



Medicine Advisory Services

A guide to managing your chronic medication usage

Who we are

Bankmed Medical Scheme (referred to as 'the Scheme'), registration number 1279, is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07) which takes care of the administration of your membership for the Scheme.

What we do to help you save costs

As chronic and acute medication is very expensive, it is important to ensure that your benefits are used wisely. To achieve this, the Medicine Advisory Services have introduced different ways of ensuring that the most cost-effective option is used.

Generic substitution

What is generic medication?

Generic medication is merely a 'copy' of the original brand-name medication. They are chemically identical to their brand-name equivalents in dosage, strength, quality, performance characteristics and intended use. The only differences are that generics may look different and are more cost effective than branded medication.

Medicine Advisory Services encourages the use of generic medication

Medicine Advisory Services will always encourage Healthcare Professionals and members to opt for generic alternatives for prescribed medication. When applications for chronic medication are reviewed, Medicine Advisory Services may substitute the prescribed medication with a generic alternative to ensure you have the best cover.

In this regard, it is important to note that no changes to your medication will be implemented if your Healthcare Professional has not agreed to a generic substitution.

Bankmed Medicine Advisory Services aims to provide you with a structured way to achieve the desired results with your medication usage, especially chronic medication.

Chronic medication refers to medication you have to use on a continuous basis over an extended period of time to control life-threatening conditions, such as high blood pressure or asthma. This differs from acute medication, which is medication prescribed to treat a single incidence of an illness, such as colds and flu. The information below will provide you with a detailed explanation as to how Medicine Advisory Services works and how you may benefit from it.

How you may make use of the Medicine Advisory Services

Pre-authorisation for chronic medication through Medicine Advisory Services

Medicine Advisory Services provides an efficient pre-authorisation process for chronic medication users, which combines advanced technology with pharmacological and medical expertise. Medicine Advisory Services may be contacted to register, change, or update your chronic medication. Applications for medication are assessed in accordance with clinical guidelines/evidence based medication.

Conditions covered from the Chronic Illness Benefit

The chronic conditions that are covered on all Plans

The Prescribed Minimum Benefit (PMB) provides cover for a defined list of chronic conditions called the Chronic Disease List (CDL) conditions. These chronic conditions are covered on all Plan types.

The following Chronic Disease List conditions are covered:

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

Treatment baskets for the PMB CDL conditions

The Chronic Illness Benefit covers defined tests and a limited number of specialist consultations up to the Scheme Rate for each year for the PMB CDL conditions. You also have cover for four (4) GP consultations related to your approved PMB CDL condition(s) a year. The tests and consultations are pro-rated based on the date of approval of your condition. Where you have cover for the same procedures or tests in more than one basket, funding will be limited to the number of procedures or tests in the basket that has the highest quantity.

Contact us for the latest copy of the treatment baskets or visit www.bankmed.co.za

The chronic conditions that are covered on the Traditional, Comprehensive or Plus Plans

Members on the Traditional, Comprehensive or Plus Plans have access to cover for medication for additional chronic conditions. These conditions are:



- Acne
- Allergic Rhinitis
- Ankylosing Spondylitis
- Anxiety Disorder (Chronic)
- Atopic Dermatitis (Eczema)
- Attention deficit disorder
- Benign Prostatic Hypertrophy
- Cardiac arrhythmias (non-PMB)
- Cystic Fibrosis
- Depression
- Gastro-oesophageal reflux disease
- Gout
- Hyperthyroidism
- Motor neuron disease
- Myasthenia Gravis
- Osteoarthritis
- Osteoporosis
- Paget's disease
- Peptic ulcer
- Psoriasis
- Schizo-affective disorder
- Spinal cord injuries (Paraplegia/Quadriplegia)
- Urinary incontinence and Enuresis

The chronic conditions that are covered on the Comprehensive and Plus Plans

Members on the Traditional, Comprehensive or Plus Plans have access to cover for medication for additional chronic conditions. These conditions are:

- Alzheimer's disease
- Menier's disease

Apply to have your condition covered

For a condition to be covered from the Chronic Illness Benefit, there are certain criteria you need to meet.

You need to apply for each chronic condition to be covered from the Chronic Illness Benefit. We will only pay for the medication and treatment from the Chronic Illness Benefit should your condition and medication be approved.

You may need to send Bankmed the results of the medical tests and investigations that confirm the diagnosis of the condition for which you are applying for cover. This will help us to identify that your condition qualifies for cover from this benefit.

How to apply for chronic medication if you are on the Core Saver, Traditional, Comprehensive or Plus Plans

Action required for current/existing chronic medication authorisations

No action is required if you have current approved chronic medication authorisation registrations – these remain approved unless a termination letter is posted or e-mailed to you.

Action by your Healthcare Professional/pharmacist is only required in the following scenarios:

- Your chronic medication approval expires (you will receive a letter informing you of this authorisation termination)
- Your Healthcare Professional diagnoses a new chronic condition that requires new medication
- The chronic medication that is prescribed is not included in the Condition Medicine List (CML basket) for the registered condition
- Where a co-payment exists, you may ask the prescribing Healthcare Professional to contact Bankmed's Chronic Advisory Services at 0800 BANKMED (0800 226 5633) or e-mail chronic@bankmed.co.za:
 - For a list of alternatives with no co-payment
 - To motivate for full reimbursement, subject to clinical review



Your Healthcare Professional may search for an alternative with no co-payment on www.bankmed.co.za or search using the Medicine search tool.

Methods of application for chronic medication

- **Telephonic application process**

Ask your Healthcare Professional or pharmacist to contact 0800 132 345 and supply them with all the relevant details pertaining to your application. The application will be processed immediately. Your Healthcare Professional will supply you with your medication or a prescription, which you may take to your pharmacy. A copy of the authorisation letter will be e-mailed to you. Should any medication items be rejected, or should Medicine Advisory Services require additional information to support your application, the reasons will be provided at the time. An authorisation period will be indicated for each approved medication.

- **Written application process**

You can obtain a Medicine Advisory Services application form on www.bankmed.co.za or you may contact the Call Centre on 0800 BANKMED (0800 226 5633) for a form to be sent to you. Complete the applicant's section of the application form. Ask your Healthcare Professional to complete the practitioner's section of the form. Check that the application form is correctly completed and that it is accompanied by test results or specialist reports, as indicated on the application form (if required).

An incomplete form will delay the processing of your application

Submit the application form, together with the requested information to chronic@bankmed.co.za

We will process your application once we receive the completed form. If approved, a copy of the medication authorisation letter will be e-mailed to you. If any medication items have been rejected or should the Medicine Advisory Services specialists require additional information to support your application, the reasons will be provided. An authorisation period will be indicated for the approved medication. All medication approved as chronic will be covered from your Chronic Medicine Benefit, provided that you have not exhausted the benefit available to you.

Chronic condition-basket

Bankmed has introduced an innovative way of providing you with access to chronic medication from your Chronic Medication Benefit, in the form of chronic condition-basket authorisations. The chronic condition-basket provides you with a variety of authorised medications with which to treat chronic conditions. All PMB chronic disease list (CDL) conditions and a few additional chronic conditions are authorised on this chronic condition-basket basis.

If the authorised medication is included in the basket, you do not need to re-apply for that medication.

Changes to authorised medication

Should your Healthcare Professional wish to change your medication, or its strength or dosage during the authorised period, and it is not within your chronic condition-basket, your Healthcare Professional or pharmacist may call Pharmacist-on-line to conduct a telephonic update of your chronic medication. The application will be processed immediately. Alternatively, a written application form should be submitted. You may obtain the Medicine Advisory Services form at www.bankmed.co.za or you may contact the Call Centre on 0800 BANKMED (0800 226 5633) for a form to be sent to you.

Re-applications

Re-application for your chronic medication is not an automatic process and continuation of the Chronic Medication Benefit will only be considered if the attending Healthcare Professional or pharmacist follows the process set out previously.



Medication pricing

All chronic medication is subject to the Scheme medication reference price. This price serves as a guide to determine the maximum price that medical schemes will reimburse for a pharmaceutical product that has a generic alternative available.

Unauthorised or rejected medication

For any medication not approved, an appropriate reason for the rejection will be supplied.

If the reason states that special tests or specialist reports are required, kindly obtain these from your Healthcare Professional and submit them to us as soon as possible by e-mailing chronic@bankmed.co.za. Your application will be reconsidered once the supporting documentation has been received.

If certain medication or conditions are not approved by the Medicine Advisory Services, your Healthcare Professional may submit a detailed clinical report for reconsideration to the Clinical Review Committee at Bankmed Medicine Advisory Services.

How to obtain your authorised medication

Kindly request a separate, handwritten prescription listing only your approved chronic medication from your Healthcare Professional.

To obtain your authorised medication from a pharmacy, show both the medication authorisation letter and the Healthcare Professional's handwritten prescription to the dispensing pharmacist. If you pay cash, please submit the detailed invoice and a copy of your receipt to claims@bankmed.co.za to ensure that you are refunded.

How to apply for chronic medication if you are on the Basic or Essential Plans

Methods of application for chronic medication

Written application process

You may obtain the application form to apply for cover from the Chronic Illness Benefit at www.bankmed.co.za / FIND A DOCUMENT / Application Forms.

The Chronic Illness Benefit covers treatment for the Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) conditions on both the Basic and Essential Plans. Members on the Basic Plan also have access to cover for an Additional Disease list condition, Major Depression.

You and your Healthcare Professional need to complete a Chronic Illness Benefit application form and apply for cover from the Chronic benefit. Your cover is subject to benefit entry criteria being met.

Once you have checked that the form is correctly completed and that it is accompanied by all the test results or reports indicated on the form, submit it to chronicBasicEssential@bankmed.co.za.

An incomplete form will delay the processing of your application

We will process your application upon receipt of the completed form. The outcome of your application will be sent to you using the details you provided on the application form.

HealthID application process

If your Healthcare Professional is using HealthID and you have provided consent, they may apply for cover from the Chronic Illness Benefit through HealthID.

Medication funding

A medicine list (formulary) applies to CDL conditions. Medication on the list is funded up to the Scheme Rate for medication. Medication which is not on the list is funded up to the Generic Reference Price (GRP), which is up to the lowest cost medication of the same kind on our medicinelist (formulary) for the condition. A medicine



list (formulary) also applies to ADL conditions. Medication on the list is funded in full up to the Scheme Rate for medication. Medication which is not on the list is not funded from the Chronic Illness Benefit and you will be required to pay for it yourself.

You can find the medicine list (formulary) and other useful information on the Chronic Illness Benefit at www.bankmed.co.za.

Changes to approved medication

Should your Healthcare Professional change your treatment, we require an updated prescription to be sent to us at chronicBasicEssential@bankmed.co.za in order for us to update your authorisation and ensure we fund your medication from the correct benefits. If you are diagnosed with a new condition, you will be required to submit a new completed application form.

Unauthorised medication

If we have communicated to you that your medication has not been approved because special tests or reports are required, kindly obtain these from your Healthcare Professional and submit them to us as soon as possible. Your application will be reconsidered once the supporting documentation has been received.

If certain medication or conditions are not approved, your Healthcare Professional may submit a detailed clinical report for reconsideration to the Clinical Review Committee at Bankmed Medicine Advisory Services.

How to obtain your authorised medication

Kindly request your Healthcare Professional to provide you with a handwritten prescription. Show both the medication authorisation letter and the Healthcare Professional's handwritten prescription to the dispensing pharmacist.

Bankmed has Designated Service Providers (DSPs) for chronic medication. Obtaining your approved chronic medication from a pharmacy that is a DSP will mean that you will not have to make any co-payments. If you obtain your approved chronic medication from a non-DSP pharmacy, we will only provide cover up to 80% of the Scheme Rate, and you will be liable for the balance.

Complaints process

You may lodge a complaint or query with Bankmed Medical Scheme directly on 0800 BANKMED (0800 226 5633) or address a complaint in writing directly to the Principal Officer.

Should your complaint remain unresolved, you may lodge a formal dispute by following Bankmed Medical Scheme's internal disputes process.

Members, who wish to approach the Council for Medical Schemes for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or via e-mail at complaints@medicalschemes.co.za. Customer Care Centre: 0861 123 267/website www.medicalschemes.co.za

