

WOOLTRU HEALTHCARE FUND

CHRONIC MEDICATION PROGRAMME

Preamble

The Chronic Medication Programme shall be managed by the Scheme's contracted Managed Healthcare Organisation.

All chronic benefits are subject to pre-authorisation by the Managed Care Organisation.

Prescribed Minimum Benefits (PMB)

Legislated treatment of the following chronic illnesses will include "diagnosis, medical management and medication, to the extent that this is provided for by way of a therapeutic algorithm for the specified condition, published by the Minister by notice in the Gazette."

The 26 legislated PMB conditions are as follows:-

DIAGNOSIS	
Addison's disease	Asthma
Bipolar mood disorder	Bronchiectasis
Cardiac failure	Cardiomyopathy disease
Chronic renal disease	Coronary artery disease
Chronic obstructive pulmonary disorder	Crohn's disease
Diabetes insipidus	Diabetes mellitus type 1&2
Dysrhythmias	Epilepsy
Glaucoma	Haemophilia
Hyperlipidaemia	Hypertension
Hypothyroidism	HIV/AIDS
Multiple sclerosis	Parkinson's disease
Rheumatoid arthritis	Schizophrenia
Systemic lupus erythematosus	Ulcerative colitis

Core Option

1. Members who have chronic conditions must register on the chronic programme and pre-authorise their medication and condition with the Designated Service Provider in order to obtain benefits.
2. Medication for the 26 PMB conditions will be restricted to the Designated Service Provider's formulary and available via the Designated Service Provider Doctor.
3. Medication for approved non-PMB condition/s will be provided in terms of the Designated Service Provider's formulary and available via the Designated Service Provider Doctor, and will be limited to
 - R8600 per Beneficiary per annum for Osteoporosis
 - R7900 per Beneficiary per annum for Depression
 - R7 000 per Beneficiary per annum for other approved non-PMB conditions.

Once the above limit is exhausted, the Member will be liable for the full cost of such medication.

Plus and Extended Options

4. Members who have chronic conditions must register on the chronic programme and pre-authorise their medication and condition with the Managed Care Organisation in order to obtain benefits.
5. Medication for the 26 PMB conditions will be restricted to the Managed Care Organisation's formulary.
6. Medication for PMB conditions provided in terms of the Managed Healthcare Organisation formulary will be paid at 100% of negotiated tariff, if obtained from the Designated Service Provider.
7. Medication for PMB conditions obtained from a source other than the Designated Service Provider will be paid subject to a maximum of 100% of the negotiated tariff as per the Managed Healthcare Organisation formulary.

8. Medication for approved non-PMB condition/s will be provided in terms of the Managed Care Organisation's formulary and via the Designated Service Provider, and will be limited to

- R8600 per Beneficiary per annum for Osteoporosis
- R7900 per Beneficiary per annum for Depression
- R7 000 per Beneficiary per annum for other approved non-PMB conditions.

Once the above limit is exhausted, the Member will be liable for the full cost of such medication.

Care Plans

9. All members registered on the chronic medication programme for a PMB condition, will receive a Care Plan for the treatment of their PMB chronic condition/s. The Care Plans provided are condition-specific.

10. For registered members on the Core Option, all treatment of the registered PMB condition/s obtained at the Designated Service Provider will be paid from the relevant Care Plan.

11. For registered members on the Plus and Extended options, all treatment for the registered PMB condition/s claims will be paid from the relevant Care Plan associated with that particular PMB condition.