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Expanded access to publicly subsidised lisdexamfetamine treatment for adults with attention-deficit/ hyperactivity disorder: an interrupted time series analysis.

Investigators: Claudia Bruno[1], Helga Zoega[1,2], Malcolm Gillies[1], Alys Havard[1,3], David Coghill[4,5], Sallie-Anne Pearson[1], Jonathan Brett[1]

Author Affiliations:

[1] School of Population Health, Faculty of Medicine & Health, University of New South Wales, Sydney, NSW, Australia.

[2] Centre of Public Health Sciences, Faculty of Medicine, University of Iceland, Reykjavík, Iceland

[3] National Drug and Alcohol Research Centre, Faculty of Medicine, University of New South Wales, Sydney, NSW, Australia

[4] Departments of Paediatrics and Psychiatry, Faculty of Medicine Dentistry and Health Sciences, University of Melbourne, Melbourne, VIC, Australia

[5] Murdoch Children's Research Institute, Melbourne, VIC, Australia

Presenter's Email Address: c.bruno@unsw.edu.au

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Abstract

Background and Aims: In February 2021, Australia's Pharmaceutical Benefits Scheme (PBS) listing for lisdexamfetamine was expanded to allow use in adults diagnosed with attention-deficit/hyperactivity disorder (ADHD) persisting from childhood after 18 years of age. We described the changes in dispensing of subsidised lisdexamfetamine and other ADHD medicines for adults following the PBS-listing changes.

Design and Methods: We used the PBS 10% sample dataset to examine monthly dispensing rates of subsidised ADHD medicines for adults between February 2016 and January 2022. Controlling for autocorrelation and seasonality, we used interrupted time series analysis to quantify changes in monthly dispensing following the lisdexamfetamine listing change.

Results: Following the subsidy change, we observed a 37% immediate and sustained increase in monthly lisdexamfetamine dispensings, with an additional 5% increase per month through to January 2022 on top of pre-existing monthly increases of 3%. The mean monthly dispensing rate for lisdexamfetamine increased to 1.2 per 1000 adults in the 12 months following the intervention compared to 0.4 per 1000 in the 12 months prior. We did not observe changes in other stimulant (dexamfetamine and methylphenidate) or non-stimulant dispensing.

Conclusions: Our results suggest a substantial increase in lisdexamfetamine dispensing following expanded access for adults with ADHD, likely representing a shift from the private market to public market. They also indicate a growing prescriber or patient preference for lisdexamfetamine over other ADHD medicine treatments.

Impact: There is a senate inquiry into the barriers to ADHD assessment and support services. Our study highlights the potential improvements in access and equity to treatment that reimbursement criteria can create. In another step in the right direction to improving access to treatment for adults, the Pharmaceutical Benefits Advisory Committee have recommended similar changes to expand the reimbursement listing of long-acting methylphenidate to also include adult patients with a retrospective diagnosis of ADHD.