

<b>Response</b>
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The Department may, at its discretion, publish part or all of the information provided in your submission on the Department's website or in related documents. If information from your submission is published, the Department may identify you and/or your organisation as the author of the submission. All personal contact details will be removed prior to publishing. Yes, I consent to my identified submission being published
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<b>What is your name?</b> James Gaw
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Please select the type of individual(s) or organisation(s) you represent. Please select all that apply. - Selected Choice Pharmaceutical / Medical technology company
<b>8.1</b>
<b>What is the name of your organisation? - My organisation is called: - Text</b> Servier Laboratories (Aust) Pty Ltd
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<b>Are you making feedback on behalf of your organisation?</b> Your organisation
<b>13</b>
Please select which chapter/s you would like to provide feedback on. You may provide feedback on as many or few chapters as you wish. 4. Health technology funding and purchasing approaches and managing uncertainty
<b>17</b>
Please select the topics within the chapter(s) you would like to provide feedback on. 4. Health Technology funding and purchasing mechanisms and decisions 4.1. Approaches to funding or purchasing new health technologies
<b>103</b>
Taking all Options within this section: 4.1. Approaches to funding or purchasing new health technologies into account.  Overall, to what extent could the options (if implemented) address the issues that relate to them? Address little or none of the issue(s)
<b>105.1</b>
If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Recognising competition between new health technologies that deliver similar outcomes:  Alternative option 1: In conjunction with options for proportionate assessment of cost-minimisation submissions, require offers of a lower price for health technologies that provide no added benefit Very negative
<b>105.2</b>
If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Recognising competition between new health technologies that deliver similar outcomes:  Alternative option 2: In conjunction with options for proportionate assessment of cost-minimisation submissions, incentivise offers of a lower price for health technologies that provide no added benefit Very negative
<b>105.3</b>
If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Investigate further options to address budget impact implications of high-cost/high impact health technologies Don't know
<b>105.4</b>
If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Pricing offer (PO) and negotiation guidance framework Don't know
<b>105.5</b>
If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Post-listing re-assessment of health technologies Very negative
<b>105.6</b>
If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Approaches for managing uncertainty - bridging funding coverage for earlier access to therapies of likely HATV and HUCN Don't know
<b>105.7</b>
If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Approaches for managing uncertainty - revised guidance on the uses of different managed entry tools Don't know
<b>167</b>
In summary, considering all the draft reform options together:  How confident are you that the reform options (if implemented) will make health technology assessments better overall? Not at all confident
<b>238.1</b>
Under the subject 'Recognising competition between new health technologies that deliver similar outcomes', there are two options that provide different alternative mechanisms to address the issues that relate to them.  To what extent could the below different alternative options (if implemented) address the issues that relate to them? - Alternative option 1: In conjunction with options for proportionate assessment of cost-minimisation submissions, require offers of a lower price for health technologies that provide no added benefit Not at all
<b>238.2</b>
Under the subject 'Recognising competition between new health technologies that deliver similar outcomes', there are two options that provide different alternative mechanisms to address the issues that relate to them.  To what extent could the below different alternative options (if implemented) address the issues that relate to them? - Alternative option 2: In conjunction with options for proportionate assessment of cost-minimisation submissions, incentivise offers of a lower price for health technologies that provide no added benefit. Not at all
<b>240</b>
Which of the proposed reform options do you think offers greatest scope to address the issues identified in consultation to date? Neither of these
<b>241</b>
Do you have further comments or concerns to add specific to this topic that should be considered? For example, here you can detail any unintended consequences or overlooked considerations if applicable. Servier does not support the proposal for price reductions for cost-minimisation based submissions in exchange for a more streamline appraisal pathway. A streamlined pathway for these types of submissions recognizes the low risk posed to the Commonwealth in funding these types of health technologies, and would address the high resource burden the system demands on all stakeholders involved in the evaluation process, freeing up finite resources to focus on other types of submissions. The unintended consequences of requiring the new product offer a price reduction over the old product would be fewer PBAC submissions overall, resulting in fewer health technologies being listed on the PBS for Australians when they need them. Cost-minimisation analysis is currently the most common type of submission accepted by PBAC, and as such the impact of this proposal would be profound to the PBS as a whole.