MEDSAFE
New Zealand Medicines and Medical Devices Safety Authority

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29 November 2022

s 9(2)(a)

By email: s 9(2)(a)
Ref: H2022015821

Dear s 9(2)(a)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to Manatū Hauora (the Ministry of Health) on 31 October 2022. Please find a response to each of your requests below:

> *1. Please justify controlling Vyvanse (as Medsafe stated in OIA reponse to 7 March 2022)*
> *A. Under Medsafe principles?*
> *B. Under Te Tiriti tino rangatiratanga principles?*

The process for the scheduling of controlled drugs is through a formal Order in Council as set out in section 4 of the Misuse of Drugs Act 1975. The classification was approved by Cabinet and was passed by the House of Representatives on 5 May 2022. Therefore, lisdexamfetamine will be scheduled under Schedule 2 Part 2 of the Misuse of Drugs Act 1975 and the classification will come into effect on 15 December 2022. The decision to schedule lisdexamfetamine as a class B2 controlled drug occurred following a recommendation from the Expert Advisory Committee on Drugs (EACD) to the Minister of Health. Medsafe provides secretariat support to the EACD but does not have any involvement in the decision making relating to controlled drug classification.

Whilst Medsafe does not recommend or make a decision on the scheduling of controlled drugs, Medsafe does provide technical reports to the EACD for consideration when making a decision on whether to make a recommendation to the Minister to schedule or re-schedule a controlled drug. Medsafe, as part of Manatū Hauora is committed to upholding Te Tiriti o Waitangi and strives to meet our obligations under Te Tiriti in our day-to-day work. This includes meeting the principle of Tino rangatiratanga.

> *Explain How will Whānau Ora access Vyvanse in each area?*
> *Will specialists include GP and nurse specialists if these become recognised in future?*
> *ADHD is genetic, overlaps with autism (Autism Australia factsheet, 2022), is a lifelong difference, and runs in families (NZ Health Navigator), so how can whānau be able to be seen all generations together, by the same doctor/nurse, across time?*
> *Will psychiatry see whānau with ADHD together?*
> *How will Māori health expectancy and income be affected if Vyvanse, a highly effective ADHD medicine, is controlled? (Barkley 2021/Poulton Dunedin study pdf)*

In response to the above questions, while the Act allows New Zealanders to ask Ministers and government agencies for information, there is no requirement under the Act for agencies to create new information, compile information they do not hold, or provide an explanation or opinion.

Therefore, these parts of your request are refused under section 18(g) of the Act on the grounds that the information is not held by Manatū Hauora and there are no grounds for believing it is held by another agency subject to the Act.

Please note that questions relating to whanau being able to be seen by the same health professionals are practice matters that are in the scope of professional bodies and colleges such as the Royal New Zealand College of General Practitioners (RNZCGP), the Royal Australian and New Zealand College of Psychiatrists (RANZCP) and individual practitioners rather than Manatū Hauora.

2. Can Neurologists start their patients on Vyvanse?

From 15 December 2022, when lisdexamfetamine will be scheduled as a Class B2 controlled drug, in order for it to be prescribed for a patient under their care a prescriber would need to apply for ministerial approval under regulation 22 of the Misuse of Drugs Regulations 1977 (the Regulations).

3. Can Māori GPs and NPs start their patients on Vyvanse (as in Canada)?

Please refer to the response to question 2.

4. Will Vyvanse be on monthly or three monthly GP/NP scripts?

At this time under regulation 31 of the Regulations, the maximum quantity that can be supplied on a controlled drug prescription for a Class B2 controlled drug is for a period of one month.

(Can Medsafe name any other countries with any ADHD meds on monthly scripts? (Scripts are annual in Canada, picked up monthly. (Www.caddra.ca pers email 2021))

This is not information held by Medsafe. While the Act allows New Zealanders to ask Ministers and government agencies for information, there is no requirement under the Act for agencies to create new information, compile information they do not hold, or provide an explanation or opinion. Therefore, this part of your request is refused under section 18(g) of the Act on the grounds that the information is not held by Medsafe or Manatū Haoura and there are no grounds for believing it is held by another agency subject to the Act.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Yours sincerely

Chris James
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Medsafe