

# Changes to the Rules for Prescribing Medicines for ADHD – Information sheet

December 2025

From 1 February 2026, the rules for prescribing stimulant medicines for attention deficit hyperactivity disorder (ADHD) are changing. As a result, a wider range of health professionals will be able to start people on stimulant medicines. Here we answer some frequently asked questions about the changes.

## About the changes in prescribing rules

### What is changing from 1 February 2026?

Currently, only vocationally registered psychiatrists and paediatricians can start people on stimulant medicines to treat ADHD. From 1 February 2026, a wider range of health professionals will be able to start people on these medicines. The aim of this change is to improve access to and reduce wait times for ADHD treatment. New services for ADHD care are likely to develop gradually. It will take time for general practitioners (GPs) and nurse practitioners (NPs) who have a specific interest in ADHD to build competence in ADHD care.

From 1 February 2026, the following changes will occur.

- Services for adults (18 years and over): Vocationally registered specialist GPs and NPs working within their area of practice will be able to start patients on treatment with stimulant medicines.
- Services for children and young people (17 years and under): NPs working within their area of practice of paediatric services and child and adolescent mental health services will be able to start patients on stimulant medicines.
- Psychiatrists and paediatricians will continue to prescribe as they did before.
- Any other medical practitioner or NP can only prescribe ADHD stimulant medicines if they have a written recommendation from one of the authorised initiators listed above.
- Under the new approval notice, if an initiating prescriber has written a recommendation to start ADHD stimulant medicines after 1 February 2026 and does not include any limits on that, the ongoing prescriber can treat it as approval for any combination of methylphenidate, dexamfetamine and lisdexamfetamine. The ongoing prescriber can choose the dose and formulation without seeking endorsement from an initiating prescriber. However, they must still use clinical judgement to decide if switching between stimulant medicines is appropriate.

## **Who will this change help the most?**

This change is important for people who currently face barriers to accessing ADHD treatment, such as:

- people with ADHD who have limited access to a psychiatrist or paediatrician
- people previously diagnosed who would like to restart treatment
- young people transitioning to adult health services who need continuity of care
- people who need changes to their ADHD medicines because of side effects, supply issues or other reasons.

## **Accessing services**

### **What should I expect from an ADHD assessment?**

An ADHD assessment should be comprehensive. It cannot be done in a standard 15-minute appointment. An assessment may take one to two hours and can be spread over more than one appointment.

ADHD service providers are expected to follow the Ministry of Health's **New Zealand Clinical Principles Framework for Attention Deficit Hyperactivity Disorder**, which sets out the expected standard for assessment, diagnosis and treatment in New Zealand.

A high-quality ADHD assessment includes:

- talking with you in detail about your symptoms and history, including other medical conditions, childhood development, education and family history, and other relevant information
- measuring symptoms by using standard ADHD questionnaires to gather information from you and a range of people who know you
- getting further information from others who know you well – for example, whānau, teachers (through school reports) or other professionals
- checking for other possible reasons for your symptoms
- discussing treatment options, which may include both medicines and non-medicine supports (eg, therapy, coaching, or strategies to help with daily life).

### **How much will I have to pay for ADHD assessments and starting treatment?**

ADHD services are not included in core general practice funding (capitation) so you may have to pay fees for them. The costs of ADHD services will vary between providers. The amount may depend on the type of service offered, local funding arrangements, and the time taken for assessment and follow-up. Ask your provider for information about fees before you book an ADHD assessment.

# How ADHD care will be delivered

## Will all GPs and NPs offer ADHD assessments and be able to start people on stimulant medicines?

No. Specialist GPs and NPs who have a specific interest in ADHD will offer ADHD services. New services for ADHD are likely to develop gradually. It will take time for GPs and NPs who have a specific interest in ADHD to build competence and confidence in ADHD care.

ADHD services will look different in different places. Where GPs and NPs provide ADHD services, the services available will depend on local capacity and local funding arrangements. GPs and NPs may choose not to provide these services.

If you are considering getting an ADHD assessment or treatment, talk to your GP or primary care provider about what services are available locally.

## Do GPs and NPs have specific training in ADHD care?

New Zealand has no government requirements for training or accreditation for GPs and NPs who wish to provide ADHD services. GPs and NPs who provide ADHD services are expected to develop the competence they need to do so, as registered health practitioners under the Health Practitioners Competence Assurance Act 2003.

Professional bodies may develop their own professional training requirements or recommended education packages. GPs and NPs should check with their professional body (The Royal New Zealand College of General Practitioners or Nurse Practitioners New Zealand) for further information.

No additional government funding is specifically allocated for education or training in ADHD. If new prescribers wish to have further clinical education in this area, they arrange it and fund it themselves.

## How will GPs and NPs work with other mental health services to provide ADHD care?

Where a GP or NP is dealing with a complex case, the patient may benefit from input from psychiatrists or other specialist or clinical professionals. GPs and NPs will collaborate with these professionals and refer as appropriate. Referral pathways may differ between areas based on local service arrangements.

## What resources are available to support GPs and NPs who would like to provide ADHD services?

We recommend that GPs and NPs with a specific interest in ADHD seek resources and support through their professional body (The Royal New Zealand College of General Practitioners or Nurse Practitioners New Zealand).

## How do I know my ADHD care will be of high quality and safe?

ADHD care will continue to be delivered by registered health practitioners under the Health Practitioners Competence Assurance Act 2003. Under this Act, all health professionals must practise within their scope and maintain competence.

Practitioners providing ADHD care are expected to follow the Ministry of Health's **New Zealand Clinical Principles Framework for Attention Deficit Hyperactivity Disorder** and evidence-based guidelines, and to escalate or refer when appropriate.

If you have concerns about the quality of care you receive, you can:

- talk to your provider
- contact the **relevant responsible authority**
- contact the Health and Disability Commissioner.

## Medicines and supply

### Which stimulant medicines can GPs and NPs prescribe under the new rules?

Under the new rules, GPs and NPs can prescribe the publicly funded stimulant medicines for ADHD that are currently available. These include methylphenidate (various formulations and brands such as Ritalin IR, Rubifen IR, Ritalin LA, Rubifen SR, Concerta, Methylphenidate ER Teva and Methylphenidate Sandoz XR), dexamfetamine and lisdexamfetamine.

The prescribing rules for non-stimulant medicines (eg, atomoxetine) remain the same. Read more about **publicly funded ADHD stimulant medicines**.

### How will Pharmac manage the supply of ADHD stimulant medicines?

Global supply shortages for ADHD stimulant medicines are expected to continue because demand is high and manufacturing is limited. Pharmac is working to manage supply by:

- funding more medicines from more suppliers, as it has done already with lisdexamfetamine (Vyvanse) from 1 December 2024 and Methylphenidate Sandoz XR from December 2025
- consulting on new brand listings, such as Rubifen LA, proposed for 1 July 2026
- working closely with suppliers to monitor stock and reduce shortages
- providing regular updates on its website about stock availability.

If your usual brand is out of stock, your prescriber or pharmacist may recommend switching to another funded brand. Clinical guidance and resources are being developed to support safe switching, and practical tips for patients and whānau are available online from ADHD New Zealand and Pharmac.

## More information

- Ministry of Health New Zealand Clinical Principles Framework for Attention Deficit Hyperactivity Disorder
- Pharmac Funded ADHD medicines, Special Authority criteria, and supply updates
- Medsafe Regulatory advice and controlled drug rules
- Healthify NZ Consumer-friendly health information



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