Title: Intraocular Lenses for Cataract: Federal, Provincial and Territorial Program Survey

Date: 25 January 2008

Context and policy issues:

Intraocular lenses (IOLs) are used to correct vision problems related to cataract. Many different types of IOLs are available. According to the Health Canada’s Medical Device Active License List (MDALL), 140 IOLs (34 discrete licenses) exist.1 The International IOL Registry lists 1652 IOL’s.2 As the number of IOLs available increase, health care decision makers are faced with funding decisions around which of these IOLs to fund and for which patients.

This topic was brought forward by ongoing discussions by the Policy Forum. The mandate of the Forum is to provide federal, provincial, and territorial (F/P/T) jurisdictions with opportunities to share information and collaborate on health technology policy development, where it is beneficial to its members. Through access to evidence-based information about health technologies and options, the Forum will identify opportunities to achieve common purpose and economies in the implementation, management, and decommissioning of health technologies. The Canadian Agency for Drugs and Technologies in Health serves as the Secretariat for the Forum.

Research questions:

1. What types of intraocular lenses (IOLs) are provided on a fully funded basis as part of insured cataract surgery in your jurisdiction?

2. Are there any types of IOLs provided as part of cataract surgery in your jurisdiction for which the patient is charged?

3. Is your jurisdiction contemplating any changes in coverage for IOLs in the upcoming year?

Disclaimer: The Health Technology Inquiry Service (HTIS) is an information service for those involved in planning and providing health care in Canada. HTIS responses are based on a limited literature search and are not comprehensive, systematic reviews. The intent is to provide a list of sources and a summary of the best evidence on the topic that CADTH could identify using all reasonable efforts within the time allowed. HTIS responses should be considered along with other types of information and health care considerations. The information included in this response is not intended to replace professional medical advice, nor should it be construed as a recommendation for or against the use of a particular health technology. Readers are also cautioned that a lack of good quality evidence does not necessarily mean a lack of effectiveness particularly in the case of new and emerging health technologies, for which little information can be found, but which may in future prove to be effective. While CADTH has taken care in the preparation of the report to ensure that its contents are accurate, complete and up to date, CADTH does not make any guarantee to that effect. CADTH is not liable for any loss or damages resulting from use of the information in the report.

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Methods:

A survey of the federal, provincial and territorial (FPT) programs in Canada was conducted through communication with the appropriate contact person or for each jurisdiction. Currently, HTIS only offers this service to the members of the Policy Forum. The questions asked to each jurisdiction were as follows:

1. What types of intraocular lenses (IOLs) are provided on a fully funded basis as part of insured cataract surgery in your jurisdiction?

2. Are there any types of IOLs provided as part of cataract surgery in your jurisdiction for which the patient is charged?

3. Is your jurisdiction contemplating any changes in coverage for IOLs in the upcoming year.

Summary of findings:

Currently, HTIS conducts surveys of federal, provincial and territorial programs only as a service to members of the Policy Forum. Six of thirteen jurisdictions provided information regarding the funding of IOLs in January 2008. Their responses can be found in Table 1 below.

Table 1: FPT program survey results regarding funding of IOLs

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>What types of intraocular lenses (IOLs) are provided on a fully funded basis as part of insured cataract surgery in your jurisdiction?</th>
<th>Are there any types of IOLs provided as part of cataract surgery in your jurisdiction for which the patient is charged?</th>
<th>Is your jurisdiction contemplating any changes in coverage for IOLs in the upcoming year?</th>
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<td>Newfoundland</td>
<td>“Hard”, non-foldable lenses provided in a public facility are fully funded.</td>
<td>“Soft”, foldable lenses provided in a public facility are partially funded. The patient is charged the full cost of any lens provided in a private facility.</td>
<td>We are unaware of any contemplated changes in coverage in the coming year.</td>
</tr>
<tr>
<td>Data provided by the publicly funded program, Department of Health &amp; Community Services</td>
<td></td>
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<tr>
<td>Prince Edward Island</td>
<td>There is no charge to the patient if the hard lens if used.</td>
<td>If the soft foldable lens is used the cost is $250.00. The government pays $75.00 and the balance of $175.00 is charged to the patient.</td>
<td>Payment for these lenses is currently under review by the Department of Health.</td>
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<td>Data provided by the publicly funded program, P.E.I Department of Health</td>
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\(^a\) The FPT Program Survey Summary information was true at that time it was collected and readers are advised to contact the ministries of health for up-to-date information.
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<td><strong>New Brunswick</strong></td>
<td>Foldable lenses are provided by the hospital (not paid by Medicare). Whether a “rigid lens” or “flexible lens” if used, there will be no charge to the patient.</td>
<td>No, but if they go out of province (i.e., NS), the patients end up paying the difference between the rigid and foldable ones – about $200.</td>
<td>No.</td>
</tr>
<tr>
<td><strong>Ontario</strong></td>
<td>Ontario funds physician surgical services to implant intraocular lenses as set out in section Y of the Ontario Schedule of benefits.³ The actual type of IOL provided is left to individual hospitals to determine, based on what they are prepared to pay for from their hospital budgets for the program. The Ministry does not have centralized information on which lenses are being offered. Information may be sought from individual hospitals or manufacturers of IOLs.</td>
<td>If lenses which have additional purposes or benefit beyond intraocular repair of cataracts, patients may be charged by facilities for such lenses, but the Ministry does not track these situations centrally.</td>
<td>There have been no announcements as to an intention to make changes to what is provided.</td>
</tr>
<tr>
<td><strong>Manitoba</strong></td>
<td>Currently, in Manitoba, the “hard” lens is the standard of practice and is provided at no cost to patients requiring cataract surgery.</td>
<td>Patients have the option to pay to upgrade to the “foldable” or “flexible” lens should they wish to do so.</td>
<td>Yes, Manitoba is considering covering the cost of the foldable/flexible lens as the standard of practice. However, no official decision has been made or communicated.</td>
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Intraocular Lenses for Cataract

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<td>British Columbia</td>
<td>Rigid intraocular lenses.</td>
<td>Foldable intraocular lenses.</td>
<td>Changes in the coming year are unlikely.</td>
</tr>
</tbody>
</table>

Data provided by the publicly funded program, BC Ministry of Health

Rigid (hard) lenses are covered by most provinces. However, both the rigid and foldable (soft) lenses are funded by New Brunswick. In Ontario, the type of IOL funded is left to the individual hospital based on their respective budgets. Most jurisdictions offer and partially fund foldable lenses. Currently, only Prince Edward Island and Manitoba are reviewing the funding of IOLs in the upcoming year.

Conclusions and implications for decision or policy making:

Of the jurisdictions that replied to the survey, all fund the rigid lenses and at least partially fund the foldable lenses for the correction of cataract. While two provinces are reviewing the funding of these lenses, no formal decisions have been made.

As newer foldable IOLs are being developed (e.g. monofocal, multifocal, accommodative) their relative performance should be evaluated. Advances in multifocal and accommodative IOL’s are blurring the lines between cataract surgery and refractive surgery, giving rise to new policy issues.

Prepared by:

Kirsten Garces, Manager, HTIS
Health Technology Inquiry Service
Email: htis@cadth.ca
Tel: 1-866-898-8439
References:

