescribing, for people with ADHD 18 years and over?

- Do you have any feedback on the proposal to allow different prescribers to start stimulant treatment based on the age of the person with ADHD?

- Do you have any feedback on any defined training requirements that vocationally registered GPs or nurse practitioners would be expected to complete before diagnosing someone with ADHD and starting them on stimulant medicine?

- Do you have any other comments on the proposed changes to the restrictions for stimulant treatments for Medsafe?

Consultation results

Thank you to everyone who responded to the survey. We have analysed and summarised the survey results. The results are divided into seven parts as follows:

1. Overview of respondents

2. Summary of responses – Enabling nurse practitioners (working within paediatric services or child and adolescent mental health services) to initiate prescribing, for patients 17 years old and under

3. Summary of responses – Enabling medical practitioners (with a vocational scope in general practice) to initiate prescribing, for patients 18 years old and over.

4. Summary of responses – Enabling nurse practitioners (working within their scope of practice) to initiate prescribing, for patients 18 years old and over.

5. Summary of responses – Feedback on the proposal to allow different prescribers to start stimulant treatment based on the age of the person with ADHD.

6. Summary of responses – Defining the training requirements that new prescribers would be expected to complete before diagnosing someone with ADHD and initiating stimulant medicine.

7. Email responses and other feedback on proposed changes

Note: Quotes from the consultation are used throughout the summaries of responses to provide relevant examples to justify and explain the conclusions made. These are not exhaustive and so should not be interpreted as the only feedback considered for our determination of themes. In addition, some quotes are only the excerpts of respondent's feedback which related to the relevant theme.

The table categories and the numbers presented are based on generalisations of the responses determined by the data analysts. They should not be taken as definitive but rather as a guide for better understanding. These numbers were only one factor in our decision-making process, as part of our wider consideration of the responses received to the consultation. Furthermore, the consultation results formed one of several factors considered in our decision-making process. Our considerations were guidance through extensive discussion with the multi-disciplinary expert group and internal discussions to ensure a comprehensive evaluation of the proposed changes.

We encourage all stakeholders to remain engaged and continue providing feedback as we work towards improving ADHD treatment services in New Zealand. Together, we can ensure that individuals with ADHD receive the care and support they need to thrive.

1. Overview of responses

A total of 795 submissions were received (68 duplicates identified = 727 responses) via the Pharmac consultation tool.

An additional ~150 submissions were received via email.

For the analysis, respondents who submitted via the Pharmac consultation tool have been categorised into one of five categories (see Table 4):

Table 4: Categories of people who participated

Category	Type of person	Number	Percentage
ADHD patient or caregiver	Individual who has stated they have ADHD	124	17.1%
	Parent or caregiver to an individual who has ADHD		
Medical practitioner	Medical doctor, including specialists	79	10.9%
Nurse	Registered nurse, nurse practitioner, or other nursing discipline	35	4.8%
Other Healthcare	Other healthcare practitioner	49	6.7%
	Individual working within a health organisation (eg, Health New Zealand)		
Miscellaneous / Blank	All roles listed which did not fit within the above categories	440	60.5%
	No answer provided (n = 253)		
Total		**727**	**100**

Note: to prevent duplication, where respondents have listed multiple roles / categories (eg, "Nurse practitioner with ADHD") they have only been included under one category, following the priority list below.

1. Medical practitioner / Nurse
2. ADHD patient or caregiver
3. Other healthcare
4. Miscellaneous / Blank

(eg, a nurse practitioner with ADHD will be categorised under "Nurse").

Categorising of the "type of person" was based only on the respondents' answer to the questions regarding their role and organisation (ie, if a respondent provides a career characterised as miscellaneous as their answer to "role" but other questions include reference to their diagnosis of ADHD, they will not be captured as an ADHD patient).

2. Summary of responses - Enabling nurse practitioners working within paediatric services or children / adolescent mental health services to initiate prescribing, for 17 years and under

Question
Do you have any feedback on the proposal to allow nurse practitioners (working within paediatric services or child and adolescent mental health services) to start stimulant treatment, for people with ADHD 17 years and under?

Table 5: Generalised perspective of respondents to nurse practitioners initiating prescribing for patients 17 years and under – summary of responses

Agree/Disagree to nurse practitioners initiating treatment in <18 years	Response % (0 d.p.) / total			
Respondent type	**Agree**	**Disagree**	**Training***	**Uncertain****
ADHD patient/caregiver	70% (n = 71)	15% (n = 15)	8% (n = 8)	8% (n = 8)
Other healthcare	65% (n = 26)	10% (n = 4)	10% (n = 4)	15% (n = 6)
Medical Practitioner	28% (n=17)	37% (n = 22)	12% (n = 7)	23% (n = 14)
Misc/Blank	79% (n = 283)	8% (n = 27)	7% (n =25)	6% (n =22)
Nurse	79% (n=22)	11% (n = 3)	11% (n = 3)	0% (n = 0)
Average / Total	**71% (n = 419)**	**12% (n = 71)**	**8% (n = 47)**	**9% (n = 50)**

*Where respondents' agreement to the proposal was conditional of additional training beyond what is currently required for the prescriber, their feedback has been categorised under "training". Training requirements are discussed in section 6, while any other, relevant feedback is considered in this section.

**Feedback where the respondent's comprehension of the question or the current regulatory landscape prohibited their feedback from being appropriately categorised have been included under "uncertain".

There were 650 responses to this question (note that only 588 of these responses were able to be categorised and included in the table above). The feedback has been summarised by respondent category below.

Feedback from ADHD patients / caregivers

The majority of respondents in this category were in favour of the proposal. Their reasoning for agreeing to this proposal most often related to increasing patient access to prescribers, diagnosis, and medication. Respondents reported that allowing these nurse practitioners to initiate stimulant treatment would improve the accessibility, availability, and affordability of ADHD care.

Many respondents in this category referenced personal difficulties navigating the current system and the negative impacts this had on their lives. Respondents frequently referred to the burden on patients awaiting diagnosis. Several responses also referenced their personal experience with nurse practitioners, highlighting their relevant knowledge and expertise which would enable them to prescribe appropriately.

Respondents who disagreed to this proposal felt that a psychiatrist / medical practitioner should do the initial prescribing and diagnosis. Several also raised concerns regarding over-prescribing and the unnecessary medicating of adolescents.

- *"I wholeheartedly feel that allowing a wider range of heath professionals to diagnose and prescribe stimulate medication for adhd will reduce barriers to accessing a diagnosis and treatment, which is the beginning steps to more equitable outcomes for many. The long waits and delayed treatment could be significantly improved - often during the wait there are impacts on learning, development, social, employment, physical aspects of a persons health that could be prevented, and this would save resource and trauma."*
- *"NPs are already doing a lot when it comes to managing ADHD, like assessing, diagnosing, and keeping an eye on meds. Studies show that care from NPs is just as good as from doctors, and they really focus on a holistic approach, which fits well with the recommended treatments for ADHD."*
- *"I would think this is a welcome change. Nurse Practitioners really have so much insight and access to psychiatry specialists have significant cost and wait times."*
- *"I personally believe nurse practioners should only be able to represcribe these medications and children should first be assessed by a qualified doctor or psychatrist. General practioner would be ok. This is because it is important not to be too quick to assume an individual has adhd. Doctors are best qualified to assess this."*

Feedback from Nurses and Other healthcare

Responses from the Nurses and Other healthcare categories have been grouped to reduce repetition as their responses were grouped in similar proportions and their feedback was similarly themed.

The majority of respondents in these categories were in favour of the proposal. These respondents also provided similar reasoning to ADHD patients and caregivers regarding the perceived improvement to patient access. They also included in their feedback the possibility of easing the workload on strained areas of the healthcare sector, freeing up specialist time without reducing the standard of assessment while also increasing equity of care.

Respondents who disagreed raised concerns regarding over-prescribing and normalising of stimulant medicine. There was a minority of respondents who stated that the training / education of nurse practitioners is not sufficient regarding diagnosis and medication management for this to be within their scope of practice.

- *"I think this will take pressure from child and adolescent psychiatrists and pediatricians, which will be useful. Presumably since they are part of a team, the standard of assessment will remain quite high."*
- *"This is appropriate within the context of working within paediatrics or child and adolescent mental health services."*
- *"I think this practice should remain within the speciality of psychiatrists and paediatricians as they are highly trained experts in this field. The NP course is not specific enough to support the knowledge base around stimulants."*

Feedback from Medical Practitioners

More medical practitioners disagreed with the proposal than those who agreed. The reasoning, similar to above, primarily related to the potential increase in misdiagnosis of ADHD and over-prescribing of stimulant medication.
There was also consideration of the services included in the wording of the proposal. Respondents pointed out that paediatrics is a large speciality and there is significant variation in mental health training across the discipline. This might result in nurse practitioners working outside of their scope of practice without sufficient training / experience.

Medical practitioners who agreed with the proposal stated that the proximity and oversight provided by paediatricians / psychiatrists would ensure safety and that patients will benefit from nurse practitioners having greater time to spend consulting patients than specialist medical practitioners.

- *"given the complexities in children that can be misdiagnosed as ADHD and the training that is completed by paediatricians and psychiatrists I would be concerned of nurse practitioners being able to issue from the start and how this would be supervised."*
- *"The training for nurse practitioners is limited and within a narrow scope that does not equip them with the skill set required to make comprehensive ADHD assessments as the training is less comprehensive than that required to be a general practitioner"*
- *"I think this is fine- they are working in a team and have adequate time and resource to do these assessments properly"*
- *"This is preferable to the expansion of prescribing outside of specialist mental health services given the oversight and expertise present within these services"*

Feedback from other respondents

The feedback provided by other respondents was similar to that of the ADHD patients / caregivers. The most common feedback in favour of the proposal related to improvements of access, while those not in favour highlighted the complexity of ADHD and the risk of misdiagnosis / over-prescribing.

Several teachers provided feedback regarding the impact of undiagnosed ADHD on their classrooms and the burden of the current extended waiting period for diagnosis on their ability to teach.

- *"Absolutely overdue. Right now the current system is overloaded with ridiculously long wait times and red tape for our young people to receive a life changing diagnosis that improves their lives- when it matters most."*
- *"This does not apply to me, but if it appropriately takes some of the work off of paediatricians with long wait lists, then i would support this"*
- *"As a primary teacher, I really hope this proposal goes through as I've had multiple students who've struggled through school miserable while their parents are desperate for help but appointments are scares with psychiatrist and waitlists can take over a year or even two."*

Medsafe's response:

Medsafe have decided to continue with the current proposed wording to enable nurse practitioners working within paediatric services or mental health to initiate prescribing for patients aged 17 years and under.

The status quo is not recommended. From public feedback and consultation with key stakeholders, we have determined that changes are needed to support better services for patients with ADHD in New Zealand. This has been further highlighted from the feedback to this consultation. Particularly regarding the negative impact of undiagnosed ADHD and waitlists reflecting the issues of access.

The feedback indicated concerns regarding misdiagnosis, overprescribing, and inappropriate scopes of practice for nurse practitioners. However, Medsafe notes that the Nursing Council of New Zealand already sets the scope of practice and competency standards for nurse practitioners. This includes the requirement to refer for issues which are outside of the nurse practitioner's scope or expertise.

3. Summary of responses - Enabling medical practitioners (with a vocational scope in general practice) to initiate prescribing, for 18 years old and over

Question
Do you have any feedback on the proposal to allow medical practitioners (with a vocational scope in general practice) to start prescribing, for people with ADHD 18 years and over?

Table 6: Generalised perspective of respondents to medical practitioners (with a vocational scope in general practice) initiating prescribing for patients 18 years and over – summary of responses

Agree/Disagree to vocationally registered general practitioners initiating treatment in 18+	Response % (0 d.p.) / total			
Respondent type	**Agree**	**Disagree**	**Training***	**Uncertain****
ADHD patient/caregiver	86% (n = 102)	2% (n = 2)	8% (n = 10)	4% (n = 5)
Healthcare (non-doctor)	56% (n = 22)	15% (n = 6)	15% (n = 6)	13% (n = 5)
Medical Practitioner	21% (n=16)	50% (n = 38)	16% (n = 12)	13% (n = 10)
Misc/Blank	83% (n = 352)	3% (n = 11)	7% (n = 31)	7% (n = 28)
Nurse	65% (n = 20)	10% (n = 3)	26% (n = 8)	0% (n = 0)
Average / Total	**75% (n = 512)**	**9% (n = 60)**	**10% (n = 67)**	**7% (n = 48)**

*Where respondents' agreement to the proposal was conditional of additional training beyond what is currently required for the prescriber, their feedback has been categorised under "training". Training requirements are discussed in section 6, while any other, relevant feedback is considered in this section.

**Feedback where the respondent's comprehension of the question or the current regulatory landscape prohibits their feedback from being appropriately categorised have been included under "uncertain".

There were 706 responses to this question (note that only 687 of these responses were able to be categorised and included in the table above). Comments have been summarised by respondent category below.

Feedback from ADHD patients / caregivers

The majority of respondents in this category were in favour of the proposal. The most common justification for agreeing with the proposal related to the perceived increase in patient access to prescribers, diagnosis, and medication. The feedback indicated that respondents believe that allowing medical practitioners with a vocational scope in general practice to initiate prescribing of stimulant medication will result in improvements to accessibility, availability, and affordability of ADHD care.

Several respondents also referenced close relationships with general practitioners who are highly knowledgeable about ADHD and stimulant medication. They indicate that these factors coupled with their general practitioners' existing knowledge of their patients / patient history position them well to initiate stimulant treatment in their patients.

The respondents who disagreed with the proposal believed that the diagnosis of ADHD should remain with psychologists and psychiatrists. They stated that general practitioners do not have the training / experience necessary to accurately diagnose and treat ADHD. These respondents also raised concerns regarding the already understaffed general practice sector, and the inability for general practitioners to accommodate for the long appointments required to diagnose ADHD without significantly impacting their current practice.

- *"I tick all the boxes and cannot get a diagnosis formally due to the cost being so high and psychologists being in such high demand. Perhaps if other medical practitioners were able to prescribe, this would alleviate the workload for the psychologists that we have."*
- *"So many people go undiagnosed as the cost and wait times are a huge barrier. It will be life changing having better access for so many whanau"*
- *"Titration is already often managed by GP. My GP is extremely knowlegeable about ADHD and meds. ADHD people already struggle with admin and having to organise and consult with multiple people is stressful and draws out the process."*
- *"It takes years to be able to recognise the difference between an ADHD patient and not, and there is a lot to go through, from the feedback forms from those who know the patient, teachers, workmates, employers, friends. And we are massive understaffed already in the GP sector. How are GP's going to be able to fit in 2 hour appointments to be able to diagnose a person with ADHD. I believe this will lead to people cheating the system and easily obtaining a diagnosis as GP's will cut time corners and not get the full picture."*

Feedback from Nurses and Other healthcare

Responses from the Nurses and Other healthcare categories have been grouped to reduce repetition as their responses were similarly distributed and themed.

Most respondents in these categories agreed with the proposal to allow medical practitioners with a vocational scope of general practice to initiate stimulant treatment in adults with ADHD. The reasoning most frequently raised in the feedback was regarding the removal of barriers to access. In particular, responses indicate that barriers relating to affordability and availability would be addressed by this proposal, as an increasing number of adults are discovering they may have ADHD and could benefit from more accessible assessment.

A specialist mental health nurse highlighted that the current strain on the public mental health system has limited their ability to complete full assessments or facilitate treatment for ADHD or other neurodivergent conditions. Therefore, reducing the workload on mental health services may also improve their ability to manage patients with other conditions.

A few respondents from the pharmacy sector, who agreed with the proposal, stated that it would help to alleviate the administrative burden on pharmacists and general practitioners who struggle to navigate the Special Authority and Specialist Recommendation systems currently in place.

Some respondents in this category disagreed with this proposal due to the complexity of ADHD diagnosis and likelihood of misdiagnosis, misuse, and overprescribing. Other respondents raised concerns regarding the current methylphenidate shortage in New Zealand, highlighting that an increase in new patients would exacerbate the issues, leading to a lack of supply for those most in need.
Adding to the difficulty in diagnosis is the current standard 15-minute consultation time which is not adequate for the diagnosis of ADHD. However, longer consults would result in increased strain on general practice where multiple 'patient slots' would be required for one ADHD diagnosis.

- *"I agree, as there is confusion for GPs at present regarding Special Authority versus Specialist recommendation, and the onus this puts on Pharmacists to get the GP to remedy this"*
- *"Often we as health professionals have to turn down people's requests for help regarding ADHD as it is often not considered as crucial as treating other mental health issues. The private system that often requires being placed on a long waitlist and for most kiwis it is not financially feasible...I understand and see how disabling and frustrating it is for people and the impact it has on a*

consumers daily lives. I believe extending this scope and ability would provide so many more people with the help and support. Especially those who are falling through the cracks of our already strained and underfunded mental health system"

- *"Clinician experience and training is particularly important because attention deficit disorder, especially in adults, is sometimes diagnosed on presenting symptoms that look right but are in fact behaviours due to unsafe home environments, a history of trauma or post-traumatic stress disorder, or the effects of drug abuse including cycles of intoxication and withdrawal. In all of these cases, the prescription of stimulants is contraindicated."*

Feedback from Medical Practitioners

Most medical practitioners disagreed with the proposal to allow medical practitioners with a vocational scope in general practice to initiate stimulant treatment in adults with ADHD. The feedback included the current funding model for general practice not accommodating for this type of diagnosis, which tends to be based on a standard 15-minute appointment. In addition, feedback included that the requirement to conduct extended consultations would add further strain to the general practice sector which is already understaffed / underfunded.

Some psychiatrists who responded described the complexity of ADHD diagnosis, indicating concern over general practitioner's level of training and qualification to prescribe stimulant medication. They also raised similar concerns over the time constraints within general practice and the likelihood of over-diagnosis, over-prescribing, and associated harms.

Medical practitioners who agreed with the proposal felt that general practitioners are well placed, due to their familiarity with their patients and their medical history, to initiate stimulant treatment in their patients. They also expressed desires to address the inequities and financial burden which the current accessibility issues relating to ADHD diagnoses have on their patients. Others stated that there is no sensible reason for the regulation of stimulant medicines to differ from other medication (particularly those used for other mental health disorders).

- *"I am NOT in support of GPs prescribing ADHD medications to adults. This diagnosis will be in very high-demand by the public, diagnoses can be nuanced and take significant time, and GP practices are not set up to be able to take a long time to do a thorough evaluation for a necessary diagnosis."*
- *"I don't see how the diagnosis would be feasible within the current funding model and 15 minute consultation system (funding is already inadequate and certainly wouldn't cope with a raft of patients suddenly needing multiple long consultations which this certainly does require)."*
- *"I have serious concerns about the lack of knowledge of ADHD in General Practice, as well as lack of time to properly assess for ADHD, meaning this proposal is likely to cause harm. I have seen a large number of patients referred by GPs where the GP has been certain of ADHD - to the extent they have commenced medications like Atomoxetine - for it to then transpire that the patient had another diagnosis, such as anxiety."*
- *"This is likely to lead to over diagnosis, over prescribing and harms. An adequate assessment typically takes several hours including a full mental health history, exclusion of co-morbidities (including substance use), and gathering of collateral information. Either this will be done in a shorter time frame or we will see the creation of private services to cater to need. ....Both outcomes are negative"*
- *"There was no sensible reason for stopping General Practitioners prescribing stimulants to patients with ADHD in the first place."*
- *"A good idea...I have many patients , a couple a day, asking to be referred to be assessed for ADHD...they pay up to $1200 to be assessed. ..Only those who can afford this get the opportunity, they still have to wait up to six months..."*

Other respondents / feedback

The feedback from other respondents aligned with the responses from ADHD patients / caregivers, with a significant majority agreed with the proposal. Most of the feedback related to potential improvements to affordability / availability of prescribers and a reduction in access inequities. Many respondents referenced

the experiences and difficulties of their peers spending extended periods of time on waitlists or deferring diagnoses due to perception / stigma or financial reasons.

In addition to the financial burden of assessments, respondents also mentioned the social cost of undiagnosed and unmedicated patients. Respondents referred to stunted career growth, poor education, and impacts to employment relationships resulting from a lack of diagnosis / treatment, causing financial burden to the public mental health system and the broader New Zealand economy.

Those who disagreed raised concerns regarding over-prescribing, misuse, and misdiagnosis. They also stated that this might be shifting the problem of an under-resourced mental health sector on to an already under-resourced general practice sector.

- *"Strongly support. The current costs and wait times for psychiatric consultations means that many individuals are unable to seek the care they require. I personally know of many who have deferred treatment for purely financial reasons, at clear detriment to their health. Furthermore, many more do not pursue treatment at all, as it is simply too hard to organize with the reduced executive function available to those with ADHD. Furthermore, vising a psychiatrist has a sigma that is unacceptable for many."*
- *"Currently, adult ADHD symptoms must be incredibly severe to be referred to the public service. Many people who do not meet this criteria but feel significant distress and disruption in their lives due to symptoms in multiple life domains, including employment (finding employment, underperformance, lateness, forgetfulness, focus termination etc), social relationships both romantic and platonic (being late, interrupting, talk too much, forgetfulness) and keeping order (not being able to complete necessary life admin, difficulty keeping living spaces clean)."*
- *"Absolutely shouldn't be easier. Every person I've met think they have adhd, it's a fad and everyone thinks that have it. I understand not everyone does and to get the prescription you need a diagnosis. But I think it should be hard for a reason. People that have adhd should need to get a special authority through their doctor, especially for children or even more for adults that have survived for years, is medication the best option. To have every doctor and even nurse practitioner give it out is just too easy. Is a stimulant the best way forward? No, therefore jumping thru the hoops with the special authority absolutely is necessary"*

Medsafe's response:

Medsafe have decided to continue with the current proposed wording, to enable medical practitioners with a vocational scope of general practice to initiate prescribing for patients aged 18 years and above.

The status quo is not recommended. Public feedback and consultation with key stakeholders have indicated that changes are needed to support better services for patients with ADHD in New Zealand. In addition, the feedback to this consultation showed that members of the public believe that initiation of prescribing through vocationally registered general practitioners would help to address the current issues of access.

We recognise the concern from medical practitioners regarding the current stress on the general practice sector, the appropriateness of general practitioners' level of training and qualification to diagnose ADHD and prescribe stimulant treatments. It should be noted that this change only relates to the regulatory aspects of initiating prescribing of ADHD stimulant treatments and, as with other new services, it is up to the medical practitioner to decide whether they have the required skills / experience and capacity to provide this service. We understand that there are also wider considerations required to support the implementation of the proposed changes, such as funding and service provision, and Medsafe will be engaging with relevant stakeholders to advise on the outcomes of the consultation.

4. Summary of responses - Enabling nurse practitioners to initiate prescribing, for 18 years old and over

Question
Do you have any feedback on the proposal to allow nurse practitioners (working within their scope of practice) to start prescribing, for people with ADHD 18 years and over?

Table 7: Generalised perspective of respondents to nurse practitioners (working within their scope of practice) initiating prescribing for patients 18 years and over – summary of responses

Agree/Disagree to nurse practitioners initiating treatment in 18+	Response % (0 d.p.) / total			
Respondent type	**Agree**	**Disagree**	**Training***	**Uncertain****
ADHD patient/caregiver	75% (n = 85)	9% (n = 10)	10% (n = 11)	7% (n = 8)
Healthcare (non-doctor)	50% (n = 19)	18% (n = 7)	21% (n = 8)	11% (n = 4)
Medical Practitioner	9% (n = 6)	75% (n = 52)	12% (n = 8)	4% (n = 3)
Misc/Blank	71% (n = 271)	9% (n = 33)	12% (n = 44)	9% (n = 33)
Nurse	77% (n = 23)	10% (n = 3)	13% (n = 4)	0% (n = 0)
Average / Total	**64% (n = 404)**	**17% (n = 105)**	**12% (n = 75)**	**8% (n = 48)**

*Where respondents' agreement to the proposal was conditional of additional training beyond what is currently required for the prescriber, their feedback has been categorised under "training". Training requirements are discussed in section 6, while any other, relevant feedback is considered in this section.

**Feedback where the respondent's comprehension of the question or the current regulatory landscape prohibits their feedback from being appropriately categorised have been included under "uncertain".

There were 663 responses to this question (note that only 632 of these responses were able to be categorised and included in the table above). Comments have been summarised by respondent category below.

Feedback from ADHD patients/caregivers

The majority of respondents in this category where in favour of the proposal. Many of which referred to their reasoning for also agreeing to the previous proposal, to allow medical practitioners with a vocational scope in general practice to initiate stimulant treatment in adults with ADHD, stating that the same justification regarding improvements to accessibility also applies to nurse practitioners.

Others stated that nurse practitioners often have greater familiarity with their patients (and patients' medical history), particularly in rural / small towns where there is a high turnover of doctors. They also raised the requirement for frequent appointments during the initiation of stimulant medication (to change dosing, brands, etc) which could be better managed by a nurse practitioner.

Among those who disagreed, several indicated that diagnosis (either in general or specifically of ADHD) is outside of the scope of practice for nurse practitioners, who should be limited to prescribing repeat

medicines after a medical practitioner has made a diagnosis. Others referenced their reasoning for also disagreeing with the previous proposal, to allow medical practitioners with a vocational scope in general practice to initiate stimulant treatment in adults with ADHD, highlighting potential issues of over-prescribing, misuse, and incorrect diagnosis.

- *"Allowing nurse practitioners to prescribe stimulant medication for adults is a valuable initiative, especially in rural and underserved communities. Nurse practitioners often provide care to populations who may face barriers accessing traditional services"*
- *"Yes I think this is a good idea too. People with ADHD need to try medication to see if they even want to take it. If they do, they need to find the level that works for them. It would be much easier if this could be accessed through a nurse practitioner."*
- *"I believe starting a script of this nature should remain with a doctor"*

Feedback from Nurses

Most nurses responding to the consultation agreed with the proposal to allow nurse practitioners working within their scope of practice to initiate prescribing stimulant medicines for adult patients with ADHD. The feedback provided indicates that this is a suitable proposal given the knowledge and expertise of nurse practitioners currently working in these areas of practice.

Other respondents have highlighted the potential burden on general practice resulting from the proposal to allow vocationally registered general practitioners to initiate stimulant treatment in patients with ADHD. They indicated that allowing nurse practitioners to also initiate prescribing in adults would help to mitigate the strain on general practitioners resulting from the new workload.

Among those who disagreed with the proposal, the feedback provided was often related to the wording of the proposal. Respondents claimed that the nurse practitioner scope is too broad in certain areas, further refinement would be needed to ensure that only capable nurse practitioners were granted prescribing rights.

- *"Any nurse practitioner who is professionally responsible and works within their scope of practice should be able or allowed to practice at the full extent of their scope. As an integral part of primary care, the job of any nurse practitioner, regardless of their specialty, is starting stimulant medications to treat ADHD symptoms, at any age, meaning whether treating for the first time an adult when ADHD is initially diagnosed in adulthood or restarting treatment in adulthood after being treated in childhood."*
- *"Allowing Nurse Practitioners the ability to initiate and continue prescribing stimulant treatment in a General Practice setting can reduce the strain on GP Doctors who are already struggling with capacity to see patients. There is a nation-wide shortage of GPs in New Zealand and being able to "share the load" within health practitioners' scopes would reduce wait times to be seen as well as workload for our already tired and overworked GPs."*
- *"I believe if trained within their scope of practice, nurse practitioner is just as capable of start prescribing for people with ADHD 18 years and over as medical practitioners. However, I don't think general practice nurse practitioner is suitable to diagnose ADHD the same reason as above for general practice medical practitioners."*

Feedback from Medical Practitioners

A significant majority of medical practitioners disagreed with the proposal to allow nurse practitioners working within their scope of practice to initiate prescribing for adult patients with ADHD. Some respondents raised that the general practice / primary care scopes of practice are too broad for there to be a guarantee of relevant expertise in mental health or ADHD.

Feedback also included objection to the notion that nurse practitioners would be granted broader prescribing rights than (non-vocationally registered) general practitioners who otherwise have received greater training and education.

There was limited reasoning provided from the minority of respondents who agreed to the proposal, only stating that it was a suitable way of managing the health system and allowing for greater diversity of specialisation for nurse practitioners.

- "*Nurse practitioners working in Mental Health as scope of practice can do so. It is when the NP's scope of practice is general practice/primary care that they should NOT be allowed to start ADHD medications. Primary Care is such a wide scope in itself already, and said NP's may not have the relevant knowledge/skill to discuss medications and management. In other words, scope of practice should be narrowed down only to those NP's in the mental health sector."*
- *"I think this is unreasonable. A GP registrar (who has been to medical school and done at least 2 years of hospital work and is in a registered training programme will not be able to diagnose) but an NP who has done significantly less training hours will be able to."*
- *"Nurse practitioners believe their scope covers everything. Whereas a doctor needs to retrain if they change the area of medicine they want to work in, nurse practitioners just can…they seem to have unlimited scope. So no, I don't support this. How can a non vocationally registered gp not be allowed to do this work but any old nurse practitioner can? Crazy."*

Other respondents / feedback (including Other healthcare)

Responses from the Miscellaneous and Other healthcare categories have been grouped to reduce repetition as, while there was some variation in the proportion of agreement, their responses were similarly themed.

Most responses in these categories were in favour of the proposal to allow nurse practitioners working within their scope of practice to initiate patients with ADHD on stimulant medicines. Many responses referenced their rationale for agreeing to the previous proposals, as this change would help to mitigate the current issues regarding accessibility. They have also stated that this would be an effective use of our resources in the healthcare system, and that there have been negative consequences to society resulting from paediatricians / psychiatrists monopolising the treatment of ADHD.

There is also a significant amount of feedback referencing positive firsthand experiences with nurse practitioners who have displayed skills and knowledge which would justify them initiating treatment in patients with ADHD.

Respondents who disagreed, raised concerns regarding the potential pressure on nurse practitioners by patients. Some requested that medical practitioners retain oversight to ensure that the risk of coercion and over-prescribing is mitigated.

- *"Same as previous answer. It's dangerous that only a few people in the country have to decide who has it, figure their correct medication, and adjust accordingly."*
- *"It makes sense for mental health nurses to make assessments or GP nurses to make assessments to save doctors from extensive sessions."*
- *"I think they'd need to pass a qualification to do so. There would also need to be Doctor level oversight to prescribe medication."*
- *"Yes I think this would be very beneficial but again under consultation with a primary physician"*

Medsafe's response:

There was a consensus in feedback received from the respondents who are likely to have the most awareness of nurse practitioner scopes of practice (nurses / medical practitioners), indicating that an update to the wording or refinement of the scope of this proposal is required to minimise risk. Medsafe has subsequently consulted with the Nursing Council of New Zealand to determine the most appropriate wording for the proposal. Following advice from the Nursing Council of New Zealand, Medsafe have decided to amend the wording of the proposal, replacing "scope of practice" with "area of practice".

5. Summary of responses - Enabling different prescribers to initiate prescribing, based on patient age

Question
Do you have any feedback on the proposal to allow different prescribers to start stimulant treatment based on the age of the person with ADHD?

Table 7: Generalised perspective of respondents to the proposed decisions regarding prescribers to grant prescribing rights and age brackets chosen.

Feedback to the proposed decisions regarding prescribers and age brackets chosen.	Response % (0 d.p.) / total			
Respondent type	**Agree**	**Disagree**	**General agreement***	**Relevant comment****
ADHD patient/caregiver	10% (n = 6)	10% (n = 6)	60% (n = 37)	21% (n = 13)
Healthcare (non-doctor)	13% (n = 3)	26% (n = 6)	30% (n = 7)	30% (n = 7)
Medical Practitioner	9% (n = 4)	48% (n = 22)	9% (n = 4)	35% (n = 16)
Misc/Blank	8% (n = 15)	16% (n = 29)	63% (n = 119)	13% (n = 25)
Nurse	13% (n = 2)	33% (n = 5)	47% (n = 7)	7% (n = 1)
Average / Total	**9% (n = 30)**	**20% (n = 68)**	**52% (n = 174)**	**19% (n = 62)**

There were 569 responses to this question (note that only 334 of these responses were able to be categorised and included in the table above). Comments have been summarised below.

Note that there was significant misunderstanding / misinterpretation of this question. Many respondents interpreted it as general feedback for the overall proposal. The agree and disagree categories relate only to responses which also highlighted reasoning specific to the question (ie, specific comments on the prescribers and age ranges chosen).

*Where respondents have provided limited feedback or non-specific feedback which is not related directly to the intended question but generally agree with the proposals.

**Feedback which does not directly agree or disagree with the proposal but relates to the intended question.

Feedback regarding the age brackets used in the proposals

Some respondents disagreed with the concept of age brackets in determining which prescribers may initiate treatment in patients with ADHD. Feedback from these respondents included that age should not factor into decision making and should not determine the quality of care a patient receives. One respondent (psychiatrist) commented that the proposal indicates an assumption that the diagnosis is easier in adults than children, which is not the case.

Several respondents disagreed with the ages chosen for the proposals, particularly regarding the minimum age of 18 for initiation to be conducted by a general practitioner. Some respondents referenced a general practitioner's competence to treat patients of all ages, and others suggested lowering the age to 14 or 16.

Other respondents provided feedback agreeing to the decision to separate restrictions on prescribing by age, commenting on the complexity of treating / diagnosing children, additional monitoring requirements, and comorbidity in children which might be missed by non-specialists.
ADHD New Zealand were supportive of the decision to limit general practitioners to prescribing for patients over 18 but noted that this could be reconsidered in the future when there is more evidence, and the practitioners are more experienced.

- *"This proposal assumes that the diagnosis of ADHD is easier in adults than in children. Arguably it is harder as accurate collateral history and observations are more difficult to obtain and adults are more likely to have selective bias towards self-diagnosis. It is unclear on what basis the proposal is justified by"*
- *"It is bordering on deliberate inconsistency. Although a young person likely has access to different pathways (through schooling and parental support), a person of 17 is hardly more in need of a paediatrician as someone who is 18. A GP treats people of all ages."*
- *"I support the current proposal to have a cutoff at 18...Of the ADHD cases we see in CAMHS a substantial proportion have significant additional comorbidity - about 75%...Often learning, other neurodiversity diagnoses and disruptive behavioural issues, and emotional dysregulation and mood issues and benefit from a broader assessment and interventions."*
- *"We are also supportive of medical practitioners (as described above), NOT prescribing for those UNDER 18 years at this stage. However, this is something that could be considered at a future time when GPs have gained experience working with people with ADHD. Children and young people can have rapidly changing needs and can present with complex challenges which require skill in making a differential diagnosis."*

Feedback regarding the prescribers chosen for the proposals

There was limited feedback provided regarding the choice of prescribers for consideration. Respondents who disagreed with the proposals conceptually provided feedback recommending maintaining the status quo where only paediatricians / psychiatrists may initiate stimulant treatment. Other's highlighted risks of coercion and financial exploitation resulting from expanding prescribing rights.

- *"You would be aware that the mental health workforce is expanding, and that Psychiatrists are supervising a wider range of practitioners. These include Nurse Practitioners and Pharmacist Prescribers in our service. In order to support this ractice further, we would like to request that consideration is given to the current regulations regarding the prescribing of Clozapine, Methylphenidate and Dexamfetamine and that Pharmacist Prescribers working under the supervision of a Psychiatris are enabled to prescribe these medications."*
- *"Patients and their families have been demanding about getting prescribed stimulant drugs where clinicians can feel coerced into prescribing them. Widening access of prescribers will only exacerbate the problem."*

Some respondents recommended that pharmacist prescribers and psychologists should also be considered to be included alongside nurse practitioners (ie, where it is within their scope to do so) or to be able to write repeat prescriptions where a patient already has a specialist recommendation. One respondent offered a recommendation to vary the prescribing rights of prescribers working within the public vs private sector, commenting on the presence of a broader team / expertise in the public sector.

- *"Stick to Specialty prescribing"*
- *"As a lot of psychologists complete ADHD assessments it seems odd that they can't also prescribe ADHD treatment. Psychologists should also be able to prescribe these drugs."*
- *"I believe you should be able to get this medication from your doctor like any other medication. It should be one you can try, maybe just watched closely. But restricting someone is very dehumanising especially when they know themselves they NEED it"*

Medsafe's response:

Medsafe has confirmed it will retain the proposed age ranges. These were selected through consultation with a multi-disciplinary expert group and key stakeholders. After careful consideration, 18 years was determined to be the most appropriate age to distinguish between prescriber groups.

Medsafe's response regarding pharmacist prescribers is provided in section 7.

6. Summary of responses – Defined training requirements

Question
Do you have any feedback on any defined training requirements that vocationally registered GPs or nurse practitioners would be expected to complete before diagnosing someone with ADHD and starting them on stimulant medicine?

There were 567 responses to this question. Due to the qualitative nature of the responses, they could not be appropriately summarised / generalised in a quantitative table as for the previous questions.

There was almost unanimous agreement in the responses that some form of training is needed to ensure that new prescribers have the adequate skills / knowledge necessary to accurately diagnose and treat patients with ADHD. Some respondents stated that the training should be formal and legally required to allow the new prescribers to diagnose and prescribe stimulant medication.

Throughout the feedback respondents raised significant concern over sufficient education covering alternative treatment methods (eg, non-medicinal / behavioural therapies or lifestyle changes). There is a potential risk where prescribers are only trained on treatment with stimulant medicines, leading to patients, who could be appropriately managed with behavioural changes, being unnecessarily or over-medicated. Feedback indicated that a holistic approach (including medical and non-medical interventions) provides the best outcomes for patients.

Some key points and suggestions raised in the feedback included the following.

- Differential diagnoses / Guidelines / DSM-5 criteria – whereby new prescribers would have strict guidelines within which they could prescribe, and patients who may require treatment outside of these parameters would require specialist referral.
- Certification which requires renewal (annually, or less frequently) – Due to the advancements in the understanding and treatment of ADHD recently, responses have highlighted the importance of renewing / updating the prescriber's knowledge (particularly where psychiatry is not their primary focus).
- Include pharmacological education (common side effects, interactions, etc).
- Day courses / Conferences led by psychiatrists / paediatricians.
- Standardised testing or sign off by psychiatrist / paediatricians.
- Secondary vocation / higher tertiary / quaternary education – would provide the greatest assurance of competency.
- Cultural competency / New Zealand specific resources.

A respondent highlighted the necessity for prescribers to also be trained in recognising drug seeking behaviours due to the potential for misuse and abuse of these medicines.

- *"These are medications that only a few years ago were banned due to their addictive nature. They are sister drugs to methamphetamine . Why would you think that they should be able to be prescribed by any health professional? To prescribe these the health professionals should be trained not only in diagnosis , which is hard for even the most experienced specialists, BUT they need to be trained in addiction, drug seeking, and recognition of abuse of these medications in these patients"*

Several respondents also noted the need to educate prescribers (including those currently prescribing) on particular issues in diagnosing / treating women with ADHD. Feedback highlighted the difference in presentation of women with ADHD, and the greater risk of misdiagnosis.

- *"This course needs to include the updated information we have about ADHD, including it's different presentations in WOMEN. Women like myself tend to go undiagnosed for longer. Sometimes due to*

presenting with inattentive type adhd. This type goes undiagnosed longer typically due to the women / girls not displaying more obvious, troublesome signs of hyperactivity which would be likely to get picked up at school or work settings."

Funding and time were the two primary issues referenced in the feedback which would result in friction from the sector taking up any training.

- *"I would expect funded , industry -independent educational sessions (similar to the style that was required when upskilling for assisted dying care)- though FUNDED educational units for practitioners..."*
- *"This is difficult to factor in. Our GP workloads are sufficient to make any new training requirement a significant cost (time unavailable to work) and time burden. The training is ideally brief, robust, evidence based, and supported by MOH/TWO funding."*

The limited group of respondents whose feedback indicated disagreement was generally based on time / resource constraints of prescribers. Feedback also included the view that general practitioners are already required to be competent in their scope of practice and suggested that it should be no different to the required training to prescribe other new medicines.

- *"By definition vocationally registered General Practitioners are expected to be competent in their practice including diagnosing and treating ADHD. If you add a separate examination requirement to diagnose and treat ADHD, I won't undertake it. I doubt I will be alone."*

Medsafe's response:

Following this consultation, we identified a clear demand for additional training, particularly for new prescribers. Based on this feedback, we will engage with relevant regulatory authorities and professional bodies to define appropriate training requirements.

Medsafe maintains that it is not appropriate to use the approval notice to mandate further training for prescribers. Both nurse practitioners and medical practitioners are already required to demonstrate competence in their practice, including when diagnosing and initiating treatment for ADHD.

We will share the consultation findings with key stakeholders to inform ongoing discussions about training needs.

7. Summary of responses – Email responses and Other feedback on proposed changes

Question
Do you have any other comments on the proposed changes to the restrictions for stimulant treatments for Medsafe?

Most of the feedback provided in response to this question is covered by responses to the previous questions / proposals. Many respondents used this section to provide their general sentiments on the proposals as a whole. Those reinforcing their agreement with the proposals highlighted the importance of the changes and the necessity for urgency.

Some respondents proposed the addition of further guidelines / restrictions on the new prescribers, including the requirement to periodically review and monitor patients receiving stimulant treatment, noting that patients should be encouraged to take breaks and consider their ongoing medication need. Another respondent raised the possibility of maximum dosing restrictions for different prescribers.

- *"I'm concerned about the amount of stimulants being prescribed and the current public narrative about adults using these on-and-off for life. This is not evidence based and is likely to have a significant cost implication for the health budget, whilst also contributing to societal harm due to sequalae including stimulant induced psychosis, substance misuse and abuse, as well as cardiovascular conditions. ....There needs to be something in place to ensure that people are being encouraged to take breaks from stimulant medications for at least a week every year (as per international guidelines) and to stop them if they are no longer needed. I do not believe that this will be adhered to if it is simply placed in a guideline for people to ignore. Having something formal in place around this - even if a tick-box a GP has to confirm annually - is likely to prevent long term harm and reduce the overall long-term pharmac spend on these medications."*
- *"Consider whether maximum dosing restrictions could apply...There is a risk of the development of niche health services of questionable quality that start stimulants, and then patients expect that their GP/NP will continue them. ..I recommend restricting NPs' and GPs' prescribing to only patients enrolled in their practice or referred from secondary care services (including Te Whatu Ora Health NZ contracted co-ordinating services) who can coordinate referrals from local primary care to the GPs/NPs with special interests (e.g., PHOs, POAC)."*

Several respondents requested additional regulatory change regarding the prescribing and dispensing of medicines to treat ADHD. These related to increasing the supply amount for stimulant medicines to three months, expanding treatment groups to those with narcolepsy, allowing general practitioners to change stimulant medicines in patients with a previous diagnosis and allowing pharmacists to provide emergency supplies of these medicines.

- *"The current restrictions prohibit the treatment and management of ADHD. You're asking people who are clinically forgetful and disorganized to remember to arrange to have new prescriptions given and filled every few months and it's almost impossible to get an emergency supply if meds are forgotten on a weekend away for example. Changes to simplify this process for those who have a diagnosis and a prescription that's working for them can only be positive."*
- *"Previous information talked about how these changes were not just for ADHD, but also for narcolepsy. The drug lisdexamfetamine would be a very welcome addition to the limited range of treatements for narcolepsy available in NZ. It is not clear from this current consultation whether lisdexamfetamine will be available for people with narcolepsy. My submission is that it should be."*
- *"As someone who has ADHD and is very forgetful my biggest frustration is the access to medication only prescribed 1 month at a time and it doesn't make sense for the disability as most people I know forget to get the scripts or repeats until last minute from there doctors so access to normal amount dispensing eg 3 months at a time as opposed to 1 month to the day would be an incredibly helpful change."*

Respondents also used this section to raise concerns regarding the current supply issues of methylphenidate and what measures will be taken to mitigate the risk of further shortages following regulatory change.

- *"What are you going to do about the ALREADY stretched supply of specifically methylphenidate? There is a current serious shortage! and for this bill to go through will only worsen the shortages this will affect me personally massively so I'm really worried and anxious about what you are doing and I am personally scared as I NEED this medication to function correctly. For you to just give it out willy nilly would be disastrous."*

Some responses included clinical consideration to the regulatory changes and the potential risks of increased prescribing, also highlighting studies indicating the limited efficacy of stimulant medicines in adults with ADHD.

- *"The proposed changes have been driven by advocacy and adept marketing rather than critical consideration. Review of the literature (i.e. cochrane reviews) does not provide the evidence of efficacy for stimulant medications to justify these changes.....As such harms as well as potential benefits should be considered prior to any changes. These include psychosis, diversion, non-prescribed use and associated harms, addiction. cardiovascular events and association with neurological disease."*

Email responses:

The responses received through email provided feedback consistent with that which was submitted via the consultation tool. Therefore, these responses have been included in the quotes and discussion in the previous sections. However, they have not been included in the quantitative tables due to the variability of the responses (ie, email respondents provided general feedback, rather than responding to each of the questions in turn).

In addition to individuals responding, feedback was also provided from a number of organisations with special interest in the area. Most of the organisations agreed with the proposals, noting that they were supportive of policy / regulatory change which improves access to treatments for patients with ADHD. A general practitioner representative group expressed their disagreement with the proposed changes, highlighting similar concerns to those discussed in section 3 (lack of knowledge, current overwork, financial pressured, etc). Their suggested solution is to utilise the General Practitioner Special Interest (GPSI) system to limit the impact on other general practitioners and the primary care system.

- *"We see GPSI doctors as a clear and appropriate solution to providing excellent ADHD assessments if secondary or tertiary care is not available. There are already General Practitioners with an interest and existing high knowledge and skills base in ADHD, stimulant medication and mental health who would be ideal to train into this GPSI role."*

Many of these organisations highlighted the potential benefit of including pharmacist prescribers alongside nurse practitioners in the proposals.

- *"Our primary reason for responding to this consultation however is to strongly recommend that Pharmacist Prescribers are also approved to prescribe stimulants when ADHD falls within their scope and expertise. A growing number of Specialist Mental Health Pharmacists are now prescribers and are working within mental health teams prescribing psychotropic medications. Pharmacists are medicines experts, and following diagnosis of ADHD, pharmacist prescribers should be able to prescribe and manage stimulants."*
- *"Pharmacist prescribers work in collaborative clinical settings in primary or secondary care with specialists, general practitioners and nurse practitioners. Many pharmacist prescribers work with patients and whānau with multiple medical conditions including mental health conditions, high unmet health care needs and who are at increased risk of medications related harm hence prescribing safely is important to optimise health outcomes and eliminate inequity. Some pharmacist prescribers have a speciality practice or speciality interest in mental health and/ or may prescribe Controlled*

Drugs, however there is an additional regulation that prevents the prescribing of methylphenidate and other stimulants by pharmacist prescribers."

Medsafe's response:

In response to consistent feedback, Medsafe will launch a separate consultation on a proposal to allow pharmacist prescribers—working within their scope of practice—to initiate stimulant treatment for patients with ADHD. Pharmacist prescribers operate within collaborative healthcare teams and are not the primary diagnosticians.

We also recommend proposing to amend the approval notice to include pharmacist prescribers, alongside medical and nurse practitioners, as authorised to prescribe stimulant treatments when acting on a written recommendation from the initiating prescriber.

Medsafe will conduct targeted engagement with relevant experts and key stakeholders to ensure the proposals are appropriate and well-informed.