



# Application for registration of medicine: chronic and prescribed minimum benefits (PMB)

**Enquiries:** 086 0100 678  
**Email address:** medicineapp@medihelp.co.za

## Section 1: To be completed by the patient

### Details of main member

Title _____	Identity number	<input type="text"/>
Surname _____	Initials	_____
Benefit option _____	Membership number	<input type="text"/>

### Details of patient

Title _____	Identity number	<input type="text"/>
Surname _____	Initials	_____
Telephone number (H) _____	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Cell phone number _____	Telephone number (W)	_____
Email address _____		

I understand and declare that my application shall be voided should any information supplied by me be false or incomplete. I grant permission to my doctor to state the diagnosis of my medical condition on this form and understand that the information on this application form will remain confidential at all times. I understand that authorisation is subject to clinical entry criteria and algorithms as determined by Medihelp.

Signature of patient	<input type="text"/>	Date	<input type="text"/>
	<i>(parent/guardian if minor)</i>		

## Section 2: To be completed by the medical practitioner

### Details of medical practitioner

Initials and surname _____	
Type of practitioner (e.g. general practitioner) _____	
Practice number _____	Telephone number _____
Email address _____	

I declare that to the best of my knowledge, all the information provided in this application is true and accurate. I acknowledge that Medihelp can only make informed reimbursement decisions if supplied with all relevant information about the patient's condition.

Signature	<input type="text"/>	Date	<input type="text"/>
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## Required criteria for approval of PMB chronic medicine benefits

Members can apply for **PMB medicine** benefits for the following 26 chronic conditions on the Chronic Diseases List (CDL). It is imperative that a patient **meets the criteria** as stipulated in the application form when applying for benefits for these conditions. The following details are provided for your information only, and should kindly not be returned to Medihelp with your application. In the case of **MedMove!**, **MedVital Elect**, **MedAdd Elect** and **MedPrime Elect** members the relevant formulary must be consulted before medicines for PMB conditions are prescribed.

PMB condition	Requirements for all benefit options
Addison disease	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by an <b>endocrinologist, specialist physician</b> or <b>paediatrician</b></li> </ul>
Asthma	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a registered medical practitioner</li> </ul>
Bipolar disorder	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>psychiatrist</b> in case of a <b>new application</b></li> <li>If diagnosed by a <b>general practitioner</b>, confirmation of the diagnosis by a <b>psychiatrist</b> within six months of a <b>new application</b></li> </ul>
Bronchiectasis	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>pulmonologist, specialist physician</b> or <b>paediatrician</b></li> </ul>
Cardiac failure	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a registered medical practitioner</li> </ul>
Cardiomyopathy	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>cardiologist, specialist physician</b> or <b>paediatrician</b></li> </ul>
Chronic obstructive pulmonary disease (COPD)	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a registered medical practitioner</li> <li>A lung function test indicating both the FEV1/FVC and FEV1 <b>post-bronchodilator</b> values</li> </ul>
Chronic renal disease	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>nephrologist, specialist physician</b> or <b>paediatrician</b> in case of a <b>new application</b></li> <li>Diagnostic serum creatinine clearance results <b>or</b> glomerular filtration rate (GFR) in case of a <b>new application (please attach pathology results)</b></li> <li>Haemoglobin results if applying for erythropoietin</li> </ul>
Coronary artery disease	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a registered medical practitioner</li> </ul>
Crohn disease	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>gastroenterologist, specialist physician, surgeon</b> or <b>paediatrician</b></li> </ul>
Diabetes insipidus	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by an <b>endocrinologist</b></li> </ul>
Diabetes mellitus type 1	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a registered medical practitioner</li> </ul>
Diabetes mellitus type 2	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a registered medical practitioner</li> <li>Diagnostic fasting plasma glucose, random blood glucose, two-hour post-load glucose or glycated haemoglobin A1c (HbA1c) results in case of a <b>new application (please attach pathology results which confirmed your initial diagnosis)</b></li> </ul>
Dysrhythmia	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a registered medical practitioner</li> </ul>
Epilepsy	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>neurologist, specialist physician, paediatrician</b> or <b>geriatrician</b> in case of a <b>new application</b></li> </ul>
Glaucoma	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by an <b>ophthalmologist</b></li> </ul>
Haemophilia	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a registered medical practitioner</li> <li>Diagnostic results of factor VIII or IX levels in case of a <b>new application</b></li> </ul>
Hyperlipidaemia	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by any registered medical practitioner</li> <li>Complete the <b>application form for hyperlipidaemia in section 4</b></li> <li><b>Fasting diagnostic lipogram</b>, including the total cholesterol, HDL, triglyceride and LDL values</li> </ul>
Hypertension	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a registered medical practitioner</li> </ul>
Hypothyroidism	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a registered medical practitioner</li> <li>Complete the <b>application form for hypothyroidism in section 5</b></li> <li>Diagnostic TSH and FT4 pathology results in case of a <b>new application (please attach diagnostic pathology results)</b></li> </ul>
Multiple sclerosis	<ul style="list-style-type: none"> <li>ICD-10 code and clinical diagnostic report by a <b>neurologist</b>, supported by MRI findings</li> <li>If disease-modifying therapy is prescribed, please phone the Medihelp Customer Care centre on 086 0100 678 to request the <b>relevant application form</b></li> </ul>
Parkinson disease	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>neurologist</b> or <b>specialist physician</b></li> </ul>
Rheumatoid arthritis	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>rheumatologist, specialist physician</b> or <b>paediatrician</b></li> </ul>
Schizophrenia	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>psychiatrist</b></li> </ul>
Systemic lupus erythematosus	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>rheumatologist, pulmonologist, nephrologist, specialist physician</b> or <b>paediatrician</b></li> </ul>
Ulcerative colitis	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>gastroenterologist, specialist physician, surgeon</b> or <b>paediatrician</b></li> </ul>

## Required criteria for approval of chronic medicine benefits

The following chronic conditions are also covered for MedPlus and MedElite members only. Please note that cover is subject to clinical entry criteria and protocols:

Chronic condition	Requirements (MedPlus and MedElite only)
Acne	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>dermatologist</b></li> </ul>
Allergic rhinitis	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a registered medical practitioner</li> </ul>
Alzheimer disease	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>neurologist</b> or <b>psychiatrist</b>, submitted with the results of a mini-mental state examination (MMSE), a short test of mental status (STMS) or a Montreal cognitive assessment (MoCA)</li> </ul>
Ankylosing spondylitis	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>rheumatologist, specialist physician</b> or <b>paediatrician</b></li> </ul>
Attention-deficit disorder with or without hyperactivity (ADHD)	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>psychiatrist, neurologist</b> or <b>paediatrician</b> in case of a new application</li> </ul>
Blepharospasm	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>neurologist</b> or <b>ophthalmologist</b>, with a motivation</li> </ul>
Cystic fibrosis	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>pulmonologist, specialist physician</b> or <b>paediatrician</b></li> </ul>
Dermatitis	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>dermatologist</b> if combination therapy is prescribed</li> </ul>
Gastro-oesophageal reflux disease	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a registered medical practitioner</li> <li>Gastroscopy report not older than 12 months to confirm diagnosis</li> </ul>
Generalised anxiety disorder	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>psychiatrist</b></li> </ul>
Gout	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a registered medical practitioner</li> </ul>
Major depression	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a registered medical practitioner</li> </ul>
Ménière disease	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by an <b>ear, nose and throat specialist</b></li> </ul>
Migraine	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a registered medical practitioner for first-line treatment</li> <li><b>Second-line treatment</b> will be considered if prescribed by a <b>neurologist</b></li> </ul>
Motor neuron disease	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>neurologist</b></li> </ul>
Myasthenia gravis	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>neurologist</b></li> <li>Diagnostic acetylcholine-receptor antibody test (attach the diagnostic pathology report)</li> <li>Date of initial diagnosis</li> </ul>
Narcolepsy	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>neurologist</b> or <b>psychiatrist</b></li> </ul>
Neuropathic pain	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a registered medical practitioner</li> </ul>
Obsessive-compulsive disorder	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>psychiatrist</b></li> </ul>
Osteo-arthritis	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a registered medical practitioner</li> </ul>
Osteoarthritis	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a registered medical practitioner</li> <li>Bone mineral density test result (only a <b>DEXA scan</b> is accepted) and an indication of the relevant risk factors</li> </ul>
Posttraumatic stress disorder	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>psychiatrist</b></li> </ul>
Psoriasis	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>dermatologist</b></li> </ul>
Psoriatic arthritis	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>rheumatologist, specialist physician</b> or <b>paediatrician</b></li> </ul>
Pulmonary interstitial fibrosis	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>pulmonologist</b></li> </ul>
Sjögren syndrome	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>rheumatologist, specialist physician</b> or <b>paediatrician</b></li> </ul>
Trigeminal neuralgia	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a <b>neurologist</b></li> </ul>
Urinary incontinence	<ul style="list-style-type: none"> <li>ICD-10 code and diagnosis by a registered medical practitioner</li> </ul>



Surname and initials of main member \_\_\_\_\_

Name of patient \_\_\_\_\_ Membership number 

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**Section 4: Hyperlipidaemia**

Please supply the baseline lipogram values. If the baseline values are not available, confirm that the lipogram was done on therapy and specify the medicine currently being used.

Please attach the pathology report to this application.

Baseline lipogram  or On therapy

Total cholesterol \_\_\_\_\_ Triglycerides \_\_\_\_\_

HDL \_\_\_\_\_ LDL \_\_\_\_\_

If on therapy, indicate the medicine used when the attached lipogram was done or values were determined.

\_\_\_\_\_

Duration of therapy, if on therapy \_\_\_\_\_ Age when diagnosed \_\_\_\_\_

Systolic blood pressure reading \_\_\_\_\_

Is the patient on treatment for hypertension? 

Yes	No
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Does the patient smoke? 

Yes	No
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**Positive family history of myocardial infarction in:**

• First-grade male blood relative (father/brother) < 55 years 

Yes	No
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• First-grade female blood relative (mother/sister) > 65 years 

Yes	No
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**Familial hyperlipidaemia:**

Diagnosed by an endocrinologist? 

Yes	No
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Name of endocrinologist: \_\_\_\_\_

**Please indicate if the patient has/had the following conditions and supply the pathology results, where applicable.**

• Coronary artery disease 

Yes	No
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• Type 1 diabetes with demonstrated microalbuminuria or proteinuria – attach the pathology results 

Yes	No
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• Type 2 diabetes – attach the **diagnostic pathology results** if not yet registered with Medihelp. If not available, attach the most recent pathology results with confirmation that the patient is on therapy, and state the duration of the therapy. 

Yes	No
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Therapy duration \_\_\_\_\_

• Peripheral arterial disease 

Yes	No
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• Stroke 

Yes	No
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• Transient ischemic attack (TIA) 

Yes	No
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Please specify the medicine for which you are applying \_\_\_\_\_

ICD-10 code

Surname and initials of main member \_\_\_\_\_

Name of patient \_\_\_\_\_ Membership number 

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**Section 5: Hypothyroidism**

**Please supply the pathology report with the baseline TSH and FT4 values. If the baseline values are not available, confirm that the pathology was done on therapy.**

New diagnosis  or On therapy

Please indicate if the following is applicable to this patient:

- TSH-value raised (in case of a new diagnosis, please attach the pathology report to this application)
- Hashimoto's thyroiditis
- Thyroidectomy
- Radioactive iodine treatment

Please specify the medicine for which you are applying \_\_\_\_\_

ICD-10 code