RACGP
Royal Australian College of General Practitioners

Healthy Profession. Healthy Australia.

16 September 2026

Pharmaceutical Benefits Advisory Committee
MDP 952
Office of Health Technology Assessment Branch
Department of Health, Disability and Ageing
GPO Box 9848
CANBERRA ACT 2601

Email: PBAC@health.gov.au
Cc: PBSpostmarket@health.gov.au

Dear Pharmaceutical Benefits Advisory Committee,

Re: RACGP submission – PBAC review of GLP-1 medicines for type 2 diabetes (November 2026 meeting agenda item)

The Royal Australian College of General Practitioners (RACGP) provides the following feedback as part of the consultation on the Pharmaceutical Benefits Advisory Committee's (PBAC's) November 2026 meeting agenda item on the review of glucagon-like peptide-1 (GLP-1) medicines for type 2 diabetes.

The RACGP supports the review of prescribing and utilisation patterns for GLP-1 medicines. Understanding the number of patients receiving these medicines and patterns of use will assist the PBAC in assessing the effectiveness of the current Pharmaceutical Benefits Scheme (PBS) restrictions and identifying any unintended consequences arising from those arrangements. Consistent with the RACGP's previous advice to the PBAC, PBS restrictions for type 2 diabetes medicines should be clear, clinically appropriate and practical to implement within general practice.

Prescribing decisions should be individualised to each patient, guided by individual clinical need, patient circumstances, and current evidence-based guidance. While there is evidence supporting the clinical utility of GLP-1 medicines, other classes of oral agents, such as sodium-glucose co-transporter 2 (SGLT2) inhibitors, also play a role in reducing diabetes-related risks and complications, and guidelines[1] support the use of GLP-1 and SGLT2 inhibitor combinations. Therefore, the RACGP recommends this review includes a broader look at where costs are shifting within diabetes management and, considers how type 2 diabetes can be managed more sustainably from an economic perspective.

The RACGP has previously recommended this listing remain as Authority Required (streamlined) and this remains our position (please see Attachment 1). Authority arrangements that require additional telephone or online approval processes impose significant time costs on general practitioners and patients, reducing time available for clinical care. When reviewing restriction settings, the RACGP encourages the PBAC to consider both the policy objectives of the restrictions and the practical impact of administering those requirements in primary care. While streamlined authority arrangements have less of an administrative burden compared with telephone or online approvals, GPs face considerable challenges choosing the appropriate indication when there are many approved indications available for a streamlined authority prescription.

As GLP-1 medicines may be prescribed outside PBS-subsidised indications through private prescribing arrangements, including for overweight, obesity and obstructive sleep apnoea, consideration of the broader prescribing landscape would assist the PBAC in interpreting utilisation patterns and assessing the impact of PBS restrictions. Consideration of how these medicines are being used in practice, and whether current PBS settings are achieving their intended purpose without creating unnecessary barriers to appropriate patient care, is important.

The RACGP also notes the potential for newer agents and technologies, including continuous glucose monitors, to come onto the market. Prescribing volumes and patterns have the potential to shift as these newer options become available, and therefore, current utilisation data should not be treated as a stable baseline for restriction settings. With this in mind, the RACGP encourages the PBAC to consider GLP-1 utilisation and cost-effectiveness within the wider context of diabetes management, including the downstream cost implications across the healthcare system and the potential impacts on patient access to clinically appropriate care. The RACGP continues to encourage its members to remain guided by current PBAC advice for PBS-funded diabetes treatments, and to consider the role of allied health support, alongside lifestyle and dietary measures, in optimising diabetes management for their patients.

The RACGP would welcome further engagement with the PBAC regarding any proposed changes. If you have any queries regarding this submission, please contact Mr Stephan Groombridge, Head of e-Health, Quality Care & Standards on (03) 8699 0544 or at stephan.groombridge@racgp.org.au.

Yours sincerely

Dr Michael Wright
President

Reference:

1. Australian Diabetes Society, Australian Type 2 Diabetes Glycaemic Management Algorithm. Sydney, NSW: Australian Diabetes Society, 2026. Available at: https://www.diabetessociety.com.au/guideline/australian-t2d-glycaemic-management-algorithm-june-2024/ [Accessed 8 September 2026].