Optical coherence tomography (OCT) for retinal assessment in the presence of diabetic macular oedema (DMO) for access to treatment with dexamethasone posterior segment drug delivery system

Medical Services Advisory Committee

Record Status
This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

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Authors' objectives
OCT is a non-invasive ophthalmic imaging technique, which provides high-resolution cross-sectional images of the macula, allowing identification of changes due to ophthalmologic conditions. OCT is based on the light reflectance properties of the tissue and provides tissue morphology imagery at higher resolution (better than 10 µm) than other imaging modalities such as MRI or ultrasound. OCT is intended to be used for diagnosis and monitoring of retinal diseases in a specialist ophthalmologic setting. It is used in conjunction with visual acuity assessments, clinical examination and fluorescein angiography.

Authors' conclusions
After considering the available evidence presented in relation to safety, clinical effectiveness and cost-effectiveness of optical coherence tomography (OCT), MSAC deferred the application for the requested MBS item until such time as PBAC makes a positive recommendation regarding the corresponding PBS listing of dexamethasone implant. MSAC advised that, if PBAC subsequently decides to recommend to the Minister that dexamethasone implant be listed on the PBS for diabetic macular oedema (DMO), then MSAC would support an expedited process of reconsideration. This process would be undertaken to ensure that MSAC support for public funding of OCT is aligned with the circumstances recommended by PBAC. MSAC foreshadowed that the MBS item descriptor should allow for the use of OCT before the initial implant of dexamethasone and before each subsequent implant, in each case to confirm the presence of oedema and thus the suitability of proceeding to inject the implant. MSAC stated that the MBS item descriptor not allow for the use of OCT to assess the post-treatment response as this can best be determined by a visual acuity test using a Snellen chart. MSAC also foreshadowed that the MBS fee should be approximately $50 as suggested by ESC.

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