

Simpler treatment, better outcomes — PBS reforms a critical step forward to improve blood pressure control in Australia

Thursday 2 April 2026

The National Hypertension Taskforce welcomes the changes made to PBS restrictions implemented yesterday allowing dual single pill combinations (also referred to as fixed-dose combinations (FDCs)) to be prescribed as an initial treatment for hypertension, in line with the recommendations of the Taskforce made earlier to the Department.

High blood pressure is the leading risk factor for cardiovascular disease, stroke, kidney disease and dementia. It affects one in three Australian adults and remains the leading cause of preventable deaths and disability nationwide.

Alarming, Australia has one of the lowest blood pressure control rates (32%) compared to other OECD countries, e.g. 70% in Canada. To improve control rates in Australia the Australian Cardiovascular Alliance and Hypertension Australia, together with the Heart Foundation and Stroke Foundation as co-founders, established the National Hypertension Taskforce in 2022, endorsed by the Hon. Mark Butler MP. The Taskforce has 25 member organisations across the health spectrum including peak bodies, professional societies, clinicians, researchers and consumers with lived experience.

Professor Alta Schutte, Co-chair of the National Hypertension Taskforce welcomed the PBS restriction changes. “These PBS changes are an important step forward for hypertension management in Australia, particularly since prescribing monotherapy as first-line treatment is no longer based on best clinical evidence. All international hypertension guidelines now recommend dual single pill combinations as initial treatment, and these restriction changes are essential for the release of the Australian Hypertension Guidelines later in 2026”.

To improve high blood pressure control rates in Australia the Taskforce has developed a [Roadmap for Action](#) that focuses on three pillars, *Prevent, Detect, and Effectively Treat* hypertension.

“The PBS changes now align Australia with international best practice and give clinicians a genuinely useful new option,” said Professor Markus Schlaich, Co-chair of the National Hypertension Taskforce. “The evidence clearly shows that starting patients on fixed dose combinations is safe, brings blood pressure under control more quickly, and improves long-term adherence, all good news for patients and our health system. We look forward to seeing the impact of these changes as they flow through to everyday clinical practice.” The Taskforce remains focused on lifting Australia’s blood pressure control rate from 32% to 70% by 2030, and this is a meaningful contribution towards that goal.

Media enquiries

Alta Schutte, Co-Chair, National Hypertension Taskforce

a.schutte@unsw.edu.au, Mobile 0450315918

Markus Schlaich, Co-Chair, National Hypertension Taskforce, markus.schlaich@uwa.edu.au, Mobile 0402831169

Nina Cullen, ACvA Communications Manager, nina.cullen@ozheart.org

Heart Foundation, media@heartfoundation.org.au

Stroke Foundation, media@strokefoundation.org.au, Mobile 0408 000 409

National Hypertension Taskforce

You can find out more about the National Hypertension taskforce [HERE](#).

Bios

[Professor Markus Schlaich](#) is the Dobney Chair in Clinical Research at The University of Western Australia, the President of Hypertension Australia, Co-lead of the new Hypertension Taskforce, and President-elect of the World Hypertension League.

He is a renal physician and a European Society of Hypertension (ESH) accredited hypertension specialist with a strong background in clinical research.

[Professor Alta Schutte](#) is a SHARP Professor of Cardiovascular Medicine at UNSW Sydney, and Co-Director of the Global Cardiovascular Program at the George Institute for Global Health. She is the ACvA Deputy President, Co-Chair of the Hypertension Taskforce, and a NHMRC Investigator Grant Leadership Fellow. She is past President of the International Society of Hypertension. She has extensive experience in leading clinical trials and population-based studies with a focus on raised blood pressure, hypertension and cardiovascular disease.