

Medical Services Advisory Committee (MSAC) Application 1370 ocriplasmin for symptomatic vitreomacular adhesion (sVMA) including macular hole

What is delivery of ocriplasmin for symptomatic vitreomacular adhesion including macular hole?

In symptomatic vitreomacular adhesion, the gel that fills the eye (the vitreous) sticks to the retina (the inner layer at the back of the eye). This results in loss or distortion of vision. A 'macular hole' is a small break near the centre of the retina (the macula) which is responsible for precise, central vision. A 'macular hole' can therefore cause blurred and distorted central vision. Ocriplasmin is a drug in the form of an injection designed for use in the eye to repair damage to internal surfaces. Optical coherence tomography (OCT) is an imaging technique that takes photos of the macula and can determine if a patient with symptomatic vitreomacular adhesion (including macular hole) is eligible for treatment with Pharmaceutical Benefits Scheme listed ocriplasmin and to assess whether treatment is working.

Why was the application for MBS funding supported?

MSAC considered a range of clinical and economic reasons to support listing the procedure on the Medicare Benefits Schedule (MBS). The committee recommended that the procedure be listed because:

- it was found to be safe, clinically effective and cost effective; and
- evidence supports the use of optical coherence tomography to determine whether a patient would benefit from ocriplasmin.

What alternatives are available?

The alternative to this procedure is standard ophthalmic assessment such as slit lamp biomicroscopy (the light microscope instrument used by optometrists and ophthalmologists) and clinical observations *without* optical coherence tomography.

What happens next?

The Australian Government has decided to follow MSAC's recommendation and the procedure is now funded by Medicare and listed as items 11219 and 11220 on the MBS (www.mbsonline.gov.au).

What out-of-pockets expenses are involved?

Each service listed in the MBS has a unique item number along with a description of the service and the Medicare fee. The amount of rebate for the Medicare service differs depending on whether the service is provided in hospital (75% of the Medicare fee) or out of hospital (85% of the Medicare fee). Medicare benefits do not always cover the full costs of treatment.

Doctors may bill patients above the Medicare rebate, and this leads to a gap between the Medicare benefits paid to the patient and doctors' fee. If a patient has private health insurance (for in hospital services only), this will cover some or all of this gap. Patients should ensure they are aware of all costs involved in their treatment, including out-of-pocket costs, before they receive it. For MBS services performed out-of-hospital, Medicare Safety Nets provide families and singles with an additional benefit, once an annual limit (or threshold) is reached. Further information about Medicare Safety Nets is at:

<https://www.humanservices.gov.au/individuals/services/medicare/medicare-safety-net>

Where can I find out more?

A full summary of MSAC's decision is at www.msac.gov.au

People should talk with their doctor if they have any concerns about their health. Every Australian citizen, and some other people, are entitled to free public hospital care under Medicare. Patients with private health insurance can retain the right to be treated as either public or private patients in public hospitals.