Record of the Mental Health Advisory Committee Meeting held on 11 July 2023

Mental Health Advisory Committee records are published in accordance with the Terms of Reference for the Specialist Advisory Committees 2021.

Note that this document is not necessarily a complete record of the Mental Health Advisory Committee meeting; only the relevant portions of the meeting record relating to Mental Health Advisory Committee discussions about an application or Pharmac staff proposal that contain a recommendation are generally published.

The Mental Health Advisory Committee may:

(a) recommend that a pharmaceutical be listed by Pharmac on the Pharmaceutical Schedule and the priority it gives to such a listing;

(b) defer a final recommendation, and give reasons for the deferral (such as the supply of further information) and what is required before further review; or

(c) recommend that Pharmac decline to list a pharmaceutical on the Pharmaceutical Schedule.

Pharmac Advisory Committees make recommendations, including priority, within their therapeutic groups of interest.

The record of this Advisory Committee meeting will be reviewed by PTAC at an upcoming meeting.

Specialist Advisory Committees and PTAC may differ in the advice they provide to Pharmac, including recommendations' priority, due to the committees' different, if complementary, roles, expertise, experience, and perspectives.

Pharmac is not bound to follow the recommendations made below. Applications are prioritised by Pharmac against other funding options and progressed accordingly. The relative priority of anyone funding choice is dependent on a number of factors, including (but not limited to) the recommendation of PTAC and/or Specialist Advisory Committees, the mix of other applications being assessed, the amount of funding available, the success of commercial negotiations and/or the availability of clinical data.

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1. Attendance

Present
Chair – Alan Fraser
Bronwyn Copeland
Cathy Stephenson
David Chinn
David Menkes
Giles Newton-Howes
Kyra Sycamore
Karyn Whatson
Sean Hanna
Verity Humberstone

Apologies
Jeremy McMinn

2. The role of Specialist Advisory Committees and records of meetings

2.1. This meeting record of the Mental Health Advisory Committee is published in accordance with the Terms of Reference for the Pharmacology and Therapeutics Advisory Committee (PTAC) 2021 and Specialist Advisory Committees 2021.Terms of Reference describe, *inter alia*, the establishment, activities, considerations, advice, and the publication of such advice of Specialist Advisory Committees and PTAC.

2.2. Conflicts of Interest are described and managed in accordance with section 6.4 of the SAC Terms of Reference.

2.3. The Mental Health Advisory Committee is a Specialist Advisory Committee of Pharmac. The Mental Health Advisory Committee and PTAC and other Specialist Advisory Committees have complementary roles, expertise, experience, and perspectives. The Mental Health Advisory Committee and other Specialist Advisory Committees may therefore, at times, make recommendations for treatments for mental health that differ from PTAC's, including the priority assigned to recommendations, when considering the same evidence. Likewise, PTAC may, at times, make recommendations for treatments for mental health that differ from the Mental Health Advisory Committee's, or Specialist Advisory Committees may make recommendations that differ from other Specialist Advisory Committees'.

Pharmac considers the recommendations provided by both the Mental Health Advisory Committee and PTAC and any other relevant Specialist Advisory Committees when assessing applications for treatments for mental health.

3. Welcome and introduction

3.1. The meeting commenced with an opening karakia, mihimihi and whakawhanaungatanga.
3.2. The meeting welcomed two new members to the Committee.
  3.2.1. Kyra Sycamore
  3.2.2. Karyn Whatson

4. Special Authority renewal criteria for stimulant treatments in the treatment of attention-deficit/hyperactivity disorder (ADHD)

Recommendation

4.1. No formal recommendation regarding the renewal criteria for stimulant treatments for ADHD was sought at this meeting. However, the Committee considered there is a need for Pharmac to revise the current renewal criteria, as they are not fit for purpose in a constrained health system. In summary, Members considered that the renewal criteria should be retained and amended such that primary care are able to ensure treatment remains clinically appropriate.

5. Meeting Record

Māori impact statement

5.1. The Committee noted that mental health is one of Pharmac's Hauora Arotahi - Māori health area of focus. The Committee noted that as part of the development of Pharmac's Hauora Arotahi, access to ADHD treatments was highlighted to Pharmac by Māori. Of relevance, Māori had highlighted issues with the requirement to reapply to a psychiatrist every 2 years (Hauora Arotahi Community Consultation, 2018).

5.2. The Committee noted that, based on Special Authority renewal data, provided by Pharmac for stimulant treatments, Māori living with ADHD have their treatment disproportionately disrupted by the renewal criteria for stimulant treatments. The Committee considered this was likely due to the requirement for specialist consultation and the lack of specialist capacity in the New Zealand health system.

Background

5.3. The Committee noted that Pharmac staff were reviewing the renewal criteria for stimulant treatments. The Committee noted the review was in response to concerns raised around access to ongoing stimulant treatments for people with ADHD due to specialist capacity constraints, namely psychiatrists and paediatricians.

5.4. The Committee noted that methylphenidate and dexamphetamine both have special authority criteria that require treatment to be initiated by a paediatrician, psychiatrist, medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing) or nurse practitioner on the recommendation of a paediatrician or psychiatrist.

5.5. The Committee noted that the legislation for both methylphenidate and dexamfetamine pursuant to regulation 22 of the Misuse of Drugs Regulations 1977 outlines medical and nurse practitioners may only prescribe stimulant treatments when acting on the written recommendation of a specialist, however is silent on the time period of when this recommendation should occur.

5.6. The Committee noted that current renewal criteria for stimulant treatments, methylphenidate and dexamfetamine, require treatment to remain appropriate and the patient is benefiting from treatment. Authority renewal requires an application from a paediatrician, psychiatrist or a medical practitioner who confirms that a paediatrician or psychiatrist has been consulted within the last two years and has recommended treatment for the patient in writing. The Committee noted that the current renewal criteria for stimulant treatments provides additional restriction above what is required by the current legislation.

5.7. The Committee noted data provided by Pharmac that outlined that the renewal criteria for stimulant treatments is likely disrupting treatment for a large number of people and appears to disproportionately impact Māori and Pacific peoples. The Committee noted that from Pharmac's perspective, the renewal criteria are currently supporting clinical practice with regular specialist input in the management of ADHD and not fulfilling the purpose of treatment targeting, to those most likely to benefit. The Committee noted that Pharmac was seeking advice on how Pharmac could best support clinical practice if it was to remove the renewal criteria for stimulant treatments.

Discussion

Impact of renewal criteria and treatment disruption

5.8. Members noted there is a strain on the capacity of specialist services in psychiatry at present and people with ADHD may be unable to get renewals in a timely manner. Members considered that resource constraints in psychiatry are unlikely to improve in the near future and increasing delays would be likely.

5.9. Members considered that treatment disruption every few years can result in significant harm. Members considered the impact of being unable to get a renewal means that people with ADHD who have been benefiting from medication, engaged in school or work and with their whānau, suddenly stop receiving medication. Members noted this causes distress for people with ADHD and their whānau, as often medication is the main treatment approach available to stay well, with other interventions, such as cognitive behavioural therapy (CBT), also unavailable. Members noted that CBT as an alternative intervention pertains more to adults rather than children or young people.

5.10. Members noted treatment disruption results in primary care investing significant amounts of resource to support and counsel people with ADHD, when primary care services are already experiencing considerable strain on their capacity. Members noted alternative medications are prescribed, such as antidepressants, sleep agents and atomoxetine to try and help manage the distress of stimulant treatment disruption. Members considered these treatments tend to be less effective and would otherwise not be needed if stimulant treatment was not disrupted. Members considered if ADHD treatment disruption can be avoided, it would help preserve considerable primary care time and resources.

5.11. Members noted that those who are disproportionately impacted are Māori and Pacific people and are likely those living in the most deprived areas. Members noted Pharmac's role is ensuring adequate and equitable access and considered that the renewal criteria may prohibit access. Members noted that mental health is a Māori health area of focus, highlighting a consultation lead in 2018 in which Māori shared the difficulties with accessing treatment for ADHD and the requirement for specialist authorisation every two years (Hauora Arotahi Community Consultation, 2018).

Benefits of removal

5.12. Members considered if the renewal criteria for stimulant treatments was removed, treatment disruption of stimulant treatments would be reduced, and specialist and primary care resource could be focused on other areas of care. Members considered that children, adolescents, complex and high need individuals were those that needed specialist services the most. Members noted that primary care practitioners are proficient in consulting specialists where needed for mental health

and other disease areas. Members considered that for many cases, review of ongoing treatment is straightforward to manage in primary care where there is a clear childhood or adolescent diagnosis, treatment holidays clearly show worsening of symptoms and there are no diversion concerns.

5.13. Members noted Pharmac had received a significant number of letters from primary care organisations outlining confidence in primary care practitioners to provide adequate monitoring and management of ongoing prescribing of stimulant treatments. Members noted that this is common practice in primary care for other more high-risk medicines, such as benzodiazepines or opioids, where there is potential for diversion and significant harm from abuse. Members considered anecdotally that New Zealand doesn't see inappropriate prescribing at the same rate as compared to international practice.

5.14. Members noted the primary purpose of Pharmac's Special Authority criteria was to target treatment rather than guide clinical practice and safety and that Pharmac has a role to help ensure equitable access to treatment. Members considered that treatment targeting for stimulant treatments is largely accomplished with the initial Special Authority criteria. Members noted that specialists are primarily concerned with getting a correct diagnosis for ADHD and removal of the renewal criteria would be unlikely to change that for the majority of people. Members considered that for the vast majority, ADHD is a long-term condition and people would be expected to benefit for much of their lifetime.

Risks of removal

5.15. Members considered that the renewal criteria were the primary lever that specialist services have to ensure people on stimulant treatments are getting regular review and/or input by psychiatry. Members considered that if the renewal criteria were removed there was a risk that some patients may stay on treatment inappropriately and/ have suboptimal care. In addition, Members considered that the requirement for renewals can sometimes highlight issues that haven't been fully considered in primary care, for example, growth milestones in children and adverse effects of treatment, or dose adjustment as children grow and medication potentially becomes less efficacious. Members considered that in absence of the renewal criteria clinical practice would need to ensure these risks can be mitigated.

5.16. Members noted the importance of regular review of treatment for children and adolescents aged under 18 years of age. There can be developmental issues whilst on stimulant treatments, children and adolescents require parental consent that transfers to the person upon adulthood and younger people can have higher rates of medication diversion.

5.17. Members noted that diversion of stimulant treatment does happen, and methamphetamine abuse is prolific in some regions of New Zealand relative to others. Members considered there is no evidence to suggest that an appointment with a specialist every two years reduces diversion or if removal of the renewal criteria would increase diversion. Members considered that in New Zealand, the cost of other illegal substances is much higher than other jurisdictions, which may contribute to stimulant treatment diversion in New Zealand. Members considered that where diversion is occurring, primary care is capable of referring and seeking specialist input where required, however considered that vocationally registered GPs may have more training and experience to identify when specialist input is required.

5.18. Members considered that it was important to weigh the benefits as well as the potential harm of removing the renewal criteria are to inform a decision; however, noted that the relative ratio between benefit and risk would be difficult to measure. Members considered that based on the data available, the renewal criteria were likely creating harm as a result of disrupted treatment. Members considered there would be clear benefits created from removal, whereas the potential harms around increased diversion risks were less clear and that there were mitigating strategies available. The Committee considered that if the renewal criteria were removed, a combination of factors would likely contribute to the successful management of stimulant treatment. Members considered these factors include, the Ministry of Health's indicators on the use of controlled substances, the competency of primary care practitioners, educational support and government and professional body regulations around prescribing substances with risks of abuse.

5.19. Members considered that the classification of the ADHD diagnosis had broadened over the years, capturing people on the milder end of the ADHD spectrum. Members considered there are cases where diagnosis and appropriate treatment might be uncertain, particularly for those with mild to moderate ADHD. Members considered alternatives to stimulant treatment, such as CBT, is generally equally effective and would be more appropriate for adults with mild to moderate symptoms. Motivated individuals who manage their ADHD symptoms with, for example, lifestyle modification and CBT, also benefit in terms of enhanced agency and self-esteem. However, Members acknowledged the resource for psychosocial interventions in the public system is lacking and requires development. Members considered that people with mild to moderate ADHD may still benefit from stimulant treatment. Members considered where diagnosis might be uncertain, specialists are able to set their own time frame restrictions on recommendations for treatment to ensure adequate follow up and review.

5.20. Members considered US-based evidence that disadvantaged socioeconomic groups are more likely to be prescribed stimulants. Members considered Pharmac renewal data doesn't show that there is overprescribing in low socioeconomic groups in Aotearoa. Members noted that inequitable access and disrupted treatment due to the renewal criteria was likely for priority populations, such as Māori, Pacific people.

Implementation advice

5.21. Members noted that Pharmac was seeking advice on how best to support clinical practice if the renewal criteria for stimulant treatments were removed. Members noted Pharmac's role includes ensuring equitable access to treatment and considered direct involvement in prescriber education and guiding appropriate clinical practice out of scope. Members considered that Pharmac should engage with the Royal New Zealand College of General Practitioners (RNZCGP), Paediatric Society of New Zealand and Royal Australian and New Zealand College of Psychiatrists (RANZCP) on appropriate education and practice guideline requirements. Members considered that educational material would be appropriate to commission with input from members of the RNZCGP, Paediatric Society and RNZCP. Members considered that educational resource, such as material provided by He Ako Hiringa, would be helpful for primary care practitioners to increase capability further in managing ongoing treatment. Members also noted the importance of having avenues for specialist input for complex cases and for the management of younger people.

5.22. Members noted that there is need to revise the renewal criteria, as they are not fit for purpose in the current context. Members suggested alternative amendments to the

renewal criteria for Pharmac to consider, such as keeping the renewal criteria requirements for those under the age of 18 or including vocationally registered GPs and mental health nurse practitioners or having at least one Special Authority renewal after an initial approval. Members considered these options potentially present less risk compared with removing the renewal criteria. Members noted that these measures would likely be outside of the primary purpose of Pharmac's Special Authority criteria and more aligned with clinical practice and safety.