

Medical Services Advisory Committee (MSAC) Application 1377 Optical coherence tomography (OCT) for retinal assessment in the presence of diabetic macular oedema for access to treatment with dexamethasone posterior segment drug delivery system

What is OCT for retinal assessment of diabetic macular oedema and dexamethasone posterior segment drug delivery system?

Optical coherence tomography is an imaging technique that takes photos of the thin layer of tissue that lines the back of the inside of the eye (retina) and which is responsible for vision. Diabetic retinopathy is a disease that damages blood vessels in the retina. Untreated, these blood vessels leak fluid causing diabetic macular oedema which is an accumulation of fluid in the centre of the retina (macula) resulting in vision impairment. Dexamethasone is an anti-inflammatory steroid drug listed on the Pharmaceutical Benefits Scheme (PBS) that is used to treat diabetic macular oedema. OCT can determine if a patient with diabetic macular oedema is eligible for treatment with dexamethasone (or ranibizumab or aflibercept) 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 dexamethasone.

What alternatives are available?

The alternative for this procedure is to use standard eye tests, such as clinical examinations and visual acuity tests, 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 item 11219 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.