

DISCOVER THE
BRILLIANCE
OF **GEMS**



2023
**GEMS CHRONIC
MEDICINE
MEMBER GUIDE**



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1. What you need to know upfront

THIS CHAPTER COVERS –

- who would qualify for this programme;
- why it makes sense to join;
- what chronic conditions are covered; and
- what the ‘terms and conditions’ of this programme are.

Who would qualify for this programme?

Any members or beneficiaries who have a chronic (in other words, long-term) condition such as high blood pressure that requires medicine on an ongoing basis,

should consider joining this programme by registering their chronic condition.

Why does it make sense to join?

If you have been diagnosed with a chronic condition that is covered by GEMS, but you don't register your condition on this programme, our systems will automatically process your medicine claims for the condition as an ‘acute’ claim, and you will deplete your acute medicine benefit which is meant for day-to-day medicine claims such as antibiotics or pain medication for short-term use, in no time. You may also incur co-payments.

Your chronic medicine benefit is a completely separate benefit, which means that claiming for medicine for your registered chronic condition will not reduce the

cover you have available for acute medicines that you may need from time to time.

The programme also gives you access to GEMS disease managers to help you and your doctor manage your illness.

In addition, for certain chronic conditions the CMM programme will cover not only the medicine, but also consultations and other procedures or investigations to manage and monitor the condition – this is referred to as a care plan. More about care plans on the next page.

What chronic conditions are covered, and how?

It is important to remember that not all chronic conditions qualify for registration on the programme. There are two basic types of chronic conditions that are covered in terms of this programme:

 Conditions covered in terms of Prescribed Minimum Benefits (referred to as 'PMB conditions', in short)	 Additional (non-PMB) chronic conditions that are covered by GEMS under certain options
<p>These are usually chronic conditions that can be disabling and/or potentially life-threatening, such as diabetes or high blood pressure, and all medical schemes must offer their members treatment for these in terms of PMB requirements.*</p> <p>Registering a PMB condition also gives you access to a care plan, with a range of services such as doctor visits, blood tests and x-rays, to ensure that you receive sufficient benefits to proactively manage and monitor your PMB chronic condition.</p> <p>Treatment for these conditions will first be funded from your chronic medicine benefit.</p> <p>Once this benefit is depleted, your condition will be covered in terms of PMB. This means that although you will continue to have cover for your PMB condition, such cover will be according to predefined PMB standards, including managed care protocols, processes and formularies. More about that in the next section...</p>	<p>GEMS has approved a range of additional chronic conditions for which members can enjoy cover, depending on the option to which they belong.</p> <p>Medicine for these conditions will be covered from your chronic medicine benefit. Cover for these conditions is also based on certain formularies and a reference price system, so you may incur co-payments even before your chronic medicine benefit is depleted. The good news is that there are ways to stretch your chronic medicine benefit and avoid or minimise co-payments (see Chapter 3).</p> <p>Once this benefit is depleted, you will have to pay from your own pocket.</p>



* More about PMBs

The Medical Schemes Act provides for the diagnosis and treatment of a list of conditions known as Prescribed Minimum Benefits, which include emergencies, Diagnosis and Treatment Pairs (DTPs), and a list of chronic diseases known as the Chronic Disease List (CDL).

A DTP links a specific diagnosis to a treatment and broadly indicates how each of the PMB conditions should be treated or managed in a hospital setting. Whilst DTPs are mostly hospital-based, there are some DTPs that are for out-of-hospital management, and of which the treatment may include acute medicines.

The Chronic Disease List (CDL) specifies medication and treatment for 26 chronic conditions for which medical schemes not only have to cover medication, but also doctors' consultations and tests related to the condition. Medical schemes may make use of protocols such as formularies and specific providers, also known as designated service providers (DSPs), to manage this benefit.

Check the table on the next page to see whether your chronic condition is covered on your option.

What are the ‘terms and conditions’ of this programme?

To enable medical schemes to offer their members quality care for chronic conditions without jeopardising schemes’ financial sustainability, the Council for Medical Schemes (CMS) allows schemes to put in place certain procedures and protocols to limit what a member may claim for, in terms of chronic conditions. This holds especially true for PMB conditions, where cover can sometimes mistakenly be interpreted as ‘open-ended’ or ‘unlimited’. A great resource to better understand how this works, is the PMB FAQs section on the CMS website: www.medicalschemes.co.za/pmb-questions/.

 If you register a PMB condition	 If you register one of the <i>additional</i> (non-PMB) chronic conditions
<p>There are guidelines for the appropriate treatment of the PMB conditions for which medical schemes have to provide cover. This means that medical schemes are allowed to manage the costs associated with PMB treatment by applying protocols such as formularies and DSPs. Chronic medicines authorised on this programme are paid from your chronic medicine benefit.</p>	<p>Medicines for the conditions listed under the additional conditions covered (depending on the option) will be paid from your chronic medicine benefit, up to the benefit limit applied to your chosen option. Once this limit has been reached, these medicines will – for the balance of the calendar year – be for your account. You may apply for Ex-gratia in order for the Scheme to assist you with funding these once your chronic medicine benefit is depleted.</p>
<p>For your chronic medicine to be covered from the chronic medicine benefit without any co-payments, it needs to be –</p> <ul style="list-style-type: none"> • in the GEMS formulary (in the case of a PMB condition), • priced according to the reference price in the Medicine Price List (MPL), and • supplied by your nominated GEMS DSP. <p><i>Read more about this in Chapter 3.</i></p>	

Payment of medicine from the chronic benefit is governed by the GEMS Scheme rules around waiting periods and Scheme exclusions, available benefits and clinical guidelines, all of which may be updated periodically.





2. Ready, steady, join!

THIS CHAPTER COVERS –

- what to have in place before registering;
- how to register;
- how to know whether your registration has been successful; and
- how to nominate a pharmacy or courier pharmacy for your chronic medicine.

GEMS has streamlined the process of registering on this programme, so it's easier to join than ever before!

What should I have in place before registering?

Before you start the process of registering on the CMM programme –



Check that your chronic condition is covered by GEMS (see page 5).



Have a copy of a valid prescription available, detailing the doctor's details (name and practice number), the diagnosis or ICD-10 codes and the medicine details, such as strength and directions for use.

I'm ready – what should I do to register?

To register, you don't even need to complete forms or email us any documents (unless your condition requires more information, in which case we will let you know). You, your doctor or your pharmacist can register your condition immediately*, telephonically! Simply –



1. Call 0860 004 367
2. Press 4 for pre-authorisations
3. Press the appropriate option for your language preference
4. Press 3 for chronic medicine enquiries
5. Press 1 to register for a chronic medicine



TIP: This is the quickest method to register.

**There are exceptions to this time-frame, where the request has to be referred for further clinical review, which can take up to seven working days.*



Alternatively, you, your doctor or pharmacy can send an email to chronicdsp@gems.gov.za to obtain authorisation for new chronic conditions – just remember to include all relevant information.



If your doctor prefers to complete a physical application form, a chronic medicine form can be downloaded from the GEMS website, under [Forms](#). Bear in mind that the turnaround time for a paper-based authorisation is five working days.

How will I know that I have been successfully registered?

After processing your registration, the CMM team will clinically review and authorise your medicine. You will receive an SMS indicating that the application has been processed. Also look out for an email with a detailed letter on the outcome.

If there is still some information outstanding before we can finalise your registration, you will receive a letter indicating what we still need from you or your doctor.

Once your medicine is authorised, you will be enrolled on the CMM programme, and you will receive a chronic authorisation letter and Medicine Access Chart (MAC) – you can read more about your MAC, and how to use it, on [page 16](#).

What if my registration was not approved?

Your doctor may contact the CMM programme to appeal a clinical decision, or submit a clinical motivation for review, via the contact details above.

How do I nominate a pharmacy for my chronic medicines?

Once you are registered on the CMM programme, GEMS will contact you to help you select a designated service provider (DSP) from which your authorised chronic medicine(s) will be obtained. This can be from –

- the GEMS Chronic Courier Pharmacy; or
- a GEMS Network Pharmacy.

The benefits of using either of the above options for your chronic medicine are that –

- You are less likely to incur co-payments;
- You benefit from negotiated rates to help your benefits last longer;

- You obtain enhanced quality of care;
- You are served with professionalism;
- Network Pharmacies have enhanced product knowledge and are required to comply with GEMS requirements; and
- You benefit, as you obtain cost-effective medicine.

In addition, the Courier Pharmacy delivers medicines to you – at home or any other preferred address.

Read more about the GEMS Chronic Courier Pharmacy and Network Pharmacies on [page 14](#).



3. How to stretch your benefits and avoid co-payments

THIS CHAPTER COVERS –

- when and why you may run out of chronic medicine benefits;
- how generic medicines can benefit you;
- how you can avoid or minimise co-payments;
- why your doctor should prescribe medicine from the GEMS formulary;
- why your pharmacist should provide medicine in line with the MPL;
- who the DSPs for chronic medicine are, and why you should nominate a pharmacy from the list of DSPs;
- how to keep track of your authorised medicine with your MAC; and
- how to make changes to your prescribed medicine.

When and why would I run out of chronic benefits?

Depending on the chronic condition you have registered for, and how you use your benefit, you may at some stage find that you have depleted your chronic medicine benefit and now have to pay certain costs out of your own pocket. This is why:

If you are registered with the CMM programme...	
 ... for a PMB chronic condition	 ... for an additional (non-PMB) chronic condition
Chronic medicines are first covered from your chronic medicine benefit. After this is depleted...	
... you will have access to further cover in terms of PMB (but with very specific guidelines - see page 4).	... you will have to pay for further chronic medicine claims from your own pocket.

It therefore makes sense to understand how you can stretch your benefits and minimise co-payments. There are several ways of doing so. These revolve mainly around using generic medicines and the GEMS DSPs for providing these medicines to you. Let's first look at the case for using generic medicines...

What are generic medicines, and how can I benefit from them?

A generic medicine (also called a generic substitute) is a product that is identical to the original product in terms of active ingredients, strength, and form. In South Africa, once pharmaceutical companies obtain approval from the South African Health Products Regulatory Authority (SAHPRA) to sell their newly developed medicines, they have patent protection that effectively lasts between 5 to 15 years. During this time, no other company may manufacture this specific medicine.

Once the patent period has expired, any other company may produce the same medicine under a different commercial name, using the same formulation (active ingredients) and may sell their product, provided it has been registered with SAHPRA and its quality has been approved by the regulatory authority. South Africa is privileged to have some of the world's leading generic manufacturers, producing quality, affordable, and safe medicines.

Medicines for which there is a generic alternative are indicated with an X on your chronic Medicine Access Chart (MAC). By using the generic alternatives, you can get more value from your benefit limit, as the benefit to cover your medication will last longer. This is because generic medicines are generally between 20% and 40% more cost-effective than original brand medicines.

Unfortunately, because generic medicines are cheaper than brand-name medicines, there is a general misconception that they are not as good as the original brand-name medicines. This misconception carries a cost, as members who continue using brand-name medicines are spending far more on medicines than is necessary.

Not all medicines have a generic equivalent, but your pharmacist will advise on this.

Why are generic medicines cheaper than brand-name medicines?

The difference in price is due to up-front research costs. Before a medicine is approved, the drug company that developed the original product would have spent large sums of money on research and development. Once for sale on the market, this drug company will attempt to recover these costs and do their best to make a profit on their investment.

Generic medicines are cheaper, as the manufacturers do not incur the associated costs for the long and expensive process associated with research and development. Generic drug companies can simply copy the formula in terms of active ingredient, strength, and form once the patent period has expired.



What are co-payments, and how can I avoid or minimise these?

A co-payment is that share of a chronic medicine claim that you have to pay from your own pocket, usually directly to the dispensing pharmacy.

There are **three different types of co-payments**, and you can incur more than one of these at a time (you can read more about these co-payments on the following pages). Some are indicated on your chronic medicine access chart (MAC – see more about this on [page 16](#)).

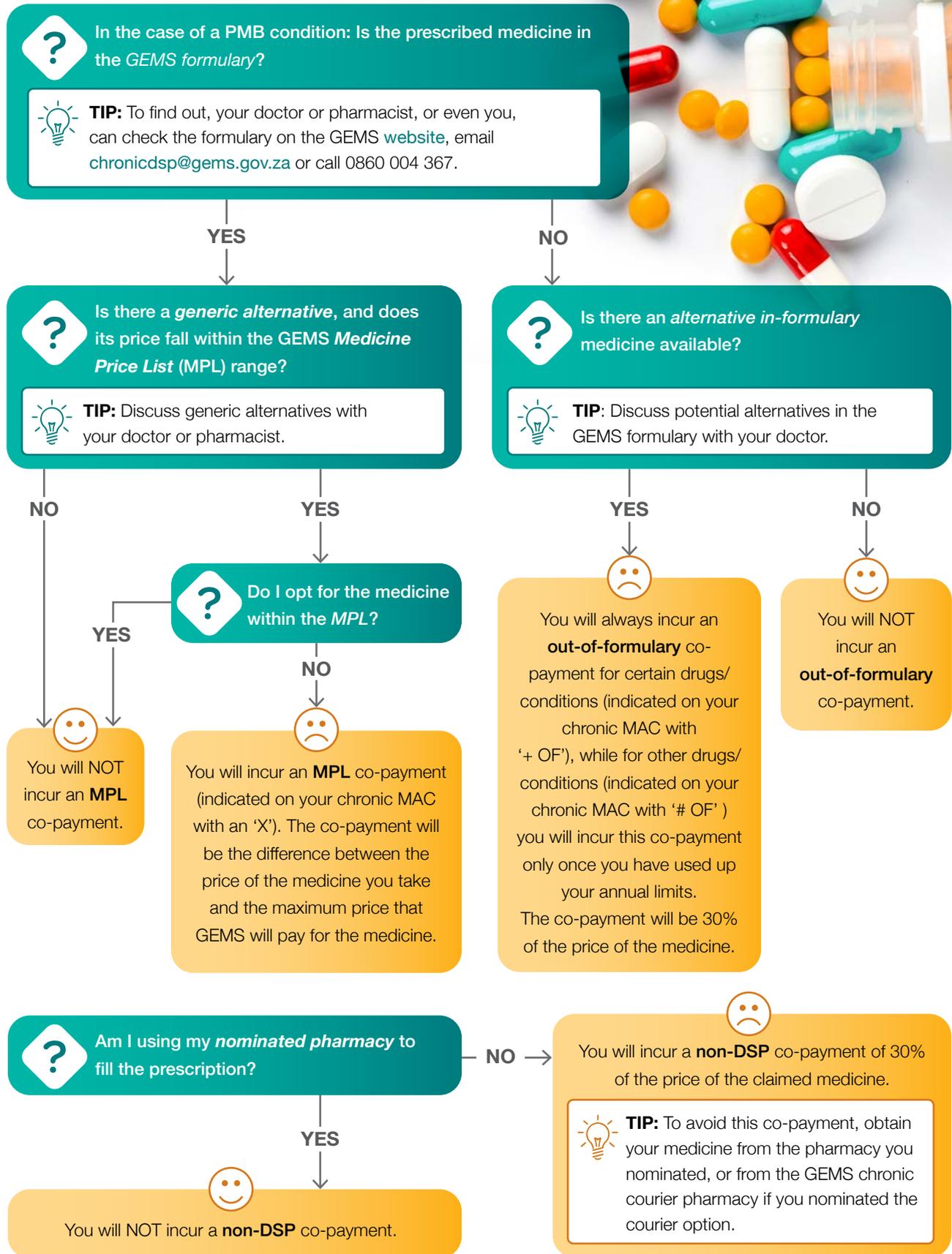
The good news is that you can avoid, or at least minimise, co-payments! This is how...

There are basically **three factors** that will affect whether you will incur co-payments on your chronic medicine. These are covered in greater detail from [page 13](#) onwards but, in short, they are:

1. If you are registered for a **PMB** condition, whether or not the medicine your doctor has prescribed is in the GEMS chronic medicine **formulary**.
2. Whether or not your medicine costs more than the GEMS maximum price in our Medicine Price List (**MPL**) for that medicine, and for which there is a generic equivalent available. This would typically happen if you choose the original branded medicine, rather than a less expensive generic alternative.
3. Whether or not you used the GEMS **DSP** (your nominated Network Pharmacy or the GEMS Courier Pharmacy) to obtain your chronic medicine.



Before getting a prescription for new medicine from your doctor (and having the pharmacy fill it), confirm the following:



What is the GEMS formulary, and why should my doctor prescribe medicine from the formulary if I register a PMB condition?

The GEMS chronic medicine formulary is a list of medicines that GEMS will pay for from your chronic medicine benefit if your PMB chronic condition is successfully registered with the Scheme.

The formulary has been compiled by medical experts, based on scientific literature and according to accepted treatment guidelines. These experts review the formulary regularly and update it when necessary to make sure that the most appropriate and cost-effective medicine is available to treat your chronic condition.

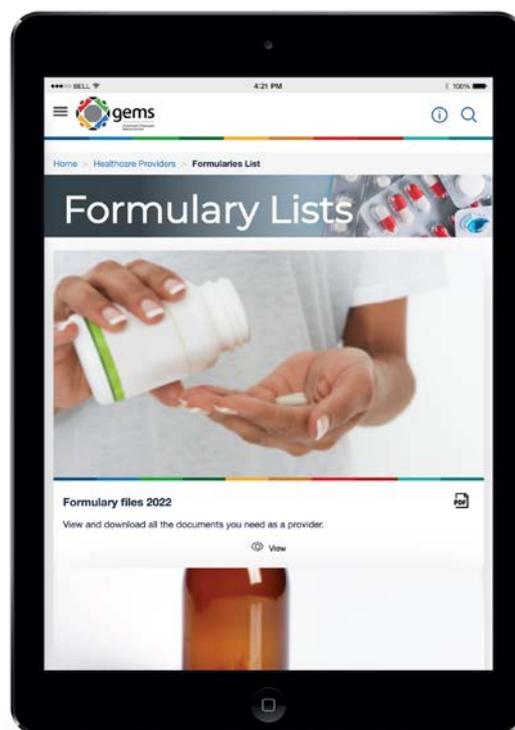
By prescribing medicine from the formulary, your doctor will help you avoid out-of-formulary co-payments.

Visit www.gems.gov.za > Home > For Individuals > Formulary List to find out which medicines are on the comprehensive chronic medicine formulary. Alternatively, call **0860 004 367**, or your doctor can call **0860 436 777**, and follow the voice prompts to reach the CMM department.

However, if there is a sound medical reason to justify the use of an out-of-formulary medicine to treat your chronic condition, your doctor may submit a motivation to GEMS. GEMS will assess this motivation

and may consider paying in full for the non-formulary medicine, if clinically necessary.

Remember that even if formulary medicines are authorised and obtained from an allocated Network Pharmacy, they will incur a co-payment if they are priced above the GEMS MPL reference price – which is what the next section covers...



What is the MPL, and why should my pharmacist provide my chronic medicine in line with the reference price in the MPL?

The Medicine Price List (MPL) is a reference pricing system that GEMS uses to determine the appropriate reimbursement rate for a group of medicines. The medicines are grouped according to similarity in ingredients, strength and form. The MPL does not restrict your choice of which medicine to use (and in fact lists both original, brand-name medicine and generic alternatives), **but it indicates the maximum price that GEMS will pay for a medicine.** If you or the service provider chooses a medicine that costs more than the reference price, you will have to pay the difference.

TIP: Ask your pharmacist to supply medicines within the MPL reference price so that you can avoid an MPL co-payment. Your pharmacist may substitute your prescribed medicine as allowed for in terms of the regulations, which means there is no need to have a new prescription issued by your doctor. You are simply required to give your pharmacist permission to provide the alternative equivalent medicine.

Who are the DSPs for chronic medicine, and why should I nominate a pharmacy from the list of DSPs?

If you use a GEMS DSP to obtain your chronic medicine, you will avoid incurring the 30% non-DSP co-payment (although, depending on your other choices, you may still incur one or more of the other co-payments shown above).

The GEMS DSPs for chronic medicine are –

- the GEMS Chronic Courier Pharmacy; and
- GEMS Network Pharmacies.



The GEMS Chronic Courier Pharmacy

If you prefer having your chronic medicine delivered to you, rather than collecting it from a designated Network Pharmacy, the GEMS Chronic Courier Pharmacy is for you!

The GEMS Chronic Courier Pharmacy delivers –

- free of charge;
- on weekdays, between 08:00 and 17:00;
- to a work, home or holiday address, or to your doctor's rooms if you have made a delivery arrangement with your doctor.

Things to bear in mind

- An authorised person older than 18 years is required to sign for your medicine parcel. The details of this person must be provided to the Courier Pharmacy before the delivery date.
- The delivery note included in the parcel will detail the address that GEMS has on file as the delivery address. Ensure that GEMS has your current contact details on record at all times.
- You will receive an SMS with a unique tracking number before the Courier Pharmacy delivers your parcel, so that your package can be traced at all times.
- If you have not supplied a cellphone number or if the SMS is not successfully delivered to your phone, a Courier Pharmacy consultant will call you to give you the tracking number.
- You, or the person who receives the parcel, may have to produce identification and sign the delivery note when the Courier Pharmacy delivers the medicine.

- If you choose the Courier Pharmacy as your DSP for chronic medicine delivery, you will be allocated to the Courier Pharmacy for a minimum period of six months, in line with your prescription cycle.
- The details of the chronic medicine delivered to you are kept confidential at all times

Other questions you may have about couriered medicines

How do I make co-payments?

If there are co-payments on the medicines dispatched to you by the Courier Pharmacy, please pay by direct deposit, credit card and debit order, EasyPay or Pay@. **Payment should be made directly to the Chronic Courier Pharmacy.** The account details will be provided on the invoice dispatched with your medicines. Please use your Chronic Courier Pharmacy Profile number or GEMS membership number as your reference when emailing proof of payment to chronicdsp@gems.gov.za, or faxing it to **0861 004 367**.

How do I change my delivery address?

If you will not be available for a scheduled delivery to the address on record, or if you are going on holiday, for example, inform the Courier Pharmacy at least seven working days before the delivery date. To do this, please call **0860 004 367**, select option 4, select language, select option 3, and then select option 3 again. The delivery schedule is sent with every parcel and should be used as a guide to determine when the next parcel is due. You can update your details when you call. In the event of a delay, the Courier Pharmacy will contact you to make alternative delivery arrangements.



How safe is couriered medicine?

All medicine is wrapped in protective material to ensure that it is not damaged in transit. Medicine in fragile containers is placed in plastic containers marked with 'valuable cargo' stickers, to ensure careful and safe handling.

Parcels containing cold storage items, such as insulin, are packaged, kept cool and dispatched only at 17:00 each day just before transportation. These parcels are packed securely, marked 'refrigerated and fragile' and sent with ice packs to maintain the correct storage conditions in transit.



GEMS Network Pharmacies

GEMS offers you a choice of Network Pharmacies near your home or your work, whichever is more convenient to you. To see a list of these pharmacies, please visit www.gems.gov.za and navigate from *Home > Healthcare Providers > Designated Healthcare Providers*, then select your province and a pharmacy near you.

Once you have chosen a pharmacy, you will be registered with that pharmacy and must obtain your chronic medicine from it for a minimum period of six months, in line with your prescription cycle.

What if I get my chronic medicine from a pharmacy other than the one I have nominated?

Your first claim from a pharmacy other than your nominated Network Pharmacy will be paid in full. However, any subsequent claims will attract a non-DSP co-payment of 30%. You do not pay a non-DSP co-payment if you use your nominated Network

Pharmacy, so it is in your best interest to get your authorised chronic medicines from there.

When should I collect my medicine?

GEMS allows you to collect your prescribed chronic medicine from the pharmacy every 28 days. Should you collect your medicine too early (before the scheduled day), your claim will not be paid. This is because GEMS cares about your health, and recommends that you do not keep more than one month's supply of your chronic medicine at home.



TIP: To ensure you are not collecting too early, ask your pharmacist when your next collection date will be. This will ensure your chronic medicine claims are paid, saving you time as well as travelling costs, as you will avoid an unnecessary visit to the pharmacy.

How can I keep track of my authorised chronic medicine using my MAC?

Below is an example of a chronic Medicine Access Chart (MAC) that members who register on the CMM programme will receive to confirm their chronic medicine authorisation.

If your application to register on the CMM programme is successful, you will receive a letter with your own chronic MAC. With every update made to your chronic conditions, or when a new medicine is authorised, you will be sent a new MAC.

Your chronic MAC tells you and your pharmacist what chronic condition(s) you are approved for, but it is not a prescription. You will still need to give a

prescription to your pharmacy before it can dispense your chronic medicine.

Your chronic MAC shows your GEMS membership number, beneficiary code and the medical condition for which you are registered. Additional medicine approved outside of your condition's basket, or special exceptions, will be listed individually on the chart.

Your chronic MAC also gives you information on the payment rules for each of the listed medicine(s) authorised for you, which can help you avoid potential co-payments.

The payment rules are summarised here. Read more about the payment rules lower down.

This indicates medicine for which a treatment basket is available – see page 17 for more information about treatment baskets.

Chronic Medicine Management Tel No: 0860 004 367			MEDICINE ACCESS CHART													
Payment of the treatment below is subject to available benefits and will be rejected once limits have been exceeded (if applicable).																
Presentation of this card does not guarantee that the bearer of this card is a valid Beneficiary of the medical scheme.																
Scheme: GOVERNMENT EMPLOYEES MEDICAL SCHEME			# OF drug: co-payment will apply above limits			Application										
Med Aid No: 123456789			Beneficiary Code: 01			*** Disease Authorisation: Disease Basket available										
Member: ANN OTHER						+ OF drug: co-payment will always apply										
Beneficiary: YETAN OTHER						EXG drug: payment will continue above limits										
						M: Macular Degeneration co-payment may apply										
						N drug: payment will NOT continue above limits										
						PMB drug: payment will continue above limits										
						PMB condition: payment may continue above limits										
						S: Specialised Drug co-payment may apply										
						X MPL drug: co-payment may apply										
Approved Medicine or Condition			From	To	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
PMB	+	Entocord 3mg	Aug 2021	Ongoing	30	30	30	30	30	30	30	30	30	30	30	30
PMB		Methotrexate 2.5mg	Aug 2021	Ongoing	20	20	20	20	20	20	20	20	20	20	20	20
PMB		Crohn'S Disease	Aug 2021	Ongoing								***	***	***	***	***
X	N	Asacol 500 mg	Aug 2021	Ongoing	30	30	30	30	30	30	30	30	30	30	30	30
X	N	Buscopan 10mg	Aug 2021	Ongoing	30	30	30	30	30	30	30	30	30	30	30	30
EXG		Humira Pre-Filled Syringe 0.8ml 4	Aug 2021	Jul 2022	2	2	2	2	2	2	2	2	2	2	2	2

This column shows the payment rule that will apply for each medicine or condition.

This column shows the name of your chronic condition treatment basket, or authorised medicine, for which you have been registered.

If your medicine is marked with it means that ...
PMB	... GEMS will pay for this medicine throughout the year, even after your chronic medicine benefit may become depleted. This means this medicine is a Prescribed Minimum Benefit (PMB) for your authorised condition.
+ OF	... this medicine is not on the formulary and you will have a co-payment every time you get this medicine even if you still have benefits.
X MPL	... GEMS will pay for this medicine up to the maximum reference price in the Medicine Price List (MPL).
EXG	...this medicine is approved for payment on the ex gratia benefit and is paid from the date it was approved as ex gratia, to the end date indicated on the MAC.
N	... once your chronic benefit for the year is depleted, GEMS will no longer pay for this medicine.

More than one type of payment rule and medicine co-payment can apply to a single medicine.

What if my doctor changes my medicine, or prescribes an additional medicine that is not on my MAC?

You can add new medicine quickly and easily at your pharmacy with a new prescription, without having to contact the GEMS CMM department.

This is because GEMS registers your chronic condition, rather than approves specific medicines. Many conditions have a 'treatment basket', which is a list of pre-approved medicines for a specific condition. This means that if your doctor prescribes a new medicine for your chronic condition that is within the basket, it will already be approved for your use – no need to update the authorisation! Your treatment basket is indicated on your MAC (see [page 16](#)).

The only time it should be necessary to call in about changes to your chronic medicine would be if:

- you are diagnosed with a new condition;
- the medicine you are prescribed for a PMB condition is not on the formulary or in the basket for your medical condition, or
- you are requesting a higher-dosage medicine than is listed in the basket for your medical condition.

If your medicine is declined

If your medicine is declined, it means your medicine is not part of the defined basket of medicines for that condition or your chronic medicine benefit (if not PMB) has been exceeded for the year. You can:

- choose to pay for the medicine from your acute medicine benefit or own pocket,
- discuss the reasons for the decline with your doctor so that, if possible, they can change to an alternative medicine within the basket, or
- ask your doctor to call **0860 436 777**, or email chronicdsp@gems.gov.za, to provide a clinical motivation for medicines that have been declined to be paid from your chronic medicine benefit.



If you use the GEMS Chronic Courier Pharmacy

Remember to email your new prescription to chronicdsp@gems.gov.za, fax it to **0861 004 367** or post the original to GEMS, to arrange for your newly authorised chronic medicines.



TIP: Always email your new prescription to chronicdsp@gems.gov.za.



4. Handy tips and facts for those already on the programme

THIS CHAPTER COVERS –

- the importance of managing your condition;
- how to register a new condition;
- how to arrange for advance supplies;
- how to change your nominated Network Pharmacy; and
- what to do about oversupplied medicines.

What should I know about managing my chronic condition?

For the best possible health outcomes, as well as your continued registration on the programme, you need to manage your chronic condition in the following respects:

- Chronic medicine compliance
- Timeous prescription renewal
- Care co-ordination
- Regular screening tests
- Lifestyle choices



Chronic medicine compliance

To best control your chronic illness, take your medicine regularly and exactly as your doctor has instructed. This will help prevent your chronic condition from worsening and also help prevent complications.



Take the correct dosage as prescribed by your doctor and indicated on your medicine labels. Do not change your dose because you feel better or because you think you need more, or less, medicine. Change the dose only if your doctor tells you to do so – this is especially important with chronic medicine, as it is preventing you from becoming sicker or developing other or more serious illnesses.



Take it at the correct intervals as prescribed by your doctor; for example, once, twice or three times a day. Make sure you understand exactly what these intervals mean and adhere to them. Twice a day usually means every 12 hours – or morning and night. It does not mean one tablet early in the morning and a second at lunchtime. If you are not sure what the dosing intervals mean, ask your pharmacist.



Take it at the correct time. Should your doctor specify exact time(s), adhere to these to ensure that your medicine works properly.



Follow special instructions about food. Should your doctor or pharmacist give instructions on when to take your medicine in relation to food, adhere to the instructions. If you are to take your medicine before or after food, ask your pharmacist how long before or after food.



Most important of all, take your medicine on an ongoing basis. Chronic medicine is used to treat chronic conditions. Your condition will not get better on its own. You need to take your medicine for as long as your doctor says – usually for the rest of your life. Do not stop taking your medicine because you feel better, or because a friend suggests you stop.

Although most patients begin to feel well when taking chronic medicine, it does not mean that the illness is cured. It means only that it is being controlled by the medicine, so carry on taking your medicine to keep feeling well.

If you are not able to take your medicine because of side effects or because it does not fit in with your daily work or life schedule, discuss this with your doctor. Do not stop your medicine without discussing it with your doctor.

If you do not take your medicine as you should, if you skip doses or if you stop taking it, your chronic condition may no longer be controlled. Your symptoms may worsen, or you may even need to be hospitalised.

If there is no record of claims for your chronic medicines for three or more consecutive months, GEMS will contact you via telephone, SMS or email to remind you of the importance of taking your chronic medication regularly.

If you are no longer using your chronic medicines, please first discuss this with your doctor. The chronic authorisation department may then be contacted on **0860 004 367** (members), **0860 436 777** (providers), or an email may be sent to chronicdsp@gems.gov.za to request that the authorisation be deactivated.

Another reason for non-compliance is often that members do not visit their doctor for a renewal of their script, which is what the next section is all about.



Prescription renewal

Never interrupt your chronic medicine treatment. Make sure your prescriptions are always up to date by asking your doctor for a new, repeatable prescription before your current prescription expires.

Your nominated pharmacy needs a valid and original doctor's prescription to dispense your chronic medicine. This is a legal requirement for scheduled medicines and medicines for long-term (chronic) use. According to legislation, you may not have more repeats than the number specified by your doctor on your prescription, effective from the date of the prescription. A schedule 6 (S6) prescription cannot be repeated at all, and a new prescription must be issued for each month the medicine is required.

Certain medicines may not be prescribed on a repeatable prescription, for example, high schedule medicines such as S6, which require strict monitoring and control. Your doctor will have to prescribe a maximum of one month's supply of this medicine for as long as it must be taken. Your pharmacist will require the original S6 prescription. Your doctor and pharmacist can help you identify which of your prescribed medicines need to comply with this legislative requirement.

Your pharmacy will usually remind you to get a new prescription before your old one expires. GEMS will also remind you via SMS.



What to do with your new prescription



If you are using the **GEMS Chronic Courier Pharmacy**, email your new prescription to chronicdsp@gems.gov.za, fax it to **0861 004 367** or post the original to GEMS, to arrange for your newly authorised chronic medicines.



If you are using a **GEMS Network Pharmacy**, email your prescription to chronicdsp@gems.gov.za or fax it to **0861 004 367**, and hand the original prescription to your pharmacy.



Care co-ordination

To manage your chronic condition better, GEMS recommends that you use one doctor, whenever possible, to look after all your healthcare needs. You can contact GEMS to nominate this doctor.

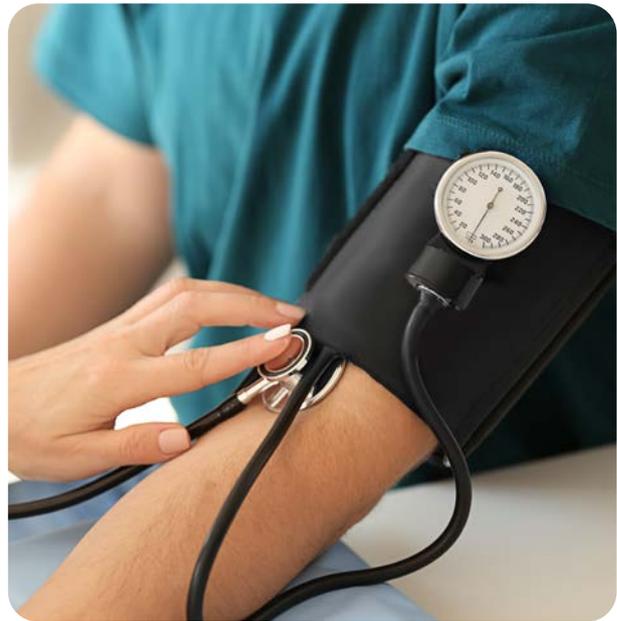
All members on Tanzanite One, Beryl and Emerald Value need to obtain their prescriptions from a doctor on the GEMS network.





Preventative screening

Screening tests are extremely important to ensure that medical conditions are detected early. Preventative care services such as flu vaccines, HPV vaccines, pneumococcal vaccines and all other vaccines, as well as screening services such as cholesterol and glucose screening, blood pressure monitoring, HIV tests with pre- and post-test counselling, peak-flow measurement, pregnancy screening and urine analysis, are available at our Network Pharmacies. Ask your pharmacist for the qualifying criteria for the screening and preventative care tests funded by GEMS and use these services, because they can help identify potential additional chronic conditions before they worsen. As GEMS will pay for these services from the preventative care and screening benefit, your day-to-day benefits will not be affected!



Lifestyle choices

Remember that a healthy lifestyle can have a positive effect on some chronic conditions such as high blood pressure, high cholesterol, and diabetes. Even if you have to use chronic medicine for the rest of your life, you may be able to slow down the progress of your chronic condition by making lifestyle changes such as incorporating appropriate exercise, eating healthily, sleeping well, and more. Speak to your doctor about potential ways of improving your general health.



What if I want to register a new chronic condition?

If you are already registered on the CMM programme, and are diagnosed with a new chronic condition, check whether your condition is covered by GEMS (refer to the tables on [page 5](#)).

If your chronic condition is covered on your option, simply call the GEMS chronic medicine authorisation department for assistance. As a member you may call **0860 004 367**, or your pharmacist or doctor can call **0860 436 777** to register this new condition on your behalf.

Please have all the required information available before making the call, such as prescribing doctor's practice number, diagnosis and diagnosis code, name of medicine, strength and required dosage.

There are exceptions where the request may have to be referred for further clinical review, which can take up to 7 working days.

How can I arrange for advance supplies?

Your health is important to GEMS and we would not like you to travel without your chronic medication. If you are planning to travel outside South Africa, you may therefore apply for an advance supply of your chronic medicine (minimum one month's medicine; maximum three months' medicine).

To apply, please complete an 'Acknowledgment of debt' form (which you can find on our website, www.gems.gov.za, under Forms, or by calling us on **0860 004 367** to request a copy) for each beneficiary and email it to chronicdsp@gems.gov.za, or fax to **0861 004 367**.

Attach the following documents to the request:

- Flight itinerary or a letter confirming the departure and return dates, or a travel plan if you are travelling by road.
- All travel documents if using other modes of transport while travelling.

- A new prescription if your current prescription will expire during your time away.
- Employment contract if travelling abroad for work.
- Details of the date on which you will collect the medicine from your nominated pharmacy, or the date on which you would like the GEMS Chronic Courier Pharmacy to deliver.

GEMS will notify you if your advanced medicine supply request has been approved, or provide reasons if it has been declined.





What if I want to change my nominated Network Pharmacy?

Once six months have passed since you nominated the Network Pharmacy, you can nominate another Network Pharmacy, or even choose the Courier Pharmacy, if you prefer. To do so, call GEMS on 0860 004 367, select option 4, select your language, select option 3 and then select option 2, or email chronicdsp@gems.gov.za.

You may nominate another Network Pharmacy before the six-month period has elapsed only if:

- You have changed employers, or your employment address;
- You have changed your residential address;
- Your preferred pharmacy is no longer part of the GEMS network; or
- You receive poor service or are unhappy with your current nominated Network Pharmacy.

What should I do about oversupplied medicines?

If you have more chronic medicine than you need at the end of the month, do the following:

- Check that you are taking your medicines exactly as your doctor instructed – at the correct dose, quantity and time intervals.

- Set reminders to take your medicine at a preferred time. Do not skip a day.

If you still have surplus product...

 ... and you use the GEMS Courier Pharmacy to deliver	 ... and you collect your medicine from a nominated Network Pharmacy
<p>Inform us seven working days before your next scheduled delivery date (which you can see on the delivery schedule that accompanies your medicine) that you would like to postpone or cancel the next delivery. To do so, visit the GEMS website, print, complete and email GEMS the 'Chronic medicine delivery amendment' form, or call 0860 00 4367.</p>	<p>Speak to your pharmacist for guidance on how to use, or dispose of, the surplus chronic medicine.</p>

5. Stay in touch

We encourage you to contact us via the channels below if you have any questions about the CMM programme, or your chronic medicine. You and your doctor or pharmacist can also use the details below when registering your condition or making any changes to your prescriptions.



GEMS member call centre: 0860 004 367

GEMS provider call centre: 0860 436 777



General enquiries and claims: enquiries@gems.gov.za

Chronic medicine management: chronicdsp@gems.gov.za

Chronic medicine authorisation enquiries: chronicauths@gems.gov.za



0861 004 367



GEMS, Private Bag X782, Cape Town, 8000



www.gems.gov.za



Walk-in centres:

GEMS has 18 walk-in centres in South Africa, staffed by agents devoted to answering members' questions.

Operating hours:

Monday to Friday: 08:00 to 17:00;

Saturday: 08:00 to 12:00

Council for Medical Schemes (CMS)



CMS Contact Centre

0861 123 267



Email

information@medicalschemes.co.za



Web

www.medicalschemes.co.za

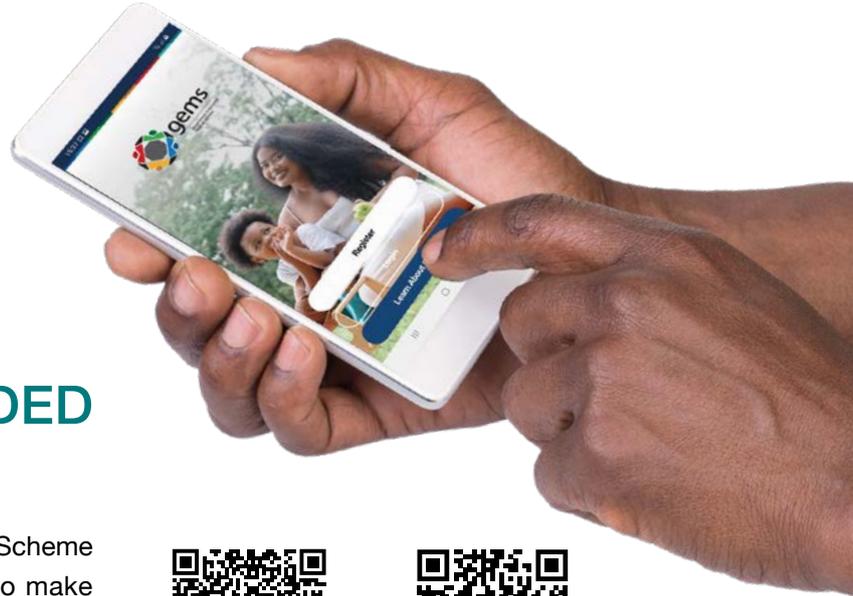
KEEP US UPDATED

It is important to keep GEMS up to date with your current contact details, so that we can communicate with the correct beneficiary or member. You can update your details by emailing the information to enquiries@gems.gov.za, or by calling the GEMS Customer Services Department on 0860 004 367 and selecting option 5.



6. Walk-in Centres

Province	Street Address	
EASTERN CAPE		
	East London	Gillwell Shopping Centre, Shop LG36, Cnr Gillwell Road and Fleet Street
	Mthatha	Savoy Complex, Units 11 and 12A, Nelson Mandela Drive
FREE STATE		
	Bloemfontein	Bloem Plaza, Shop 124, Charlotte Maxeke Street
	Welkom	Gold Fields Mall, Shop 51A, Cnr Strateway and Buiten Street
GAUTENG		
	Braamfontein	Traduna House, 118 Jorrisen Street, Ground Floor, Cnr Jorrisen and Civic Boulevard (opposite Civic Centre)
	Pretoria - Arcadia	Sancardia Building, Shop 51, Cnr Stanza Bopape and Steve Biko Streets, Arcadia
LIMPOPO		
	Polokwane	Shop 1, 52 Market Street
	Thohoyandou	Unit G3, Metropolitan Centre
MPUMALANGA		
	Mbombela (Nelspruit)	Shop No 18, Nedbank Centre, 30 Brown Street, Nelspruit CBD
	eMalahleni (Witbank)	Safeways Crescent Centre, Shop S67, Cnr President and Swartbos streets, Die Heuwel
NORTH WEST		
	Klerksdorp	City Mall, Shop 101, Cnr OR Tambo and President Street, Klerksdorp CBD
	Mafikeng	Mmabatho Megacity, Shopping Centre, Shop 39, Cnr Sekame and James Moraka streets, Mmabatho
NORTHERN CAPE		
	Kimberley	New Park Centre, Shop 14, Bultfontein Way and Lawson Street
	Upington	61A Market Street
KWAZULU-NATAL		
	Durban	The Berea Centre, Shop G18, Entrance 1, 249 Berea Road, Berea
	Pietermaritzburg	Maritzburg Arch, 39/45 Chief Albert Luthuli Street, Pietermaritzburg
WESTERN CAPE		
	Worcester	Q Square Shopping Centre, Office 5, 72 High Street, Worcester Central
	Cape Town	Constitution House, 124 Adderley Street



HAVE YOU DOWNLOADED OUR APP YET?

Use the GEMS Member App to interact with the Scheme from the comfort of your home, or on the go, to make your life easier! The Member App also offers you and your beneficiaries a convenient digital membership card.

Simply scan the QR code, or visit the Play Store to download the GEMS Member App.

