

ANNEXURE F

A

Transmed Essential Formulary

A 1 Benefits will be paid at 100% of the cost at DSP's for the following conditions:

PMB CDL	PMB DTP
Addison's disease	Anaemia (iron deficiency)
Asthma	Cerebrovascular disorders (stroke)
Bipolar mood disorder	Cushing's syndrome
Bronchiectasis	Depressive mood disorders
Cardiac Dysrhythmia	Endometriosis
Cardiac failure / Cardiomyopathy	HIV/AIDS
Chronic obstructive lung disease	Hyperthyroidism
Chronic renal failure	Hypoparathyroidism / Hyperparathyroidism
Coronary artery disease	Menopausal Syndrome
Crohn's disease	Paraplegia / Quadraplegia
Diabetes insipidus	Pemphigus
Diabetes mellitus Type 1	Peripheral arteriosclerotic disease
Diabetes mellitus Type 2	Pituitary malfunction
Epilepsy	Post traumatic stress disorder
Glaucoma	Schizo-affective disorders
Haemophilia	Thrombocytopaenia purpura
Hyperlipidaemia	Thrombotic Disorders
Hypertension	Valvular heart disease
Hypothyroidism	OTHER CHRONIC CONDITIONS
Multiple Sclerosis	Delusional disorders
Parkinson's disease	Motor neuron disease
Rheumatoid Arthritis	Myasthenia gravis
Schizophrenia	Muscular dystrophy
Systemic lupus erythematosus	Polyarteritis Nodosa
Ulcerative colitis	

A2 Benefits will be paid at 80% of the cost, for the following conditions:

Ankylosing spondylitis
Benign prostatic hypertrophy
Cystic Fibrosis
Gastro-oesophageal reflux disease
Osteoarthritis
Peptic ulcer disease
Psoriatic arthritis

The Chronic Benefit consists of 2 categories:

- The PMB Conditions (including CDL and DTP) (A 1).
- Additional Chronic conditions (A 2).

PMB Conditions (A 1)

- The 26 PMB CDL conditions as well as those chronic conditions falling within the 270 PMB DTPs (Diagnosis Treatment Pairs) are covered under the PMB section of the Chronic Benefit.
- Benefit cover is 100% of the cost of the formulary medicine (where cost is defined as SEP + mark-up as per current legislation) + dispensing fee as decided by the Board from time to time.
- For non-Formulary medicines, 100% benefit will be paid to a maximum cost equal to the Generic or Therapeutic Reference Price for the specific medicine class + dispensing fee.
- Where a patient experiences treatment failure or treatment intolerance on a formulary drug, the non-formulary alternative will be reimbursed at 100% of cost.

Additional Chronic Conditions (A 2)

- Additional Chronic Conditions are covered as outlined in A 2.
- Benefit cover is 80% of the cost of the formulary medicine (where cost is defined as SEP + mark-up as per current legislation) + dispensing fee as decided by the Board from time to time.
- For non-Formulary medicines, 80% benefit will be paid to a maximum cost equal to the Generic or Therapeutic Reference Price for the specific medicine class.
- Where a patient experiences treatment failure or treatment intolerance on a formulary drug, the non-formulary alternative will be reimbursed at 80% of cost (i.e. no reference pricing will be applied but 20% co-payment will still apply).

B**Transmed Standard Formulary**

B 1 Benefits will be paid at 100% of the cost at DSP's, for the following conditions:

PMB CDL	PMB DTP
Addison's disease	Anaemia (iron deficiency)
Asthma	Cerebrovascular disorders (stroke)
Bipolar mood disorder	Cushing's syndrome
Bronchiectasis	Depressive mood disorders
Cardiac Dysrhythmia	Endometriosis
Cardiac failure / Cardiomyopathy	HIV/AIDS
Chronic obstructive lung disease	Hyperthyroidism
Chronic renal failure	Hypoparathyroidism / Hyperparathyroidism
Coronary artery disease	Menopausal Syndrome
Crohn's disease	Paraplegia / Quadraplegia
Diabetes insipidus	Pemphigus
Diabetes mellitus Type 1	Peripheral arteriosclerotic disease
Diabetes mellitus Type 2	Pituitary malfunction
Epilepsy	Post traumatic stress disorder
Glaucoma	Schizo-affective disorders
Haemophilia	Thrombocytopaenia purpura
Hyperlipidaemia	Thrombotic Disorders
Hypertension	Valvular heart disease
Hypothyroidism	OTHER CHRONIC CONDITIONS
Multiple Sclerosis	Delusional disorders
Parkinson's disease	Motor neuron disease
Rheumatoid Arthritis	Muscular dystrophy
Schizophrenia	Myasthenia gravis
Systemic lupus erythematosus	Polyarteritis Nodosa
Ulcerative colitis	

B 2

Benefits will be paid at 80% of the cost, for the following conditions:

Chronic
Acne
Allergic rhinitis
Alzheimer's disease
Ankylosing spondylitis
Attention deficit hyperkinetic disorders
Benign prostatic hypertrophy
Cystic Fibrosis
Dermatopolymyositis
Dystonias
Gastro-oesophageal reflux disease
Generalised anxiety disorder
Huntington's disease
Interstitial filrosis
Meniere's disease
Migraine
Obsessive Compulsive Disorder
Osteoarthritis
Osteoporosis
Overactive bladder syndrome
Paget's disease
Panic disorders
Peptic ulcer disease
Psoriasis
Psoriatic arthritis
Sjogren's / Sicca syndrome
Systemic sclerosis / Scleroderma
Tic disorders
Trigeminal nerve disorders
Urinary tract infection (chronic)

The Chronic Benefit consists of 2 categories:

- The PMB Conditions (including CDL and DTP) (B 1).
- Additional Chronic conditions (B 2).

PMB Conditions (B 1)

- The 26 PMB CDL conditions as well as those chronic conditions falling within the 270 PMB DTPs (Diagnosis Treatment Pairs) are covered under the PMB section of the Chronic Benefit.
- Benefit cover is 100% of the cost of the formulary medicine (where cost is defined as SEP + mark-up as per current legislation) + dispensing fee as decided by the Board from time to time.
- For non-Formulary medicines, 100% benefit will be paid to a maximum cost equal to the Generic or Therapeutic Reference Price for the specific medicine class + dispensing fee.
- Where a patient experiences treatment failure or treatment intolerance on a formulary drug, the non-formulary alternative will be reimbursed at 100% of cost.

Additional Chronic Conditions (B 2)

- Additional Chronic Conditions are covered as outlined in B 2.
- Benefit cover is 80% of the cost of the formulary medicine (where cost is defined as SEP + mark-up as per current legislation) + dispensing fee as decided by the Board from time to time.
- For non-Formulary medicines, 80% benefit will be paid to a maximum cost equal to the Generic or Therapeutic Reference Price for the specific medicine class.
- Where a patient experiences treatment failure or treatment intolerance on a formulary drug, the non-formulary alternative will be reimbursed at 80% of cost (i.e. no reference pricing will be applied but 20% co-payment will still apply).

C

Transmed Core PMB

C 1 Benefits will be paid at 100% of the cost at DSP's for the following conditions:

PMB CDL	PMB DTP
Addison's disease	Anaemia (iron deficiency)
Asthma	Cerebrovascular disorders (stroke)
Bipolar mood disorder	Cushing's syndrome
Bronchiectasis	Depressive mood disorders
Cardiac Dysrhythmia	Endometriosis
Cardiac failure / Cardiomyopathy	HIV/AIDS
Chronic obstructive lung disease	Hyperthyroidism
Chronic renal failure	Hypoparathyroidism / Hyperparathyroidism
Coronary artery disease	Menopausal Syndrome
Crohn's disease	Paraplegia / Quadraplegia
Diabetes insipidus	Pemphigus
Diabetes mellitus Type 1	Peripheral arteriosclerotic disease
Diabetes mellitus Type 2	Pituitary malfunction
Epilepsy	Post traumatic stress disorder
Glaucoma	Schizo-affective disorders
Haemophilia	Thrombocytopaenia purpura
Hyperlipidaemia	Thrombotic Disorders
Hypertension	Valvular heart disease
Hypothyroidism	
Multiple Sclerosis	
Parkinson's disease	
Rheumatoid Arthritis	
Schizophrenia	
Systemic lupus erythematosus	
Ulcerative colitis	

PMB Conditions (C 1)

- The 26 PMB CDL conditions as well as those chronic conditions falling within the 270 PMB DTPs (Diagnosis Treatment Pairs) are covered under the PMB section of the Chronic Benefit.
- Benefit cover is 100% of the cost of the formulary medicine (where cost is defined as SEP + mark-up as per current legislation) + dispensing fee as decided by the Board from time to time.
- For non-Formulary medicines, 100% benefit will be paid to a maximum cost equal to the Generic or Therapeutic Reference Price for the specific medicine class + dispensing fee.
- Where a patient experiences treatment failure or treatment intolerance on a formulary drug, the non-formulary alternative will be reimbursed at 100% of cost.