

Medical Services Advisory Committee (MSAC) Application 1380: BRCA mutation testing to determine eligibility for olaparib maintenance therapy in patients with platinum-sensitive relapsed ovarian cancer

What is platinum-sensitive ovarian cancer, BRCA mutation testing and olaparib?

Platinum-sensitive ovarian cancer is an ovarian cancer that recurs more than 6 months after initial treatment with, and response to, platinum-based chemotherapy using carboplatin or cisplatin. Olaparib is a drug used to treat ovarian cancer in patients who have a change (mutation) in a gene called BRCA. Testing for BRCA mutations is a pathology test that identifies whether or not a patient would benefit from olaparib.

Why was the application for MBS funding supported?

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

- olaparib is listed on the Pharmaceutical Benefits Schedule (PBS),
- testing for BRCA mutation identifies patients who will most benefit from taking olaparib
- olaparib has been found to inhibit cancer growth in patients with the BRCA mutation

What alternatives are available?

This test offers an alternative to standard care, using chemotherapy, without BRCA testing.

What happens next?

The Australian Government has decided to follow MSAC's recommendation and the test is now funded by Medicare and listed as item 73295 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.