



WITBANK COALFIELDS MEDICAL AID SCHEME (WCMAS) CHRONIC MEDICINE– 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 must 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 is referred to as the Prescribed Minimum Benefit Chronic Disease List (PMB- CDL). All conditions are covered by WCMAS.

Treatment may be limited in accordance with gazetted therapeutic algorithms and, managed care interventions may be applied 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 by completing the application form for chronic medicine enrolment registration is available at

<https://www.medikredit.co.za/clients/healthcare-funders-and-administrators/healthcare-funder-protocols/witbank-coalfields-medical-aid-scheme-wcmas> and emailing it to chronic@medikredit.co.za.

Once registered, members will have access to the Condition Medicine list (CML). This is a list of approved drugs, for specific condition that do not require pre-authorisation. If you or your dependants are already using approved chronic medicine, no further action is required until the current approval expires.

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?

- Your treating doctor must register your chronic condition, as detailed clinical information, including ICD-10 code and severity status, is required.
- 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 at the following link: <https://www.medikredit.co.za/clients/healthcare-funders-and-administrators/healthcare-funder-protocols/witbank-coalfields-medical-aid-scheme-wcmas>.

Treatment Plans

If your condition is listed on the Prescribed Minimum Benefit Chronic Disease List (PMB-CDL) (Table 1 below), specific consultations, procedures, and medicines will be covered according to a defined treatment plan. These benefits will not be paid from your savings account provided treatment protocols are adhered to and the relevant ICD-10 code is reflected on the claim.

Any procedures or consultations outside of what is authorised will be paid from normal benefits.

MMAP and Reference Price

- Maximum Medical Aid Price (MMAP[®]) refers to the maximum amount that WCMAS will pay for generic drugs. If a product is prescribed above this price, you will need to pay the difference.
- Some products on the CML have reference pricing. This is based on the cost of drugs within the same class. If your prescribed drug is above the reference price, you will need to pay the difference in price at the point of dispensing.

Please note: The CML is continually updated to reflect new products, discontinued medicine, price adjustments, and regulatory changes

Co-Payments

- Reference pricing applies to specific drugs, regardless of the pharmacy used.
- You can search for medicine without co-payment at the following link: https://networks.medikredit.co.za/product_search/WCMAS

LIST OF ELIGIBLE CHRONIC CONDITIONS
TABLE 1: PRESCRIBED MINIMUM BENEFIT CHRONIC CONDITIONS
(COMPREHENSIVE, MIDMAS & NTSIKA OPTIONS)
(MMAP 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
(MMAP and Reference pricing applies)

1. Acne*	19. Meniere's Disease*
2. Allergic Rhinitis**	20. Menopausal Disorders
3. Alzheimers Disease*	21. Motor Neuron Disease
4. Ankylosing Spondylitis	22. Myasthenia Gravis*
5. Anaemia	23. Obsessive Compulsive Disorder
6. Benign Prostatic Hypertrophy	24. Osteoarthritis
7. Cushing's Disease*	25. Osteoporosis #
8. Cystic Fibrosis*	26. Paget's Disease*
9. Deep Vein Thrombosis	27. Panic Disorders
10. Depression	28. Paraplegia, quadriplegia ##
11. Gastro-oesophageal Reflux Disorder ◆	29. Peripheral Vascular Disease
12. Generalised Anxiety Disorder	30. Pituitary Adenomas/Hyperfunction of Pituitary Gland
13. Gout***	31. Post Traumatic Stress Disorder
14. Heart Valve Disease	32. Psoriasis*
15. Hyperkinetic Disorders (Attention Deficit Disorder) *	33. Pulmonary Interstitial Fibrosis
16. Hypoparathyroidism	34. Stroke
17. Hyperthyroidism	35. Systemic Connective Tissue Disorders
18. Malabsorption Syndrome*	36. 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 370 337 Oncology Management:

Email oncology@wcmas.co.za Office Hours Monday to Friday 8:00 - 16h30.

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 Type2 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

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 benefits

- 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)

IMPORTANT NOTICE

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

Access remains subject to clinical entry criteria & drug utilisation review.

Some drugs may also be prescribed by the relevant specialist