
Australian Society of Ophthalmologists Inc. ABN 29 454 001 424

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New MBS listing supports sight saving treatment for Australians

Today's listing of Corneal Collagen Cross Linking (CCXL) on the Medicare Benefits Schedule (MBS) delivers hundreds of Australian patients easier access to a sight saving procedure.

CCXL is the only effective treatment for a condition known as Keratoconus (progressive thinning of the cornea in the eye).

While conservative profiling puts the incidence of Keratoconus at one in 2,000 people, new diagnostic techniques suggest the number could be as high as 1 in 600. Symptoms of Keratoconus include blurred vision, short sightedness, light sensitivity, ghosting and halos around light sources, which generally present between a person's late teens and early 30s.

CCXL is a procedure that halts the progression of Keratoconus. The cornea is soaked in a solution of Riboflavin and then exposed to ultraviolet light. This process increases the intermolecular bonds between collagen fibres, making the cornea more robust.

From today patients requiring CCXL will be able to access a Medicare rebate.

ASO Secretary Dr Laurie Sullivan, a Victorian ophthalmologist who specialises in corneal surgery, said the rebate was welcome recognition of CCXL as an important treatment in the fight against eye disease.

"Keratoconus is a condition that is now being diagnosed promptly by both optometrists and ophthalmologists and the earlier a patient can undergo CCXL the better chance we have of halting the disease before significant eye damage occurs," Dr Sullivan said.

"We congratulate Health Minister Greg Hunt on the decision to include CCXL in the MBS, which allows all Australians who require the procedure to be able to access it," he said.

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Tasmanian corneal surgeon Dr Nick Downie has been treating patients with CCXL for almost a decade. He was surprised to discover the procedure was not listed on the MBS and for the past six years has been working through the necessary bureaucratic channels to see it added.

“I have been using this procedure on patients for a number of years now and observing its outcomes in partnership with the early detection of corneal ectasia has made me passionate about seeing it included on the MBS,” Dr Downie said.

Victorian pharmacist Anthony Tassone, 38, discovered he was suffering from Keratoconus two-and-a-half years ago after noticing his vision was sometimes blurry and when he began having difficulty driving at night.

Mr Tassone booked an eye exam with his regular optometrist who detected the presence of Keratoconus and referred him to an ophthalmologist for treatment.

He underwent CCXL on his left eye in 2016 and will have the treatment for his right eye this August.

Mr Tassone said the prompt detection of his condition and subsequent treatment has meant his sight has stabilised and his ability to maintain a busy professional life as a pharmacist hasn't been compromised.

“I am a health professional but had little awareness of this condition and I was very grateful to have an experience with my optometrist and ophthalmologist where it was detected quickly and the realities of my treatment options were explained well. I felt informed and in control throughout and I have them to thank for preserving my sight and quality of life,” he said.

Note: CCXL is used in the treatment of ectasia (a group of corneal diseases of which Keratoconus is the most common).

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