# Medicine Management Chronic Medicine Benefit application





Please fax completed form to: 0861 00 4367 or post to: GEMS, Private Bag X782, Cape Town, 8000 or email to: chronicdsp@gems.gov.za Member and provider telephone: 0860 00 4367

Only complete this form if you are a fully registered member of GEMS

# Section A: To be completed by the member (please print using block letters)

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If the patient has diabetes, please provide the most recent HbA1c results.

# Section C: To be completed by the attending doctor (please print using block letters)

### Diagnosis and medicines for which authorisation is requested

Doctor's signature \_

Please note: PMB rules, chronic disease lists and medicine Formularies applicable to the specific medical scheme option will apply. As per the requirements of the Risk Equalisation Fund (REF), in order to register patients on the GEMS Medicine Management Programme, documentation from a relevant specialist and/or test results verifying the diagnosis, is required for the following diagnoses:

Diagnosis	Requirement
Hyperlipidaemia	Documentation of lipogram results and risk criteria. Please complete Section D
Chronic renal disease	Documentation of creatinine clearance or Glomerular Filtration Rate (GFR) estimate. (Most recent)
COPD	Documentation of lung function test. (Most recent)

Diagnosis and ICD-10 code	Medi	icine t	rade r	name	S e.	trenç g. 10	gth mg		ectio . 1 TI			Spe	ecial m	l inv	esti	igat	tion	s/		d	S etai pr	pec ls (i	ialis nam	st's ne a no)	and	1	Trea on p me sche dia	revi edic eme	ious al for
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Date D D M M Y

#### Only complete this form for patients with Hyperlipidaemia

## Section D: To be completed by the attending doctor (please print using block letters)

#### Motivation for a lipid modifying agent for the treatment of Hyperlipidaemia

Doctor's signature

In line with the requirements of the REF, the application can only be assessed on receipt of the completed form and copies of the relevant lipograms.

The reimbursement of lipid modifying therapy for primary prevention is reserved for patients with a greater than 20% risk of an acute clinical coronary event in the next 10 years. This funding decision is in accordance with local and international guidelines for the management of hyperlipidaemia.

Registered starting doses of lipid modifying drugs and incremental dosage increases will be considered. Higher dosages will be considered on motivation. Kindly consider a less costly alternative, e.g. generic simvastatin. Patient's details Surname Full first name Title Membership no Medical scheme Date of birth Gender Height Weight kg cm mmHg (sitting, having rested for 5 minutes) Calculated BMI Latest BP Requested drug and dose Ezetimibe is only considered for funding where very high risk patients have not reached an LDLC of ≤3.0mmol/l despite at least two months' compliance with standard therapy with a statin, titrated to the equivalent of rosuvastatin 40mg daily. Requests for the funding of Ezetimibe must be accompanied by a motivation. Risk factors (please indicate by ticking the appropriate box) Yes No Comment Smoker Diabetes mellitus Ischaemic heart disease (e.g. angina, myocardial infarct [MI]) Peripheral vascular disease (e.g. aortic aneurism) Stroke/transient ischaemic attacks (TIA) Renal artery stenosis History of fasting lipogram laboratory results (please indicate if the following results are pre-treatment or on treatment) Diagnosing lipogram (attach copy) Lipogram on treatment (attach copy) Lipogram on treatment (attach copy) Date Lipid modifying drug and dosage mg/day mg/day Total cholesterol S-HDL S-I DI Total triglyceride TSH (where LDLC ≥ 4mmol/l) Familial Hyperlipidaemia (FH) Diagnosed by an endocrinologist Yes Practice no Doctor's name Signs of FH (e.g. tendon xantomata) Family history of premature atherosclerotic event in 1st degree relative No Relative (e.g. father/sister) Description (e.g. Ml/stroke) Age at time of event/death

Date D

Please complete to receive your chronic medicine
Section E: To be completed by the member (please print using block letters)
Patient's details
Surname Full first name
Medical scheme
Membership no Dependant code Dependant code
Delivery details
Delivery method (tick one option only):
Courier Pharmacy (I/designated signatory will be available to receive the medicine)
Network Pharmacy (I/designated person will fetch the medicine)
If "Courier Pharmacy" is preferred, please complete the following:
Delivery address
Code
Alternate person to sign for the medicine on your behalf:
Full name and surname
Relationship
An SMS advising of the monthly delivery must be sent to:
Cell phone no
Medicine consignment details
MPL is a Scheme Rule which uses a reference pricing system that uses a benchmark (reference) price for generically similar products. The fundamental principle of any reference pricing system is that it does not restrict a member's choice of medicines, but instead limits the amount that will be paid.
MPL reference prices are set in such a way as to ensure availability of medicines without co-payments being necessary. In other words, you will be able to afford the medicine you need without paying from your own pocket, but you may have to select a generic over a brand name product. However, should you prefer the more expensive product GEMS will only pay up to the MPL reference price. You will then have to pay the difference (co-payment) to Courier or Network Pharmacy. MPL applies to the Ruby, Emerald and Onyx options, where applicable, as per Scheme Rules.
Generic equivalent substitution (tick one option only):
Yes, I agree that all items be substituted for generic equivalents, where possible
No, I do not want to take generic equivalents for all items
Yes and No, I want generic equivalents for all items besides:
If generic equivalents are not acceptable, the outstanding monies can be paid for in any of the following ways. A consultant will supply you with the details pertaining to each payment method. Please indicate the method of choice.  Credit card transaction
Debit order transaction
Direct bank deposit
Please remember to send a valid repeat prescription together with this application to 0861 00 4367 or chronicdsp@gems.gov.za.

For any assistance in completing this page kindly contact GEMS Chronic Medicine Management on 0860 00 4367.