PBS Post-market Review workplan – August 2026

There are currently no Post-market Reviews (PMRs) of medicines on the Pharmaceutical Benefits Scheme (PBS) underway. Table 1 includes information on current research projects being undertaken by the Department at the request of the Pharmaceutical Benefits Advisory Committee (PBAC) and in line with the PMR Framework.

Indication	Project title Background, Status and Next steps	Medicines
Type 2 diabetes mellitus (T2DM)	**Utilisation of GLP-1 medicines** **Background** In March 2023, July 2023, and March 2024, following an analysis of the utilisation of T2DM medicines through the PBS, the PBAC recommended several changes to the restrictions for glucagon-like peptide-1 receptor agonists (GLP-1s). The PBAC recommended that GLP-1s be made second-line to sodium-glucose co-transporter 2 (SGLT2) inhibitors and that the restriction level for GLP-1 initiation be changed to a telephone/electronic authority. These changes were implemented on 1 June 2024 and were accompanied by stakeholder communication and educational materials (PBS restriction changes to type 2 diabetes mellitus (T2DM) medicines). The PBAC recommended that the effectiveness of the restriction changes be reviewed 12-24 months after the restriction change. **Next steps** The Department will review GLP-1 utilisation through PBS and MedicineInsight data for consideration at the Drug Utilisation Sub Committee (DUSC) meeting in October 2026 and PBAC meeting in November 2026.	GLP-1s: ○ semaglutide ○ dulaglutide
Cancer	**Monitoring of final trial overall survival (OS) results in PBAC submissions for cancer medicines** **Background** In September 2023, following PBAC consideration of a report on cancer surrogates, the Committee recommended a further project to develop a system to monitor final trial overall survival (OS) results for cancer medicines listed on the PBS. The Department contracted Monash University to develop a report on final trial OS results for cancer medicines recommended by the PBAC between January 2012 and March 2024. The report aimed to explore whether final trial OS results for cancer medicines aligned with the interim results considered by the PBAC and any reasons for trial results not being available.	• Oncology medicines

Indication	Project title Background, Status and Next steps	Medicines
	Status The report on final trial OS results for cancer medicines was considered by ESC in October 2025 and PBAC in November 2025. Outcomes were published as part of the November 2025 meeting outcomes. The report and PBAC Minutes were published on 4 August 2026. **Next steps** The Department will seek the views of the PBAC at a future meeting regarding continuing the monitoring system for a further 2-3 years before evaluating the merits of the system.	
Bipolar disorder	**Lamotrigine (LTG) for bipolar disorder** **Background** At its May 2025 Intracycle meeting the PBAC considered the *Review of clinical guidelines and cost estimates for the use of anti-epileptic drugs (AEDs) for the treatment of epilepsy* report. The PBAC recommended amending the PBS restrictions for levetiracetam (LEV) (tablets and liquid forms) and LTG (tablets) to Restricted Benefit listings for "epileptic seizures" and removal of the following clinical criteria from the current listings: "The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs; OR Patient must be a woman of childbearing potential." This restriction change will allow the subsidised first-line use of these medicines in the general Australian population with epilepsy. The PBAC considered there may be an unmet need to subsidise LTG for mental illnesses such as bipolar disorder. The PBAC recommended in principle extending subsidy of LTG to this indication and requested that the Department undertake further work to estimate the cost to the R/PBS of a separate Restricted Benefit listing for LTG for bipolar disorder for its consideration at a future meeting. **Status** At its November 2025 meeting, the PBAC recommended a new Restricted Benefit listing on the PBS for lamotrigine to treat bipolar disorder. The new listing was implemented on 1 May 2026 as part of monthly changes to the PBS schedule.	• Lamotrigine
Severe dry eye	**PBS-listed ocular lubricants for treatment of severe dry eye** **Background**	PBS-listed preservative containing and preservative free ocular lubricants

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	At its July 2024 meeting, the PBAC considered the findings of a systematic literature review on the efficacy and safety of PC ocular lubricants compared to PF ocular lubricants in patients with severe dry eye. The PBAC considered that the Review did not find evidence to support the superior effectiveness or safety of PF products compared to PC products. The PBAC advised that future submissions for ocular lubricants should be cost minimised to the lowest cost comparator, unless supporting evidence is provided to demonstrate superiority. The PBAC requested the Department develop an options paper to be considered by the Committee at a future meeting, taking into account current clinical practice and guidelines, while ensuring that PBS-listed ocular lubricants remain cost-effective for the eligible population. The PBAC requested information be prepared on the utilisation of ocular lubricants and associated costs to the PBS to support the Committee's consideration of any potential changes to the PBS listings of these medicines. At its November 2025 meeting the PBAC considered the draft report on the *Utilisation analysis and financial estimates for potential changes to the restrictions for PBS listings of ocular lubricants in patients with severe dry eye.* The PBAC noted the DUSC advice on the Report and on the options for changing the PBS restrictions for PF ocular lubricants to moderate expenditure, given that much of the market has already transitioned to PF ocular lubricants. The PBAC recommended to change authorised PBS prescriber types for PF ocular lubricants and PBS restrictions to allow prescribing by optometrists and ophthalmologists only. **Status** At its March 2026 meeting, the PBAC noted correspondence from the RACGP to the Department expressing opposition to the November 2025 recommendations to restrict PBS subsidy of PF ocular lubricants to prescribing by ophthalmologists and optometrists, and to remove GPs and NPs as authorised prescribers. The PBAC considered that changes to prescribing arrangements could disproportionately impact patients in rural and remote areas who rely on GPs for ongoing management. The PBAC rescinded its November 2025 recommendation regarding changes to the prescribing arrangements for PF ocular lubricants. The PBAC requested that the Department instead seek to negotiate a reduction in the price of PF ocular lubricants with sponsors. This reflected the continued price divergence between PF and PC products and the sustained growth in PBS expenditure on PF ocular lubricants. In instances where a price reduction is negotiated with	

Indication	Project title Background, Status and Next steps	Medicines
	sponsors, the PBAC recommended that the restriction level for PF ocular lubricants be changed to a Restricted Benefit listing for severe dry eye. The PBAC further advised that, should negotiations not result in an acceptable price reduction, the Committee would be of a mind to recommend a change to the authority requirements for PF ocular lubricants from Authority Required (Streamlined) to Authority Required (Telephone/Online) to support management of PBS utilisation and expenditure. **Next steps** The Department will enter negotiations with sponsors of PF ocular lubricants for a price reduction as recommended by the PBAC.	
Hypertension	**Utilisation analysis of antihypertensives** **Background** In September 2023, the PBAC recommended that the Department undertake a research project on the use of antihypertensive medications through the PBS, focusing on quantifying the potential underuse of fixed dose combination (FDC) medicines, and initiation of antihypertensive therapy with two or more medicines (including initiation with an FDC versus multiple single drug products). The PBAC noted that the PBS restrictions do not allow patients to initiate subsidised antihypertensive therapy with an FDC as recommended in some clinical guidelines. The Department contracted the University of South Australia to undertake this project. In addition to the utilisation analysis, the report included a literature review and costings analysis. The PBAC considered the report at the December 2024 meeting and recommended changing the PBS restrictions for all antihypertensive dual therapy FDCs to unrestricted benefit listings, with the 60-day prescription items to remain Restricted Benefit listings with a single clinical criterion requiring the patient's condition to be stable. These changes allow patients to initiate antihypertensive therapy with an FDC. **Status** The restriction changes were implemented on 1 April 2026. The Report and PBAC minutes have been published on the PBS website (PBS restriction changes for antihypertensive dual therapy	PBS-listed antihypertensives

Indication	Project title Background, Status and Next steps	Medicines
	fixed dose combinations). The report findings, including quality use of medicines issues identified, were also communicated to relevant publications and peak bodies. **Next steps** Project complete.	
Relapsing-remitting multiple sclerosis	**Utilisation analysis of PBS-listed disease modifying therapies for relapsing-remitting multiple sclerosis (RRMS)** **Background** In September 2024, the PBAC noted that the PBS prices of high-efficacy disease modifying therapies (DMTs) for RRMS have diverged since the price reduction of fingolimod on 1 December 2022. The PBAC recalled that there is currently no PBS requirement for patients to trial less costly medicines for RRMS before moving to more expensive therapies. The PBAC noted that an analysis of the PBS market for RRMS medicines has not been undertaken for some time and advised that a utilisation analysis of the current market for PBS-listed medicines for RRMS, including information around the market share of fingolimod, would be informative. **Status** In June 2025, the DUSC considered the utilisation analysis of PBS-listed disease modifying therapies for RRMS. DUSC considered the increasing use of newer generation DMTs (e.g. ocrelizumab, ofatumumab, natalizumab) was replacing older DMTs (e.g. fingolimod) and moderate efficacy DMTs, in line with current clinical practice, and noted the increasing market share of newer generation DMTs had not increased the overall benefits paid (based on effective prices) for PBS-listed DMTs. DUSC considered a data linkage process may lead to useful insights on why incident patients were declining in this cohort. The report was presented to PBAC in July 2025. The utilisation analysis was published on 10 August 2026. **Next Steps** Project complete.	• Alemtuzumab • Natalizumab • Ocrelizumab • Ozanimod • Ofatumumab • Fingolimod • Cladribine • Siponimod • Teriflunomide • Peginterferon beta 1a • Interferon beta 1b • Glatiramer acetate • Dimethyl fumarate • Diroximel fumarate
Relapsing-remitting multiple sclerosis	**Rapid review of PBS medicines for relapsing-remitting multiple sclerosis (RRMS)** **Background**	• Alemtuzumab • Natalizumab • Ocrelizumab

Indication	Project title Background, Status and Next steps	Medicines
	In July 2026, the PBAC requested that the Department undertake a rapid review of medicines listed on the PBS for the treatment of RRMS. The review aims to assist the PBAC in providing advice on how to address the pricing differences between RRMS medicines while ensuring access to subsidised treatments remains patient-centred and clinically appropriate. The review will investigate: • how RRMS treatments are being used on the PBS • if there is clinical evidence that the PBAC has not considered on how these medicines compare to each other • if current PBS listings remain contemporary with clinical guidelines and practice. **Status** For further information on the status of this research project, including scope, process, indicative timelines, and opportunities for consultation, please refer to the Rapid review of PBS medicines for RRMS website. Public consultation will be open from mid-August 2026, for six weeks. Consumers, health professionals, and other interested stakeholders are invited to provide comment on the review's research questions via the Department's Consultation Hub. **Next Steps** • PBAC Stakeholder Meeting (invited key stakeholders) – Aug 2026 • Public consultation – mid-Aug to Sept 2026 • Contract a Health Technology Assessment group to undertake an evidence review • Update the utilisation analysis of RRMS medicines (see above) • Pre-PBAC consultation on draft report (invited key stakeholders) – 25 Nov to 2 Dec 2026 • PBAC consideration – 9 Dec 2026 • PBAC Minutes provided in-confidence to key stakeholders – 22 Jan 2027 • PBAC outcomes published – 29 Jan 2027 • PBAC Minutes published – 23 April 2027 Note: Timelines are indicative.	• Ozanimod • Ofatumumab • Fingolimod • Cladribine • Siponimod • Teriflunomide • Peginterferon beta 1a • Interferon beta 1b • Glatiramer acetate • Dimethyl fumarate • Diroximel fumarate • Rituximab
Various	**Review of PBS restrictions for low-cost medicines** **Background**	• Various PBS-listed antidepressants

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	In September 2023, as part of its consideration of the PMR workplan, the PBAC supported a proposal that the Department would consider on a rolling basis whether medicines that have moved to the F2 formulary would be suitable for a restriction review. The PBAC noted that this work may support the TGA's Medicines Repurposing Program (MRP). **Status** At its September 2024 meeting, the PBAC supported the Department's proposal to provide further information to inform its consideration of whether an unrestricted benefit PBS listing is appropriate for several PBS-listed antidepressants. The PBAC noted that for some Restricted Benefit listings, the TGA-approved indications are broader than the PBS-listed indications. In addition, Australian clinical guidelines recommend a wider range of uses beyond the PBS-listed and/or TGA-approved indication(s). The PBAC considered that because of the low cost of these medicines, there may be little incentive for sponsors to bring forward a TGA application or PBAC submission to change the indication or restriction. Restriction reviews for ezetimibe and antihypertensives have previously been undertaken. **Next steps** The Department is currently undertaking work to estimate the cost to the R/PBS of changing several 'low cost' antidepressants from Restricted Benefit listings to unrestricted listings. It is anticipated that this work will be provided to the PBAC for consideration in late 2026.	
Palliative care	**Midazolam in palliative care** **Background** In September 2020, the PBAC considered outcomes from the Palliative Care Schedule Review and considered there was a clinical need for PBS-subsidised midazolam in the palliative care setting. **Status** In September 2024, the PBAC agreed that the PMR section undertake research and stakeholder engagement activities to inform the committee's consideration of listing midazolam on the Palliative Care Schedule at a future meeting. The Department contacted the current sponsor of midazolam on the PBS Prescriber Bag in early 2025, but the sponsor has not indicated interest in expanding the current PBS listing.	• Midazolam

Indication	Project title Background, Status and Next steps	Medicines
	Next steps The Department will consult with sponsors, clinical and consumer groups to inform PBAC's future considerations and estimate the financial impact of a potential Palliative Care Schedule listing for midazolam.	
Pulmonary arterial hypertension (PAH)	**Pulmonary arterial hypertension** **Background** At its March 2025 meeting the PBAC did not recommend a submission for sotatercept as add-on therapy in patients with pulmonary arterial hypertension (PAH) World Health Organisation (WHO) Functional class (FC) II-III. The PBAC noted the requested listing raised disconnections between currently available PAH medicines on the PBS and international PAH guidelines, which in turn informs the potential clinical place of sotatercept on the PBS. The PBAC requested that the Department undertake a review of the restrictions for currently listed PAH medicines regarding consistency with international PAH treatment guidelines. On 12 August 2025, a stakeholder meeting was conducted to seek clinician input on therapy for patients with PAH and WHO FC II symptoms, including the role of sotatercept in the PAH treatment paradigm. An outcome statement was published on 23 September 2025. **Status** At its December 2025 meeting, the PBAC recommended amending listings for endothelin receptor antagonists (ERAs) and phosphodiesterase-5 inhibitors (PDE-5i) to allow earlier access to dual therapy (ERA plus PDE-5i) in patients with WHO FC II PAH. **Next steps** The PBAC's December 2025 recommendations relating to PAH medicines were implemented on 1 July 2026. At the May intracycle meeting, the PBAC considered options to amend PBS restrictions for PAH medicines to allow clinicians the option of initiating/escalating treatment based on a patient's mortality risk, rather than only based on WHO FC. The PBAC recommended amending the PBS restrictions for PAH medicines to include the option to use risk assessment, with the final restriction wording to be finalised pending consultation with subject matter experts. The PBAC	• PBS-listed medicines indicated for pulmonary arterial hypertension • Sotatercept

Indication	Project title Background, Status and Next steps	Medicines
	recommended changes will be implemented as part of upcoming monthly changes to the PBS schedule.	
Various	**Review of PBS Prescriber Bag** **Background** At its August 2024 Executive meeting, the PBAC noted stakeholder views that current Prescriber Bag medicines were no longer suitable for use in the contemporary emergency medicine setting and requested the Department undertake a review of the PBS Prescriber Bag, which should include a utilisation analysis of Prescriber Bag medicines, and targeted consultation with key stakeholders on the medicines that would best support emergency care. The PBAC stated that the purpose of the Review is to ensure that the PBS Prescriber Bag supports emergency patient care through inclusion of pharmaceutical benefits that reflect contemporary best emergency practice and are efficacious and safe. In December 2024, the Department commenced the Review by writing to key stakeholders, seeking input to inform the Review. In parallel with the stakeholder consultation process, the Department conducted a utilisation analysis of Prescriber Bag items, using PBS data over the 2018-2024 period. At its May 2025 meeting, the PBAC discussed issues raised in stakeholder submissions and reiterated that the purpose of the Prescriber Bag is to provide medicines for emergency care. At its September 2025 meeting the PBAC provided advice on the first tranche of the review. The first tranche included: (1) current Prescriber Bag items - potential removal (2) current Prescriber Bag items - requests for alternate strengths or increased maximum quantities and (3) current Prescriber Bag items - requests for new replacement items. The PBAC recommended that COVID-19 antiviral medicines be removed from the Prescriber Bag, retaining the General Schedule listing of these medicines. The PBAC recommended the addition of ceftriaxone 2 g injection on the Prescriber Bag, noting support from multiple stakeholders for the emergency treatment of sepsis. Ceftriaxone 2 g injection was added to the Prescriber Bag on 1 January 2026.	• Medicines listed on the PBS Prescriber Bag Schedule

Indication	Project title Background, Status and Next steps	Medicines
	At its December 2025 meeting the PBAC provided advice on the second tranche of the review. The PBAC considered both the consolidated stakeholder input received from the targeted consultation process and the Department's application of the Prescriber Bag algorithm to the medicines requested by stakeholders to provide advice on the suitability of new medicines for inclusion in the Prescriber Bag. The PBAC did not recommend any new medicines for inclusion in the Prescriber Bag. **Status** At its meeting in July 2026, the PBAC considered utilisation data and access issues for a range of medicines that have been proposed for inclusion in the PBS Prescriber Bag, including: • Levonorgestrel 1.5 mg tablet or levonorgestrel 0.75 mg tablets • Ulipristal tablet • Mifepristone 200 mg tablet [1] (&) misoprostol 200 microgram tablet [4], 1 pack • Prednisolone oral liquid • Corticosteroid tablets For emergency contraception products (levonorgestrel and ulipristal), the PBAC noted increasing use over time but considered that these medicines are already readily available through community pharmacies and that their cost-effectiveness has not been evaluated through the PBS listing process. The PBAC also considered MS-2 Step (mifepristone and misoprostol) and acknowledged the potential benefits of immediate access for some vulnerable patients. However, the PBAC noted quality use of medicines, clinical governance, and equity considerations, and concluded that the potential risks outweighed the benefits of inclusion in the Prescriber Bag at this time. The PBAC considered prednisolone oral liquid and prednisone/prednisolone tablets and recognised the potential benefits of timely access to corticosteroid treatment for a range of acute conditions. The PBAC deferred making a recommendation for inclusion in the Prescriber Bag pending further work being undertaken by the Department in relation to Medicare Urgent Care Clinics, with the matter to be brought back to a future meeting. The PBAC also noted that no sponsors had expressed interest in seeking PBS listing for oxytocin or oxytocin with ergometrine products and, while acknowledging their clinical importance, was unable to recommend their inclusion in the Prescriber Bag at this time.	

Indication	Project title Background, Status and Next steps	Medicines
	Next steps The Department will undertake the following actions: • Seek input from expert groups on the need for naloxone nasal spray to be in the Prescriber Bag, for future PBAC consideration. • Continue working on the establishment of a palliative care listing for midazolam.	
Attention Deficit Hyperactivity Disorder (ADHD)	**Attention Deficit Hyperactivity Disorder (ADHD) medicine review** **Background** At its September 2025 intracycle meeting, the PBAC provided advice on a review proposed in Recommendation 4 of the report from the 2023 Senate Community Affairs References Committee (the Senate Inquiry report) on PBS subsidy arrangements for attention deficit hyperactivity disorder (ADHD) medicines. **Status** In September 2025, the PBAC noted the Government's in-principle support for a review of PBS-listed ADHD medicines and considered the five action areas that had been raised by the Senate Inquiry report. The PBAC considered that a formal Post-market Review was not necessary to inform its future consideration of changes to PBS restrictions to improve access to subsidised ADHD medicines. The PBAC requested the Department to undertake a research project consistent with the Post-market Review framework to propose revised PBS restrictions in response to the action areas, as well as estimate changes in drug utilisation and financial implications. The PBAC requested that this work be undertaken as a priority for consideration at a future PBAC meeting. The PBAC requested that the Department consult with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) and other relevant groups prior to PBAC's consideration of any proposed changes to PBS listings. For further information, refer to the September 2025 PBAC Outcomes. **Next steps** The Department is undertaking a project to revise the PBS restrictions in response to the action areas, as well as estimate changes in drug utilisation and financial implications. This work will be delivered in two tranches. Tranche 1 was considered by DUSC in June 2026 and is expected to be considered by the PBAC in September 2026. Tranche 2 will be progressed and considered later in 2026. The Department will consult with RANZCP and relevant stakeholders prior to DUSC and PBAC's consideration of any proposed changes to PBS listings.	• PBS-listed medicines indicated for attention deficit hyperactivity disorder

Indication	Project title Background, Status and Next steps	Medicines
Various	**Medicines used off-label or outside PBS arrangements by Aboriginal Community Controlled Health Organisations** **Background** At its September 2025 intracycle meeting, the PBAC considered a paper on opportunities for subsidy of medicines on the Pharmaceutical Benefits Scheme (PBS) for off-label indications. The PBAC recognised that the National Aboriginal Community Controlled Health Organisation (NACCHO) had identified several medicines commonly used by First Nations people that are either prescribed off-label or through private (non-PBS) prescriptions. The PBAC considered that the medicines identified by NACCHO should be prioritised for future consideration by the Committee to allow First Nations people to receive benefits of PBS subsidy and the Closing the Gap program. At its December 2025 meeting, the PBAC advised that further work would be required to determine the suitability of expanding subsidised access for the medicines listed below. • Ondansetron for hyperemesis gravidarum and nausea/vomiting in malignancy, beyond current PBS restrictions which allow use for nausea/vomiting associated with radiotherapy or chemotherapy for malignancy and chemotherapy for the treatment of juvenile autoimmune conditions • Duloxetine for neuropathies, to be included in the upcoming low-cost medicine review (antidepressant tranche), • Azithromycin for anti-inflammatory use and paediatric bronchiectasis. • Rifampicin for active or latent tuberculosis. • Tamsulosin for benign prostatic hyperplasia (BPH) on General Schedule (currently only on RPBS). • Sildenafil for erectile dysfunction on General Schedule (currently only on RPBS). • Gabapentin for neuropathic pain on General Schedule (currently only on RPBS). • Ursodeoxycholic acid for obstetric cholestasis. **Status** The Department will adopt a phased approach, with work on the above medicines progressing in tranches. The Department is currently undertaking an analysis of the potential costs to the PBS associated with amending the restrictions for ondansetron to enable subsidised use in	• Ondansetron • Duloxetine • Azithromycin • Rifampicin • Tamsulosin • Sildenafil • Gabapentin • Ursodeoxycholic acid

Indication	Project title Background, Status and Next steps	Medicines
	hyperemesis gravidarum and nausea and vomiting in malignancy (i.e. outside the current 48 hour/ 7 day per cycle PBS restrictions). **Next steps** The resulting cost estimates for ondansetron will be provided to the PBAC for consideration at a future meeting in 2026. The Department is considering the way forward for further work to determine the suitability of azithromycin, rifampicin, tamsulosin, sildenafil, gabapentin and ursodeoxycholic acid for the indications requested by NACCHO.	
Multiple myeloma	**Medicines for multiple myeloma (MM)** **Background** MM stakeholder meetings were held between members of the PBAC and representatives from the Department, industry and consumer organisations (Myeloma Australia) on 25 July 2025 and 3 February 2026. Outcome statements from these meetings have been published on the Pharmaceutical Benefits Scheme (PBS) website. Issues raised by stakeholders at these meetings included that achieving the ideal/preferred treatment landscape would involve amending the PBS restrictions. **Status** The Department is in the process of engaging a HTA contractor to undertake staged, exploratory analytical work regarding medicines for MM. The objective of this research project is to contribute to a better understanding of the issues associated with expanding access to medicines for the treatment of MM, including relapsed or refractory multiple myeloma (RRMM), listed on the PBS, with consideration of treatment pathways across the full disease course. Evidence-informed options for PBAC consideration in relation to future PBS settings, restriction structures or analytical approaches will be developed to support transparent, consistent and sustainable decision-making. This work will be informed by: • outcomes of PBAC stakeholder meetings (held in July 2025 and February 2026); • correspondence from Myeloma Australia's Medical and Scientific Advisory Group;	• Medicines for multiple myeloma

Indication	Project title Background, Status and Next steps	Medicines
	• principles agreed by sponsors of multiple myeloma medicines at February 2026 meeting. **Next steps** The Department is engaging a HTA contractor to develop options for changing the PBS restrictions, informed by contemporary Australian and international clinical guidelines; real-world data; and stakeholder input. A report from the HTA contractor is expected to be considered by PBAC at its May 2027 PBAC Intracycle meeting. Subject to PBAC advice at that meeting, the contractor will then undertake economic and/or financial modelling of the proposed options for PBAC consideration later in 2027.	
Diphtheria	**Azithromycin for the treatment of diphtheria** **Background** The PBAC received representations from the National Aboriginal Community Control Health Organisation (NACCHO) and Northern Territory (NT) Health to consider expanding the PBS subsidy arrangements of azithromycin in response to the diphtheria outbreak in the NT and Western Australia. **Status** At its meeting in May 2026, the PBAC acted on requests from the NT Government and NACCHO and asked the Department to undertake further work on potential changes to the PBS subsidy arrangements for azithromycin. The PBAC considered that decisions on PBS subsidy need to consider implications for the Commonwealth beyond the immediate emergency response to the diphtheria outbreak. The Communicable Diseases Network Australia (CDNA) and NT interim guidelines recommend azithromycin as the preferred first-line treatment for confirmed and suspected cases of diphtheria. The NT guidelines recommend treatment with azithromycin 500mg oral daily for 7 days. Further work was considered by the PBAC at its meeting in July 2026. The PBAC recommended amending the restriction for azithromycin 500 mg tablets, 2-pack, to an unrestricted benefit and increasing the maximum quantity to 8 tablets to support a full 7-day diphtheria treatment course under one co-payment. The PBAC recognised that an unrestricted benefit listing may	• Azithromycin

Indication	Project title Background, Status and Next steps	Medicines
	result in broader subsidised use than intended because it would also allow prescribing for conditions other than diphtheria and those currently specified on the PBS. The PBAC requested that the matter be brought back for its consideration before the end of the 12-month period to assess PBS utilisation of azithromycin as a result of the changes and whether the changes should be extended for a longer time period. **Next Steps** The PBAC recommended changes to the azithromycin listing will be implemented as part of upcoming monthly changes to the PBS schedule and remain in place for 12 months, with a review before the end of that period.	
Anaphylaxis	**Barriers to prescribing of adrenaline for anaphylaxis** **Background** In March 2026, the PBAC considered a Category 2 submission from Seqirus Australia Pty Ltd requesting PBS listing of adrenaline nasal spray (neffy®) for the treatment of acute severe allergic reactions in children or adults at significant risk of anaphylaxis. In making a positive recommendation for this submission, the PBAC requested that the Department review barriers to access under the current restrictions for adrenaline in relation to prescriber type and discharge from hospital or an emergency department. It was noted that these requirements may create access issues, particularly in rural and remote locations, where access to specialist prescribers and emergency treatment settings is difficult. **Status** The PBAC requested the PBS restrictions for adrenaline be reviewed to consider barriers to access as part of a separate PMR project for future consideration. The Department will seek feedback from relevant clinical groups on barriers to prescribing of adrenaline for anaphylaxis. **Next Steps** Stakeholder feedback and proposed options will be presented to the PBAC at a subsequent meeting.	• Adrenaline