Wegovy & Mounjaro — PBS Access & Selection

Private-script only in Australia, June 2026

PBS AUTHORITY

Both drugs are currently private-script only in Australia. Wegovy is not yet PBS-listed despite earlier expectations of a mid-2026 listing — price negotiations are ongoing with no confirmed date. Mounjaro's PBS bid was rejected by the manufacturer in April 2026. Always confirm current status at pbs.gov.au before prescribing or quoting cost.

PBS STATUS — JUNE 2026

✓ **Wegovy (semaglutide)**	Not yet PBS-listed. PBAC recommended listing in November 2025 and the Health Minister committed to negotiate in January 2026, but the documentation lodged in February 2026 was not accepted as complete, and price negotiations remain unresolved — there is no confirmed listing date, with a realistic window now more likely late 2026 to early 2027. When listed, eligibility is expected to mirror the SELECT trial population: established cardiovascular disease (prior MI, stroke, or symptomatic PAD) plus BMI≥35 (≥32.5 for Asian, Aboriginal or Torres Strait Islander background), authority-required, with a PBS copayment of around $25.00 general / $7.70 concessional. Confirm current status at pbs.gov.au.
✓ **Mounjaro (tirzepatide)**	Not PBS-listed, with no pathway currently open. PBAC recommended listing for type 2 diabetes in March 2026, but the manufacturer rejected the funding conditions in April 2026 — its fourth unsuccessful PBS attempt — citing the price and funding caps as commercially unviable. The manufacturer has stated this also makes a PBS listing for obesity difficult to foresee in the near term. No renewed submission has been confirmed as at June 2026.

WHO TO CONSIDER (PRIVATE SCRIPT)

✓ Wegovy — high CV risk

Established CVD (prior MI, stroke or PAD) plus an elevated BMI — the strongest cardiovascular trial evidence (SELECT) of either agent

✓ Wegovy — general obesity

Obesity (BMI≥30) with ≥1 comorbidity, or overweight (BMI≥27) with ≥2 comorbidities — TGA-approved for chronic weight management, no T2DM required

✓ Mounjaro — T2DM

T2DM inadequately controlled despite metformin ± other agents — superior glycaemic and weight outcomes than semaglutide 1mg in head-to-head data

✓ Mounjaro — max weight loss

Patients prioritising the greatest available weight loss who can meet the private cost — no PBS pathway currently

COST & QUICK REFERENCE

Current private costs (approximate, dose-dependent): Wegovy around $400–460/month; Mounjaro around $395/month at lower doses up to around $645/month at the 15mg maximum dose. If Wegovy is PBS-listed during this sheet's review period, the PBS copayment would apply instead (around $25.00 general / $7.70 concessional) — confirm current PBS status before quoting a patient a price.

■ SAFETY

- GI effects (nausea, vomiting, diarrhoea) are the most common side effect, dose-dependent; around 3–6% discontinue
- Both agents carry a gallstone/cholecystitis risk, possibly linked to rapid weight loss
- Semaglutide can transiently worsen diabetic retinopathy via rapid glycaemic improvement

◆ CHECK / EXCLUDE

- Hypoglycaemia risk is low alone but rises with a sulfonylurea or insulin — reduce that dose 20–50% on starting
- Pre-existing diabetic retinopathy → ophthalmology review before starting semaglutide
- Biliary symptoms on either agent → consider an abdominal ultrasound

For health-professional use. PBS status changes frequently for both agents — always confirm current listing at pbs.gov.au before prescribing or quoting cost. Companion sheet: EN-02A Wegovy & Mounjaro — Mechanism, Efficacy & Dosing.