



CHRONIC MEDICATION PROGRAMME
INCLUDES PRESCRIBED MINIMUM BENEFIT CHRONIC DISEASE LIST (CDL)

A. GENERAL INFORMATION

◆ **LIST OF CHRONIC CONDITIONS**

Conditions covered under KeyHealth's chronic medication benefit are listed in the letter. The list includes the conditions on the Prescribed Minimum Benefit Chronic Disease List (CDL).

◆ **THE PRESCRIBED MINIMUM BENEFIT CHRONIC DISEASE LIST (CDL)**

In terms of the Medical Scheme Act and the Regulations, medical schemes are required to fund the cost of the diagnosis, medical management (consultations and procedures) and medication of a specified list of chronic conditions (See Table 1). This list of conditions is referred to as the Prescribed Minimum Benefit Chronic Disease List or **CDL**. All KeyHealth's options cover all of these conditions. In addition, KeyHealth covers hormone replacement therapy for menopausal symptoms as a CDL condition.

In terms of the legislation, a medical scheme may limit the treatment in accordance with the gazetted therapeutic algorithms and apply managed care interventions to improve the efficiency and effectiveness of health care provision.

◆ **REGISTRATION OF CHRONIC CONDITIONS**

Patients can only access chronic medication once their treating doctor has REGISTERED their chronic condition(s) with Swift OnLine® on the following number: **0800 13 2345**. Detailed clinical information, including the condition's ICD-10 code and severity status, is required to register a patient's chronic condition; only the treating doctor or pharmacist is required to register the patient's chronic condition.

This applies to all eligible chronic conditions.

If, during the course of the year, a patient is diagnosed with one of the chronic conditions listed in table 1 and/or 2, registration of the chronic condition is required before access to chronic medication benefits will be granted.

◆ **CONDITION MEDICINE LISTS AND FORMULARY DRUGS**

The CML is a list of chronic medication that has already been approved by KeyHealth. Once a patient's condition has been registered, that patient will have access to the **CONDITION MEDICINE LIST**. This is a list of drugs, appropriate for the condition that does not require pre-authorisation.

An updated copy of the CML can be obtained from:

- . The MediKredit website at www.medikredit.co.za
- . The KeyHealth website at www.keyhealthmedical.co.za

◆ **PRE-AUTHORISATION**

The Condition Medicine List does not list all medication that may be required to treat a patient's condition, as some medication requires specific pre-authorisation. This authorisation will be limited to a specific period, depending on the prescription and the motivation. At the end of the period, a new authorisation needs to be obtained.

Please note: The CML is not a fixed list of products. This list is continuously being revised with regard to new products being registered, products that no longer exist, price changes, maximum medical aid prices (MMAP®) that change, and changes to the product registration details.

The CML includes FORMULARY drugs – these are drugs that are available to all patients with the specified condition to which no *reference price* applies, providing they are claimed in appropriate quantities, as well as NON-FORMULARY drugs.

◆ **REFERENCE PRICING**

Reference pricing may apply to NON-FORMULARY drugs, in accordance with the benefit option selected by the member.

The reference price is based on the cost of drugs from a similar drug class listed on the FORMULARY to which no reference price applies. The patient is required to pay the difference between the cost of the drug and reference price of the formulary drug at the point of dispensing.

◆ **GENERAL INFORMATION ON THE CHRONIC MEDICATION BENEFIT**

The chronic medicine benefit is divided into 2 sections:

Section 1 – CHRONIC DISEASE LIST (CDL)

- Applies to Platinum, Gold, Silver, Essence and Equilibrium
- Included:
 - formulary drugs for the treatment of the CDL chronic diseases in accordance with the legislated therapeutic algorithms
 - non-formulary drugs – a reference price may apply to these products.
 - Take note that if your doctor/pharmacist fails to register your PMB CDL condition with Swift OnLine®, your claim might be rejected in future if you are claiming it from your Acute benefit.

Agreement has been reached with pharmacies throughout South Africa for the supply of medication to KeyHealth members at reduced rates.

The list below consists of the Courier and Corporate pharmacies:

Courier Pharmacies:

Medipost Pharmacy
Atlas Pharmacy
Atlas Pharmacy – Pietermaritzburg
Script wise Pharmacy

Chronic Medicine Dispensary
Clicks Direct Medicines Pharmacy

Corporate Pharmacies:

Clicks Pharmacies
Dis-Chem Pharmacies
MediRite Pharmacies

For a list of the retail pharmacies, please visit www.keyhealthmedical.co.za

The Scheme will pay 100% up to the reference price for medication, if the PMB CDL medication is obtained from one of the approved DSPs.

However, should a member elect to make use of a non-DSP pharmacy, the following co-payments will apply:

- Platinum **10%**
- Gold **15%**
- Silver **30%**
- Essence **30%**
- Equilibrium **30%**

Please note: HIV medication must be obtained from Firstcare Pharmacy to avoid a 30% co-payment on all options.

Maximum Medical Aid Price (MMAP®) serves as a guide to determine the maximum medical scheme price that medical schemes will reimburse for products that have exactly the same active ingredient/s and salt/s combination, strength of the active ingredient/s and dosage form. MMAP® co-payment applies to specific drugs that are above MMAP®. If a product that is above the Maximum Medical Aid Price is prescribed, the patient will need to pay the difference in price at the point of dispensing.

- ◆ All current Scheme exclusions and limitations apply

B. LIST OF ELIGIBLE CHRONIC CONDITIONS

TABLE 1: PRESCRIBED MINIMUM BENEFIT CHRONIC DISEASES (**ALL OPTIONS**)

1. Addison's Disease	15. Glaucoma
2. Asthma	16. Haemophilia
3. Bipolar Mood Disorder	17. Hyperlipidaemia
4. Bronchiectasis	18. Hypertension
5. Cardiac Failure	19. Hypothyroidism
6. Cardiomyopathy Disease	20. Menopause (HRT)
7. Chronic Renal Disease	21. Multiple Sclerosis
8. Coronary Artery Disease	22. Parkinson's Disease
9. Crohn's Disease	23. Rheumatoid Arthritis
10. Chronic Obstructive Pulmonary Disorder	24. Schizophrenia
11. Diabetes Insipidus	25. Systemic Lupus Erythematosus
12. Diabetes Mellitus Type 1 & 2	26. Ulcerative Colitis
13. Dysrhythmias	
14. Epilepsy	

Section 2 (Table 2) DRUGS FOR OTHER CHRONIC DISEASES (Non-CDL conditions)

- Access to benefits for these conditions is only available on the Platinum option.
- Please refer to Table 2 for the list of conditions covered on the Platinum option.
- Chronic medication for PMB conditions indicated with a # or ◆ (◆ only for severe life threatening cases and motivated by the appropriate specialist) will be paid at 100% of the cost at a DSP pharmacy.
- 10% co-payment on chronic medication for non-PMB conditions.
- Additional co-payments may be incurred if the price of products used is higher than the reference price/MMAP. Managed Healthcare Protocols apply to all conditions.

TABLE 2: OTHER CHRONIC CONDITIONS (**PLATINUM ONLY**)

1. Acne*	15. Iron deficiency anaemia◆
2. Allergic rhinitis*	16. Major depression
3. Alzheimer's disease*	17. Meniere's disease*
4. Ankylosing spondylitis	18. Menopausal disorder (Calcium's only)
5. Benign prostatic hypertrophy	19. Migraine
6. Clotting disorders#	21. Myasthenia gravis
7. Cystic fibrosis	21. Osteoarthritis
8. Deep vein thrombosis#	22. Osteoporosis#
9. Diverticulitis and Irritable bowel syndrome	23. Paraplegia, quadriplegia#
10. Gastro-oesophageal reflux disease◆	24. Peripheral vascular disease
11. Hypoparathyroidism#	25. Psoriasis*
12. Hyperkinesia (Attention Deficit Disorder)*	26. Rheumatic fever
13. Hyperthyroidism◆	27. Stroke#
14. Interstitial fibrosis	28. Testosterone deficiency*
	29. Urinary incontinence

RULES APPLICABLE TO THE CHRONIC MEDICATION BENEFIT (TABLE 2)

Chronic medication requests for certain conditions (*) will only be considered if prescribed by an appropriate specialist, e.g.:

- A dermatologist prescription is required for chronic medication for **Acne** and **Psoriasis**
- An ENT or neurologist prescription is required for chronic medication for **Meniere's disease**
- A neurologist or psychiatrist prescription is required for chronic medication for **Alzheimer's disease**
- For **Attention Deficit Disorder (Hyperkinesia)**, applications will only be considered if prescribed by a paediatrician, neurologist or psychiatrist
- An urologist or physician prescription is required for chronic medication for **Testosterone deficiency**.

Chronic medication for **Allergic rhinitis *** will be considered if prescribed by a specialist (ENT, paediatrician or physician). Prescriptions will be considered from a general practitioner if:

- the condition is severe or associated with asthma in children
- there is associated asthma in adults.

Prescriptions for Gastro-oesophageal reflux disease (GORD) from a general practitioner may only be authorised for a total duration of 2 months. Thereafter a gastroenterologist, physician or general surgeon's prescription is required.

Chronic medication for **Osteoporosis** will only be considered on submission of a Bone Mineral Density (BMD) scan.

Chronic medication for **Paraplegics and Quadriplegics** will be considered for urinary and bowel complications only.

The following medicines are EXCLUSIONS FROM THE CHRONIC MEDICINE BENEFIT:

- Vitamins and mineral preparations (excluding calcium for postmenopausal females and patients with hypoparathyroidism and chronic renal disease)
- Homeopathic medication
- Hypnotics and anxiolytics
- Mucolytics and decongestants.

The following conditions REQUIRE SPECIAL AUTHORISATION DIRECTLY FROM THE SCHEME:

Please contact the following numbers for authorization / registration:

- Oncology and organ transplant: 0860 67 1060 or fax: 012 679 4469
- HIV/AIDS: 086 050 6080 (Lifesense)