

26 September 2024

PHARMAC
PO Box 10254
The Terrace
Wellington 6143

Sent via email to: consult@pharmac.govt.nz

Dear Sir/Madam,

Re: Proposal to fund lisdexamfetamine for the treatment of attention deficit hyperactivity disorder (ADHD)

The Pharmacy Guild of New Zealand (Inc.) (the Guild) is a national membership organisation representing community pharmacy owners. We provide leadership on all issues affecting the sector and advocate for the business and professional interests of community pharmacy.

Our submission focuses on Guild members' concerns around general economic, funding and supply issues. Guild submissions should not be taken as any endorsement of, or any attempt to comment on, issues of safety, efficacy, or individual patient utility.

We support Pharmac's proposal to fund lisdexamfetamine (Vyvanse) for the treatment of attention deficit hyperactivity disorder (ADHD). Our endorsement emphasises the logistical advantages of this proposal, especially in addressing the current supply challenges with extended-release methylphenidate products, and in the improvement of patient care.

The recent shortages of extended-release formulations of methylphenidate medicines have created considerable challenges for prescribers, pharmacists, and patients in maintaining consistent ADHD treatment. These disruptions have resulted in delays and complications in care and treatment continuity, which are particularly harmful for managing a chronic condition like ADHD, leading to significant distress for patients and their whānau and affecting quality of life.

Current pressures on the medicine supply chain for the treatment of ADHD

We believe that the funding of lisdexamfetamine (Vyvanse) will play a critical role in alleviating the current pressure on the medicine supply chain for the treatment of ADHD and provide an alternative to methylphenidate-based treatments by:

- Offering clinicians another treatment option for people diagnosed with ADHD, especially for those whose ADHD does not respond to methylphenidate and experience challenges with taking multiple doses of dexamphetamine throughout the day.
- Providing clinicians with a reliable treatment option for patients affected by the stock shortages of extended-release formulations of methylphenidate products.
- Ensuring continuity of care for patients who may otherwise experience disruptions in the management and treatment of their ADHD.
- Reducing the burden on healthcare providers, especially pharmacists, who are currently navigating supply shortages of extended-release methylphenidate products, thereby enhancing overall patient outcomes and experience.

Support for listing Vyvanse without special authority renewal criteria

We also support the proposal to list lisdexamfetamine (Vyvanse) without the need for special authority renewal every two years, as is currently necessary for other stimulant medicines used to treat ADHD. Eliminating this requirement will streamline the prescribing process, lessen the administrative burden on healthcare providers, and enhance timely access to this essential medicine for patients diagnosed with ADHD, especially during a period of strain on specialist services and the high costs associated with private consultations with paediatricians or psychiatrists.

Eliminating the special authority renewal requirements for funding of ADHD treatment medicines will enable more efficient management of ADHD care. This change will facilitate quicker interventions when needed, prevent treatment disruptions, and allow specialists and primary care providers to redirect their resources toward other areas of care or prioritise higher-need patient populations.

Consideration to review the proposed quantity restriction for the Vyvanse 30mg capsule presentation and inclusion of other dosage presentations of Vyvanse

While we recognise that Pharmac must operate within a set budget for the funding of medicines, we respectfully request that Pharmac reconsider the quantity restriction for Vyvanse 30mg capsules to 60 capsules per month, rather than the currently proposed 30 capsules per month. Additionally, we suggest considering the inclusion of other dosage presentations of Vyvanse, such as the 10mg and 20mg capsules.

As outlined in the Vyvanse datasheet [here](#), lisdexamfetamine should be taken orally at the lowest possible dosage and then be slowly adjusted to the lowest effective dose for each individual patient. It is recommended that in patients who are either starting treatment for the first time or switching from another medicine, the recommended starting dose is 30mg once daily in the morning, and if an increase is deemed necessary, daily doses can be adjusted in increments of 10mg or 20mg, with changes occurring no more frequently than weekly. Removing the proposed quantity restriction and including additional dosage options of Vyvanse would offer clinicians greater flexibility in tailoring dosages to individual patient needs, and we believe that the limited number of patients requiring these adjustments will not significantly affect funding constraints.

If you have any questions about our response, please contact our Senior Advisory Pharmacists, Martin Lowis (martin@pgnz.org.nz, 04 802 8218) or Cathy Martin (cathy@pgnz.org.nz, 04 802 8214).

Yours sincerely,



Nicole Rickman

General Manager – Membership and Professional Services