

CHRONIC MEDICATION BENEFITS 2023

QUALIFYING CRITERIA FOR CHRONIC MEDICATION BENEFITS

Profmed covers 26 CDL conditions on all options, and additional conditions on the more comprehensive options.


To qualify for the Chronic Medication benefit, specific clinical criteria and medication formularies apply. The conditions covered by the Scheme are listed in the Chronic Disease List (CDL).

In terms of the formularies for chronic conditions, only specific medication is funded from the Chronic Medication benefit. The Chronic Medicine List (CML) outlines the medication covered by Profmed medical aid scheme. The CML can be accessed from the Profmed website. Select the “Additional Information on Benefits” tab, click on “Chronic Medication” tile, for further information. Medication not qualifying for the Chronic Medication benefit may be considered for funding from the acute medicine benefit.

AUTHORISATION FOR CHRONIC BENEFITS

Authorisation is required for the 26 chronic conditions, and the additional conditions covered by Profmed, listed per option on Profmed’s Chronic Disease List (CDL), in order to qualify for funding from the Chronic Medication benefit.

To qualify for benefits from the Chronic Medication benefit, your chronic condition must first be registered and thereafter your chronic medication must be authorised. This process is telephonic and no forms need to be completed. Your treating doctor or pharmacist must request authorisation on your behalf as specific clinical information will be required to validate the authorisation.

Registering your condition and authorisation of your medication must be done by calling Chronic Authorisations on  0800 132 345.

The registration of your chronic condition does not change but the authorisation of your medication needs to be re-authorised at certain intervals. It is vital that you are aware of the expiry date of your authorisation and to renew the authorisation timeously. If your Chronic Medication is not authorised before the expiry date, benefits will be paid from the acute medicine benefit, subject to the availability of funds.

FUNDING FOR CHRONIC CONDITIONS

Chronic medication is funded from the Chronic Medication benefit, subject to available funds. The consultations, radiology and pathology related to these chronic conditions are funded from the available day-to-day benefits. Once day-to-day benefits are depleted, benefits will continue to be funded from risk, and in terms of the PMB legislation.

Profmed may limit the medication covered in accordance with gazetted therapeutic algorithms and Reference Pricing. Maximum Medical Aid Pricing (MMAP®) and the Single Exit Price for medication will also apply.

Unregistered drugs and “off-label” usage of drugs will not be funded. Off-label drugs are medicines used for a condition for which they are not specifically registered. Certain PMB high-cost drugs, which include, but are not limited to biological drugs, which are not listed in the algorithms will only be covered on the more comprehensive options and funding is strictly subject to protocols and Scheme rules.

CHRONIC CONDITIONS

A list of conditions that are covered in full in terms of the Scheme rules if services are rendered according to the Scheme's benefits, treatment plans and protocols, CDL medication lists, and claimed with the correct diagnostic (ICD-10) codes.

These conditions are covered on all Profmed's options, but benefits will be more or less restrictive depending on the option the member has chosen.

Addison's Disease	Chronic Renal Disease	Epilepsy	Parkinson's Disease
Asthma	Coronary Artery Disease	Glaucoma	Rheumatoid Arthritis
Bipolar Mood Disorder	Chrohn's Disease	Haemophilia	Schizophrenia
Cardiomyopathy Disease	Diabetes Insipidus	Hypertension	Systemic Lupus Erythematosus
Chronic Obstructive Pulmonary Disorder	Diabetes Mellitus Types 1 & 2	Hypothyroidism	Ulcerative Colitis
		Multiple Sclerosis	

CHRONIC DISEASE LIST (CDL)

The **271 conditions** are listed in Annexure A of the Medical Schemes Act, which is available on the website of the Council for Medical Schemes at www.medicalschemes.co.za.

The Act obliged schemes from 1 January 2000 to provide minimum benefits for these conditions.

This Chronic Disease List (CDL) is a prescribed minimum benefits list that ensures all medical aid schemes fund the cost of the diagnosis, medical management (consultations and procedures) and medication of a specified list of 26 chronic conditions.

These conditions are covered in full in terms of the Scheme rules if services are rendered according to the Scheme's benefits, treatment plans and protocols, CDL medication lists, and claimed with the correct diagnostic (ICD-10) codes.

These conditions are covered on all of Profmed's options, but benefits will be more or less restrictive depending on the benefit option that you have chosen.

PRESCRIBED MINIMUM BENEFIT CDL CONDITIONS

Addison's Disease	Chronic Renal Disease	Glaucoma	Parkinson's Disease
Asthma	Coronary Artery Disease	Haemophilia	Rheumatoid Arthritis
Bipolar Mood Disorder	Crohn's Disease	HIV/Aids	Schizophrenia
Bronchiectasis	Diabetes Insipidus	Hyperlipidaemia	Systemic Lupus Erythematosus
Cardiac Failure	Diabetes Mellitus Types 1 & 2	Hypertension	
Cardiomyopathy Disease	Dysrhythmias	Hypothyroidism	Ulcerative Colitis
Chronic Obstructive Pulmonary Disorder	Epilepsy	Multiple Sclerosis	

OTHER NON-CDL CONDITIONS

Relevant Diagnostic & Treatment Pairs (DTPs)

Note: MMAP® and reference pricing apply on all options.