Australian Government
Department of Health and Aged Care

Budget 2025–26

2025–26 BUDGET STAKEHOLDER PACK

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Australian Government
Department of Health and Aged Care

Budget 2025–26

Strengthening Medicare
More bulk billing

$7.9 billion
for more bulk billing for all Australians

18 million
extra GP services bulk billed each year by 2030

$859 million
in patient savings each year by 2030

9 in 10
GP visits bulk billed by 2030

Summary

The 2025–26 Budget includes the single largest investment in Medicare since its creation over 40 years ago to deliver an additional 18 million bulk billed GP visits each year by 2030.

Australians will save hundreds of dollars a year in out-of-pocket costs, with 9 in 10 GP visits to be bulk billed by 2030 thanks to a $7.9 billion investment.

The investment will expand eligibility for bulk billing incentives to all Australians. A new Bulk Billing Practice Incentive Program will also provide additional funding to GPs and GP practices that bulk bill all their patients. Around 4,800 GP practices nationally will be financially better off if they bulk bill all visits, gaining more Medicare payments than they currently charge in patient fees.

The 2025–26 Budget builds on the investments in previous Budgets that have strengthened Medicare and increased bulk billing for 11 million children, pensioners and other Commonwealth concession cardholders, bringing total investments to strengthen Medicare to $23.5 billion since the October 2022-23 Budget.

Who benefits

Australian patients and families will save hundreds of dollars a year in out-of-pocket costs with millions more GP appointments to be bulk billed.

Bulk billing incentives – additional Medicare benefits paid to GPs when they bulk bill a patient – were tripled for the most commonly claimed GP consultations in November 2023 for pensioners, concession cardholders and children.

This increased bulk billing for 11 million Australians, with more than 9 in 10 GP visits bulk billed for those patients last year. It delivered an additional 6 million bulk billed GP services between November 2023 and December 2024. That's an average of 100,000 additional free visits each week.

Bulk billing has increased in every state and territory, and more GPs now say they are bulk billing more patients, more often.

From 1 November 2025, the incentive will be expanded to all Australians.

Practices that bulk bill all their patients will also receive additional support from 1 November, with a new Bulk Billing Practice Incentive Program. On top of the bulk billing incentive, fully bulk billing practices will receive an additional 12.5% payment on their Medicare rebates each quarter. This will support bulk billing practices to provide quality care: to grow their team, upgrade their facilities and expand their services.

Around 4,800 practices will be better off if they adopt full bulk billing. This is expected to triple the number of fully bulk billing practices, making it easier for Australians to be able to find a GP that bulk bills.

These measures will increase the combined payments a GP receives from Medicare for a bulk billed appointment. The Medicare payment for a standard GP consultation to a non-concessional adult at a bulk billing, city practice will increase from $42.85 to $69.56. This includes the Medicare benefit, bulk billing incentive, and the practice incentive payment.

The payment for the same consult at a bulk billing regional or rural practice will increase from $42.85 to up to $84.86, depending on location — almost double what it is now.

By 2030, these measures will deliver an additional 18 million bulk billed GP visits each year, saving patients $859 million a year.

It is expected that 9 in 10 GP consultations will be bulk billed by 2030.

Case study

Jordan and Amy live in regional Queensland with their 2 children, Josie and Angus. Josie is 4 and Angus is 5 and has just started school.

The children have seen their family GP a number of times this year for minor illnesses and vaccinations, and when Josie tripped on a toy and hit her head. The children are usually bulk billed, but Amy and Jordan usually have to pay out-of-pocket fees. Amy has needed treatment for a urinary tract infection and a small cut to her hand. Jordan usually has a yearly checkup around his birthday, but skipped it this year because of the cost.

From 1 November, the local GP practice will become fully bulk billing for all patients, saving the family $436 a year.

Strengthening Medicare
More Urgent Care Clinics

$657.9 million
total investment in Medicare Urgent Care Clinics

137 clinics
in total, across every state and territory

4 in 5
Australians will live within 20 minutes of a Medicare Urgent Care Clinic

2 million
visits expected each year once all clinics are up and running

Summary

More Australians will be able to get free urgent care in their community, without waiting in a hospital emergency department, thanks to 50 additional Medicare Urgent Care Clinics. There will be new clinics in every state and territory.

Medicare Urgent Care Clinics have been a game changer in primary health care in Australia. They offer bulk billed care for urgent but non-life-threatening conditions, 7 days a week, for extended hours, with no appointment needed.

The 87 clinics already opened have delivered more than 1.3 million bulk billed presentations.

One third of patients seen are under the age of 15. One third of visits are outside regular business hours.

Urgent Care Clinics give Australians more choice to access the urgent health care they need, when they need it, at no cost to them.

Who benefits

Around 2 million Australians are expected to visit an Urgent Care Clinic each year, with the network growing from 87 to 137 clinics ($644.3 million).

The additional 50 clinics will benefit patients across every state and territory. Once the new clinics open during the 2025–26 financial year, 4 in 5 Australians will live within a 20-minute drive of an Urgent Care Clinic.

Families are expected to be the biggest beneficiaries, with a third of patients already seen at the clinics being children under the age of 15.

Additional funding will also support extended hours at the Batemans Bay clinic, expanded hours at the Launceston clinic, further support operations of the Alice Springs clinic and extended Medicare Benefits Schedule billing for state-funded urgent care services to enable them to provide urgent care with no out-of-pocket costs for Medicare eligible patients ($13.6 million).

Urgent Care Clinics are open 7 days a week, over extended hours. No appointments or referrals are required – patients can simply walk in and wait to be seen. They will be treated by highly trained health professionals and be bulk billed – meaning they don't have to pay anything.

The clinics provide culturally safe, equitable and accessible urgent care to all people, including vulnerable and young people.

They are designed for patients who have an injury or illness that can't wait for a regular GP appointment, but is not life-threatening. They can help treat things like minor infections, minor fractures and sprains, sports injuries, urinary tract infections, sexually transmitted infections, minor cuts, bites, rashes, burns and respiratory illness.

Urgent Care Clinics also take pressure of local hospital emergency departments, freeing up resources for people needing care for more urgent or life-threatening health issues.

The locations of the additional 50 clinics have been determined based on analysis of local hospital presentations, bulk billing data, and geographic spread. The exact sites for each Urgent Care Clinic will be determined through independent commissioning processes conducted by Primary Health Networks or state and territory governments.

You can find your nearest Medicare Urgent Care Clinic here.

Case study

Amad, a carpenter from Melbourne, cut his arm as he was finishing up a late job at about 6.30 pm. He knew it needed to be checked out by a doctor but wasn't serious enough to go the hospital emergency department. His GP closed at 5 pm and he thought it was too serious to wait. So he looked up the nearest Medicare Urgent Care Clinic, which was only 10 minutes from his home.

Amad walked in, without an appointment, and was quickly seen by a GP who treated his arm. The visit was fully bulk billed, meaning Amad didn't have to pay anything. Amad was pleased he didn't have to wait for hours at his local emergency department and was home in time for dinner with his family.

New Medicare Urgent Care Clinic locations:

New South Wales
(14 clinics)

Bathurst
Bega
Burwood
Chatswood
Dee Why
Green Valley and surrounds
Maitland
Marrickville
Nowra
Rouse Hill
Shellharbour
Terrigal
Tweed Valley
Windsor

Victoria
(12 clinics)

Bayside
Clifton Hill
Coburg
Diamond Creek and surrounds
Lilydale
Pakenham
Somerville
Stonnington
Sunshine
Torquay
Warragul
Warrnambool

Queensland
(10 clinics)

Brisbane
Buderim
Burpengary
Cairns
Caloundra
Capalaba
Carindale
Gladstone
Greenslopes and surrounds
Mackay

Western Australia
(6 clinics)

Bateman
Ellenbrook
Geraldton
Mirrabooka
Mundaring
Yanchep

South Australia
(3 clinics)

East Adelaide
Victor Harbor
Whyalla

Tasmania
(3 clinics)

Burnie
Kingston
Sorell

Northern Territory
(1 clinic)

Darwin

Australian Capital Territory
(1 clinic)

Woden Valley

Australian Government
Department of Health and Aged Care

Budget 2025–26

Strengthening Medicare
Health workforce

$662.6 million
total investment in the health workforce

$265.2 million
supporting more junior doctors training to be GPs than ever before

$248.7 million
salary incentives for junior doctors to specialise in general practice

$10.5 million
scholarships for nurses and midwives to extend their skills

Summary

The 2025–26 Budget will strengthen Medicare by continuing to grow the primary healthcare workforce, through training and retaining more doctors, nurses and midwives. The investments in this Budget recognise that our healthcare system is nothing without a strong workforce.

The Budget continues to support general practice and primary health care, with hundreds more GP and rural generalist training places available to grow the pipeline of future GPs. Junior doctors who choose general practice as their specialty will receive fairer salary incentives. Their entitlements will be more in line with their hospital colleagues, and they'll be able to access paid parental leave and study leave while on Commonwealth-funded GP training programs. There will also be more Commonwealth Supported Places (CSPs) for medical students and extra rotations for junior doctors to support students and junior doctors to build their careers in primary health care.

More nurses and midwives will be able to access scholarships to extend their skills and qualifications, and to support them to work in primary health care.

The 2025–26 Budget builds on previous government initiatives that have grown the health workforce, with an extra 17,000 doctors registering to practise in the past 2 years – more than at any time in the past decade.

Who benefits

All Australians benefit from having a stronger Medicare, with care delivered by a highly skilled and well-supported workforce that works to its full scope of practice.

There will be hundreds more government-funded GP and rural generalist training places, with an additional 1,300 doctors entering GP training over 4 years from 2026 ($265.2 million). By 2028, the government will fund the training of more than 2,000 new GP trainees each year. This additional GP and rural generalist training will occur through the Australian General Practice Training Program, and the Remote Vocational Training Scheme, which supports training in rural and remote and hard-to-fill locations.

Junior doctors who choose general practice or rural generalism as their specialty on a Commonwealth-funded training program will receive a salary incentive payment of $30,000. This will help bridge the estimated average pay gap that new GP trainees face when they choose to leave the state-funded hospital system and begin GP training ($204.8 million).

GP trainees participating in a government-funded training program will also be able to access payments equivalent to up to 20 weeks of paid parental leave, and 5 days of study leave per year ($43.9 million). This will help compensate for the loss of entitlements junior doctors face when moving out of the hospital system.

Junior doctors and medical students will also have greater opportunity to work and learn in primary healthcare settings.

This will include more prevocational training rotations, which will support up to 1,300 early career doctors to gain exposure to primary health care ($44.0 million).

There will be more medical places at universities focused on primary health care, with an additional 100 medical Commonwealth Supported Places per year from 2026, increasing to 150 per year by 2028, and demand-driven places for First Nations students to study medicine ($48.4 million).

Hundreds more nurses and midwives will be able to extend their skills through an expansion of the Primary Care Nurse and Midwifery Scholarship Program ($10.5 million). An additional 400 scholarships will support registered nurses and midwives to undertake postgraduate study to become nurse practitioners and endorsed midwives, and work in primary health care.

Funding will support the construction of the Nursing and Midwifery Academy in Victoria, to be operated by the Epworth Medical Foundation. This will provide professional development pathways to enable nurses and midwives to enhance their leadership, research and training and education skills ($28.0 million).

These measures will encourage more nurses and midwives to join the primary healthcare workforce, which will help improve patient access to multidisciplinary teams, and reduce the burden on GPs and the hospital system.

Case study

Georgia is a 29-year-old junior doctor from the outer suburbs of Perth, an area where there is a shortage of GPs.

Georgia works at her local hospital and is considering starting specialty training to become a GP. While Georgia is interested in working in primary health care, she expects that her base salary won't be as high as at the hospital she works in.

Georgia and her partner are also thinking about having their first child in the next couple of years, and she is worried that she won't be able to access the same level of paid parental leave while undertaking GP training, when compared with her current hospital job.

Thanks to new, fairer incentives for GP trainees, Georgia decides to start GP training. She receives a salary incentive payment of $30,000, which means her new base salary is in line with what she was earning in her previous hospital role. Georgia also benefits from being able to access up to 20 weeks of paid parental leave, if she has a baby while completing her GP training.

Strengthening Medicare
Women's health

$792.9 million
investment in women's health

$134.3 million
better access to long-acting reversible contraceptives

Menopause support
new Medicare rebates, PBS listings, workforce training & treatment guidelines

11 additional
endometriosis & pelvic pain clinics, now also supporting menopause and perimenopause

Summary

The 2025–26 Budget delivers more choice, lower costs and better health care for women and girls through a stronger Medicare. It will help support the healthcare system to better understand and respond to the changing health needs of women throughout their lives.

Funding will lower the cost of new oral contraception and address barriers for access to long-acting reversible contraception. It will increase awareness of menopause and perimenopause and improve access to the support women need. More endometriosis and pelvic pain clinics will open, and there will be more access to contraceptives and treatment for uncomplicated urinary tract infections (UTIs) directly from pharmacies.

New contraceptives and menopausal hormone therapies will be added to the PBS – the first listings in decades. Other medicines will be added or expanded on the PBS to make treatment for endometriosis, IVF and certain types of breast cancer more affordable.

There will be more endometriosis and pelvic pain clinics, and the scope of the network will expand so they can also help women experiencing menopause and perimenopause.

The measures in this Budget will reduce healthcare costs for women and their families across their lifetimes. They will help alleviate pain, reduce delays in diagnosis, avoid unplanned pregnancies, and improve perimenopause and menopause care.

Who benefits

From 1 March 2025, some of the most commonly used contraceptive pills, Yaz® and Yasmin®, were listed on the PBS. These are the first listings of a new type of contraceptive pill in decades. Around 50,000 women, who would otherwise pay up to $380 per year, will now pay $126.40 a year (dropping to $100 a year from 1 January 2026), or just $30.80 a year with a concession card.

Drospirenone (Slinda®) will also be listed on the PBS for the first time as a new contraceptive option. More than 100,000 Australian women are expected to benefit from this listing each year, who without subsidy, might pay more than $250 per year.

Around 300,000 women are expected to save up to $400 in out-of-pocket costs each year when having intrauterine contraceptive devices (IUDs) and birth control implants inserted and removed. Doctors and nurse practitioners who bulk bill patients for these services will receive up to 150% higher Medicare payments and an additional bulk bill loading ($134.3 million). Despite their effectiveness and safety, currently only one in 10 Australian women of reproductive age uses a long-acting reversible contraceptive, a much lower rate than other comparable countries.

Eight Centres of Training Excellence for Long-Acting Reversible Contraception will ensure healthcare professionals are trained, skilled and confident to offer these services ($25.1 million).

Around 250,000 women who hold concession cards will be able to consult a pharmacist, at no cost, for treatment of uncomplicated UTIs and to access contraceptives from their local pharmacy. Two national trials will make it cheaper and easier for women to get the care they need from a pharmacist. If they require medications, they'll only pay the usual medicine cost.

For the first time in more than 20 years, 3 new menopausal hormone therapies – estradiol (Estrogel®), progesterone (Prometrium®) and estradiol and progesterone (Estrogel® Pro) – were listed on the PBS, saving around 150,000 women up to $290 a year ($370 a year from 1 January 2026), or up to $577 a year with a concession card.

An additional 11 endometriosis and pelvic pain clinics will open across Australia, ($19.6 million). All 33 clinics will be supported to extend their focus to also provide specialist support for menopause and perimenopause.

Women whose menopausal symptoms affect their daily activities will benefit from a new Medicare rebate for perimenopause and menopause health assessments ($26.3 million). It means they can get an assessment to discuss and determine the ongoing care and support they need. Health professionals will also have increased access to training in menopause and perimenopause to better support their patients. The first-ever national clinical guidelines will be developed, and a national awareness campaign will help women have informed discussions with their doctor or health professional.

Around 300 women will benefit from the expanded listing of olaparib (Lynparza®) to treat women with human epidermal growth factor receptor 2 (HER2)-negative metastatic breast cancer with a confirmed breast cancer gene (BRCA1 or BRCA2) mutation. Olaparib would otherwise cost patients about $72,000 per course of treatment, but this new listing means eligible patients will pay a maximum of $31.60 per script (dropping to $25 from 1 January 2026), or just $7.70 with a concession card.

Women with specific low levels of reproductive hormones will have earlier access to the combination therapy follitropin alfa with lutropin alfa (Pergoveris®) through the PBS. Previously this treatment was only funded for later IVF cycles. Additionally up to 4 Pergoveris® pens per script instead of the usual 2 will be listed to improve access for many who require a higher number to complete a cycle. These women will now pay just one PBS co-payment for up to 4 pens as needed for their IVF cycle. Without the PBS subsidy, 4 pens would cost more than $3,500.

The Budget also ensures mothers and their babies can continue to have access to essential maternity services. Upgrades to improve antenatal and postnatal services at Gosford and Wyong Hospitals, along with workforce support and training, will ensure that new mothers on the NSW Central Coast get the local care they need ($10.0 million). Royal Hobart Hospital and Calvary Healthcare will also be supported to manage an expected increase in demand for maternity services in Southern Tasmania through infrastructure and equipment upgrades ($6.0 million).

Case study

Rita 52 and her daughter Eliza 21 live in Sydney's West.

Rita is experiencing severe symptoms of menopause – she is tired, has trouble sleeping and regularly has hot flushes, which make it difficult for her to concentrate at work. Thanks to the new Medicare rebate for menopause health assessments, she is able to visit her regular GP to discuss her symptoms and choose a treatment plan. The GP prescribes Rita with estradiol and progesterone (Estrogel®Pro), which is now listed on the PBS. The listing means Rita will save up to $290 a year, and $370 a year from 1 January 2026 when the PBS general patient co-payment is cut to $25.

Eliza has been using contraceptive pill Yasmin® for a number of years, but has often skipped buying it due to the cost. This led to her needing to access the emergency contraception pill on one occasion. Now that Yasmin® is listed on the PBS, Eliza will pay just $30.80 a year as she has a concession card.

Eliza has also been considering a long-acting reversible contraceptive like an IUD. Eliza visits her GP to get more advice. After deciding it is the right option for her, she has the IUD inserted. The procedure is fully bulk billed and reduces Eliza's risk of an unplanned pregnancy while she completes her studies.

Cheaper medicines

$3.2 billion
total investment in cheaper medicines

$689.1 million
reducing the maximum PBS general patient co-payment from $31.60 to $25

$1.8 billion
new and amended PBS listings

$564.1 million
first Pharmaceutical Wholesaler Agreement

Summary

The 2025–26 Budget includes a $3.2 billion investment to make cheaper medicines even cheaper.

Australians will pay less for the medication they rely on, through a further reduction to the maximum Pharmaceutical Benefits Scheme (PBS) co-payment for people with a Medicare card and no Commonwealth concession card. From 1 January 2026, the most a patient need pay for a medicine listed on the PBS will drop from $31.60 to just $25.

New medicines listed on the PBS will make it cheaper for women to access oral contraception, and medicines for menopause, endometriosis, and breast cancer. Other new PBS listings will slash the cost of medicines for people with a range of cancers, arthritis and Cushing's syndrome.

A new agreement with the National Pharmaceutical Services Association will keep vital medicines on pharmacy shelves and prices for patients down, even in the face of the rising costs of distributing medicines.

Two new national trials will make it cheaper and easier for over 250,000 women who hold a concession card to get oral contraceptives and treatment for uncomplicated urinary tract infections at their local pharmacy.

The 2025–26 Budget delivers further real cost-of-living relief on top of the $1.3 billion that Australians have saved from cheaper medicines so far:

- $480 million – more free and cheaper medicines, sooner, with a 25% reduction in the number of prescriptions a concessional patient must fill before the PBS Safety Net kicks in, with general patients similarly benefitting with a reduction of around $80 to their PBS Safety Net threshold (July 2022)
- $625 million – the largest cut to the cost of medicines in the history of the PBS, with the maximum cost of a prescription falling to $30, from $42.50 (January 2023)
- $165 million – 60-day prescriptions saving time and money for millions of Australians with an ongoing health condition (three phases from September 2023)
- $9 million – freezing the cost of PBS medicines, with co-payments not rising with inflation for all Australians for the first time in 25 years, and the concessional co-payment frozen at its current level of $7.70 until 2029.

Who benefits

Millions of Australians who rely on medicines listed on the PBS will benefit when cheaper medicines get even cheaper ($689.1 million). From 1 January 2026, the maximum cost of a PBS prescription for people without a Commonwealth concession card will be cut from $31.60 to $25.

An Australian who previously paid $31.60 per prescription a month for their regular medicine will save $79.20 a year. Families filling 4 prescriptions a month will save as much as $316.80 a year.

If any of those medicines are eligible for a 60-day prescription and are prescribed as such, the patient will save a further $150 a year.

Four out of 5 PBS medicines will become cheaper for general non-Safety Net patients, saving Australians over $200 million more each year.

The maximum general patient co-payment was cut from $42.50 to $30 in 2023 – the largest cut to the cost of medicines in the 75-year history of the PBS.

Without these cheaper medicines reforms and the new measures in the 2025–26 Budget, the maximum PBS general patient co-payment would have been more than $50 in 2026, more than double the new $25 co-payment.

The last time the PBS general patient co-payment was below $25 was in 2004.

All medicines that pharmacies can discount today, will be able to be discounted once the copayment is cut to $25.

That's because – just like with the 2023 reduction to a $30 copayment – the legislation will include specific provisions to protect the availability of discounting.

Patients will continue to benefit from affordable PBS medicines when they need them through their local pharmacy thanks to the First Pharmaceutical Wholesaler Agreement.

The $4.2 billion agreement with the National Pharmaceutical Services Association means the rising costs of distributing medicines across the country will not be passed on to consumers.

It delivers a 34% increase in funding for medicine wholesalers, including to guarantee access to PBS medicines for all Australians from every community pharmacy. It will help manage onshore medicine shortages ($135 million) and ensure better access to specialised medicines, including treatments under the PBS IVF program and the Highly Specialised Drugs Program ($275.2 million).

Around 250,000 women who hold a concession card will be able to consult a pharmacist, at no cost, for treatment of uncomplicated urinary tract infections (UTIs) and to access oral contraceptives. Two national trials will mean eligible women can get the care they need from a pharmacist. If they require medications, they'll only pay the usual medicine cost.

Hundreds of thousands of Australians will have access to life-changing medicines at an affordable price thanks to the listing of new medicines on the PBS. Some of these could cost over $600,000 per course of treatment without subsidy. Listing them on the PBS means that eligible patients will now pay a maximum of $31.60 per prescription (dropping to $25 on 1 January 2026) or just $7.70 with a concession card.

Around 8,500 Australian women could save more than $2,300 a year from the listing of relugolix with estradiol and with norethisterone (Ryeqo®) on the PBS. The listing will help women experiencing moderate to severe pain from endometriosis who cannot get adequate relief from other hormonal treatments and painkillers.

Some of the most commonly used contraceptive pills, Yaz® and Yasmin®, have been listed on the PBS – the first listings of new types of oral contraceptives in decades. Around 50,000 women each year, who would otherwise pay up to $380 per year, will now pay $126.40 a year (dropping to $100 a year from 1 January 2026), or just $30.80 a year with a concession card.

Drospirenone (Slinda®) will be listed on the PBS for the first time as a new contraceptive option. Drospirenone is a progestogen-only pill and may be used by women who cannot take contraceptives with estrogen. The listing will benefit around 100,000 women.

Around 150,000 women will save up to $290 a year ($370 per year from 1 January 2026), or up to $577 a year with a concession card, through the listing of 3 new menopausal hormone therapies. Estradiol (Estrogel®), progesterone (Prometrium®) and estradiol and progesterone (Estrogel® Pro) are the first new types of menopause treatments listed on the PBS in more than 20 years. The listings will save women experiencing menopause money and expand affordable treatment options.

Women with specific low levels of reproductive hormones will have earlier access to the combination therapy follitropin alfa with lutropin alfa (Pergoveris®) through the PBS. Previously this treatment was only funded for later IVF cycles. These patients will also have better access to up to 4 Pergoveris® pens per script – double the previous maximum quantity – which means they'll only pay one PBS co-payment. Without the PBS subsidy, 4 pens would cost more than $3,500.

Certain patients with metastatic prostate cancer will benefit from the listing of talazoparib (Talzenna®), used in combination with enzalutamide (Xtandi®). Talazoparib prevents cancer cells from repairing their DNA and slows the cancer's growth. Without subsidy, patients could have to pay about $101,000 per course of treatment.

Women with human epidermal growth factor receptor 2 (HER2)-negative metastatic breast cancer with a confirmed breast cancer gene (BRCA1 or BRCA2) mutation will benefit from the expanded listing of olaparib (Lynparza®). Olaparib blocks the ability of cancer cells to repair DNA damage, helping to destroy the cancer cells and also slowing its progression. Without subsidy, olaparib would cost patients about $72,000 per course of treatment.

Australians with a type of non-small cell lung cancer (NSCLC) will have access to selpercatinib (Retevmo®) under the PBS. NSCLC is the most common type of lung cancer, accounting for about 85% of all diagnoses. However, rearranged during transfection (RET) fusion-positive NSCLC represent only 1 to 2% of these. Without subsidy, patients could pay more than $280,000 per course of treatment.

Australians with endogenous Cushing's syndrome will benefit from the listing of osilodrostat (Isturisa®), which would normally cost around $119,000 per year of treatment.

Risankizumab (Skyrizi®) is being expanded to treat severe psoriatic arthritis. Around 3,500 patients accessed a comparable treatment through the PBS in 2024. Without subsidy, they might pay around $27,000 per year of treatment.

Case study

Ritesh is 45 and lives in Launceston. She's currently taking the PBS medicine Estrogel® (estradiol) to treat her menopause. She has a Medicare card but isn't a concession cardholder.

Ritesh uses the gel daily, which means filling up to 12 prescriptions per year, currently costing her $379.20 for her medication each year ($31.60 per prescription).

When cheaper medicines get even cheaper from 1 January 2026, Ritesh will pay just $25 per prescription, or $300.00 each year for her medication, a saving of $79.20.

Ritesh's medicine is also eligible for a 60-day prescription. If her doctor gives her a 60-day prescription, she'll save a further $150 a year.