

Medicine Risk Management



Pick n Pay Medical Scheme has contracted Momentum Health Solutions to provide a service to our members who require treatment for their chronic conditions. The Medicine Risk Management (MRM) Programme is dedicated to managing chronic medication use in a manner that is beneficial to the health of members and to ensure quality care through integrated healthcare and holistic patient management.

What is medicine risk management?

Chronic medication is indicated for conditions that often affect an individual for a long period of time. To ensure that the most appropriate and cost-effective treatment is prescribed, payment of medication for such conditions must be approved from the chronic benefit by Pick n Pay Medical Scheme. The Medicine Risk Management (MRM) Programme authorises payment of appropriate, high-quality and cost-effective medication from the chronic medication benefit.

Conditions for which such medication is authorised are determined by Pick n Pay Medical Scheme, as well as medical scheme legislation. Each application for authorisation of medication from the chronic medication benefit is subject to MRM clinical guidelines and protocols applicable at that time.

Authorisation and payment of medication from the chronic medication benefit is also subject to the Scheme rules, the medication formulary for each benefit option as well as reference pricing, as amended from time to time.

What is a formulary?

A formulary is a list of medication covered on your benefit option, from which a doctor can prescribe the appropriate medication for your chronic condition.

Prescribed minimum benefits (PMBs)

There are 26 conditions on the chronic disease list (CDL) in the table below. Pick n Pay Medical Scheme covers the cost of medication as well as certain tests and consultations each year for these CDL conditions. This cover includes tests and consultations for the diagnosis, treatment and ongoing management of each condition; these are pro-rated based on the date of approval of your CDL condition.

The Medical Schemes Act 131 of 1998 sets out certain prescribed minimum benefits (PMBs) which all medical schemes in South Africa have to cover regardless of what benefit option the member is on. According to the Act and its regulations, all medical schemes have to cover the diagnosis, treatment and care of a defined set of 270 diagnoses and 26 CDL conditions.

It is important that you review the PMBs if you suffer from any condition or expect to have any treatment for this condition, as the cover may only be for in-hospital and/or out-of-hospital benefits. It is also subject to the Scheme rules with regards to designated service providers (DSPs), medication formularies and reference pricing. Please refer to the Council for Medical Schemes' website at <https://www.medicalschemes.co.za/resources/pmb> for information on prescribed minimum benefits.

If you do not use healthcare providers who have a payment arrangement with the Scheme, you may have to pay part of the treatment costs yourself. All medical schemes must provide for the basic medical management and treatment of these chronic conditions. This is in line with PMB legislation.

By law, treatment of these chronic conditions includes diagnosis, treatment, medical management and medication for the specified condition, as published by the Minister of Health by notice in the Government Gazette.

This means that the Scheme must provide for consultations, tests, treatment and medication as per a formulary for these 26 PMB conditions. Therefore, each member who is registered on the programme for one or more of these conditions will receive a treatment plan listing the additional treatment and services that the Scheme will provide.

Remember:
These are not paid for from your day-to-day benefits.



Kindly note that reference pricing, i.e. the price the Scheme will cover, applies to all medication. The medication formularies for conditions that are covered are available on the Scheme's website at www.pnpms.co.za.

PMB chronic disease list (CDL) conditions

Addison's disease	Crohn's disease	Hypertension (high blood pressure)
Asthma	Diabetes insipidus	Hypothyroidism
Bipolar mood disorder	Diabetes mellitus type 1 and 2	Multiple sclerosis
Bronchiectasis	Dysrhythmias	Parkinson's disease
Cardiac (heart) failure	Epilepsy	Rheumatoid arthritis
Cardiomyopathy	Glaucoma	Schizophrenia
Chronic obstructive pulmonary disorder (COPD)	HIV/AIDS	Systemic lupus erythematosus
Chronic renal (kidney) disease	Haemophilia	Ulcerative colitis
Coronary artery (heart) disease	Hyperlipidaemia (high cholesterol)	

Get to know all about your chronic benefits

Although a condition may be defined as 'chronic', it may not qualify for cover from the chronic benefit. Check whether we cover your specific condition and what benefits apply.

The list of conditions and the benefits available to treat the listed chronic conditions depend on the benefit option you have chosen – either the **Plus Option** or the **Primary Option**.

Application for chronic medication

The chronic healthcare provider that you have chosen determines how you get your chronic prescription and medication, and works as follows:

Plus Option

You may get your chronic prescription and medication from any healthcare provider, subject to the Plus Option formulary. You will not have a co-payment if you choose from the preferred list of medication (and within the generic reference price, if applicable). If you choose medication that is not on the formulary (i.e. non-preferred items), a co-payment is applied. See details of preferred and non-preferred items below.

Medication from the preferred and non-preferred sections of the formulary will have a generic reference price co-payment (only if a generic version of the medication is available). A dispensing fee co-payment may also be payable when using pharmacies not contracted to Pick n Pay Medical Scheme.

What is the formulary reference price?

The formulary reference price is the maximum rand value that Pick n Pay Medical Scheme will pay for a medication item. If you voluntarily choose to use chronic medication that costs more than the reference price, you will need to pay the difference between the medication you chose and the reference price. We review the formulary reference price every year against a variety of factors, including market price changes, any new medication introduced or discontinued during the year, medical information, generic influence and medication patents that have expired, to mention a few. This is to ensure that the reference pricing structure is kept up to date with the latest developments in medicine.

There are four categories for a chronic medication item:

1. Preferred medication with available generic alternatives
2. Preferred medication without available generic alternatives
3. Non-preferred medication with available generic alternatives
4. Non-preferred medication without available generic alternatives.



Primary Option

You need to get your chronic prescription from a Momentum CareCross network doctor (GP) and your chronic medication from a Mediscor-contracted pharmacy, subject to an entry-level formulary.

Medication will have a generic reference price co-payment (only if a generic version of the medication is available).

Generic reference pricing

Formulary medication (preferred): any chronic provider

See the example in the table below. Generic reference pricing is applicable as products A to C have the same active ingredients and strength; therefore they are generic alternatives.

Medication	Active ingredient	Total cost	Generic reference price	Co-payment	Non-preferred co-payment (e.g. Plus Option)	Total co-payment
Product A	Ingredient A	R120	R80	R40	n/a	R40
Product B	Ingredient B	R80	R80	R0	n/a	R0
Product C	Ingredient C	R60	R60	R0	n/a	R0

Application for chronic medication (continued)

Primary Option (continued)

Generic reference pricing (continued)

Formulary medication (preferred)

See the example in the table below. Generic reference pricing is **NOT** applicable as product D does not have any generic alternatives.

Medication	Active ingredient	Total cost	Generic reference price	Non-preferred co-payment (e.g. Plus Option)	Total co-payment
Product D	Ingredient B	R100	R0	n/a	R0
Product C	Ingredient C	R60	R60	n/a	R0

How to register for chronic medication

There are **two** methods to obtain your chronic medication authorisation:

1 Telephonic application process

- Ask your doctor or pharmacist to call us on **0860 767 633** weekdays between 08h00 and 16h30.
- We will obtain all the relevant details of your application from your healthcare provider, such as the ICD-10 code (diagnosis code) and applicable test results, to complete the registration process for your condition or medication.
- Once the chronic registration has been approved, your doctor will supply you with your medication or a prescription that you can take to your pharmacy.
- A copy of the authorisation letter will be sent to you.
- An authorisation period will be indicated for each approved medication item.
- Reasons will be given to the provider if any medication items or diagnoses have been rejected or if we require additional information to support your application.
- Remember you will need to renew the prescription every six months with your pharmacy.

2 Written application process

- You can obtain the chronic medication application form in a number of ways:
 - Download and print it from our website at www.pnpms.co.za.
 - Call our Client Service Department on **0800 004 389** and they will email a form to you.
- Complete the member information section of the form and ask your doctor to complete the medical section.
- Check that the application form is correctly completed with your membership number (very important) and that you and your doctor have signed it.
- Any test results or specialist reports indicated on the application form must be included.
- Send the application form, together with the requested information by email to chronic@pnpms.co.za.
- We will process your application on receipt of the completed form. **An incomplete form will delay the processing of your application.**
- A copy of the medication authorisation letter will be sent to you via your preferred method of communication.
- An authorisation period will be indicated for each approved medication and diagnosis will remain in place until it expires or the membership is terminated.
- If any medication items have been rejected or we require additional information to support your application, the reasons will be given.

Unauthorised or rejected medication

For a condition or medication to be covered by the programme, there are certain criteria that need to be met. This ensures sustainable funding for cost-effective treatment.

For any medication not approved by the programme, an appropriate reason for the rejection will be given. If the reason given states that special tests or a specialist report is required, please get these from your doctor and send them to us as soon as possible. Your application will be reconsidered once the supporting information has been received.

If certain medication items or conditions were not approved by the programme, your doctor may submit a detailed clinical report and motivation for reconsideration to the clinical review committee.



Authorisation of medication

Please ask your doctor for a separate, handwritten prescription listing only your approved chronic medication.

To obtain your authorised medication, show both the medication authorisation letter and the doctor's handwritten prescription to the dispensing pharmacist or doctor. If you pay cash, please submit the receipt and a copy of your doctor's prescription to the Scheme to claim your refund.

If your doctor wishes to add or discontinue the use of certain medication or change the strength or dosage of your medication, please follow any of the application processes for the change to be effected.

Re-applications

- Your medication authorisation letter will state the duration of the authorisation period.
- Should you need to re-apply, you will receive a notification letter two months prior to the expiry date of the authorisation period.
- The medication or diagnosis may be re-authorised using one of the application processes mentioned above.
- Kindly ensure that the new application form reaches us at least three weeks prior to the expiry date of your authorisation to ensure continued benefits.

If you think you are at risk of being HIV positive, or have been diagnosed as a person living with HIV/AIDS, please register on the HIV Programme.

All correspondence is confidential.

Plus Option

YourLife Programme

Tel **0860 767 633**

Email yourlife@pnpms.co.za

Primary Option

LifeSense HIV Programme

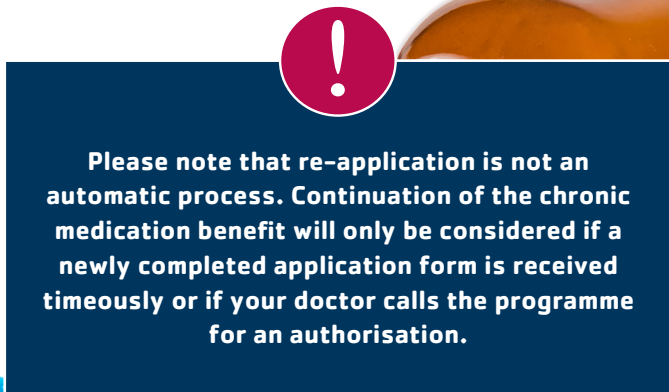
Tel **0860 50 60 80**

Email results@lifesense.co.za

Protection of Personal Information

Pick n Pay Medical Scheme and Momentum Health Solutions, the Administrator, will maintain the confidentiality of your personal information and comply with the Protection of Personal Information Act 4 of 2013 (POPIA) and all existing data protection legislation, when collecting, processing and storing your personal information for the purposes of registration on the Medicine Risk Management Programme.

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Please note that re-application is not an automatic process. Continuation of the chronic medication benefit will only be considered if a newly completed application form is received timeously or if your doctor calls the programme for an authorisation.

Important notes

- You need to register on the Medicine Risk Management Programme and get approval for chronic medication to be paid from the chronic benefit.
- Please refer to the *Chronic registration clinical criteria list* below for more information on the chronic conditions covered on your benefit option. Your treating doctor will need to provide this information, which is required when registering for chronic benefits.
- You can view the list of medication applicable to your benefit option on the Mediscor website at <http://secure.mediscor.co.za/MedInfoChecker.html>.
- Our MRM Programme ensures that each member who registers for a chronic condition receives the most appropriate treatment and medication.
- When a chronic condition is managed effectively, it results in fewer acute and long-term medical complications or side effects. Pick n Pay Medical Scheme uses set guidelines and protocols to clinically assess every chronic benefit application to make sure that the medication used is appropriate, cost-effective and prescribed in the correct therapeutic dosages.

MEDICINE RISK MANAGEMENT PROGRAMME

Tel 0800 004 389 (members) | 0860 767 633 (doctors and pharmacists)

Email chronic@pnpms.co.za Website www.pnpms.co.za

Chronic registration clinical criteria

Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL)	Benefit entry criteria requirements
Addison's disease	Diagnosis by a specialist physician, paediatrician, endocrinologist or by a State doctor
Asthma (adult)	Diagnosis confirmed by a GP or specialist
Asthma (child <7 years)	Diagnosis made or confirmed by specialist paediatrician
Bipolar mood disorder	A psychiatrist prescription. Benzodiazepines excluded on chronic benefit
Bronchiectasis	Diagnosis confirmed by a specialist (entry criteria for pre-existing conditions will apply e.g. COPD)
Cardiac failure	Diagnosis confirmed by a specialist physician
Cardiac dysrhythmia	Diagnosis confirmed by a specialist physician
Cardiomyopathy	Diagnosis confirmed by a specialist physician
Chronic obstructive pulmonary disease (COPD)	Diagnosis confirmed by a GP or specialist. Copy of lung function test performed to American Thoracic Society (or similar) criteria demonstrating FEV1/FVC post-bronchodilator values <70% and FEV1 post-bronchodilator <80% of predicted as per Risk Equalisation Fund (REF) criteria
Chronic renal disease	Diagnosis confirmed by a nephrologist or specialist physician. Copy of lab results required: serum creatinine clearance value or a glomerular filtration rate estimate of eGFR ≤ 60 ml/min/1.73m ²
Coronary artery disease	Diagnosis confirmed by a specialist physician or cardiologist
Crohn's disease	Diagnosis by a specialist physician, paediatrician, surgeon, gastroenterologist or by a provider employed by a State hospital. Endoscopy report with histology results (colonic disease). Small bowel disease: imaging studies. Lab results: FBC; ESR and CRP; stool culture
Diabetes insipidus	Diagnosis by a specialist physician, paediatrician, neurologist, neurosurgeon or endocrinologist with the relevant ICD-10 code(s)
Diabetes mellitus type 1	Specialist initiation and confirmatory lab results: <ul style="list-style-type: none"> • HbA1c >6.5% • x2 random glucose >11mmol/l • x2 fasting blood >7mmol/l • x1 blood glucose >15mmol/l • GTT (fasting glucose >7mmol/l and/or two hours post-prandial glucose load >11.1mmol/l)
Diabetes mellitus type 2	Diagnosis confirmed by a GP or specialist physician and confirmatory lab results as above
Epilepsy	New diagnosis confirmed by a specialist physician, neurologist, paediatrician or neurosurgeon
Glaucoma	Diagnosis confirmed by an ophthalmologist
Haemophilia	Diagnosis confirmed by a specialist physician. Copy of lab results of factor VIII or factor IX levels <5%
Hyperlipidaemia	Diagnosis confirmed by a GP or specialist physician. Copy of lipogram results and documentation related to the risk assessment (Framingham Risk Score). Details of patient history: established vascular disease and details of any procedure performed e.g. angioplasty, stent etc. Details of family history from prescribing doctor (to include details of cardiovascular events in member's first-degree relatives, including age of onset)
Hypertension	Diagnosis by a GP or specialist physician
Hypothyroidism	Diagnosis confirmed by a GP or specialist with relevant pathology
Multiple sclerosis	Diagnosis to be confirmed by a specialist physician, neurologist or neurosurgeon. Motivation and tick sheet to be filled in by a neurologist
Parkinson's disease	Diagnosis confirmed by a neurologist with relevant ICD-10 code(s)
Rheumatoid arthritis	Diagnosis confirmed by GP and a tick sheet to be completed, or diagnosis confirmed by a specialist physician, paediatrician or rheumatologist. We also require the following clinical information: Serum rheumatoid factor (RF), anti-CCP, ESR or C-reactive protein (CRP) and relevant X-rays
Schizophrenia	Diagnosis confirmed by a psychiatrist or paediatric psychiatrist
Systemic lupus erythematosus	Diagnosis by a specialist physician, paediatrician or rheumatologist
Ulcerative colitis	Diagnosis by a specialist physician, surgeon or gastroenterologist. Colonoscopy report with histology results. Lab results: FBC, ESR and CRP; stool culture

Chronic registration clinical criteria (continued)

Additional chronic conditions PLUS OPTION ONLY	Further information/tests required
Allergic rhinitis (hay fever)	ENT, paediatrician or physician. Prescription from a GP will be considered if condition is severe or associated with asthma
Alzheimer's disease	Psychiatrist/neurologist prescription and MMSE
Ancillary treatment in cancer	Oncologist prescription
Auto-immune haemolytic anaemia	Prescription with full blood count and iron studies not older than one month
Benign prostatic hypertrophy	Urologist prescription. GP prescription with PSA results
Cardiac arrhythmia	Cardiologist/physician's prescription
Cerebral aneurysm	Specialist prescription and motivation
Conn's Syndrome	Specialist prescription and motivation
Cushing's disease	Specialist prescription
Cystic fibrosis	Specialist prescription
Deep vein thrombosis (DVT)	Doctor's prescription
Gastro-oesophageal reflux disease (GORD)	Gastroscopy results required
Gout	Diagnosis confirmed by a GP or specialist
Major depression	Psychiatrist prescription. Benefits allocated for 12 months at a time. Benzodiazepines and sleeping tablets excluded on the chronic benefit
Menopause	Hormone profile for patients <50 years unless prescribed by a gynaecologist or hysterectomy done
Migraine prophylaxis	GP or specialist prescription
Myasthenia gravis	Specialist prescription
Osteo-arthritis	GP or specialist prescription
Osteoporosis	DEXA scan results required indicating osteoporosis and fracture history if applicable
Paraplegia	Letter of motivation detailing clinical history from prescriber
Pemphigus	Dermatologist prescription
Peripheral vascular disease	GP or specialist prescription
Psoriasis	GP or dermatologist initiation
Scleroderma	Specialist prescription
Stroke (CVA/TIA)	Specialist prescription
Tuberculosis	GP or specialist prescription and diagnostic test results
Waldenström's syndrome	Specialist prescription and motivation
Wilson's disease	Specialist prescription and motivation

Non-Chronic Disease List (CDL) conditions PRIMARY OPTION ONLY	Further information/tests required
Acne	Prescription
Allergic rhinitis (hay fever)	Prescription and motivation required if steroid nasal spray and antihistamine being requested where there is no associated asthma
Depression	Prescription Benzodiazepines and sleeping tablets excluded on the chronic benefit
Dysrhythmias (non-PMB)	Prescription
Migraine	Prescription Only the prophylaxis is covered
Gout	Prescription
Menopause	Prescription
Osteo-arthritis	Prescription