



Chronic Medication Risk Management Programme

The Wooltru Healthcare Fund has contracted Momentum Health Solutions to provide a service to our members who require treatment for their chronic conditions. The Chronic Medication Risk Management 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 chronic medication 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 the Fund. The Chronic Medication Risk Management 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 the Fund, as well as medical scheme legislation. Each application for authorisation of medication from the chronic medication benefit is subject to chronic medication clinical guidelines and protocols applicable at that time.

Authorisation and payment of medication from the chronic medication benefit is also subject to the Fund 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). The Fund 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.

If you do not use healthcare providers who have a payment arrangement with the Fund, 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 Fund 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 Fund will provide.

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



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

PMB chronic disease list conditions

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

Get to know all about your chronic benefits

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

How to register for chronic medication

There are **two** methods that you can use to obtain your chronic medication authorisation:

1

Telephonic application process (Saver and Comprehensive Option members only)

- Ask your doctor or pharmacist to call us on 0861 888 346 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, in order 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 mailed 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.wooltruhealthcarefund.co.za.
 - Call our Client Service Team on 0800 765 432 (Network Option members) or 0802 228 922 (Saver and Comprehensive Option members) and they will email a form to you.
- Complete the member information 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. An incomplete form will delay the processing of your application.
- Send the application form, together with the requested information by:
 - post to Chronic Medication Risk Management Programme, PO Box 15079, Vlaeberg 8018; or
 - email to chronic@wooltruhealthcarefund.co.za.
- We will process your application on receipt of the completed form.
- 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 Fund 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 one of the application processes mentioned above 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 three 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 six weeks prior to the expiry date of your authorisation to ensure continued benefits.



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.

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 YourLife Programme on 0860 109 793 (all calls are confidential).

Important notes

- You need to register on the Chronic Medication Risk Management Programme and get approval for chronic medication to be paid from the chronic benefit.
- You can view the list of medication applicable to your benefit option on the Mediscor website at https://secure.mediscor.co.za/adocs/schemeformularies/WoolTru_Formulary_Lookup.html.
- Our Chronic Medication Risk Management 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. Wooltru Healthcare Fund 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.
- 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.

Protection of Personal Information

Wooltru Healthcare Fund 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 Chronic Medication Risk Management Programme.

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10/2021

Chronic Medication Risk Management Programme

Post Chronic Medication Risk Management Programme, PO Box 15079, Vlaeberg 8018
Tel 0800 765 432 (Network Option members) | 0802 228 922 (Saver and Comprehensive Option members)
0861 888 346 (doctors and pharmacists for Saver and Comprehensive Option members only)
Email chronic@wooltruhealthcarefund.co.za **Website** www.wooltruhealthcarefund.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 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

Saver and Comprehensive Options only

Additional chronic conditions	Further information/tests required
Acne	Prescription from a dermatologist. Authorised for maximum six months at a time. Soaps and cleansers will not be allocated from the chronic benefit
Allergic rhinitis	Either nasal corticosteroids (preferred) or oral antihistamine
Allergic conjunctivitis	ENT or ophthalmologist prescription
Alzheimer's disease	Psychiatrist/neurologist prescription and MMSE
Anaemia	Prescription with full blood count and iron studies not older than one month

Chronic registration clinical criteria (continued)

Saver and Comprehensive Options only

Additional chronic conditions	Further information/tests required
Ankylosing spondylitis	Specialist prescription
Anorexia	Psychiatrist prescription/motivation
Anxiety disorder	Initiation by a GP or psychiatrist. Psychiatrist prescription for second-line treatment. Limited to 12 months approval
Aplastic anaemia	Specialist or GP prescription, full blood count and iron studies not older than one month
Attention deficit hyperactivity disorder	Diagnosis confirmed by a paediatrician, psychiatrist or neurologist or a prescription from a GP together with a report from a psychologist
Benign prostatic hypertrophy	Urologist prescription. GP prescription with PSA results
Cardiac arrhythmia	Cardiologist/physician's prescription
Cerebral palsy	Specialist prescription
Chronic leg ulcers	Specialist prescription
Collagen disease	Specialist prescription/motivation
Cushing's disease	Specialist prescription
Cystic fibrosis	Specialist prescription
Depression	Initiation by a GP or psychiatrist. Psychiatrist prescription for second-line treatment. Limited to 12 months approval
Dermatitis	A dermatologist prescription required for immunosuppressants. Benefits allocated for six months at a time
Dermatomyositis	Specialist prescription
Diverticulitis	Gastroenterologist prescription and investigation results
Dystonias	Neurologist prescription
Eczema (allergic dermatitis)	A dermatologist prescription required for immunosuppressants. Benefits allocated for six months at a time
Endometriosis	Gynaecologist prescription. Diagnosis confirmed by laparoscopy report (histology)
Enuresis	Urologist prescription and motivation
Gastro-oesophageal reflux disease	Gastroscopy results required
Gout	Diagnosis confirmed by a GP or specialist
Glomerular disease	Nephrologist prescription/motivation and relevant pathology
Huntington's disease	Neurologist motivation with relevant investigation results
Hyperthyroidism	GP or specialist prescription with relevant pathology
Hyperaldosteronism	Specialist motivation with relevant pathology
Hypoparathyroidism	Specialist prescription with relevant pathology
Intestinal malabsorption syndrome	Gastroenterologist prescription and investigation results
Ischaemic heart disease (angina)	Cardiologist/physician prescription or proof of ischaemic heart disease
Macular degeneration	Ophthalmologist prescription and diagnostic OCT results
Major depression	Psychiatrist prescription. Benefits allocated for 12 months at a time. Benzodiazepines and sleeping tablets excluded on the chronic benefit
Ménière's disease (vertigo)	GP or specialist prescription with motivation
Menopause	Hormone profile for patients <50 years unless prescribed by a gynaecologist or hysterectomy done
Migraine prophylaxis	GP or specialist prescription
Motor neuron disease	Specialist prescription
Muscular dystrophy	Specialist prescription
Myasthenia gravis	Specialist prescription
Narcolepsy	Specialist prescription
Neuropathy	GP or specialist prescription
Obsessive compulsive disorder	Psychiatrist prescription

Chronic registration clinical criteria (continued)

Saver and Comprehensive Options only

Additional chronic conditions	Further information/tests required
Onychomycoses	GP or specialist prescription
Organ transplant	Specialist prescription/motivation
Osteo-arthritis	GP or specialist prescription
Osteoporosis	Dexa scan results required indicating osteoporosis and fracture history if applicable
Paget's disease	Dexa scan results required, fracture and medication history if applicable
Pancarditis	Cardiologist prescription
Panic disorder	Psychiatrist prescription. Benefits allocated for 12 months at a time. Benzodiazepines and sleeping tablets excluded on the chronic benefit
Paraplegia	Letter of motivation detailing clinical history from prescriber
Pemphigus	Dermatologist prescription
Peripheral vascular disease	GP or specialist prescription
Pituitary adenomas	Specialist prescription and relevant pathology
Pituitary disease	Specialist prescription and relevant pathology
Polyarteritis nodosa	Specialist prescription
Polycystic ovarian disease	Gynaecologist motivation with scans/relevant pathology
Post-traumatic stress syndrome	Psychiatrist prescription
Psoriasis	GP or dermatologist initiation. A dermatologist prescription will be required for immunosuppressants
Psoriatic arthritis	Specialist prescription
Pulmonary hypertension	Cardiologist/physician prescription and diagnostic test results
Pulmonary interstitial fibrosis	Pulmonologist prescription and relevant diagnostic test results
Quadriplegia	Letter of motivation detailing clinical history from prescriber
Rosacea	Dermatologist prescription
Sarcoidosis	Specialist motivation
Scleroderma	Specialist prescription
Sjogren's disease	Specialist motivation and relevant pathology confirming the diagnosis
Stroke (CVA/TIA)	Specialist prescription
Systemic sclerosis	Specialist prescription
Tic disorder	Psychiatrist/specialist prescription
Thromboangiitis obliterans	Specialist prescription
Thrombocytopaenic purpura	Specialist prescription
Thromboembolic disorder	GP or specialist prescription
Tourette's syndrome	Psychiatrist motivation
Trigeminal neuralgia	Specialist prescription
Tuberculosis	GP or specialist prescription and diagnostic test results
Urinary incontinence	GP or specialist prescription
Urinary tract infections (chronic)	GP or specialist prescription
Valvular heart disease	Specialist prescription

Network Option only

Additional chronic conditions	Further information/tests required
Acne	Prescription from a dermatologist. Authorised for maximum six months at a time. Soaps and cleansers will not be allocated on the chronic benefit
Allergic rhinitis	Either nasal corticosteroids (preferred) or oral antihistamine
Cardiac arrhythmia	Cardiologist/physician prescription

Chronic registration clinical criteria (continued)

Network Option only

Additional chronic conditions	Further information/tests required
Depression	Initiation by a GP or psychiatrist. Psychiatrist prescription for second-line treatment. Limited to 12 months approval
Gout	Diagnosis confirmed by a GP or specialist
Menopause	Hormone profile for patients <50 years unless prescribed by a gynaecologist or hysterectomy done
Migraine prophylaxis	GP or specialist prescription
Osteo-arthritis	GP or specialist prescription
Osteoporosis	Dexa scan results required indicating osteoporosis and fracture history if applicable
Stroke (CVA/TIA)	Specialist prescription
Thromboembolic disorder	GP or specialist prescription