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Summary

Different scenarios — PBS/RPBS impact comparison

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PBS/RPBS Impact (over 6 years)	
Base case, sponsor submitted	s47C
Base case, updated with current Jan-Dec 25 Medicare Statistics item reports	
s47C	

Notes:

s47C

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Additional populations

Unrestricted triptorelin listing

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Appendix

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Base case scenario

s47C

Parameter	Value	Source	Comment
Market: s47C			
Existing Market			
% Growth Rate			
% Proportion applicable to indication			
% Proportion affected by the proposed medicine			
Script Equivalence			
Proposed AEMP			
Affected medicine AEMP			
PBS/RPBS Impact			
Base case, sponsor submitted			
Base case, updated current market with Jan-Dec 25 medicarestatistics Pharmaceutical Benefits Schedule Item Statistics Reports			

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Scenario 1

s47C

Parameter	Value	Source
Epidemiology: Additional patient populations		
Central precocious puberty	s47C	
Assisted reproductive technologies		
Uterine fibroids		
Gender affirming puberty suppression (off label)		
Ovulation suppression (off label)		
Treatment of hyperandrogenism in post-menopausal women (off label)		
Reduce sexual drive in men with paraphilias (off label)		
Total additional patients		
% Treatment Uptake Rate		
Proposed Medicine: Triptorelin 3.7		
% Compliance		
Dosage Regimen		
Overall, 6 Year PBS/RPBS Impact		
MBS Impacts		

s47C

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Scenario 2

s47C

Parameter	Value	Source
Scenario 2-specific assumptions		
Additional patient populations	s47C	
Total additional patients		
Treatment uptake rate		
Proposed medicine: tri		
Compliance		
Dosage regimen		
MBS impacts		
Affected medicine: gos		
Proportion affected by proposed medicine		
Overall 6-year PBS/RPBS impact		

s47C

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Goserelin utilisation analysis – June 2026

The below table summarises indicative evidence of use of item 01454M by indication.

Indications for the 3.6 mg goserelin item are not directly observable in PBS data and were therefore inferred using proxy methods based on patient sex and co-prescribing patterns. Female patients that had ever received an antineoplastic medicine (ATC L01) during the observation period were classified as breast cancer, while other female use was grouped as endometriosis or ovarian failure. All male patients were classified as prostate cancer. Potential use of this item for male breast cancer was not estimated.

These approaches rely on strong assumptions and should be interpreted with caution. In particular, antineoplastic medicines are not specific to breast cancer, temporal misalignment of treatments may lead to under- or over-estimation, and PBS data does not capture clinical diagnosis or treatment intent. As such, reported indications represent approximate utilisation patterns rather than definitive clinical use.

Any further questions on this analysis can be directed to dusc@health.gov.au

drug_name	goserelin
item_code	01454M
form_str	Subcutaneous implant 3.6 mg (as acetate) in pre-filled injection syringe

	Patients			
Quarter	**Endometriosis or Ovarian failure**	**Breast cancer**	**Carcinoma of the prostate**	**Grand Total**
2022Q1	4590	1359	432	6381
2022Q2	4475	1470	447	6392
2022Q3	4493	1618	445	6556
2022Q4	4470	1763	458	6691
2023Q1	4534	1908	422	6864
2023Q2	4518	2082	391	6991
2023Q3	4664	2239	373	7276
2023Q4	4630	2374	361	7365
2024Q1	4691	2494	356	7541
2024Q2	4728	2599	355	7682
2024Q3	4848	2822	378	8048
2024Q4	4748	2975	364	8087
2025Q1	4635	3012	352	7999
2025Q2	4695	3306	356	8357
2025Q3	4780	3458	366	8604
2025Q4	4740	3537	352	8629
2026Q1	4729	3561	321	8611

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