

From: [Glen Maberly \(Western Sydney LHD\)](#)
To: [Committee, Health \(REPS\)](#); [Freeland, Mike \(MP\)](#)
Subject: RE: Thankyou for the hearing opportunity and Reference Materials Post Parliamentary Committee Hearing
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OFFICIAL

Dear Committee

The committee asked for any supplemental material related to the hearing I attended. I recall someone asked the question about diabetes medications and specifically the importance/role of some of the newer medications.

Attached is a summary I made after a patient interaction the day after the hearing.

This may be useful to the committee.

Best wishes.

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The Vanishing Act of Vital Diabetes Medications in Australia: A Pricey Predicament

Comments by Prof Glen Maberly, Director Western Sydney Diabetes (WSD) for the Parliamentary Inquiry into Diabetes – 20 Sep 2023

Introduction: A recent patient, a 46-year-old mother of four children living in western Sydney, has brought to our attention a pressing issue that affects countless Australians. About two years ago, she was introduced to glucagon-like peptide 1 (GLP-1), and the response was nothing short of remarkable. This medication improved her insulin production, regulated her blood sugar levels, and even helped her shed some of those extra kgs. It became a lifeline, offering protection against kidney damage and reducing the risk of a heart attack. However, she returned to the clinic with blood sugar levels well above the target range, weight gain, and increased diabetes distress.

Her journey over the past 12 years of living with diabetes has not been without its challenges, especially due to financial constraints. Her story mirrors that of many others in similar situations, shedding light on the distressing scarcity of crucial diabetes medications.

The Scarcity of GLP-1 Medications: For over a year, Australians like her have been grappling with the unavailability of GLP-1 medications, and the situation is deteriorating. These medications are exceptionally effective, but they've been plagued by global supply shortages. Pharmaceutical companies manufacturing these drugs are struggling to keep up with the skyrocketing demand. Moreover, the prices of these medications fluctuate significantly across markets. In the United States, for instance, Ozempic costs approximately US\$900 each month, while the higher-dose Wegovy (unavailable in Australia) commands an even more staggering price of around US\$1300 per month. Trulicity, another GLP-1 medication available in Australia, shares a comparable price tag in the US. It's important to note that each country negotiates prices with pharmaceutical companies, and Australia typically secures favourable deals through the Pharmaceutical Benefits Scheme (PBS).

GLP-1 Injections and Weight Loss: It is worth emphasizing that the demand for GLP-1 medications extends beyond diabetes patients. Individuals grappling with obesity are increasingly turning to these medications for their remarkable weight loss benefits. Unfortunately, those without diabetes often find themselves without healthcare subsidies, burdened with the full market price. The stark price disparities between markets, coupled with the challenges of meeting this surging demand, have led pharmaceutical companies to prioritize other countries, such as the United States, over Australia.

A Flickering Hope: This spring, there was a momentary glimmer of hope as the supply of GLP-1 medications seemed poised to return to the Australian market. Regrettably, like the morning mist, this optimism quickly dissipated. Most Australian pharmacies now struggle to secure both GLP-1 injections available through the PBS subsidy. Given

the complexities of international markets and vast pricing differences, immediate solutions remain elusive.

The Mounjaro Predicament: Adding to our concerns, a ground breaking medication known as Mounjaro (Trizepatide) became available in the United States with a list price of nearly US\$1000 per month. This medication offers all the benefits of GLP-1 drugs and more, including more significant weight loss. However, negotiations between Mounjaro and the PBS subsidy system fell through, leaving this medication only accessible through private prescriptions. This creates a stark divide between those who can afford it and those who cannot, nudging Australia closer to a healthcare system mirroring the United States.

A Bleak Future: While medical breakthroughs in diabetes treatment continue to come at a fast pace, Australia is at risk of falling behind. Upcoming innovations, including medications that combine GLP-1, Gastric inhibitory polypeptide (GIP), and Glucagon properties, hold the promise of reversing diabetes complications and facilitating weight loss without the need for bariatric surgery. Unfortunately, due to existing trends and pricing disparities, Australia appears to be priced out of these advancements.

Conclusion: For now, many of our patients are left grappling with outdated treatment options, including antiquated insulin preparations. The scarcity of vital diabetes medications is not just an individual struggle; it's a nationwide crisis that demands immediate attention and action. Australians, regardless of their financial circumstances, should have access to the latest medical advancements. It is crucial to address this pressing issue and ensure that no one has to endure the uncertainties and hardships faced by our patient.