

The role of Consumer Comments in PBAC Recommendations: Insights from Australian HTA Decisions (2020-2025)

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INTRODUCTION

Consumer and patient engagement is increasingly recognised as a critical component of health technology assessment (HTA), providing decision-makers with insights into disease burden, unmet need, and outcomes that matter most to those living with a condition (Gagnon 2021; Livingstone 2021). Internationally, mechanisms for incorporating patient and public input into reimbursement decisions have expanded considerably; however, evidence linking the extent of consumer involvement with the likelihood of a positive funding recommendation remains limited and inconsistent (Single 2021).

In Australia, the Pharmaceutical Benefits Advisory Committee (PBAC) has formally accepted consumer comments via an online portal since 2014, publishing these alongside its evaluation of clinical and cost-effectiveness evidence in Public Summary Documents (PSDs) (Tjeuw 2022). Prior analyses covering 2014–2019 identified limitations in how consumer input is captured and weighted relative to the incremental cost-effectiveness ratio (ICER) and other traditional decision-making criteria, finding no clear evidence that consumer comments were pivotal to PBAC outcomes (Tjeuw 2022). This gap has taken on renewed significance following the Australian Government's HTA Policy and Methods Review, which recommended (Recommendation 25) improving consumer engagement across the HTA continuum.

OBJECTIVE

To analyse PBAC decision making to understand the history of, and value placed on the role of consumer comments in PBAC recommendations between March 2020 and November 2025, assessing their association with funding outcomes alongside other submission characteristics.

METHODS

Method of Data Extraction

- Evidence presented as PSDs, was used to investigate the relationship between submission components - such as the ICER, financial impact, disease rarity - with the extent and source of consumer comments received (organisations, healthcare professionals, individuals).
- An Excel database was created based on all major submissions to the PBAC between March 2020 and November 2025 where the PBAC decision relied upon a cost-utility analysis (Cost-utility analyses (CUAs), n=432).
- Consumer comments were categorised by source (organisations, healthcare professionals, individuals) for each submission.
- Data extraction/review of PSDs was split randomly amongst and conducted by 5 experienced Health Technology Assessment consultants.
 - Extracted data was reviewed by a second consultant (for double checking/conflict resolution and data cleaning).

Method of Data Analysis

- The data were analysed on Excel and R software to capture descriptive statistics (e.g., distribution of PBAC outcomes [recommended, deferred and rejected], proportion of submissions with life-threatening or rare diseases, average number of consumer comments).
- Summary statistics were used to compare the volume and source of consumer comments received across PBAC submissions and their association with favourable PBAC recommendations.
- Consumer comments were further examined by source (organisations, healthcare professionals, individuals) to describe the composition of input received, and comment volume was cross-tabulated against submission characteristics including disease rarity, life-threatening status and ICER, to explore whether the level of consumer engagement varied with the nature of the submission.

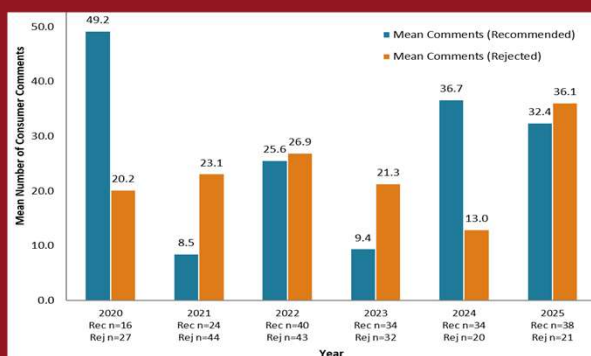


Figure 1: Consumer Comments by Year: Recommended vs Rejected (CUAs, March 2020 - Nov 2025)

Notes: n = number of total submissions (treatment-indication pairs) in given year.

RESULTS

Across 373 CUAs (March 2020–July 2025), recommendation rates rose from 47.1% to 64.4% (Figure 1). Mean comment volume was similar for recommended and rejected submissions (25.9 vs 23.6), with rejected submissions receiving more comments in most years (e.g. 23.1 vs 8.5 in 2021).

Comment volume differed substantially by submission characteristic; rare (34.0 vs 17.5), paediatric (49.5 vs 21.7), and no alternative therapy (30.9 vs 20.5); recommendation rates followed the same ordering within a much narrower band (53.4% vs 47.1%, 56.1% vs 49.1%, 51.6% vs 48.6% respectively). The same characteristics attracted the highest accepted ICERs among recommended submissions: rare (33.5 comments; \$157,047) and paediatric (60.6; \$143,636), versus non-rare (19.2; \$48,061) and non-paediatric (21.0; \$94,668).

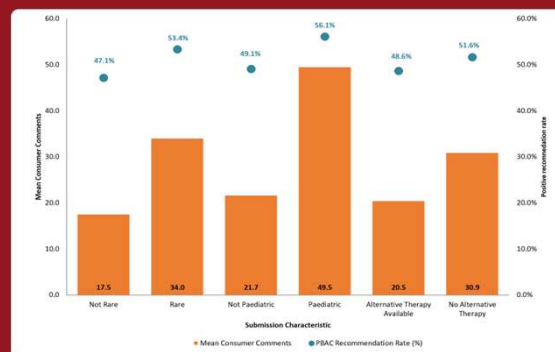


Figure 2: Consumer Comments by submission component and recommendation rate: (CUAs, March 2020 - Nov 2025)

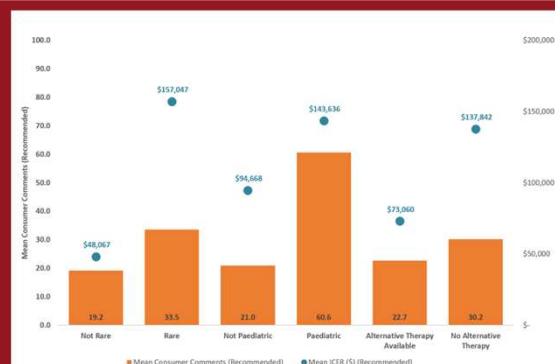


Figure 3: Consumer Comments by submission component and ICER: (CUAs, March 2020 - Nov 2025)

CONCLUSION

While consumer input is a contributing factor in PBAC decision making, clinical context appears to exert the stronger influence on the Committee's apparent willingness to accept higher ICERs. Rare, paediatric and no-alternative-therapy submissions attracted the greatest consumer engagement and the highest accepted ICERs, likely reflecting the higher prices and clinical uncertainty of orphan-designated medicines alongside stronger mobilisation among small patient communities with few treatment options. This study is limited as comment volume is a proxy for engagement, not for the quality, content or persuasiveness of consumer input.

References

- Gagnon, M.-P., Tantchou Dipankui, M., Poder, T. G., Payne-Gagnon, J., Mbemba, G., & Beretta, V. (2021). Patient and public involvement in health technology assessment: Update of a systematic review of international experiences. *International Journal of Technology Assessment in Health Care*, 37, e36. <https://doi.org/10.1017/S0266462321000064>
- Livingstone, H., Verdier, V., Crosbie, H., Upadhyaya, S., Harris, K., & Thomas, L. (2021). Evaluation of the impact of patient input in health technology assessments at NICE. *International Journal of Technology Assessment in Health Care*, 37, e33. <https://doi.org/10.1017/S0266462320000214>
- Single, A., Cabrera, A., Fifer, S., Tsai, J., Paik, J.-Y., & Hope, P. (2021). Patient advocacy group involvement in health technology assessments: An observational study. *Research Involvement and Engagement*, 7, 83. <https://doi.org/10.1186/s40900-021-00327-5>
- Tjeuw, E., & Wonder, M. J. (2022). Analysis of consumer comments into PBAC decision-making (2014–9). *International Journal of Technology Assessment in Health Care*, 38(1). <https://doi.org/10.1017/S0266462322000058>

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Abbreviations: CUAs = cost-utility analyses, ICER = incremental cost-effectiveness ratio, n = number, PBAC = Pharmaceutical Benefits Advisory Committee, PBS = Pharmaceutical Benefits Scheme, PSD = Public Summary Document, RCT = randomised controlled trial.