Australian Government
Medical Services Advisory Committee

66th MSAC Meeting
30-31 March 2016

OCT – implementation issues

MSAC's advice to the Minister

MSAC advised on the co-ordination of the multiple applications to list OCT onto the MBS to ensure consistency across the applications.

MSAC supported the broad MBS listing of OCT to help determine a patient's eligibility for PBS-listed medicines in certain ocular diseases at an MBS fee of $40.

MSAC advised that the evidence supports use of OCT for diagnosis, but not for monitoring. Therefore, MSAC supported the restriction of the OCT service to diagnosis, at no more frequently than once per patient per annum, across all indications involving macular oedema, in order to help determine eligibility to initiate an appropriate PBS-subsidised treatment. However, MSAC did support an additional MBS item following treatment with ocriplasmin to assess whether the vitreomacular adhesion was fully resolved and to rule out the need for vitrectomy.

Summary of consideration and rationale for MSAC's advice

MSAC noted that the three proposals for use of OCT currently supported for public funding were:

- Appliction 1377.1 - At this meeting, MSAC advised that the evidence presented supported use of OCT for the diagnostic purpose of initiating a new course of treatment with dexamethasone in diabetic macular oedema – see associated Public Summary Document for further details;
- Application 1370.1- At this meeting, MSAC advised that the evidence presented supported use of OCT for the diagnostic purpose of initiating a course of treatment with ocriplasmin in vitreomacular traction. MSAC also considered it was reasonable to support use of OCT to assess the need for further treatment following PBS-subsidised ocriplasmin, however this would be limited to only once per eye per lifetime – see associated Public Summary Document for further details;
- In July 2015, MSAC supported public funding of OCT, to determine the presence of macular oedema and thus eligibility for Pharmaceutical Benefits Schedule (PBS)-subsidised therapies for treatment of all PBS-listed macular conditions.

MSAC advised that it would be important for the three OCT listing proposals to be consistent and implementation co-ordinated to prevent potential use and/or overuse outside the intent of the listing. MSAC supported OCT for confirming diagnosis prior to initial treatment with a PBS subsidised therapy.

In regards to monitoring response to treatment with OCT, MSAC again upheld its previous advice that the MBS item descriptor should not allow monitoring with OCT to assess post-treatment response as there was no evidence that this monitoring produced improvements in health outcomes via improvements in therapy management.

MSAC noted that there had been several MBS fees proposed with the different applications, which ranged from $40 to $91.75. The Department of Veteran Affairs had listed OCT at $91.75 in 2011, however MSAC considered that this fee was too high for the MBS listing as the associated costs required to perform the service would likely be less now due to improvements in the technology and market competition. Department research in overseas countries indicated that the rebate for OCT in the United States was US$45.64 and $35 in Canada . MSAC considered that the MBS fee for the proposed OCT items should be consistent across the listings to ensure there was no leakage from one item to another and that an MBS fee of $40 would be appropriate.

The following proposed MBS item descriptors were developed based on these outcomes:

Category 2 – DIAGNOSTIC PROCEDURES AND INVESTIGATIONS Group D1 – MISCELLANEOUS DIAGNOSTIC PROCEDURES AND INVESTIGATIONS Subgroup 2 - OPHTHALMOLOGY
MBS [item number (Note: this will be assigned by the Department if listed on the MBS)] OPTICAL COHERENCE TOMOGRAPHY to determine if the requirements relating to: a) age-related macular degeneration for access to initial treatment with ranibizumab or aflibercept, OR b) diabetic macular oedema for access to initial treatment with ranibizumab, aflibercept or dexamethasone, OR c) central or branch retinal vein occlusion for access to initial treatment with ranibizumab or aflibercept*, OR d) vitreomacular traction for access to initial treatment with ocriplasmin, under the Pharmaceutical Benefits Scheme (PBS) are fulfilled. Limited to one service per annum, unilateral or bilateral. Fee: $40.00

*point c) is written in reflection of the PBAC recommendation to add BRVO to the aflibercept listing

Category 2 – DIAGNOSTIC PROCEDURES AND INVESTIGATIONS Group D1 – MISCELLANEOUS DIAGNOSTIC PROCEDURES AND INVESTIGATIONS Subgroup 2 - OPHTHALMOLOGY
MBS [item number (Note: this will be assigned by the Department if listed on the MBS)] OPTICAL COHERENCE TOMOGRAPHY for the assessment of the need for further treatment following PBS-subsidised ocriplasmin, claimable only once per eye per lifetime. Fee: $40.00

MSAC recalled that, at the July 2015 meeting, OCT was supported for use as an alternative diagnostic procedure to fluorescein angiography (FA) to determine eligibility requirements for initial treatment with ranibizumab and aflibercept in age-related macular degeneration, diabetic macular oedema and central or branch retinal vein occlusion. MSAC noted the department had developed a population estimate, financial implications and a proposed MBS

item descriptor aligned with related PBS restriction changes for ranibizumab and aflibercept for the implementation.

To further inform the potential utilisation of OCT in this context, MSAC requested the department investigate if there is data available on the ratio of approvals for initial treatment with ranibizumab and aflibercept based on FA versus OCT.