Consultation Survey on MSAC Application 1778

Fibroblast growth factor 23 (FGF-23) testing for patients with a high pre-test probability of X-linked hypophosphatemia (XLH) to determine eligibility for burosumab on the Pharmaceutical Benefits Scheme (PBS)

MSAC welcomes input on MSAC applications for public funding from individuals, organisations representing health professionals or consumers and/or carers, and from other stakeholders. Please use this template to prepare your input. You may also attach additional information if you consider it may be useful in informing MSAC and its sub-committees.

Sharing consultation input

Submitted consultation input will be routinely shared with the applicant and with MSAC and its sub-committees.

- The applicant will receive a summary of comments from individuals, with the individual's name and other identifying information removed.
- MSAC and its sub-committees will receive both the summary and copies of the comments, with the name of the individual and other identifying information removed.
- Consultation input from groups or organisations will be provided in a complete form to both the applicant and to MSAC and its sub-committees.

Consultation input may also be shared with HTA Assessment Groups from time to time to inform their reports to MSAC or with state and territory health representatives where the application is for a service to be delivered through public hospitals. Please do not include information in your input that you do not want shared as outlined above. In addition, to protect privacy, do not include identifying personal (e.g., name) or sensitive (e.g., medical history) information about third parties, such as medical professionals or friends/relatives.

How consultation input is used

MSAC and its sub-committees consider consultation input when appraising an application, including to better understand the potential impact of the proposed medical technology/service on consumers, carers, and health professionals. A summary of consultation input will be included in the Public Summary Document (PSD) published on the MSAC website once MSAC has completed its appraisal. The PSD may also cite input from groups/organisations, including the name of the organisation. As such, organisations should not include information or opinions in their consultation input that they would not wish to see in the public domain.

Consultation deadlines. Please ensure that your consultation input is submitted by the pre-PASC or pre-MSAC consultation deadline for this application. Consultation deadlines for each PASC and MSAC meeting are listed in the PASC, ESC, MSAC key dates available on the MSAC website. They are also published in the MSAC Bulletin. Consultation input received after the respective deadlines may not be considered.

For further information on the MSAC consultation process please refer to the MSAC Website or contact the Consumer Evidence and Engagement Unit on email: commentsMSAC@health.gov.au.
Thank you for taking the time to provide consultation input. Please return your completed survey to:

Email: commentsMSAC@health.gov.au

Mail: MSAC Secretariat,
MDP 960, GPO Box 9848,
ACT 2601.

PART 1 – PERSONAL AND ORGANISATIONAL INFORMATION

1. Respondent details

Name:

Email:

Phone No:

2. Is the feedback being provided on an individual basis or by a collective group?

☐ Individual
☐ Collective Group

If an individual, specify the name of the organisation you work for

If a collective group, specify the name of the group

3. How would you best identify yourself?

☐ General Practitioner
☐ Specialist
☐ Researcher
☐ Consumer
☐ Care giver
☐ Other

If other, please specify

PART 2 – CLINICAL NEED AND PUBLIC HEALTH SIGNIFICANCE

4. **Describe your experience with the medical condition (disease) and/or proposed intervention and/or service relating to the application summary.**

5. **What do you see as the benefit(s) of the proposed medical service, in particular for the person involved and/or their family and carers?**

6. **What do you see as the disadvantage(s) of the proposed medical service, in particular for the person involved and/or their family and carers?**

7. **What other benefits can you see from having this intervention publically funded?**

8. **What other services do you believe need to be delivered before or after this intervention, e.g. Dietician, Pathology etc?**

PART 3 – INDICATION(S) FOR THE PROPOSED MEDICAL SERVICE AND CLINICAL CLAIM

9. Do you agree or disagree with the proposed population(s) for the proposed medical service?

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

Specify why or why not:

10. Have all the associated interventions been adequately captured in the application summary?

- ☐ Yes
- ☐ No

Please explain:

11. Do you agree or disagree that the comparator(s) to the proposed medical service?

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

Please explain:

12. Do you agree or disagree with the clinical claim made for the proposed medical service?

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

Specify why or why not:

PART 4 – COST INFORMATION FOR THE PROPOSED MEDICAL SERVICE

13. **Do you agree with the proposed service descriptor?**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

Specify why or why not:

14. What is the test methodology most likely to be used by laboratories for this proposed test?

15. Do you agree with the proposed service fee and is it appropriate given the most likely test methodology?

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

Specify why or why not:

PART 5 – ADDITIONAL COMMENTS

16. Do you have any additional comments on the proposed intervention and/or medical condition (disease) relating to the proposed medical service?

17. Do you have any comments on this feedback survey? Please provide comments or suggestions on how this process could be improved.

Again, thank you for taking the time to provide valuable feedback.