

Still Out of Pocket

Why 43 Per cent of Australians are Missing out on Cheaper Medicines



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Acknowledgement of country

This report was written on the lands of the Darug and the Eora Nations.
The McKell Institute acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners of Country throughout Australia and their continuing connection to both their land and seas.

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Executive Summary

On 1 January 2026, the Albanese Government's signature medicines policy, *Cheaper Medicines*, came into effect. Promised during the 2025 federal election campaign, this policy delivered a reduction in the maximum co-payment for general patients on the Pharmaceutical Benefits Scheme (PBS). As a result, the out-of-pocket cost per script for listed, publicly subsidised medicines dropped from \$31.60 to \$25 (effective from 1 January 2026).

Combined with the government's reforms that enabled scripts to be renewed every 60 days rather than every 30 days, and earlier changes to medicines costs in its first term, the *Cheaper Medicines* policy has begun delivering meaningful cost of living relief to millions of Australians.

Despite these initiatives, however, out of pocket costs for Australians buying medicines continues to increase. As the availability of medicines approved for use in Australia, but not subsidised via the PBS, increases, more of the cost burden of essential medicines is falling directly on Australian patients.

This problem is being exacerbated by prolonged delays between the approval of medicines, their recommendation for PBS subsidisation, and their eventual listing on the PBS, with some reports estimating the resulting 'access gap' at more than 600 days.

This dynamic means that, despite the well-received and highly effective *Cheaper Medicines* reforms starting to take effect, there is a growing risk that many Australians who rely on non-PBS subsidised medicines

will continue to be impacted by out-of-pocket costs.

This report considers this challenge. Part 1 briefly assesses the existing policy landscape, noting the reforms the Commonwealth has enacted in medicines policy since 2022. It notes the popularity and efficacy of the *Cheaper Medicines* reforms, while also noting its limitations.

The report's primary contribution is a novel survey of 1506 Australians examining the extent to which they are prescribed medicines not subsidised through the PBS, presented in Part 2 of this report.

Its primary finding is that 43 per cent of Australians have been prescribed medicines that aren't subsidised, and that this cohort is likely to grow further as more unsubsidised medicines enter the Australian market.

As more pharmaceutical products get approved for use in Australia, a wider range of unsubsidised medicines are available to be prescribed to Australian patients. This dynamic has led to a

situation where there is more medical support for Australian patients coming online, and being prescribed by medical professionals, but that many of these new treatments come at a considerable direct cost for patients.

It also finds that, for this 29 per cent of Australians, this cost burden is acute: 16 per cent of those who rely upon medicines not funded by the PBS report having to choose between medicine and food, and 30 per cent reported they would struggle to afford an extra \$100 a month on medicines.

This represents a serious policy challenge, but also a political challenge for the Albanese Government. Its *Cheaper Medicines* policy has been widely successful and highly visible, winning deserved plaudits from voters. However, the public visibility of *Cheaper Medicines*, combined with the fact that 43 per cent of Australians have been prescribed or offered medicines not covered by the policy, may frustrate voters who see no material cost benefit in their circumstance.

The survey does, however, show strong cross-partisan support for further reform to medicines to ensure more medicines are available at an affordable price. 89 per cent of respondents supported increasing investment in the PBS to ensure more medicines are available. This creates an opportunity for the government to pursue ambitious reforms to deliver more subsidised medicines, enabling wide and cheaper access for Australian patients.

The report concludes with actionable recommendations that the government should consider to ensure as many Australians as possible are covered by the *Cheaper Medicines* policy.





Key points

- 1 **The Albanese Government's medicines policy** is estimated to have delivered a combined \$1.1bn of relief to Australian households, offering meaningful cost of living relief.
 - 2 **Cost savings, however, are limited to medicines subsidised via the Pharmaceutical Benefits Scheme.** For Australians prescribed medicines that aren't publicly subsidised, out of pocket costs for medicines continues to be a pain point in the family budget.
 - 3 **As of January 2026, the PBS subsidises 949 individual medicines.** However, there were around 3000 additional prescription medicines approved for use in Australia that aren't listed on the PBS. Patients who are advised by medical professionals to access these unlisted medicines are typically required to cover the full cost of the medicine.
 - 4 To understand this dynamic, **this report commissioned a survey** of Australians to identify the extent to which they are paying out of pocket for medicines.
 - 5 **The survey identified** the widespread consumption of non-subsidised medicines, and identified a significant out of pocket cost burden on Australian families, across all demographics and political leanings.
- SOME OF THE SURVEY'S KEY FINDINGS INCLUDE:
- **43 per cent of Australians** have been prescribed medicines not on the PBS, and therefore don't directly benefit from the *Cheaper Medicines* policy.
 - **Nearly 1 in 5 Australians** are unable to afford medicines prescribed to them, if they're not listed on the PBS.
 - **16 per cent of Australians** have been forced to choose between paying for medicine and food.
 - **A majority of Australians** say they would struggle to afford to pay \$500 more per month on a medicine not listed on the PBS, with 30 per cent saying they would struggle to pay more than \$100.
 - **89 per cent of Australians** endorse further support to access medicines.





Part One: Australia's Medicines Policy Landscape and Recent Reforms

Key points

- 1 Australia has a public medicines program, with **949 medicines publicly subsidised** through the Pharmaceutical Benefits Scheme.
- 2 The government's ***Cheaper Medicines* policy**, which commenced 1 January 2026, reduced script prices for listed medicines to \$25, and allows for 60-day prescriptions, lessening the cost burden on families reliant on PBS listed prescriptions.
- 3 However, despite these positive, cost-of-living focused reforms to PBS listed medicines, **Australians are still paying considerably for medicines not listed on the PBS.**
- 4 Given the pace of innovation in medicines, and the slow approval timeframes for medicines in Australia compared to other OECD nations, the **financial burden on families dependent on non-PBS listed medicines** for their healthcare is increasing over time, **requiring further reform.**



Australia has one of the world’s leading public health systems. Across all states and territories, Australians enjoy access to leading health services, practitioners, and facilities, with access assured to most Australians who require health care. While imperfect and ever in need of further strengthening, Australia’s health system is among the world’s best. And it is supported not only by frontline health services funded largely by the states, but by a robust and generous public medicines framework funded by the Commonwealth Government.

Medicines in Australia are assessed and approved for safety and efficacy by the Therapeutic Goods Administration (TGA). There are over 30,000 individual medicines that have received TGA approval. Around 3800 of these are prescription medicines, and 949 of these prescription medicines are made publicly available through the Pharmaceutical Benefits System, or PBS—a public subsidy scheme which provides affordable medicines to Australians.

The PBS has become a central pillar of Australia’s national health service. With 949 medicines listed on the PBS, it provides a wide level of support for Australians requiring prescription medicines.

Two dynamics have emerged in recent years, however, that have begun to impact the degree to which Australians are financially able to acquire the medicines they need.

THE ALBANESE GOVERNMENT’S CHEAPER MEDICINES REFORMS

The first is the acute cost of living pressures seen since 2021. For many Australians, even the relatively modest \$31.60 per script for PBS subsidised medicines had become a significant financial burden, especially

for Australians that require sustained prescriptions to manage chronic conditions. Similarly, the requirement to fill a script every month means that those on fixed and lower incomes have begun to find filling their prescriptions financially burdensome.

The Albanese Government has, however, responded to this increased pressure with its *Cheaper Medicines* policy. Enacted in 2026, this policy has lowered the cost of each PBS subsidised script from \$31.60 to \$25, and expanded the duration of each script from 30 to 60 days.¹ This policy, in combination with earlier reforms to medicines by the government in 2022 and 2023, is estimated to be saving Australians over \$1 billion in medicines costs.²

These positive, cost of living focused reforms have defined the government’s approach to navigating a turbulent economic time, and have provided tangible, real relief to households throughout Australia. This approach should be commended. It should also, however, be situated within a broader context of Australia’s medicines policy, which despite delivering so much for so many Australians, still requires constant improvement to match the pace of innovation in the medicines sector, and the evolving health needs of Australians.

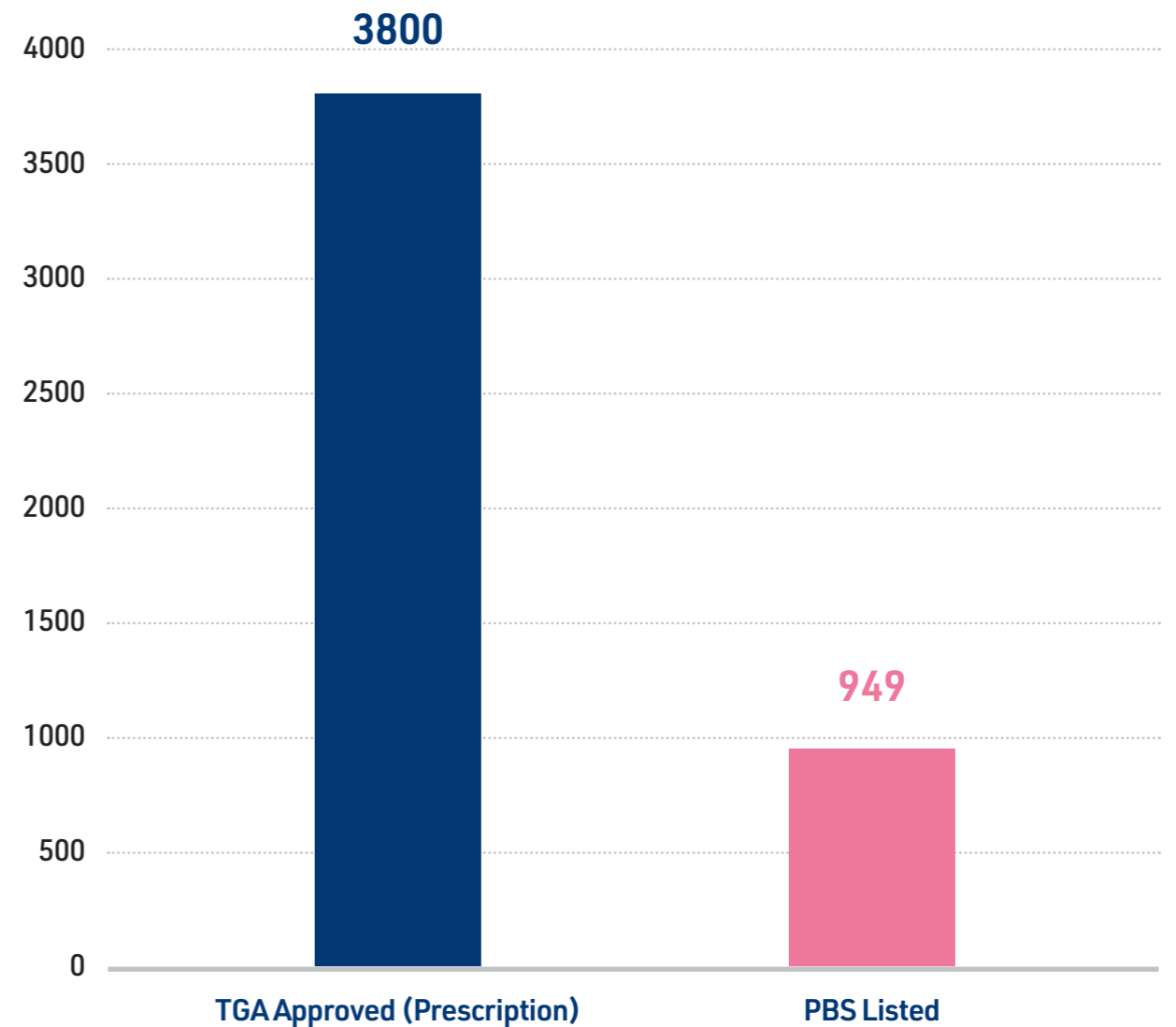
THE CHALLENGES FACING MEDICINES APPROVALS AND PBS FUNDING IN AUSTRALIA

As of February 2026, the PBS subsidised 949 separate medicines in Australia.³ However, there are many more medicines that are approved for use in Australia that do not receive PBS subsidies. There are over 30,000 listed medicines approved for use on the

Australian Register of Therapeutic Goods, with approximately 3,800 prescription medicines approved by the TGA. Of these 3,800, around 25 per cent are listed on the PBS.

In practical terms, this means that three-quarters of the prescription medicines approved for use in Australia fall outside the scope of the Albanese Government’s *Cheaper Medicines* policy.

FIGURE 1 Prescribed medicines in total in Australia, compared with the number subsidised.



Source: Author analysis.

Some of the medicines not subsidised by the PBS may in fact be cheaper than \$25 per script; however, there are numerous medicines, particular those for rare conditions, that cost a considerably higher sum and therefore place inordinate strain on family budgets for those that require them. It is the financial imposition of procuring these essential, but unsubsidised, medicines that is the primary subject of this report.

SLOW LISTINGS AND A NEED FOR GREATER MEDICINES INVESTMENT EXACERBATE THE CHALLENGE

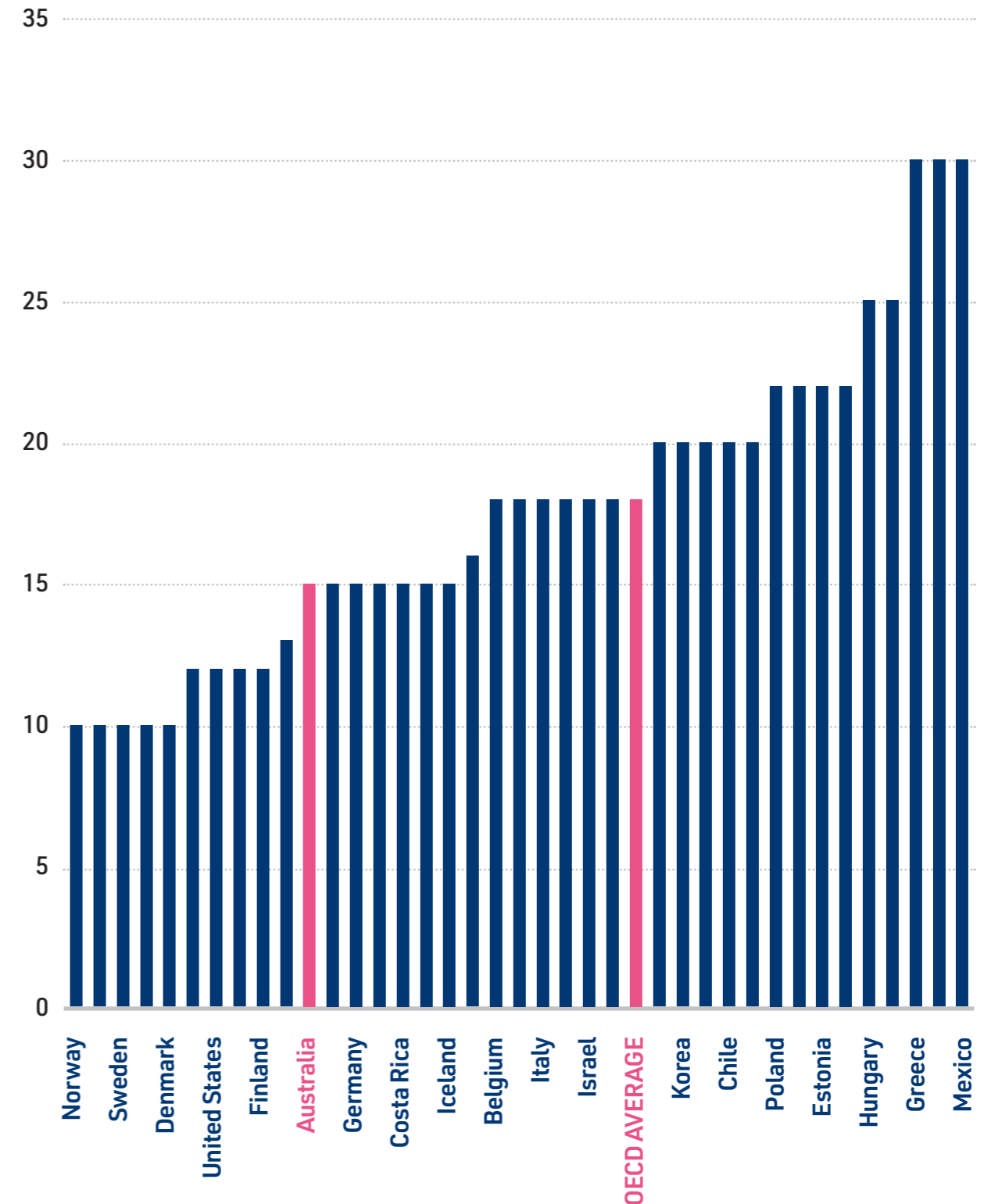
Australian patients are also impacted by the extended time frames that it takes to list new medicines for use in Australia, and even once approved, listing those medicines on the PBS. In 2022, Medicines Australia released its inaugural tracker of the 'patient access gap'—a novel measurement that identified the length of time it took for medicines to be funding in Australia compared to other OECD nations.⁴ The measurement identified the timeframe between medicines being approved and being subsidised in these OECD nations.

In 2022, the 'access gap' for Australian patients was 391 days—meaning that it took over a year for medicines successfully listed on the PBS to be subsidised after already having been approved for use in Australia. This compared to 101 days in Japan, 121 days in Germany, and 167 days in the UK.

Since 2022, the patient access gap has, by most indicators, widened further. A 2024 study identified that this gap had extended to an average of 591 days, with some medicines taking more than 1000 days to be listed after received TGA approvals and a PBAC recommendation.⁵ In 2025, further analysis identified that this gap had continued to expand to over 600 days.⁶

For patients, this means that a growing number of medicines available and recommended for use are not subsidised through the PBS compared with recent years. This is presenting a conundrum for households: while they may have novel medicines available to improve their or their family members' quality of life, the expense of doing so often remains prohibitive.

FIGURE 2
Percentage of public health expenditure allocated to medicines, Australia within the context of all OECD nations.

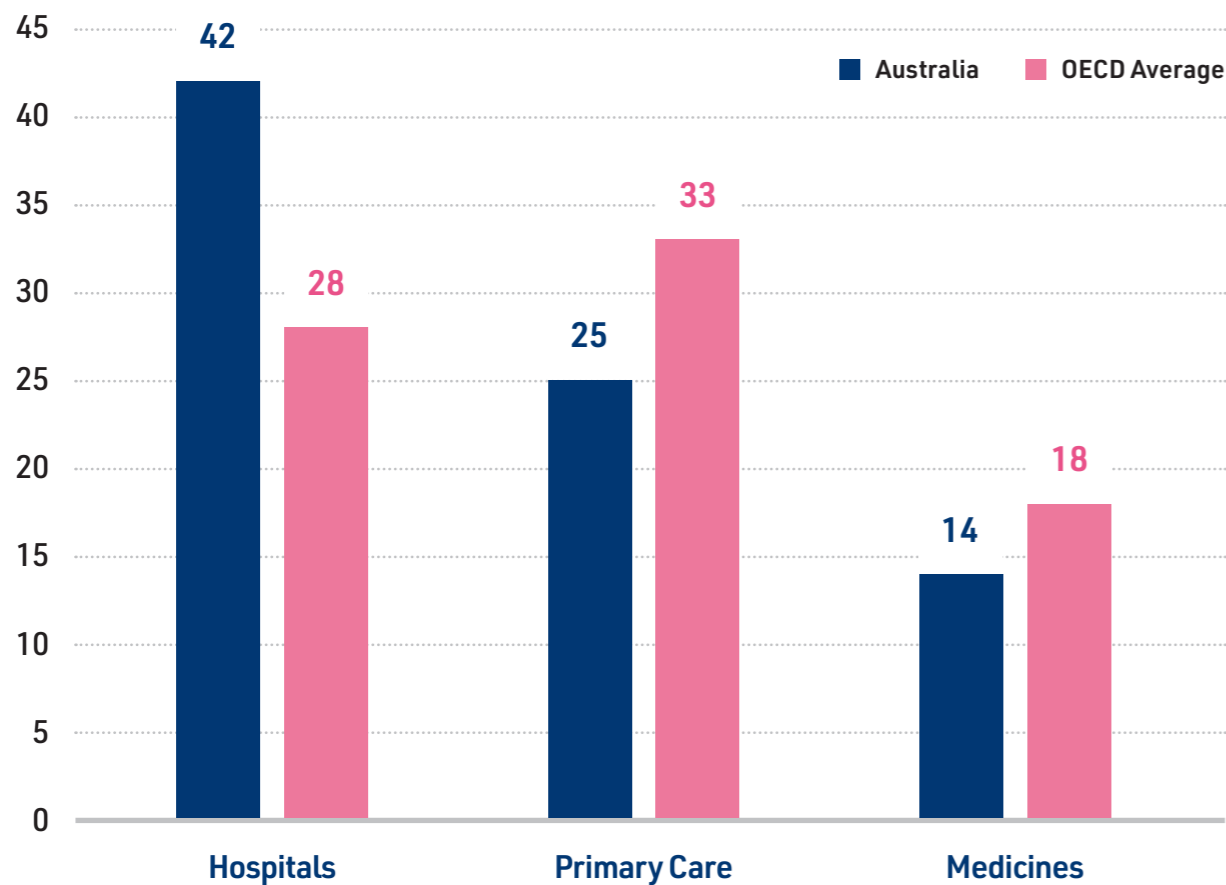


Source: OECD, 'Health at a Glance' 2025 report.⁷

The 'access gap' challenge Australia is experiencing is arguably the manifestation of a broader underinvestment in medicines, when compared with OECD nations. Figure 3 represents the percentage of public health expenditure each OECD nation spends on medicines. Australia sits well below the OECD average, only allocating 14 per cent of public expenditure to medicines compared with the OECD average of 18 per cent. Some countries' data are outliers. Mexico and Slovak Republic, each of which spend 30 per cent on medicines, but which may reflect weaker investment in primary and hospital care rather than a robust medicines focus.

However, more comparable peer nations to Australia, such as Japan and South Korea, which have much faster approvals for new medicines than Australia, while retaining world class primary care and hospital systems, have a much greater focus on medicines, allocating 20 per cent of all public health expenditure towards medicines. What the data demonstrates is that, while Australia is performing better than some OECD partners, it continues to invest in medicines to a lesser degree than many peer nations.

FIGURE 3 Distribution of Australian public health expenditure, as a percentage.



Source: OECD, 'Health at a Glance' 2025 report.⁸

THERE IS STRONG PUBLIC DEMAND FOR CHEAPER, MORE ACCESSIBLE MEDICINES

The Albanese Government's *Cheaper Medicines* policy has proven both an effective public policy intervention, and a popular measure well received by the public. This reflects the growing public appetite for further relief in the area of medicines access.

The following survey results demonstrate this public appetite, with all demographics and voting blocs surveyed being highly receptive to even greater cost of living relief when it comes to medicines, specifically, via greater investments in the PBS to make even more subsidised medicines available.

The combination of a strong track record in delivering cost of living relief via medicines policy, and a sustained public demand for more relief in this area, renders the issue of medicines expenses a ripe area for reform for a second-term Albanese Government.

The following survey results reflect a clear need for further reform in this area, to ensure more Australians are able to access the healthcare recommended by their doctors.





Part Two: The Hip-Pocket Cost of Unsubsidised Medicines

Key points

- 1 To identify the degree to which Australians are paying out of pocket costs for non-PBS listed medicines**, the McKell Institute commissioned Redbridge to undertake a representative survey of the Australian public.
- 2 The survey of 1506 Australians examined** public familiarity with the PBS and medicine listings; the costs the public could manage and are already spending on medicines not listed on the PBS; and the public appetite for further reform designed to deliver even cheaper medicines access.
- 3 The survey found** 29 per cent of Australians have purchased non-PBS subsidised medicines in the past year, and wouldn't benefit from the *Cheaper Medicines* policy. It also found that 43 per cent of Australians have been prescribed non-listed medications.
- 4 The results demonstrate a broad appetite for further support**, and a worrying degree to which Australian households are at risk of making difficult choices with their spending to afford medicines.



This report has identified the financial burden associated with purchasing unsubsidised prescription medications. To identify these costs, the McKell Institute commissioned polling firm Redbridge to undertake a representative survey of the Australian public, asking a series of questions regarding their interaction with the PBS, and with prescription medications. The entirety of the survey is included as an Appendix to this report.

The survey was conducted between Wednesday 19 November and Wednesday 26 November 2025. A total of 1,506 Australian voters aged 18 and older were recruited via an online panel. Quotas for age, gender, location, education, and voting intention at the 2025 federal election were applied to ensure the sample was representative of the Australian electorate.

Rim weighting was used to apply interlocking weights for age, gender, education, and location. The efficiency of these weights was 88 per cent, providing an effective sample size of 1327. Based on this effective sample size, the margin of error (95 per cent confidence interval) for a 50 per cent result on the full sample is ± 2.7 per cent.

This is larger for subsets of the data, such as age or location, and results based on these and similar break-downs should be interpreted conservatively.





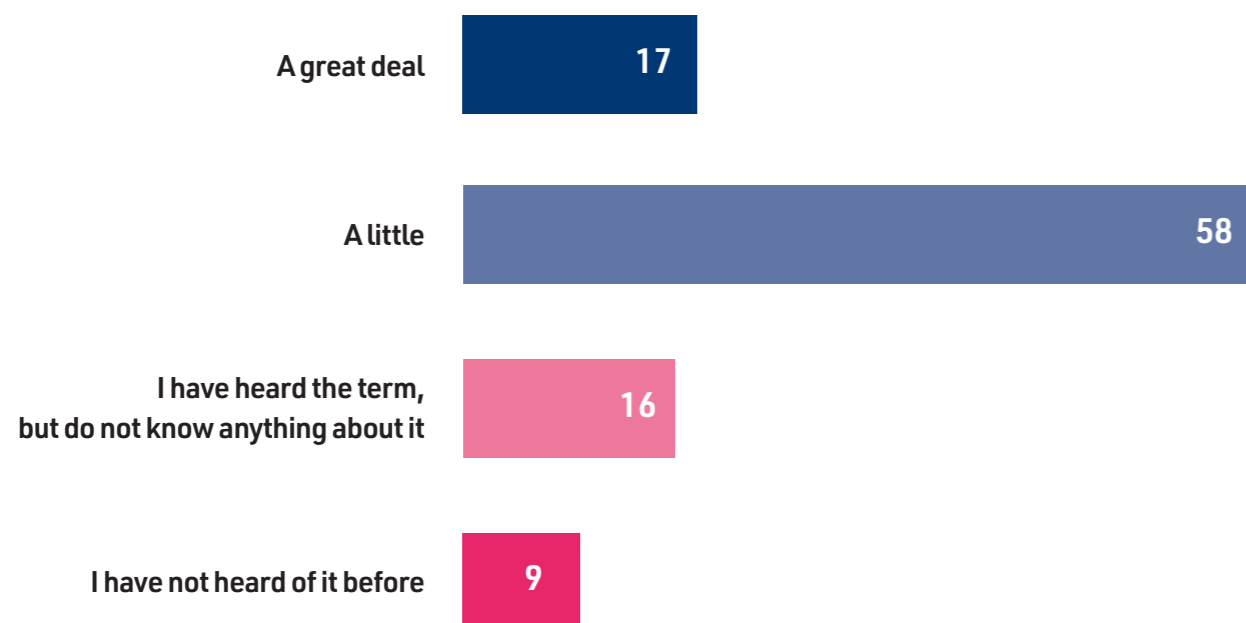
Key Findings of the Survey

FINDING 1

Australians are broadly aware of the Pharmaceutical Benefits Scheme

Most Australians are aware of the Pharmaceutical Benefits Scheme (PBS), with 75 per cent of voters having some familiarity with the scheme (17 per cent say a great deal, 58 per cent a little). Just 16 per cent say they have heard the term but do not know anything about it, and nine per cent have not heard of it before (see figure 4).

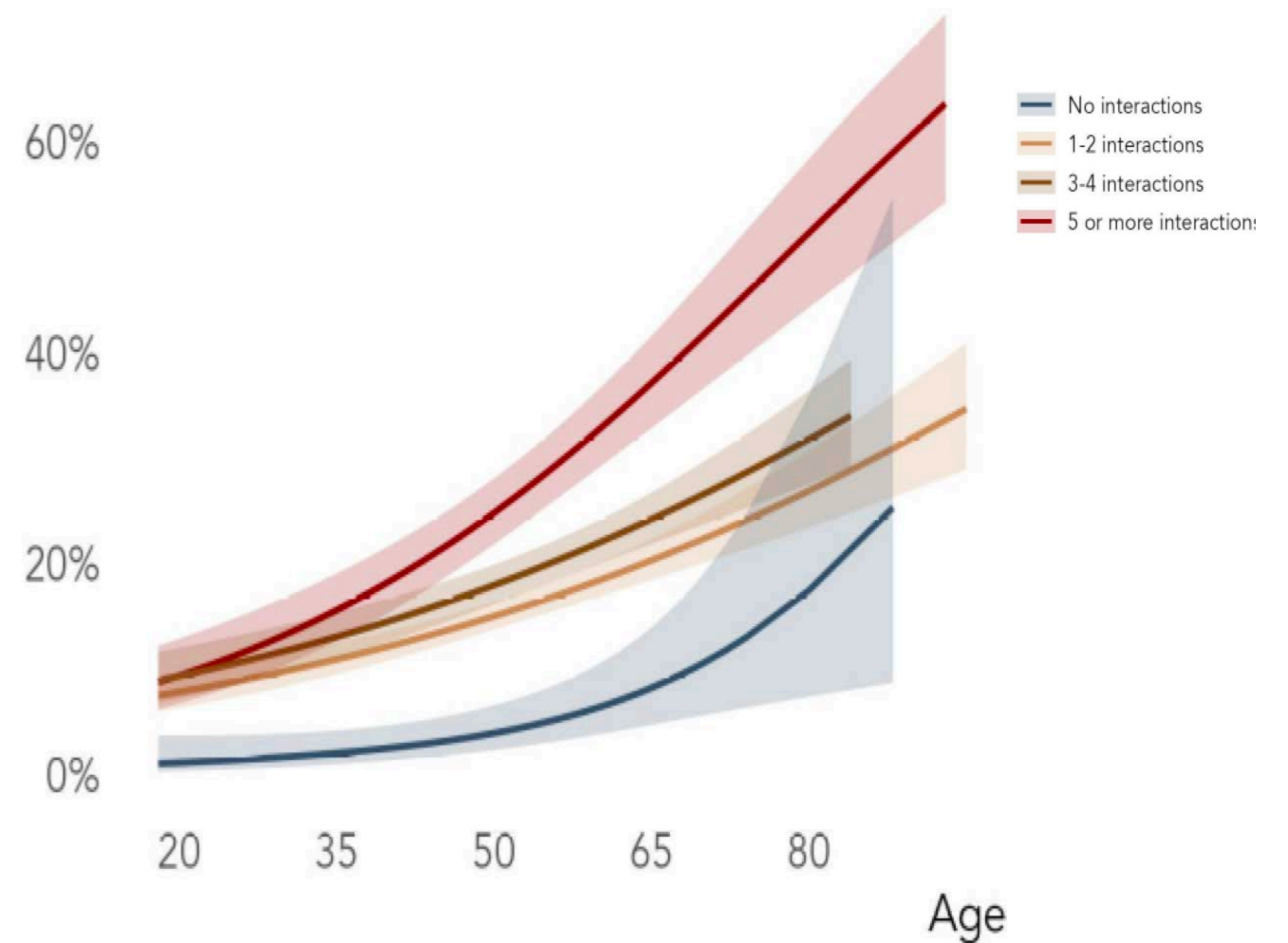
FIGURE 4 Australians' awareness of the Pharmaceutical Benefits Scheme.



Awareness is high across most major social, demographic and political groups in society. It is greatest among those with the most points of contact with the healthcare system.¹ Eighty-five per cent of those who had five or more interactions with the system in the past year know a great deal or little bit about the PBS, compared to 81 per cent of those with 3-4 interactions with the system, 75 per cent who had 1-2 points of contact, and 43 per cent of those who had none of these interactions with the system. Similarly, older Australians are more likely to be familiar with

the system than those who are younger: 90 per cent of those who belong to the Baby Boomer cohort, or are older, report familiarity, compared with 51 per cent of Gen-Z. Awareness is highest (over 60 per cent knowing a great deal about the PBS) among those aged 80 and older with five or more points of contact with the healthcare system in the past 12 months. This indicates that awareness of the PBS is largely driven by contact with the healthcare system. Those who need to use the system more often, are more likely to be aware of it.

FIGURE 5 Share of Australians who know a great deal about the PBS, by age and number of interactions with the healthcare system they or immediate family have had in the past 12 months. The smoothed curves were produced using generalised additive models, and shaded areas are 95 per cent confidence intervals



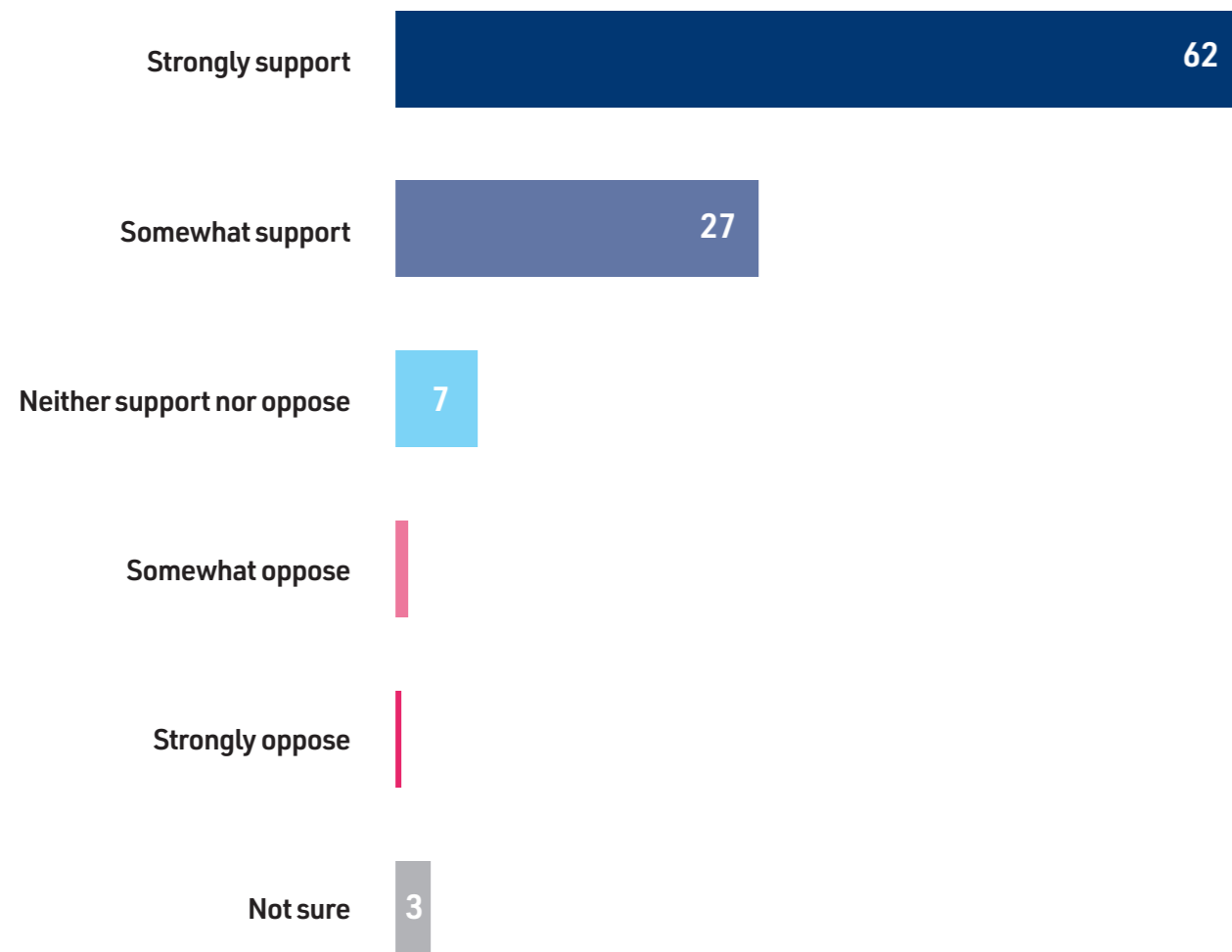


FINDING 2

Most voters support increased funding for the PBS, and see it as a high priority

Australians overwhelmingly support the government increasing investment in the PBS to cover more medicines. Eighty-nine per cent support expansion (including 62 per cent who strongly support this), and just one per cent oppose it (figure 6).

FIGURE 6 Support for, and opposition to, the Australian Government increasing its investment to make sure that more medicines are available through the PBS.

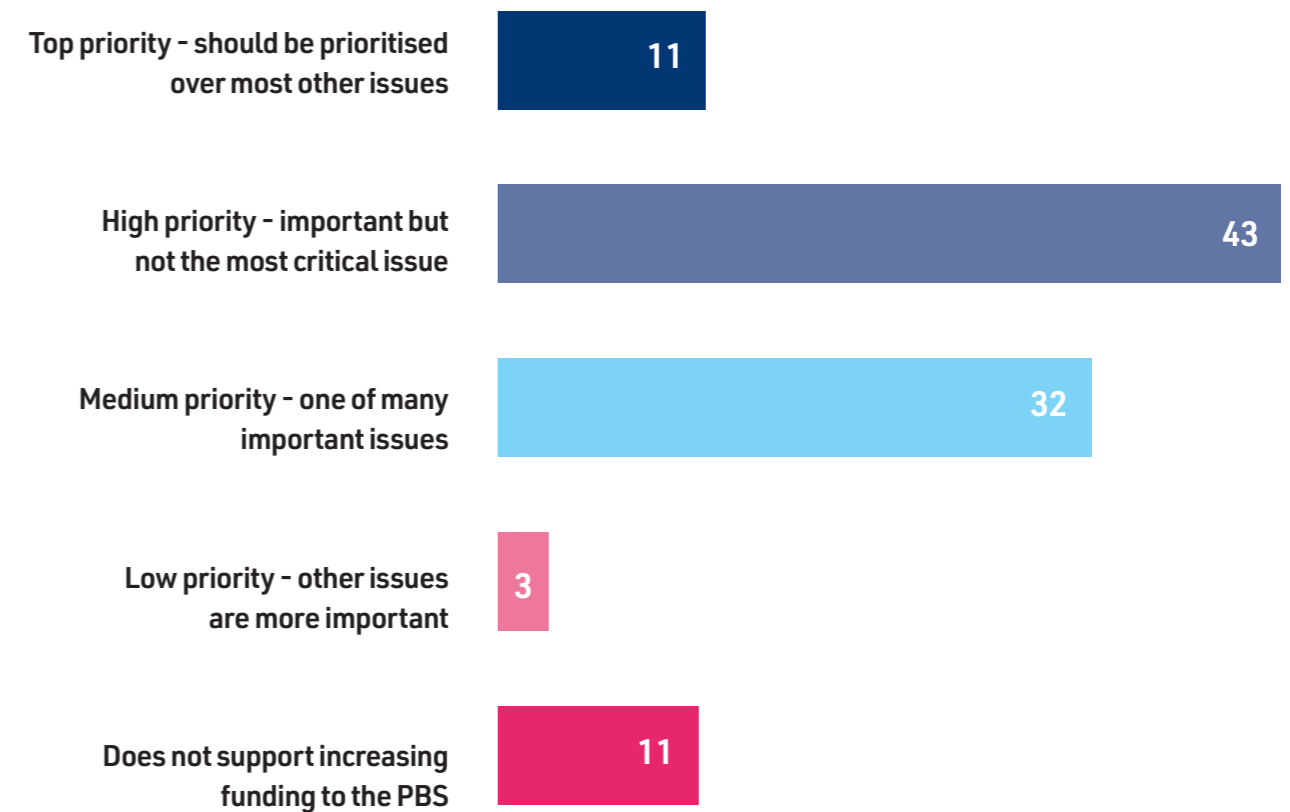


Most voters (54 per cent) say that increasing funding for the PBS is a major priority (including 11 per cent who say it is the top priority).

This is a bipartisan view, with a majority of those who would vote Labor (63 per cent), Greens (50 per cent), and all other parties and candidates (58 per cent) prioritising an increase in funding, along with a plurality of Coalition (49 per cent) and One Nation (44 per cent) supporters.

Support for an increase in PBS funding is highest among those with more points of contact with the healthcare system (at 92 per cent among those with five or more points of contact), older Australians (94 per cent among those in the Baby Boomer cohort or older) and with lower household incomes (93 per cent for those on less than \$1,000 per week).

FIGURE 7 Australians rate increasing funding to the PBS as a priority compared to other issues.



FINDING 3

43 per cent of Australians have been prescribed or offered medicines not listed on the PBS

Almost half of Australians say they have been offered or prescribed medicines not on the PBS (43 per cent; figure 8); and in the past three years, more than a quarter (29 per cent) have had to purchase a prescription medicine that was not listed on the PBS (figure 9).

FIGURE 8 The share of Australians who have been offered or prescribed medicine that was not listed on the PBS.



Older Australians are more likely to have been offered or prescribed medicines not covered by the PBS (51 per cent of those who belong to the Baby Boomer cohort, or older, versus 28 per cent of those from Gen-Z). Women are also more likely to have been given or prescribed out of coverage medication (49 per cent) than men (36 per cent). Additionally, Australians with lower household incomes (51 per cent of those on less than \$1,000 per week), and those who have more interactions with the healthcare system (63 per cent), were also more likely to have been prescribed or offered these medications.

FIGURE 9 The share of Australians who, in the past 3 years, have purchased a prescription medicine that was not listed on the PBS.



As a result, older Australians (34 per cent of those in the Baby Boomer and older cohort), women (33 per cent) those from lower income households (35 per cent), and those who have more interactions with

the healthcare system (50 per cent of those with five or more), are all more likely to have purchased a prescription medicine that was not listed on the PBS in the past three years; with the highest rates among those who are

older and have more points of contact with the healthcare system (figure 10).

The most common medications purchased without PBS coverage include those for dermatology or skin conditions (21 per cent), pain management or for chronic pain (19 per cent), diabetes and obesity management (16 per cent), mental health medication (10 per cent) and contraceptives (10 per cent; see figure 11).

FIGURE 10

Share of Australians who reporting having to purchase a prescription medicine that was not listed on the PBS in the past 3 years, by age and number of interactions with the healthcare system they or immediate family have had in the past year. The smoothed curves were produced using generalised additive models, and shaded areas are 95 per cent confidence intervals.

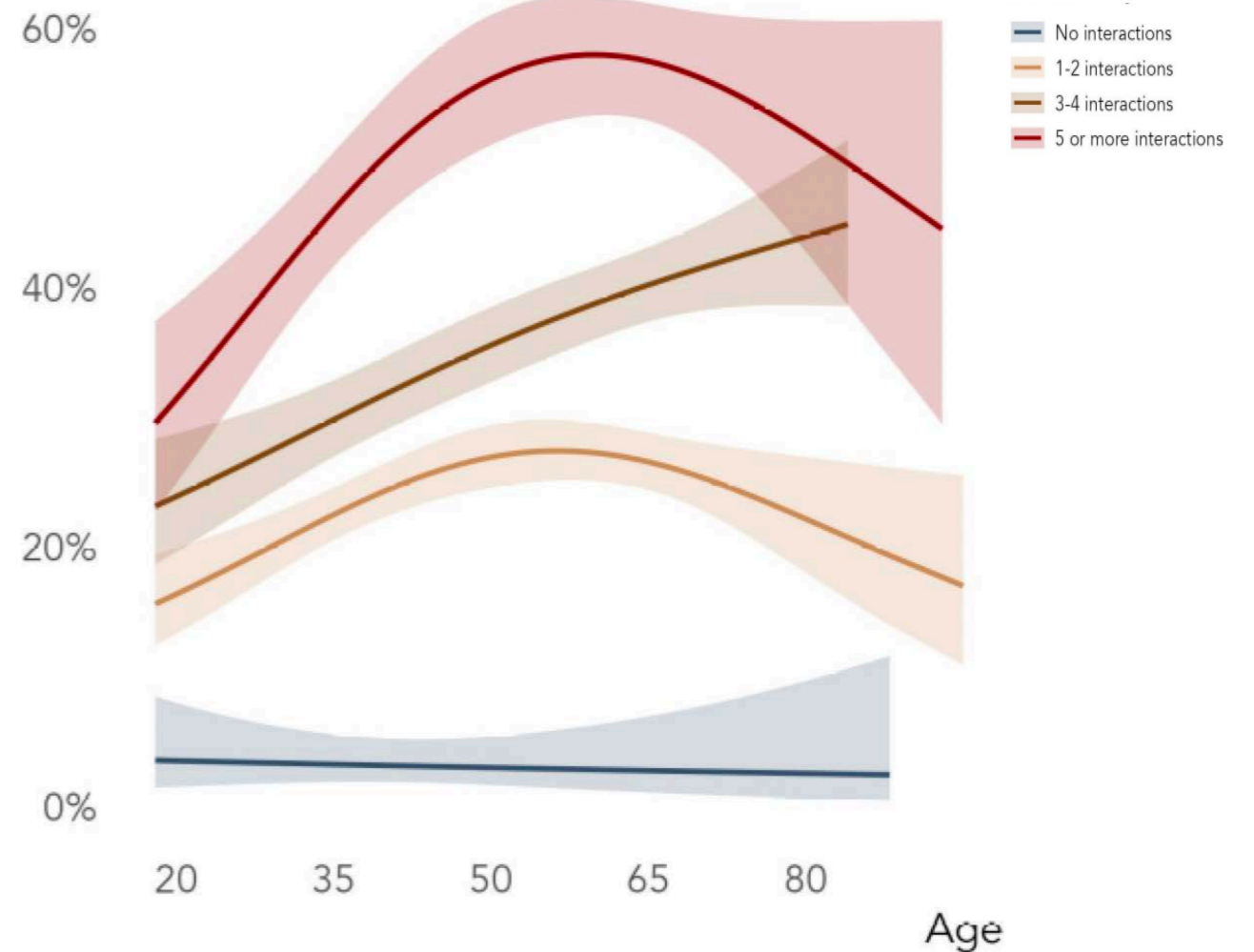
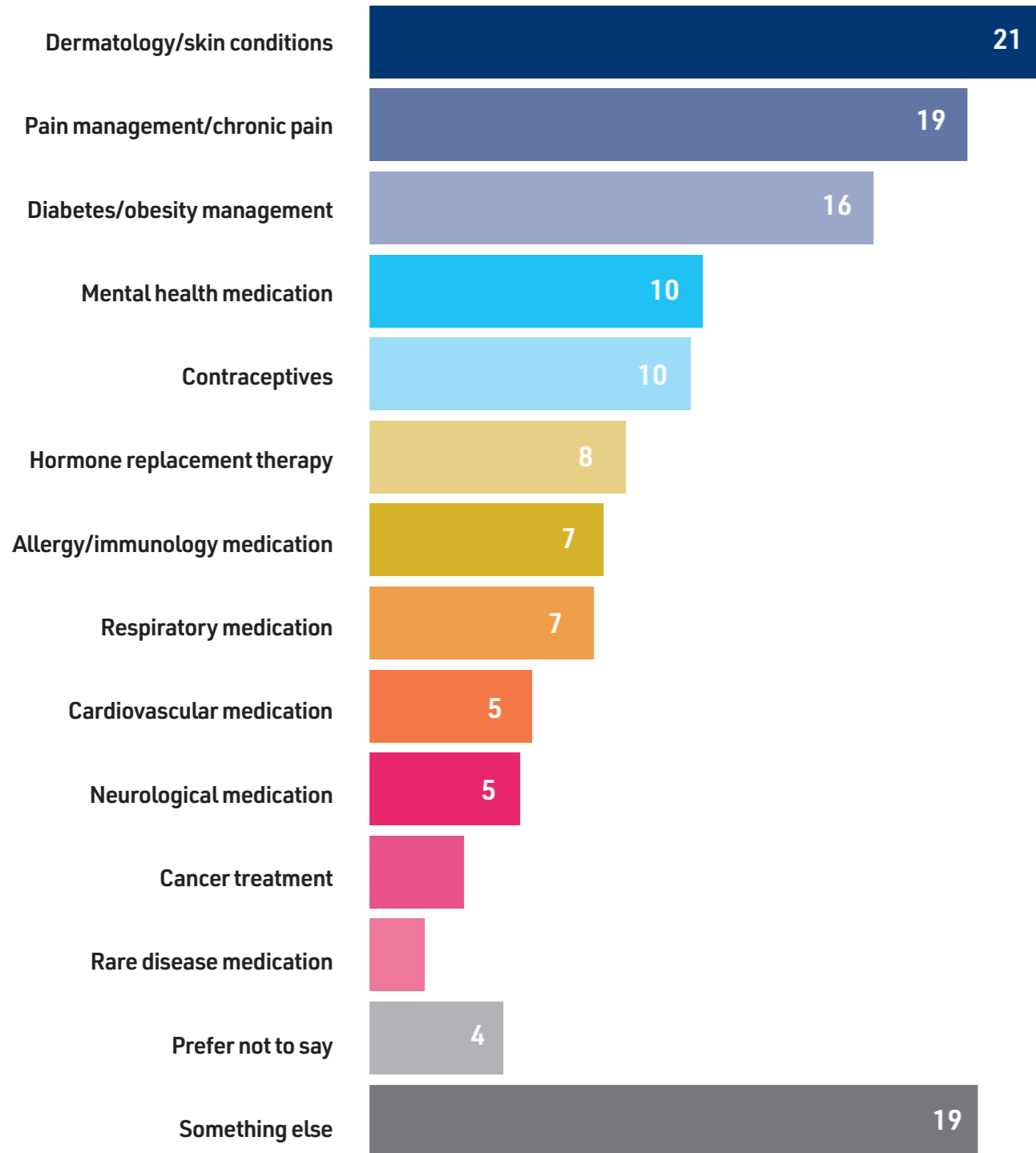




FIGURE 11

The types of medicine that were not listed on the PBS. Respondents could select more than one medication, therefore figures sum to more than 100. Note: This question was only asked of respondents who had purchased a prescription medicine not listed on the PBS in the last 3 years (n=444).



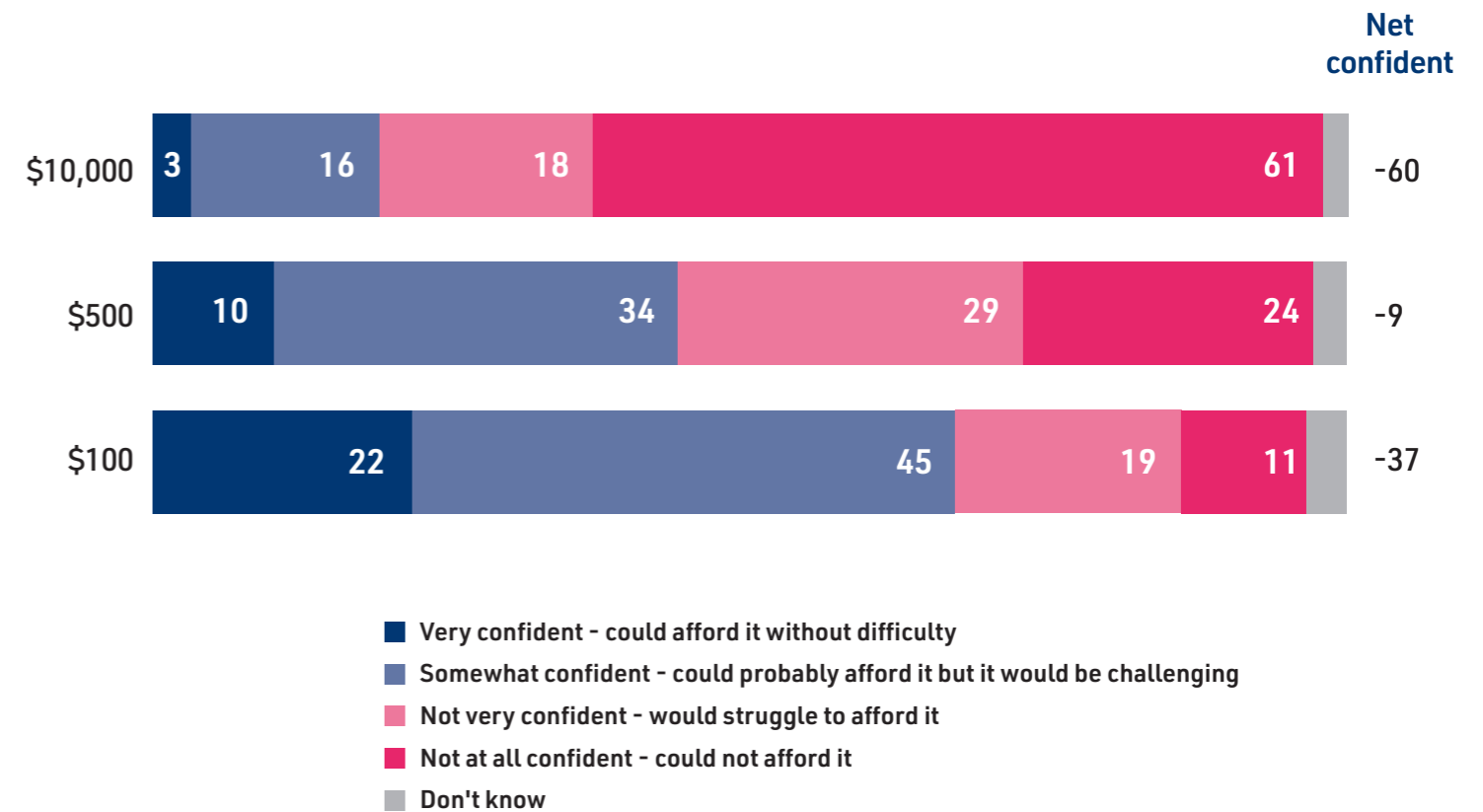
FINDING 4

Almost half of Australians have skipped prescriptions, taken less than the prescribed amount or taken other measures to afford medicine

The cost of medication places a significant strain on the finances of nearly half of Australians, and most (53 per cent) say they would struggle to afford to pay \$500 a month for medications not listed on the PBS. Even an additional \$100 per would be difficult for 30 per cent (see figure 12). More than one in five Australians (22 per cent) — including those who have not had to purchase non-PBS medications — report delaying filling a prescription due to the cost, while 18 per cent have not filled a prescription, 15 per cent have skipped a dose to make medication last longer, 12 per cent have taken expired medication instead of filling a prescription, and 11 per cent have taken less than the prescribed amount. Just 56 per cent report not doing any of these (see figure 13).

FIGURE 12

Australians confidence in the ability to pay for non-PBS medicines at different monthly price points.



These actions are more common among those with more points of contact with the healthcare system, those belonging to the Baby Boomer cohort (and older), and those in lower income households.

FIGURE 13 The actions taken to afford prescription medicine.

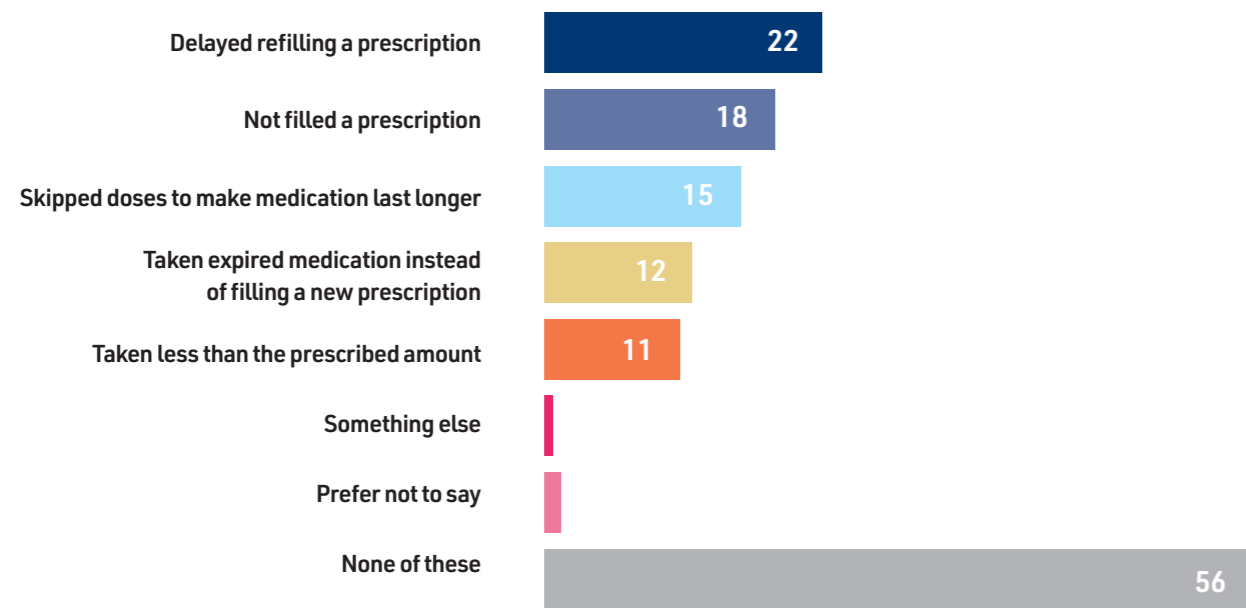
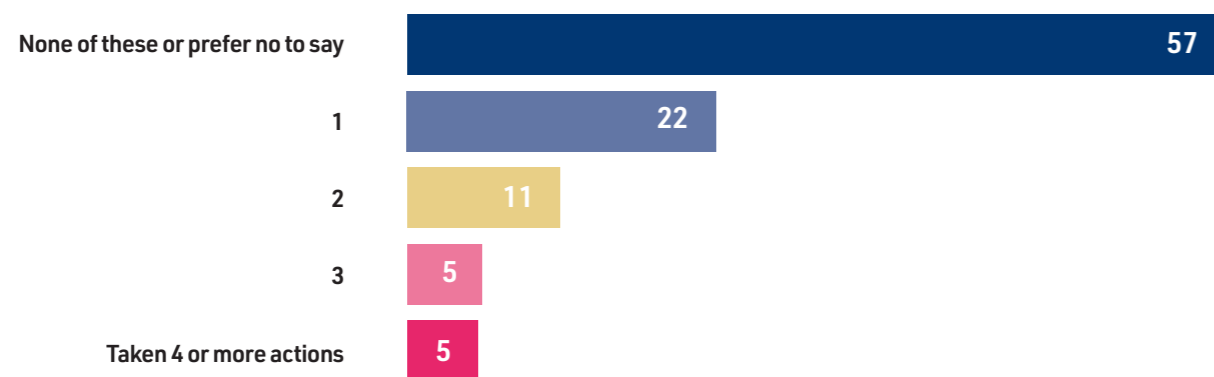


FIGURE 14 The number of actions taken to afford prescription medicine.



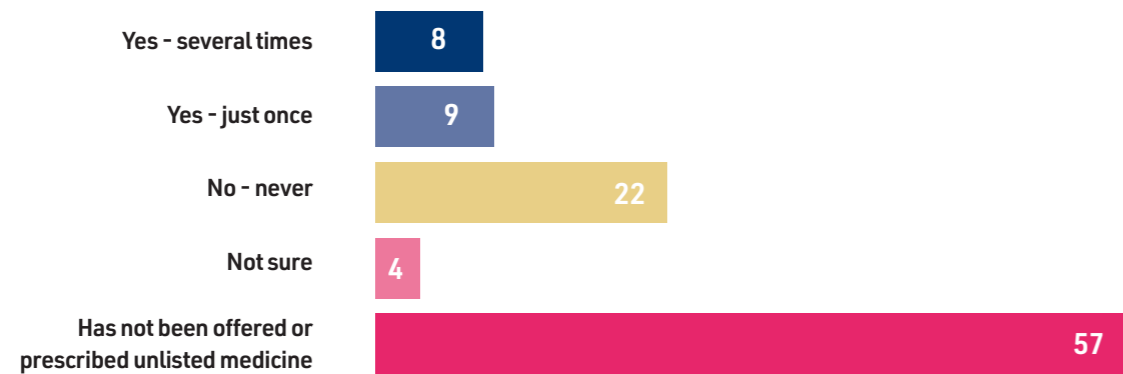


FINDING 5

Nearly one in five Australians report not being able to afford medicines they had been prescribed that are not on the PBS

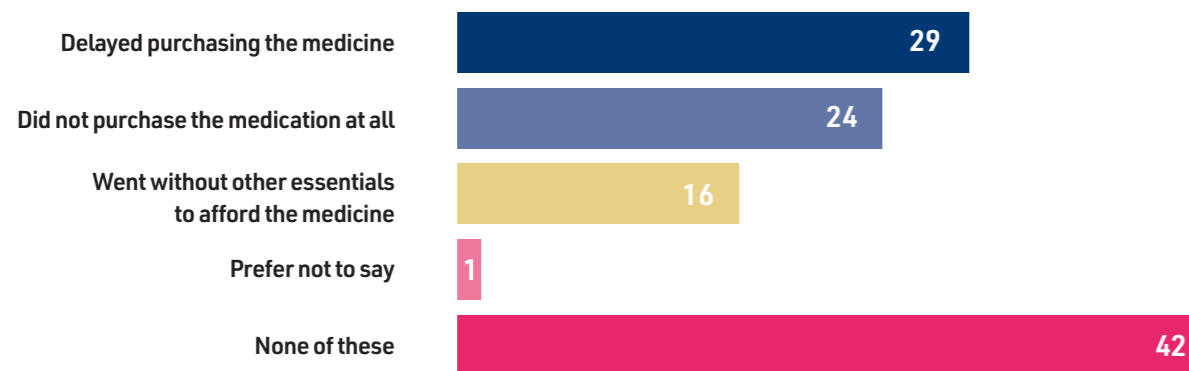
With such high rates of Australians having difficulty absorbing medical costs, it is not a surprise that 17 per cent of Australians say they have been unable to afford a medicine they were prescribed that was not covered by the PBS, including eight per cent who say they have been in this situation several times (figure 15).

FIGURE 15 The frequency Australians were unable to afford a prescribed medicine not available on the PBS.



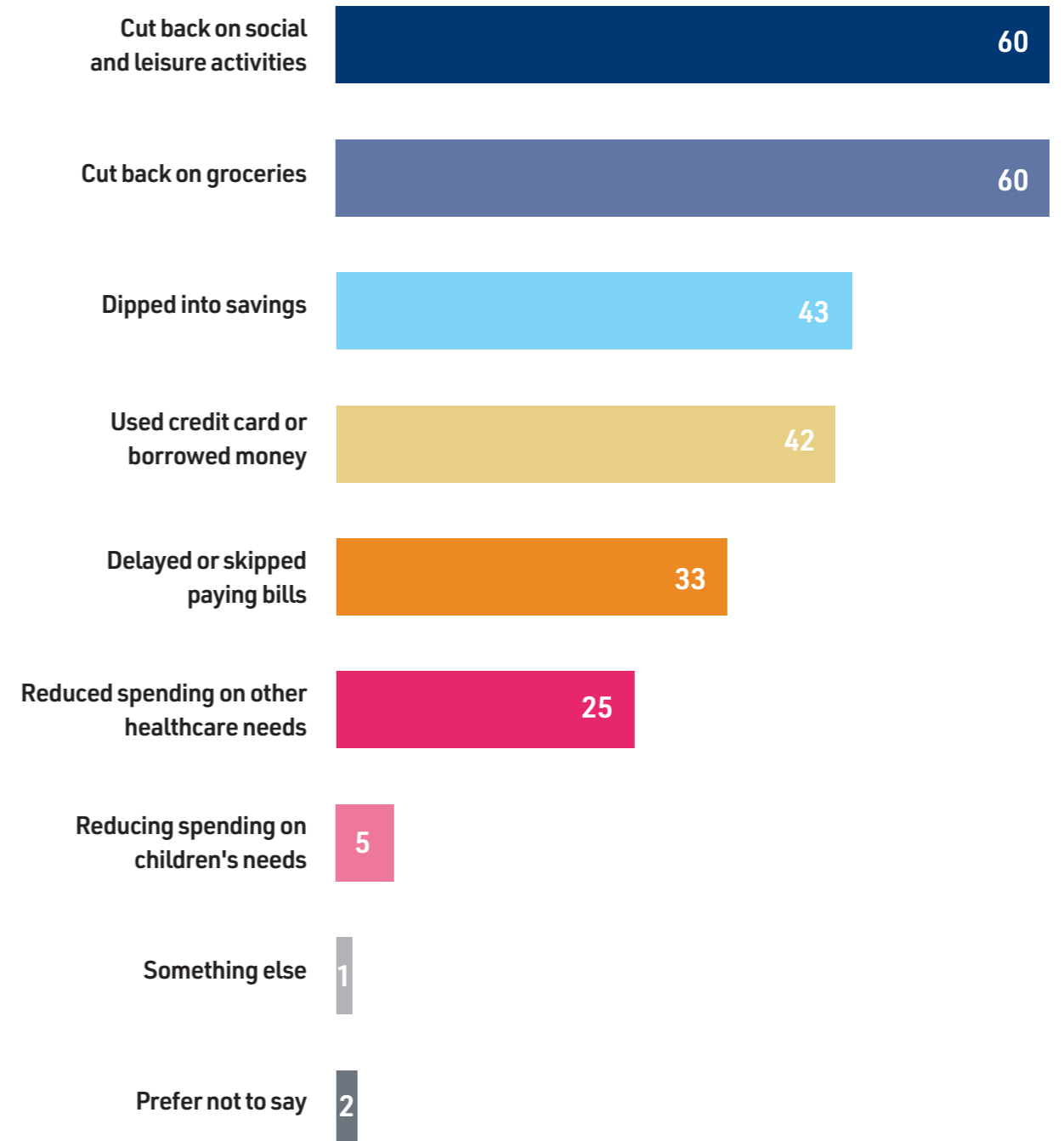
As a result, many of those who are prescribed medicine not covered by the PBS face a difficult decision: trade off medicine or other essentials, with 29 per cent of those who were prescribed medicines not on the PBS delaying purchasing that medicine, while 24 per cent did not purchase the medicine at all and 16 per cent went without other essentials to afford the medicine, including groceries.

FIGURE 16 The trade-offs Australians make when prescribed medicine not covered by the PBS.



Note: This question was only asked of respondents who had ever been offered or prescribed medicine that was not listed on the PBS (n=646).

FIGURE 17 The sacrifices Australians have made to afford medicines not listed on the PBS.



Note: This question was only asked of respondents who reported going without essentials to afford medicine



Recommendations

RECOMMENDATION 1

Consider setting a target for medicines expenditure as a percentage of public health spend and in line with other developed OECD nations.

Australia currently spends less than many peer nations on medicines and preventative health more broadly, relying instead on investments in primary health and hospital care. These investments are critical. As Australia's population ages, however, all state and territory governments must actively examine policies that drive down the long-term cost pressures facing primary and hospital care, and reorient existing expenditure towards cost saving preventative measures. This includes investments in medicines, which can lower hospitalisation rates and duration for many illnesses. Australia is well below the OECD average when it comes to medicines expenditure as a percentage of overall public health expenditure. Therefore, it may wish to consider establishing a target for investment in medicines and preventative health as a percentage of all public expenditure on health. Doing so can shape bureaucratic and future government spending priorities, orienting more public resources towards investments in today's preventative tools to lower cost burdens on primary and hospital care in the future.

RECOMMENDATION 2

The Commonwealth should invest more resources in PBAC to extend its meeting cadence, and allow for more real-time consideration of novel medicines

The Pharmaceutical Benefits Advisory Committee, or PBAC, is the entity which provides recommendations to government as to whether a TGA approved medicine should be subsidised via the PBS. PBAC plays the role in considering the cost-benefit analysis of subsidising medicines. This crucial work, however, is complex, time consuming and resource intensive. Currently, PBAC only officially convenes three times per year to consider new medicines. This cadence should be expanded, to allow more novel medicines to be considered more quickly by PBAC.

RECOMMENDATION 3

The Commonwealth should accelerate its delivery of key recommendations of the Health Technology Assessment review that focus on timely and affordable medicines access for Australians

The HTA Review was a comprehensive process designed to guide the Commonwealth Government's medicines and health technology policy. Published in September 2024, the review, which was informed by extensive consultations with industry, patients and the healthcare sector more broadly, offers a roadmap for reform to improve patient outcomes. The Commonwealth should continue its efforts to implement key recommendations in respect to medicines access. There are numerous recommendations in the HTA Review that, if enacted, would alleviate some of the challenges facing Australians identified in this report. Recommendations 2 through 11, and Recommendations 13 and 14 in particular have a direct relevance to timely and expanded medicines access.





Conclusion

This report has examined the nature of medicines access in Australia, seeking to identify the percentage of Australians that are reliant on prescribed medicines that are not subsidised through the Pharmaceutical Benefits Scheme.

The PBS is one of Australia's most critical and successful public institutions, providing affordable medicines for millions. The 2026 introduction of the Albanese Government's *Cheaper Medicines* policy strengthened it further, by making the scheme more affordable for everyday Australians.

However, as more medicines are approved for safe and effective use in Australia, but are not subsequently listed on the PBS, more Australians are being prescribed unsubsidised medicines. This means that they are increasingly missing out on the benefits of the *Cheaper Medicines* policy.

Through a novel survey of over 1500 Australians, this report found that 29 per cent of Australians have purchased unsubsidised prescribed medicines. It found that 43 per cent had been prescribed medicines not listed by the PBS. This suggests a gap between those that are prescribed unlisted medicines and those who purchase them.

Alarmingly report also found that many Australians, 16 per cent, have had to forgo essentials like food in order to purchase medicines.

It further found that an overwhelming majority of 89 per cent supported more government investment in the PBS in order to deliver wider access to medicines.

While the Commonwealth faces a perennial fiscal balancing act, this report demonstrates that further support in this space would be welcomed by the Australian public, and contribute significantly to alleviating cost of living pressures facing Australians increasingly reliant on unlisted medicines.



Endnotes

1. https://www.health.gov.au/cheaper-medicines/60-day-prescriptions?gad_source=1&gad_campaignid=23462547073&gbraid=0AAAAABCleYYXnnwoXTXUgIDKZ-llKhtGT9&gclid=Cj0KCQiA4eHLBhCzARisAJ2NZoLXHW3Jnkz2taurT9w_PPO9J_gKwXZW3kJTJfcmykXsPY39zdyL_us-aAp7VEALw_wcB
2. <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/cheaper-medicines-stay-cheaper-as-australians-save-11-billion#:~:text=The%20freeze%20on%20indexation%20of,of%20Australians%20time%20and%20money.>
3. Noting these medicines are distributed under over 5000 different brands and product names.
4. <https://www.medicinesaustralia.com.au/wp-content/uploads/sites/65/2022/11/HTA-DP-Patient-Access-Gap.pdf>
5. https://www.pcf.org.au/media/wbyn4xvm/aus-np-1123-80001-amgen-access-gap-report_april-2024-data-final-approved.pdf
6. https://pharmainfocus.com.au/news_m.asp?newsid=23952
7. https://www.oecd.org/en/publications/2025/11/health-at-a-glance-2025_a894f72e/full-report.html
8. https://www.oecd.org/en/publications/2025/11/health-at-a-glance-2025_a894f72e/full-report.html





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