Copy of public consultation survey for items to be considered by the PBAC

(July 2023)

<https://ohta-consultations.health.gov.au/ohta/pbac-july-2023>

**Consultation closing: 24 May 2023**

# Overview

Consultation is now open for items listed on the **July 2023 PBAC agenda.**

The PBAC welcomes input from patients, carers, health professionals, consumer groups or organisations and members of the public on medicines submitted for PBAC consideration.

The PBAC considers these public consultation inputs when considering the clinical and economic evidence presented by the applicant.

Input can be submitted via the **online survey**. A copy of the questions asked in the survey and additional guidance can be downloaded below under ‘Related’ to assist your preparation.

**There is the option to upload a file with your submission.** The preferred file types are PDF or Microsoft Word, however other file types will be accepted, provided they are no larger than 25mb. If your file is too large, or you wish to upload more than one file, please contact [commentsPBAC@health.gov.au](mailto:commentsPBAC@health.gov.au)

You can save and come back at any time to your response before the consultation close date.

Once you have submitted, a copy of your submission will be emailed to the contact email address provided.

Feedback can also be sent by emailing the survey in Word format, along with any relevant files, to [commentsPBAC@health.gov.au](mailto:commentsPBAC@health.gov.au)

**Providing input on more than one medicine?** You will need to complete a separate survey for each medicine. Alternatively, email your input to [commentsPBAC@health.gov.au](mailto:commentsPBAC@health.gov.au)

Please note that in the last question we welcome your comments and suggestions on ways to improve the survey and this process. All responses are considered after each round of consultation, and improvements are then made to the survey and its guidance where appropriate.

# Privacy and consent

#### Privacy Information

Your personal information is protected by law, including the *Privacy Act 1988* (Privacy Act) and the Australian Privacy Principles (APPs), and is being collected by the Department, via Citizen Space, for the purposes of conducting a consultation process in relation to an application submitted to the Office of HTA. The Department will collect your personal information at the time that you provide a submission. To protect privacy, do not include identifying personal or sensitive information about another individual (third party).

#### More information about privacy

You can obtain a copy of the Department’s privacy policy (*https://www.health.gov.au/resources/publications/privacy-policy)*

by contacting the Department using the contact details set out below. The Department’s privacy policy contains information about:

* how you may access the personal information the Department holds about you and how you can seek correction of it; and
* how you may complain about a breach of
* the APPs; or
* a registered APP code that binds the Department; and
* how the Department has dealt with such a complaint.

You can contact the Department by telephone on (02) 6289 1555 or free call 1800 020 103 or by using the online enquiries form at: <http://www.health.gov.au/>.

#### How your input will be used

All input from individuals will be made available in **summary** form to the sponsor of the application and the PBAC.

No identifying information about individuals or third parties will be included in the summary. This type of information will be removed by the Department.

The PBAC may also have access to de-identified individual responses.

All input from groups or organisations will be provided in full to both the PBAC and its subcommittees and the sponsor of the medicine. Any identifying information relating to third parties detected will be removed prior to distribution.

In addition, all input received will be noted in the relevant Public Summary Document. Public Summary Documents are available approximately four (4) months after the PBAC meeting and outline the PBAC discussion and advice. See the **PBAC calendar** *(*[*http://www.pbs.gov.au/info/industry/usefulresources/pbs-calendar*](http://www.pbs.gov.au/info/industry/usefulresources/pbs-calendar)*)* for publication dates.

Please indicate your consent below.

**Consent** *(Required)*

I have read the above text on how public consultation input will be used and consent to the input being used as described above

## Contact details

Below is a section to provide your contact details. These details are not made public or shared with the PBAC. We ask for these individual details only to ensure submissions are recorded accurately and can be confirmed, if required.

**1 What is your name? *(Required)***

**2 What is your email address? *(Required)***

(If you enter your email address then you will automatically receive an acknowledgement email when you submit your response.)

**3 Are you providing input as an individual or on behalf of an organisation? *(Required)***

We recognise that individuals can cross multiple categories. Please choose a category that best describes the primary reason for your submission. *Please select only one item*

Individual who would like to access the medicine to treat own health condition

Individual who has used this medicine for own health condition

Parent, partner or another person directly caring for an individual from the above two groups

Consumer group/organisation submission

Health professional working in the area

Medical/other organisation submission

Other interested individual (including family members, friends, or members of the public interested in the medicine but not directly caring for an individual currently using or wanting access to the medicine)

For noting:

* If you are a health professional with experience treating the condition or using the medication and are providing input that represents your own views, select ‘Health professional’. If you are a health professional providing input on behalf of a group of clinicians or an organisation, please select ‘Medical/other organisation’.

**4 If you selected consumer group/organisation, or medical/other organisation above, please provide the name of the group/organisation.**

**5 What is your phone number? *(Required)***

**6 What is your state?**

Please select your state. *Please select only one item*

ACT

TAS

NSW

QLD

WA

SA

NT

VIC

**7 Select the medicine you would like to provide input on *(Required)***

Select a medicine. *Please select only one item. To provide input for more than one medicine you will need to fill out another survey.*

ABIRATERONE AND METHYLPREDNISOLONE-Yonsa Mpred®:Metastatic hormone sensitive prostate cancer

ACALABRUTINIB-Calquence®:Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

ADALIMUMAB-Ardalicip®:Severe Crohn disease; moderate to severe ulcerative colitis; Severe active juvenile idiopathic arthritis; Complex refractory fistulising Crohn disease; Severe active rheumatoid arthritis; Severe psoriatic arthritis; Ankylosing spondylitis; Severe chronic plaque psoriasis; Moderate to severe hidradenitis suppurativa

ATOGEPANT-Aquipta®:Prophylaxis of migraine in adults

AVACOPAN-Tavneos®:Severe active granulomatosis with polyangiitis (GPA) and severe active microscopic polyangiitis (MPA)

CABOTEGRAVIR-Apretude®:Pre-exposure prophylaxis of HIV infection

CALCIPOTRIOL WITH BETAMETHASONE-Enstilar®:Chronic stable plaque type psoriasis vulgaris

DAPAGLIFLOZIN-Forxiga®:Chronic heart failure

DAPRODUSTAT-Jesduvroq®:Anaemia associated with chronic kidney disease

DAUNORUBICIN WITH CYTARABINE-Vyxeos®:Acute myeloid leukaemia

DUPILUMAB-Dupixent®:Chronic severe atopic dermatitis

DURVALUMAB-Imfinzi®:Biliary tract cancer

ENOXAPARIN-ExaraneTM Exarane ForteTM:Thrombo-embolic disorders

ESKETAMINE-Spravato®:Treatment resistant depression

FOSLEVODOPA WITH FOSCARBIDOPA-Vyalev®:Advanced Parkinson's Disease

IXEKIZUMAB-Taltz®:Non-radiographic axial spondyloarthritis (nr-AxSpA)

LUMACAFTOR AND IVACAFTOR-Orkambi®:Cystic fibrosis

MAVACAMTEN-Camzyos®:Hypertrophic cardiomyopathy

MIRIKIZUMAB-Omvoh®:Moderate to severe ulcerative colitis

MOBOCERTINIB-Exkivity®:Locally advanced or metastatic non-small cell lung cancer

MOLNUPIRAVIR-Lagevrio®:Mild to moderate COVID-19

NIVOLUMAB-Opdivo®:Non-small cell lung cancer

NUSINERSEN-Spinraza®:Pre-symptomatic treatment of spinal muscular atrophy (SMA)

OLIPUDASE ALFA-Xenpozyme®:Acid sphingomyelinase deficiency (ASMD)

ONASEMNOGENE ABEPARVOVEC-Zolgensma®: Pre-symptomatic spinal muscular atrophy (SMA)

PATISIRAN-Onpattro®:Hereditary transthyretin-mediated amyloidosis (hATTR amyloidosis)

PEMBROLIZUMAB-Keytruda®:Breast cancer

POMALIDOMIDE-PomolideTM®:Relapsed/refractory multiple myeloma

RAVULIZUMAB-Ultomiris®:Paroxysmal nocturnal haemoglobinuria (PNH)

RIMEGEPANT-Nurtec ODT®:Acute migraine attacks

SACITUZUMAB GOVITECAN-Trodelvy®:Hormone receptor positive (HR+), human epidermal growth factor receptor 2 negative (HER2-) advanced or metastatic breast cancer

SECUKINUMAB-Cosentyx®:Hidradenitis Suppurativa (HS)

SELPERCATINIB-Retevmo®:Non-small cell lung cancer (NSCLC)

SOMAPACITAN-Sogroya®:Paediatric growth hormone deficiency (GHD)

SONIDEGIB-Odomzo®®:Metastatic or locally advanced basal cell carcinoma (BCC)

TAFAMIDIS-Vyndamax®:Transthyretin amyloid cardiomyopathy

TAGRAXOFUSP-Elzonris®:Blastic Plasmacytoid Dendritic Cell Neoplasm (BPDCN)

TIRZEPATIDE-Mounjaro®:Type 2 Diabetes Mellitus (T2DM

TRIENTINE-Trientine Dr.Reddy's®:Wilson disease

USTEKINUMAB-Stelara®:fistulising Crohn disease

VARICELLA ZOSTER VIRUS RECOMBINANT VACCINE-Shingrix®: Prevention of herpes zoster and post-herpetic neuralgia

**8 How did you find out about this consultation? *(Required)***

## PBAC public consultation survey

The PBAC welcomes input from anyone with an interest in the medicine proposed to be listed on the Pharmaceutical Benefits Scheme (PBS). You can submit input by answering the five (5) questions below and/or by uploading a file. You can choose to answer as many of the questions as you like but providing as much detail as you can will be most helpful for the PBAC. Your input will be saved so you can come back at any time to your response before the consultation close date. A copy of your submission will be emailed to the contact email address provided.

**1 Please outline your experience with the medical/health condition**

***Points for individual consumers to consider***

* *What is the impact of your health condition on your life? Try to be as specific as possible including impacts on your everyday activities, work, family, friends, mental and emotional health.*

Please provide your comments

**2 How is the medical/health condition currently treated?**

***Points for individual consumers to consider***

* *What is the effect of your current treatment on your health condition?*
* *Are there any symptoms which cannot be controlled with the current treatment?*
* *What side-effects have you experienced with current treatments? Are these manageable?*
* *Do you have any issues accessing your current treatment? (For example, where or how it is given, how it is funded, whether you fit the criteria to qualify for access)*

Please provide your comments

**3 What do you see as the advantages of this proposed medicine, in particular for those with the medical condition and/or family and carers?**

***Points for individual consumers to consider***

* *What are the specific positive impacts that you hope this treatment will have on your health condition? (for example, reducing pain)*
* *What impact would you like it to have on your quality of life? (for example, enabling you to return to work)*
* *If you have used this medicine what was your experience? What changed for you?*
* *Are there advantages in the way the medicine is delivered? (For example, where it is delivered (for example, home, GP, hospital), or how it is given (for example, tablets rather than injection))*

Please provide your comments

**4 What do you see as the main disadvantages of this proposed medicine?**

***Points for individual consumers to consider***

* *Are there disadvantages in how you can access the medicine, for example whether you meet the criteria, where it is delivered (for example, home, GP, hospital), or how it is given (for example, tablets rather than injection)?*
* *Have you heard of any side effects from this medicine? Do you consider these to be manageable?*
* *What side effects would stop you from taking this medicine?*
* *If you have used this medicine, what did you consider to be the disadvantages?*

Please provide your comments

**5 Please provide any additional comments you would like the PBAC to consider.**

If you would like to upload a file for this medicine please do so below.

Please note we do not accept petitions, duplicate submissions from the same author, form letters (multiple copies of the same statements of support for access),or any material that is inappropriate in language or tone.

Please ensure your file is under 25mb in size. The preferred file types are PDF or Microsoft Word, however other file types (for example .jpg, .png, .mp3, .mp4,etc) will be accepted.

Recorded consultation input (video or audio) will be accepted by PBAC, provided the input is no longer than 10 minutes in duration. If the files are larger than 25mb, please email the recording file or a link to the recording file (hosted via another accessible platform such as YouTube or Vimeo) and/or its transcript directly to [commentsPBAC@health.gov.au](mailto:commentsPBAC@health.gov.au).

Recordings longer than 10 minutes may not be considered by the PBAC.

Should you have any difficulties submitting this form, or you would like to submit a file(s) larger than 25mb, please contact [commentsPBAC@health.gov.au](mailto:commentsPBAC@health.gov.au).

**6 If you have any suggestion on ways to improve this survey please provide these below.**

**Declaration of interests**

**Declaration of Interest Statement**

The purpose of this declaration is to discover any financial, professional or personal interest on the part of a person, or on the part of their immediate family, who is providing consumer input to the PBAC.

**Information on declaration of interests**

For example, a patient has an interest in a particular medicine, because they are currently using it, and wish to see it listed on the PBS. A doctor may be providing comments and has also been involved in clinical trials investigating this medicine. A family member may want to provide comments on a particular medicine that another relative is using, and separately may also have shares in the company which manufactures a number of pharmaceutical drugs, including this specific item.

Such interests may affect or have the appearance of affecting a person’s view on the merits of a drug, vaccine or medicinal preparation being considered by the PBAC. The existence of such interests may be a ‘conflict of interest’.

A conflict of interest is declared so that information provided can be assessed fairly and in a transparent manner. The declarations are confidential to the PBAC, and do not prevent anyone from providing their comments.

A conflict of interest can be declared, but does not mean a person should not still provide their comments.

A **financial interest** may include, but is not limited to, any of the following involvement with companies or other organisations engaged in the development, manufacture, marketing or distribution of vaccines, drugs and medicinal preparations:

1. current shareholdings;
2. board memberships or other offices;
3. paid employment or contracting work;
4. grants
5. hospitality (including conferences, travel).

A **professional interest** may include, but is not limited to, involvement in any of the following:

1. development, manufacture or marketing and distribution of vaccines, drugs and medicinal preparations;
2. making a public statement about that company or a drug or other product of that company.

A **personal interest** may include, but is not limited to, any of the following:

1. where you are writing to support a drug being listed on the PBS, because you have a condition or illness for which that drug may be being considered by the PBAC;
2. an immediate family is aware that a relative close to them suffers from a condition for which a drug before the PBAC may be being considered by the PBAC;
3. where you or your immediate family has strong personal or religious beliefs about a drug or treatment under consideration by the PBAC.

Please include any declarations you wish to make regarding the PBAC submission upon which you are commenting. *(Required)*

*Please select all that apply*

No conflicts

Financial conflicts (describe below)

Professional conflicts (describe below)

Personal conflicts (describe below)

Conflicts Explained: