



WITBANK COALFIELDS MEDICAL AID SCHEME (WCMAS) CHRONIC MEDICINE PROGRAMME – GENERAL INFORMATION LETTER

Prescribed Minimum Benefits

The prescribed minimum benefits (PMBs) comprise a list of 270 conditions or group of conditions as listed in Annexure A of the Medical Schemes Act. The Act obliged schemes from 1 January 2000 to provide minimum benefits for these conditions. The prescribed minimum benefits provide cover for specific treatments and services as rendered by the State.

A list of the 270 conditions is available on the website of the Council for Medical Schemes at www.medicalschemes.com. If you are uncertain of the cover in respect of a specific condition, enquiries may be directed to the Scheme.

The Prescribed Minimum Benefit Chronic Disease List (PMB - CDL)

In terms of the Medical Scheme Act Regulations that came into effect on 1 January 2004, 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 PMB CDL. All these conditions are covered by WCMAS.

In terms of this 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 healthcare provision.

Chronic medicine registration with Swift Online®

Patients can only access their chronic medication if their **treating doctor** has REGISTERED their chronic condition(s) with Swift Online® on the following number **0800 132 345** or **complete the application form for chronic medicine registration and email to chronic@medikredit.co.za**. Download the form from the WCMAS website at the following link: https://www.wcmas.co.za/PDF/chronic_form.pdf

Once your condition has been registered, you will have access to the CONDITION MEDICINE LIST (CML). This is a list of drugs, appropriate for the condition, that do not require pre-authorisation – they are automatically authorized. If you, or one of your dependants, is using chronic medicine that has already been approved for a registered condition, you don't need to do anything more. Your current approval will stay in place until its expiry date and your doctor does not need to call Swift Online®.

Once your condition is registered, action is only ever required from your doctor if:

- your current approval expires, or

- your doctor diagnoses you with a new chronic condition that needs new medicine, or
- the chronic medicine that you are taking is not included in the CML for your registered condition; or
- you do not want to pay the difference between drugs and there are grounds for possible upliftment of the co-payment. If you do not want to pay the co-payment, ask your prescribing doctor to consider changing your medication to an alternative drug by contacting SwiftOnline on 0800 132 345.

Who can register the chronic condition?

- As detailed clinical information including the condition's ICD-10 code and severity status are required to register your chronic condition, your **treating doctor** is required to register your chronic condition.
- Certain products will only be authorised if prescribed by the appropriate specialist.
- All current WCMAS exclusions and limitations apply.

ICD-10 Codes

A detailed list of all the ICD-10 diagnostic codes applicable to WCMAS eligible chronic condition list is available on the MediKredit website: www.medikredit.co.za

Treatment plans

If your chronic condition is listed on the Prescribed Minimum Benefit Chronic Disease List (PMB CDL) (Table 1 below), specific procedures, consultations and chronic medicines are allowed in accordance with a defined treatment plan. The benefit for these procedures and consultations will not be paid from your savings account, as long as the treatment protocols are adhered to AND the relevant diagnosis code (ICD-10) is reflected on the account.

Any procedure/s and/or consultation/s over and above what has been authorized will be paid in the normal manner according to the relevant benefit

MMA^P and Reference Price

- Maximum Medical Aid Price (MMA^P) refers to the maximum price that WCMAS will pay for generic drugs. If a product is prescribed that is above MMA^P, you will need to pay the difference in price at the point of dispensing.
- Certain products on the CML have reference pricing applied. The reference price differs from one option to another. The reference price is based on the cost of drugs from a similar drug class listed on the CML. If a product is prescribed that is above the reference price, you will need to pay the difference in price at the point of dispensing.

Please note: The CML is not a fixed list of products. It is constantly revised and updated in accordance with new products registered, discontinued products, price changes, as well as changes to product registration details

Co-payments

- Reference pricing applies to specific drugs, regardless of the pharmacy used.
- Find a medication without a co-payment at the following link: <https://networks.medikredit.co.za/>

LIST OF ELIGIBLE CHRONIC CONDITIONS
TABLE 1: PRESCRIBED MINIMUM BENEFIT CHRONIC CONDITIONS
(MMAAP and Reference pricing applies)

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

TABLE 2: OTHER CHRONIC CONDITIONS COMPREHENSIVE OPTION
(MMAAP and Reference pricing applies)

1. Acne*	17. Malabsorption Syndrome*
2. Allergic Rhinitis**	18. Meniere's Disease*
3. Alzheimers Disease*	19. Menopausal Disorders
4. Ankylosing Spondylitis	20. Motor Neuron Disease
5. Anaemia	21. Myasthenia Gravis*
6. Benign Prostatic Hypertrophy	22. Osteoarthritis
7. Cushing's Disease*	23. Osteoporosis#
8. Cystic Fibrosis*	24. Paget's Disease*
9. Deep Vein Thrombosis	25. Paraplegia, quadriplegia##
10. Depression	26. Peripheral Vascular Disease
11. Gastro-oesophageal Reflux Disorder◆	27. Pituitary Adenomas/Hyperfunction of Pituitary Gland
12. Gout***	28. Psoriasis*
13. Heart Valve Disease	29. Pulmonary Interstitial Fibrosis
14. Hyperkinetic Disorders (Attention Deficit Disorder) *	30. Stroke
15. Hypoparathyroidism	31. Systemic Connective Tissue Disorders
16. Hyperthyroidism	32. Testosterone deficiency
	Legend: see below

**TABLE 3: OTHER CHRONIC CONDITIONS MIDMAS OPTION
(MMAF and Reference pricing applies)**

1. Acne*	3. Eczema
2. Hyperkinetic Disorders (Attention Deficit Disorder)*	

Rules applicable to the Chronic Disease Benefit:

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

- A specialist physician, paediatrician or endocrinologist’s prescription is required for chronic medication for **Addison’s disease**
- Diagnosis to be confirmed by a psychiatrist for **Bipolar mood disorder**. If GP: DSM-IV criteria
- and sub-type must be specified (type I or II)
- A specialist physician, paediatrician, surgeon or gastroenterologist’s prescription is required for chronic medication for **Crohn’s disease and Ulcerative Colitis**
- An endocrinologist or physician prescription is required for chronic medication authorisation for **Diabetes Insipidus, Cushing’s disease and Hypoparathyroidism**.
- A haematologist or physician’s prescription is required for medication for **Haemophilia**
- A neurologist or physician prescription is required for authorisation of chronic medication for **Multiple Sclerosis, Motor neuron disease, Myasthenia gravis and Paget’s disease**
- A psychiatrist or paediatric psychiatrist is required for chronic medication for **Schizophrenia**
- A specialist physician, paediatrician, or rheumatologist prescription is required for chronic medication for **Systemic Lupus Erythematosus**
- A dermatologist prescription is required for chronic medication for **Psoriasis** and for Isotretinoin eg: Roaccutane® for **Acne**.
- 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**, applications will only be considered if prescribed by a paediatrician, neurologist or psychiatrist for children ages 6 – 15 only.
- Chronic medication for **Cystic fibrosis** will only be considered if prescribed by a paediatrician, physician or pulmonologist.
- A surgeon, physician, gastroenterologist or paediatrician prescription is required for chronic medication for **Malabsorption syndrome**.

NB: Continuation prescriptions from General Practitioners will be considered once a patient has been stabilized by the appropriate specialist.

HIV (■)

CD4 and viral load required for authorisation. Infant nutritional supplements are not covered by the scheme. The member may however, pay cash and claim back from available medical savings balance.

Allergic Rhinitis ()**

Only 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

Gastro-Oesophageal Reflux Disease (GORD) (◆)

Prescriptions for standard and high dose Proton Pump Inhibitors (PPIs) will only be authorised for a maximum duration of 3 months. Thereafter, only low dose PPIs or Histamine-2-Antagonists will be covered, unless a valid gastroscopy report indicating severe GORD, or a comprehensive gastroenterologist motivation is received.

Gout (*)**

Only allopurinol, benzbromarone and probenecid-containing products will be considered.

Osteoporosis (#)

Only be considered on submission of a Bone Mineral Density (BMD) scan.

Paraplegia and Quadriplegia (##)

Only be considered for urinary and bowel complications

Special Benefit authorisations:

The following conditions require special authorization as specified below:

Cancer (all types) Oncology Management Number 0861 486 472 Oncology Management Email oncology@universal.co.za Office Hours Monday to Friday 8:00 - 17:00, Closed Public Holidays, Saturdays & Sundays

SEVERITY CLASSIFICATION

Certain conditions have been classified as either Severity 1 (Mild disease) or Severity 2 (Moderate to Severe disease). The medication available to the patient differs depending on the severity of the condition. A summary of the conditions that are affected and explanation of what is classed as severity 2 in each case is tabled below:

TABLE 3: Severity Classifications

CONDITION	SEVERITY CLASSIFICATION
CARDIAC FAILURE & CARDIOMYOPATHY Severity 2	Only in NYHA class III-IV patients
CORONARY ARTERY DISEASE Severity 2	Only moderate to severe coronary artery disease
EPILEPSY Severity 2	Severe and uncontrolled epilepsy only, not responding to first-line agents
DIABETES MELLITUS TYPE 2 Severity 2	Only Type 2 diabetics uncontrolled on metformin and sulphonylureas
ASTHMA Severity 2	Only moderate & severe persistent asthma
CHRONIC OBSTRUCTIVE PULMONARY DISORDERS Severity 2	Stage III & IV COPD only
HYPERTENSION Severity 2	Hypertension uncontrolled on the recommended first- & second-line agents as per SA Hypertension guidelines 2014, or hypertension with co-morbidities requiring Severity 2 drugs

GORD Severity 2	Only for severe/complicated GORD not controlled on low dose PPIs as maintenance therapy
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Case Management

Severe chronic conditions that are listed on the chronic benefit list will require case management and approval by the clinical committee. Each case will be managed individually e.g. requests for Interferon for Multiple Sclerosis.

Exclusions

The following medicines are exclusions from the chronic disease benefit:

- Vitamins and mineral preparations (including calcium, except for patients with Menopause or Osteoporosis)
- Homeopathic medication
- Hypnotics
- Mucolytics
- Antibiotics (except for patients with bronchiectasis and Crohn's disease)
- Muscle relaxants (except for patients with multiple sclerosis)

NOTE

Although your condition may be defined as chronic by the prescribing doctor, this condition may not fulfill the scheme criteria for chronic medication benefits.

Access to any chronic medication as part of the chronic medication benefit is subject to clinical entry criteria & drug utilisation review.

In addition, specific drugs may only be authorised and prescribed by the relevant specialist.