

23 November 2007

To interested parties

Consultation on a proposal to replace the Special Authority for dexamphetamine and methylphenidate, and amend the criteria for subsidy

Outline of proposal

There is currently one (non-interchangeable) Special Authority applying to dexamphetamine and methylphenidate in Section B of the Pharmaceutical Schedule.

Following consultation with HealthPAC and the Mental Health Subcommittee of PTAC (the Pharmacology and Therapeutics Advisory Committee), PHARMAC is proposing to:

- add a "Retail pharmacy – Specialist" restriction to the listing of dexamphetamine and methylphenidate, to bring the subsidy requirements in line with the Misuse of Drugs Regulations 1977;
- replace the existing Special Authority with two separate Special Authorities, one for each pharmaceutical; and
- amend the criteria relating to specialist treatment recommendation.

It is proposed that the first two changes would take effect from 1 April 2008, and the amendment relating to the specialist treatment recommendation would take effect from 1 August 2008.

Feedback sought

PHARMAC welcomes feedback on this proposal. If you wish to submit feedback on this proposal please submit it in writing by 17 December 2007 to:

Geraldine MacGibbon
Therapeutic Group Manager
PHARMAC
PO Box 10-254
Wellington 6143

Email: geraldine.macgibbon@pharmac.govt.nz

Fax: (04) 460 4995

Details of proposal

- The restriction applying to the listing of dexamphetamine and methylphenidate would be amended as follows (additions in bold):

METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SAxxxx below – Retail pharmacy - **Specialist**

DEXAMPHETAMINE SULPHATE – Special Authority see SAxxxx below – Retail pharmacy - **Specialist**

This means that the name of the recommending Specialist and date of recommendation must be written on the prescription. This is a current legal requirement for Ministerial Approval under the Misuse of Drugs Regulations 1977.

- The existing Special Authority would be deleted and a separate Special Authority would apply to each of dexamphetamine and methylphenidate.
- The criteria for the new Special Authorities would be essentially the same as the existing criteria with the following exceptions:
 - the criteria reading:

Applicant is a GP and a specialist has recommended treatment; and
Provide name of specialist.

would be replaced with:

Applicant is a GP and the patient has been seen in person within the previous 18 months by a relevant specialist who has recommended treatment.
 - renewal applications for Attention Deficit and Hyperactivity Disorder (ADHD) in patients aged 5 or over would only be able to be made by a paediatrician, psychiatrist or general practitioner **on the recommendation of a relevant specialist** (as for initial applications).
- Current approvals for the existing Special Authority would continue to be valid for the applicable pharmaceutical until the expiry date of the approval.
- When current approvals expire it would be necessary to make individual initial applications for either dexamphetamine or methylphenidate on the new form (initial application criteria for these patients would be the same as the renewal criteria).
- All new patients would need an initial application on the relevant new form under normal initial application criteria.
- Draft versions of the proposed new Special Authorities are attached to this consultation letter.

Yours sincerely



Geraldine MacGibbon, PhD
Therapeutic Group Manager

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER**

Name: First Names: Name:
Address: Surname: Address:
..... DOB:
..... Address:
Fax Number: Fax Number:
NZMC No: NZMC No:

Methylphenidate Hydrochloride

INITIAL APPLICATION - Narcolepsy – new patients
Applications only from a neurologist or respiratory specialist. Approvals valid for 24 months.

Prerequisites (tick box where appropriate)

The patient suffers from narcolepsy

INITIAL APPLICATION - Narcolepsy - patient has had an approval for methylphenidate for narcolepsy prior to 1 April 2008
Applications only from a neurologist or respiratory specialist. Approvals valid for 24 months.

Prerequisites (tick box where appropriate)

The treatment remains appropriate and the patient is benefiting from treatment.

INITIAL APPLICATION - ADHD in patients 5 or over – new patients
Applications only from a paediatrician, psychiatrist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months.

Prerequisites (tick boxes where appropriate)

ADHD (Attention Deficit and Hyperactivity Disorder) patients aged 5 years or over
and
 Diagnosed according to DSM-IV or ICD 10 criteria
and
 Applicant is a specialist
or
 Applicant is a GP and the patient has been seen in person within the previous 18 months by a relevant specialist who has recommended treatment

INITIAL APPLICATION - ADHD in patients 5 or over - patient has had an approval for methylphenidate for ADHD prior to 1 April 2008
Applications only from a paediatrician, psychiatrist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months.

Prerequisites (tick boxes where appropriate)

The treatment remains appropriate and the patient is benefiting from treatment
and
 Applicant is a specialist
or
 Applicant is a GP and the patient has been seen in person within the previous 18 months by a relevant specialist who has recommended treatment

Use next page for: Initial application - ADHD in patients under 5 – new patients, Initial application - ADHD in patients under 5 - patient has had an approval for methylphenidate for ADHD in patients under 5 prior to 1 April 2008, Renewal - Narcolepsy, Renewal - ADHD in patients 5 or over and Renewal - ADHD in patients under 5

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Health Payments, Agreements and Compliance (HealthPAC), Private Bag 3015, Wanganui - Fax: 0800 100 131

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER**

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..... DOB:
..... Address:
Fax Number: Fax Number:
NZMC No: NZMC No:

Methylphenidate Hydrochloride - continued

INITIAL APPLICATION - ADHD in patients under 5 – new patients
Applications only from a paediatrician or psychiatrist. Approvals valid for 12 months.

Prerequisites (tick boxes where appropriate)

- ADHD (Attention Deficit and Hyperactivity Disorder) patients under 5 years of age
- and
- Diagnosed according to DSM-IV or ICD 10 criteria

INITIAL APPLICATION - ADHD in patients under 5 - patient has had an approval for methylphenidate for ADHD in patients under 5 prior to 1 April 2008
Applications only from a paediatrician or psychiatrist. Approvals valid for 12 months.

Prerequisites (tick box where appropriate)

- The treatment remains appropriate and the patient is benefiting from treatment

RENEWAL - Narcolepsy

Current approval Number:.....
Applications only from a neurologist or respiratory specialist. Approvals valid for 24 months.

Prerequisites (tick box where appropriate)

- The treatment remains appropriate and the patient is benefiting from treatment

Note:
If the patient had an approval for methylphenidate for narcolepsy prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone HealthPAC on 0800 243 666 for clarification if needed.

RENEWAL - ADHD in patients 5 or over

Current approval Number:.....
Applications only from a paediatrician, psychiatrist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months.

Prerequisites (tick boxes where appropriate)

- The treatment remains appropriate and the patient is benefiting from treatment

- and
- Applicant is a specialist
 - or
 - Applicant is a GP and the patient has been seen in person within the previous 18 months by a relevant specialist who has recommended treatment

Note:
If the patient had an approval for methylphenidate for ADHD prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone HealthPAC on 0800 243 666 for clarification if needed.

Use next page for: Renewal - ADHD in patients under 5
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APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

APPLICANT (stamp or sticker acceptable)

PATIENT NHI:

REFERRER

Name: First Names: Name:

Address: Surname: Address:

..... DOB:

..... Address:

Fax Number: Fax Number:

NZMC No: NZMC No:

Methylphenidate Hydrochloride - continued

RENEWAL - ADHD in patients under 5

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Applications only from a paediatrician or psychiatrist. Approvals valid for 12 months.

Prerequisites (tick box where appropriate)

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NZMC No: NZMC No:

Dexamphetamine Sulphate

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Applications only from a neurologist or respiratory specialist. Approvals valid for 24 months.

Prerequisites (tick box where appropriate)

The patient suffers from narcolepsy

INITIAL APPLICATION - Narcolepsy - patient has had an approval for dexamphetamine for narcolepsy prior to 1 April 2008

Applications only from a neurologist or respiratory specialist. Approvals valid for 24 months.

Prerequisites (tick box where appropriate)

The treatment remains appropriate and the patient is benefiting from treatment.

INITIAL APPLICATION - ADHD in patients 5 or over – new patients

Applications only from a paediatrician, psychiatrist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months.

Prerequisites (tick boxes where appropriate)

ADHD (Attention Deficit and Hyperactivity Disorder) patients aged 5 years or over

and

Diagnosed according to DSM-IV or ICD 10 criteria

and

Applicant is a specialist

or

Applicant is a GP and the patient has been seen in person within the previous 18 months by a relevant specialist who has recommended treatment

INITIAL APPLICATION - ADHD in patients 5 or over - patient has had an approval for dexamphetamine for ADHD prior to 1 April 2008

Applications only from a paediatrician, psychiatrist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months.

Prerequisites (tick boxes where appropriate)

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and

Applicant is a specialist

or

Applicant is a GP and the patient has been seen in person within the previous 18 months by a relevant specialist who has recommended treatment

Use next page for: Initial application - ADHD in patients under 5 – new patients, Initial application - ADHD in patients under 5 - patient has had an approval for dexamphetamine for ADHD in patients under 5 prior to 1 April 2008, Renewal - Narcolepsy, Renewal - ADHD in patients 5 or over and Renewal - ADHD in patients under 5

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Dexamphetamine Sulphate - continued

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Prerequisites (tick boxes where appropriate)

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Use next page for: Renewal - ADHD in patients under 5
I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER
Name:	First Names:	Name:
Address:	Surname:	Address:
.....	DOB:
.....	Address:
Fax Number:	Fax Number:
NZMC No:	NZMC No:

Dexamphetamine Sulphate - continued

RENEWAL - ADHD in patients under 5

Current approval Number:.....

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Prerequisites (tick box where appropriate)

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