

CDL Condition

Clinical Entry Criteria / Information required

Addison's disease	<ul style="list-style-type: none"> • ICD-10 code • Dx required by specialist physician, paediatrician or endocrinologist, or state hospital provider • All other disciplines, to submit pathology confirming the diagnosis
Asthma	<ul style="list-style-type: none"> • ICD-10 code • Spirometric demonstration of at least partially reversible airflow obstruction (adults and children > 5 years) • GINA guidelines applied • Changes in peakflow in response to a B2-agonist
Bipolar Mood Disorder	<ul style="list-style-type: none"> • ICD-10 code • Diagnosis to be confirmed by a psychiatrist • If GP or non-psychiatrist practice: <ul style="list-style-type: none"> • the primary psychiatric diagnosis/condition • co-morbid psychiatric conditions contributing • any other medically contributing conditions • Psycho-social (e.g. drug and alcohol abuse, environmental factors etc.) • physical disability
Bronchiectasis	<ul style="list-style-type: none"> • ICD-10 code • Anti-microbial agents subject to culture and sensitivity/ antibiograms, excluding macrolides which are added as part of treatment of inflammation from chronic benefits
Cardiac failure	<ul style="list-style-type: none"> • ICD-10 code • NYHA stage (if available) and/or Ejection Fraction (echocardiogram results)
Cardiomyopathy	<ul style="list-style-type: none"> • ICD-10 code • Sub-type must be specified - Dilated Congestive, Hypertrophic or Restrictive type • NYHA stage (if available) and/or Ejection Fraction (echocardiogram results)
COPD	<ul style="list-style-type: none"> • ICD-10 code • Spirometric tests results - GOLD guidelines applied • Clinical risk profile (e.g. smoking and exacerbation history) • Antibiogram for non-first line antibiotics or history of use

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Chronic Kidney Disease	<ul style="list-style-type: none"> • ICD-10 code and specialist physician (or nephrologist) Rx required • submit FBC and phosphate levels for consideration for EPO • Glomerular Filtration Rate estimate <p>OR</p> <ul style="list-style-type: none"> • Creatinine clearance* <p>*If the patient's age, body weight and serum creatinine are known, the creatinine clearance can be calculated as follows:</p> <p>Men $\text{Clcreat} = \frac{(140 - \text{age [yr]}) \times \text{body wt [kg]}}{(72) \times (\text{serum creatinine [mg/dL]})}$</p> <p>Women Calculated values multiplied by 0.85</p>
Coronary Artery Disease	<ul style="list-style-type: none"> • ICD-10 code • Angina pectoris with supportive findings on ECG (exercise or stress), Duke Treadmill test, echocardiography or angiography <p>OR</p> <ul style="list-style-type: none"> • Evidence of Acute Coronary Syndrome (date and type of event: acute MI, subsequent MI, coronary angioplasty, unstable angina, stent insertion, CABG) • Lipogram or Total choloesterol (not finger prick blood test) • ESH and ESC guidelines apply
Crohn's Disease	<ul style="list-style-type: none"> • ICD-10 code • Dx required by specialist physician, paediatrician, surgeon, gastroenterologist, or state hospital provider
Diabetes Insipidus	<ul style="list-style-type: none"> • ICD-10 code • Dx required by specialist physician, paediatrician, neurosurgeon, neurologist, endocrinologist, or state hospital • Provider
Diabetes Mellitus type I	<ul style="list-style-type: none"> • ICD-10 code • If age of onset is <16 y and insulin only - Dx accepted from Dr or pharmacy • If age of onset is ≥ 16y - in both symptomatic and asymptomatic patients the diagnosis is based on the following plasma venous blood values (not fingerprick) values: <ul style="list-style-type: none"> • Random blood glucose, fasting blood glucose at initiation; HbA1c needed six(6) monthly thereafter • Patient must need insulin only (not on oral treatment at all)
Diabetes Mellitus type II	<ul style="list-style-type: none"> • ICD-10 code • If patient starts with a sulphonylurea (SU) only - Dx accepted from Dr or pharmacy • If patient starts with metformin (MET), glitazone (TZD), gliptin (DPP4-I) or any other Tx* - in both symptomatic and asymptomatic patients the diagnosis is based on the following plasma venous blood (not fingerprick) values: <ul style="list-style-type: none"> • Random blood glucose, fasting blood glucose at initiation; HbA1c needed six(6) monthly thereafter • In cases where the patient is already on therapy (and hence RBG or FBG not available), due to diagnosis long ago, the HbA1c may be accepted for registration purposes <p>* To exclude cases where these drugs are used for glucose intolerance, metabolic syndrome, insulin resistance or PCOD, but patient does not have Diabetes per definition</p>
Dysrhythmia	<ul style="list-style-type: none"> • ICD-10 code • ECG results to be submitted by the treating doctor

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Epilepsy	<ul style="list-style-type: none"> • ICD-10 code • Complete clinical history of the seizures; EEG tests results if available or where clinical history is not clear • If history of Bipolar, Schizophrenia, Depression, Neuropathy or Migraine authorisations and/or claims for drugs for these conditions: EEG/specialist report, or neurologist to confirm Dx telephonically
Glaucoma	<ul style="list-style-type: none"> • ICD-10 code • Tonometry results to be submitted
Haemophilia	<ul style="list-style-type: none"> • ICD-10 code • Laboratory report showing Factor VIII and IX levels • Haematologist, physician's or state hospital Rx required
HIV	<ul style="list-style-type: none"> • ICD-10 code • The South African Antiretroviral Treatment Guidelines 2013, Version 14 March 2013, apply
Hyperlipidaemia	<ul style="list-style-type: none"> • ICD-10 code • Details of any symptomatic atherosclerotic disease and CV events, such as: <ul style="list-style-type: none"> • Angina pectoris • MI • Ischaemic heart disease • TIA/Stroke/Cerebral infarction • Occlusion/stenosis of peripheral arteries; severity classification of PAD • Other atherosclerosis
Hypertension	<ul style="list-style-type: none"> • ICD-10 code • Blood pressure readings: at least 2 readings on different dates (at least 3/12 apart), unless BP is >180/110 or patient is at very high risk (see 3rd bullet), in which case one BP reading is sufficient • Clinical risk profile (information on associated CV conditions such as CAD, Diabetes, Heart failure, CKD, Stroke, PVD, Retinopathy, Chronic Kidney Disease - if patient is not yet registered for one or more of these)
Hypothyroidism	<ul style="list-style-type: none"> • ICD-10 code • Baseline (pre-treatment) lab report with TSH value required – patient only to be registered if TSH is above upper limit of normal (may vary from lab to lab)
Menopause	<ul style="list-style-type: none"> • ICD-10 code • If patient is ≤ 50 years – Lab report showing LH, FSH, Oestradiol-17β and progesterone levels
Multiple Sclerosis	<ul style="list-style-type: none"> • ICD-10 code • Dx required by specialist physician, neurologist, or state hospital provider • EDSS and subtype of disease to be specified
Parkinson 's disease	<ul style="list-style-type: none"> • ICD-10 code • Dx required by specialist physician, neurologist, or state hospital provider • The initial diagnosis may be confirmed by any registered doctor • Access to second and third level items will require intervention by a neurologist or physician

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Rheumatoid Arthritis	<ul style="list-style-type: none"> • ICD-10 code + use of DMARDs • If no DMARDs: The initial diagnosis may be confirmed by any registered doctor, provided that the diagnosis is confirmed with diagnostic proof • Access to second and third level items will require intervention by a specialist physician, paediatrician or a rheumatologist • SDAI required
Schizophrenia	<ul style="list-style-type: none"> • ICD-10 code • Dx required by psychiatrist, paediatric psychiatrist, or state hospital provider
SLE	<ul style="list-style-type: none"> • ICD-10 code • Dx required by specialist physician, paediatrician, rheumatologist, or state hospital provider
Ulcerative colitis	<ul style="list-style-type: none"> • ICD10-code • Dx required by specialist physician, surgeon, gastroenterologist, or state hospital provider

Additional Chronic Conditions**Clinical Entry Criteria / Information required**

ADHD	<ul style="list-style-type: none"> • Only funded on selective options from the chronic benefit • Children < 18 years <ul style="list-style-type: none"> • Two reports from 2 independent clinicians, one of whom must be a child psychiatrist • A teacher's report as well as the child psychiatrist report will be acceptable • Adults <ul style="list-style-type: none"> • Report from a psychiatrist
Major Depression	<ul style="list-style-type: none"> • Only funded on selective options from the chronic benefit • The diagnosis must clearly state all of the following: <ul style="list-style-type: none"> • The primary psychiatric diagnosis/condition • Co-morbid psychiatric conditions contributing • Any other medically contributing conditions • Psycho-social (e.g. drug and alcohol abuse, environmental factors etc.) • Physical disability • Additional clinical information required: <ul style="list-style-type: none"> • HAM-D score must be submitted at initial diagnosis and thereafter on six(6) monthly follow up consultations • Requests for continuation of second and third line therapy must be accompanied by HAM-D score every 3 to 6 months thereafter
Motor Neuron Disease	<ul style="list-style-type: none"> • Only funded on selective options from the chronic benefit • The diagnosis must be confirmed by a neurologist.
Psoriasis	<ul style="list-style-type: none"> • Only funded on selective options from the chronic benefit • The diagnosis must be confirmed by a dermatologist