

PHARMACY CLINIC PCDT NETWORK HANDBOOK

DISCOVERY HEALTH
2024





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Overview

The Discovery Health Medical Scheme (DHMS) recognises the significant role pharmacy clinics have in managing primary healthcare in South Africa. For this reason, DHMS will start providing for the reimbursement of certain services that are included in the Primary Care Drug Therapist (PCDT) permit issued by the Department of Health.

The purpose of this document is to help the PCDT pharmacist to understand the rules, procedures and processes for dealing with pharmacy clinic consultations, prescriptions and claims.

Due to the size and scope of this initiative, we will be rolling out the development in phases:

- We have started incorporating the following for valid PCDT permit holders (we will pay these from the DHMS members' Medical Savings Accounts):
 - A PCDT consultation fee.
 - Point-of-care pathology tests claimable by NAPPI code.
 - PCDT-prescribing services in line with the Standard Treatment Guidelines and Essential Medicines List.
- During 2024, we will incorporate Chronic Illness Benefits and referrals to pathologist for laboratory services in a phased approach, together with the rest of the schemes we administer.

Qualifying schemes

The services for now, are for members registered on **Discovery Health Medical Scheme** for selected services payable from acute benefits.

What Discovery Health Medical Scheme members on certain plans can claim

To start, this benefit will only be available to members on plans with a Medical Savings Account (the Executive, Comprehensive, Priority and Saver plans). Self-payment options will be used for Classic Smart Comprehensive, Smart, Core and KeyCare plans that do not have Medical Saving Accounts.

Who qualifies

Criteria

Descriptors	Qualifying criteria
Section A: Pharmacy clinic	<ul style="list-style-type: none"> • Has at least one PCDT pharmacist available at the pharmacy. • Has a private consultation room within the pharmacy with appropriate clinic equipment, furniture and an easily accessible bathroom. • Has Good Pharmacy Practice (GPP) compliance and is registered with the South African Pharmacy Council. • Has an electronic clinical practice management claims submission system and can submit the claim using the PCDT pharmacist's own PCDT BHF (Board of Healthcare Funders) number as the <i>treating provider</i>. • Has appropriate referral networks in place (including pathology and general practitioners). • Must agree to log clinical results onto HealthID when available to make results available to doctors. • If it is a contracted pharmacy, it must be paid at the agreed Discovery Health Rate. • If it is a non-contracted pharmacy, the member must pay the balance.
Section B: Permit	<ul style="list-style-type: none"> • Pharmacist has a valid PCDT permit. • Has a BHF client information sheet with own practice number, expiry date and associated pharmacy.



How to enrol your pharmacy on the PCDT Pharmacy Network

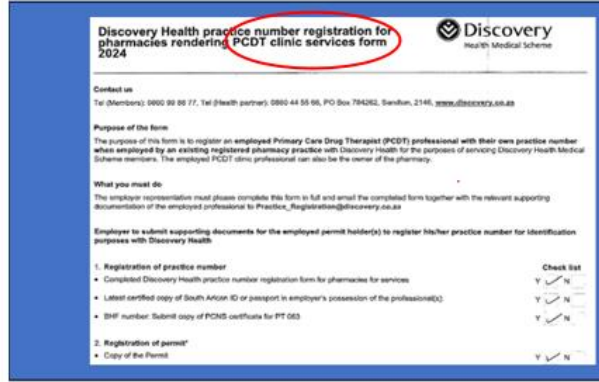



Clinic pharmacies with PCDT pharmacists are invited to take part in the PCDT Network by following this two-step process:

1. Register the PCDT permit holder's practice number

- Complete and sign the *Practice registration form* on behalf of your employed PCDT pharmacists, and submit it with the documents described below:

Network name	Description
PCDT Network	Please submit the following documents (mandated) <ul style="list-style-type: none"> Completed <i>Practice registration form</i> Certified copy of the permit holder's ID (certification must not be older than three months) Copy of the PCDT permit certificate Copy of the BHF practice certificate

THE 4 DOCUMENTS REQUIRED FOR PCDT REGISTRATION

1. Practice registration form	2. CERTIFIED copy of the ID document
	
3. Copy of PCDT BHF: Client information	4. Copy of permit
	

2. Join the PCDT Pharmacy Network

- Complete and sign the PCDT Pharmacy Network *Agreement*.

Network	Instructions
PCDT Pharmacy Network	Submit copies of the completed and signed document: <ul style="list-style-type: none"> PCDT Pharmacy Network <i>Agreement</i> (voluntarily)

- Send all the documents under point 1 and point 2 to Provider_Administration@discovery.co.za.



- The turnaround time for feedback on the application is three to five working days.
- If you have already registered your PCDT BHF number previously with us (whether Pharmaco-therapist PT061 or PCDT PT063), we still need you to re-register to ensure we receive all the required information, inclusive of the actual permit before we can register you on the PCDT validation network.

Please note:

- PCDT permit holders may only practise within the associated pharmacy during the valid period stated on the permit.
- Once we have received the documents and registered the PCDT pharmacist's practice number and have added the pharmacy on the PCDT Pharmacy Network, the pharmacies will appear as 'Pharmacy offering PCDT services' on our *Find a healthcare provider* tool.
- The claiming pharmacy (billing provider) receives payment from Discovery Health for service delivered by the PCDT pharmacist (treating provider) for claims that are successfully validated within the rules of the Scheme and PCDT services.

Consultation procedure

The following steps will help you with the Discovery claims procedure.

1. Confirm the identity of the member by asking to see the member's ID and membership card. (It is best to ask to see their digital membership card on the Discovery Health app.)
2. As usual, open a profile for the member on your system with their ID number, home address, contact and other details, if not already done.
3. Confirm the member's available benefits with us before the consultation takes place by doing one of the following:
 - Submit a claim before continuing with the consultation.
 - Go to www.discovery.co.za and click on **Healthcare Professionals** (bottom right of the home page). Click on **Log in** to access the Healthcare Professional Zone. Enter your username and password.
 - Click on **Member validation** and **Virtual quote**.
 - Use the patient's details (member number or ID number, name and surname) to confirm their membership and to check if it is active.
 - Once you have confirmed the membership, use the virtual quote tool to complete a virtual quote.
 - If the patient's plan does not cover the consultation, discuss the self-payment options with them.
 - For information about registering on the Healthcare Professional Zone, please read the *How to register on the Healthcare Professional Zone* section of this guide.
4. Discuss the reason for the consultation with the patient.
5. Get consent from the patient for each of the following, if needed:
 - To do a physical examination.
 - To do tests or receive treatment or a prescription.
 - To fill the patient's prescription at your pharmacy. (The member can also choose to fill the prescription elsewhere.)
6. Continue with physical examination where necessary.
7. Decide whether the patient may need extra medicine, tests or care.
8. Load comprehensive notes on your patient system, including the member's reason for visiting you, complaints, steps taken, your findings, diagnosis, care or tests, results or referrals and treatment. The agreement allows us to receive the clinical results from your software vendor and for us to make the results available to the treating provider in the digital format needed.
9. We will consider payment for :
 - consultation and **extra material and tests** (consumables claimed on the product's NAPPI code) **or vaccines** based on the relevant plan rules as part of your consultation claim. Please ensure that you insert your **PCDT practice number as the treating provide in the claim**.



- **prescribed medicine.** Like always, **claim separately from the consultation services** under the pharmacy practice number, with your PCDT practice number (as part of your doctor list) as **referring provider**.
- above items from the member's available day-to-day benefits or their other benefits (e.g.: in future from chronic once implemented), but they might also have to pay from their own pocket.

IMPORTANT: CLAIM TWO SEPARATE CLAIMS:

- THE CONSULTATION IN YOUR CLINIC
- PRESCRIBED MEDICINE IN THE DISPENSARY.

10. Submit the consultation claim to us on your pharmacy's dispensing system using the correct code for the agreed rate and the relevant plan. The service description and submission codes must be available on your claims system. If not, ask your contracted software provider to load them.
11. If the member pays in cash, please give them a paper copy of the claim (statement). It must include the statement description to make sure that we can refund the member.

PCDT pharmacist services and service-level agreement

1. The PCDT permit holder may prescribe treatment according to the Standard Treatment Guidelines and Essential Medicines List for South Africa for the list of conditions detailed on the permit.
2. We pay PCDT-prescribed treatment within available plan benefits for in-scope conditions (ICD-10 codes) and where treatment is within the Essential Medicines List.
3. Consultations are not time based (the same as with GP consultations).
4. It is important to engage with the broader healthcare team, where appropriate, so please refer where necessary.
5. Members must be referred back to their treating provider as their primary doctor for all chronic care, according to the Standard Treatment Guidelines and Essential Medicines List for South Africa protocol.
6. We have made provision for in-scope, point-of-care pathology tests. You can claim it on the product's NAPPI code.
7. Log the results on your clinic system or HealthID 2.0 (once available).
8. We have prepared a pharmacy clinic pathology referral form for the PCDT pharmacist to use when referring patients for in-scope pathology laboratory tests, where appropriate. This will become available during phase 2 of the project.
9. Queries and escalations must go through the servicing communication channels we provide.
10. Consultation topics must be individualised to the member and must include self-care behaviours.

PCDT consultation code

Pharmacy code	*Statement description	Tariff description	*Tariff code
000525-001	DIS0010PCDT-CONSULTATION	PCDT consultation: A face-to-face consultation	0010

Visit [Agreement](#) for the latest rates.

*Please arrange with your software provider to print 'Statement description' on the statement. We cannot pay paper claims (where members prefer to pay cash and claim back from us) without these codes.

POC pathology screening tests

- We'll pay appropriate pathology NAPPIs when you use a Discovery Health-approved point-of-care (POC) device.
- Approval is based on Health Technology Assessment outcomes. The supplier can confirm approved devices.
- You must record notes of the consultation, screenings, POC pathology and any other relevant information. You must give the notes to us in the agreed digital format on the agreed digital platform when available. This information will be shared on HealthID and will be visible to the treating provider and to us.

How to claim

- Use your normal dispensing system to submit claims.



- Use your clinic system to keep comprehensive clinic notes of the consultation, findings and treatment.
- We will pay claims according to the specific plan's benefits.
- Claims systems must be set up as follow for consultation codes.
 - Set the pharmacy's BHF practice number as the billing provider.
 - Set the permit holder's BHF number as the **treating provider** for clinic claims.
 - Set the permit holder's BHF number as **the referring/prescribing provider** for prescribed medicine claims
 If you need help, contact your software provider.
- Continue to claim medicine in the dispensary, separately from the clinic's consultation claims, and select your PCDT practice number from the doctor list.
- It is important to:
 - Claim the consultation using the applicable ICD-10 codes.
 - Claim all point-of-care tests with PCDT-allowed ICD-10 codes.
 - Write the applicable ICD-10 codes on your written prescription for every line item as the claim will not pay without it.
 - o Prescription items are verified according to the Essential Medicines List.
 - o The ICD-10 codes are verified according to the Standard Treatment Guidelines. For ease of reference, we have created a list of codes most often used (Annexure A).
- Understand the reason why the payment was rejected by taking note of the reason code and its explanation. Correct any claim errors before submitting the claim again.

Codes	Reason description	Member explanation
1344	PCDT permit not registered on network.	You are not registered as a PCDT pharmacist with us. Therefore, we cannot pay this claim from you.
1337	Must use Primary Care GP for chronic/PBR	We cannot pay your claim as the patient must consult their nominated Primary Care GP about their chronic and PMB conditions. We cannot pay this from acute benefits.
1339	Consumables limited for consultation	The member has reached the limit for consumables on this consultation. The member will have to pay this amount from their own pocket.
1340	Limited meds use in consult. Write Rx.	You, as a PCDT provider, must write the patient a prescription for these items, as the system is set up in a way that you cannot bill them as part of the consultation claim.
1341	PCDT not authorised to prescribe item	This treatment falls outside of your scope of practice. <ul style="list-style-type: none"> • Claim prescribed medicine separately from your PCDT consultation. The PCDT must be the prescribing/referring practitioner in the medicine claim. • Or the item falls outside of the Essential Medicine List or outside the list of ICD10 codes.
1342	PCDT not authorised to treat condition	You cannot treat (and therefore bill) for this condition under this practice type. Your patient is not responsible for this amount. This condition falls outside your treating provider's scope of practice in this claim.
1343	Non-network PCDT pharmacy. Co-payment.	You are not part of the pharmacy network for this member's health plan. This means that the member must pay the difference between what you charge and what we pay.



Codes	Reason description	Member explanation
727	Plan does not cover these services. Member must pay this amount.	Your patient's plan does not cover these services. Your patient must pay this amount.

Contact us!

Type of query	Centre	Contact details
<ul style="list-style-type: none"> Remittance advices Payment runs. Reconciliations Claim queries. Request a network agreement 	Healthcare provider call centre	0860 44 55 66 or healthpartnerinfo@discovery.co.za
Updating contact details Permit registration Network registration Contracts	Provider administration	Provider_Administration@discovery.co.za
Joining the network	Provider administration	Provider_Administration@discovery.co.za
Documents	Website	<i>PCDT Pharmacy Network Agreement</i>
	Website	<i>Practice registration form</i>
Reporting fraud	Fraud hotline	0800 00 45 00 or 0800 00 77 88 (fax) or discovery@tip-offs.com



Annexure A

PCDT: ICD-10 codes

- The ICD-10 codes listed here are the ones most often used.
- We pay for PCDT-prescribed treatment within available plan benefits for in-scope conditions (ICD-10 codes) and where treatment is within the Essential Medicines List.

Condition	Description	ICD10
1. Cardiovascular conditions	<i>Refer to a doctor after six months</i>	
Hypertension in adults	Essential (primary) hypertension in adults	I10
Angina pectoris, unstable	Unstable angina pectoris	I20
2. Diabetes in adults	<i>Refer to a doctor after six months</i>	
Type-1 diabetes in adults	Type-1 diabetes mellitus without complications in adults	E10.9
Type-2 diabetes in adults	Type-2 diabetes mellitus without complications in adults	E11.9
3. Ear, nose and throat conditions		
Otitis externa		
	Abscess of external ear	H60.0.
	Acute otitis externa, non-infective	H60.5
	Otitis externa, unspecified	H60.9
Otitis media, acute		
	Acute suppurative otitis media	H66.0
	Otitis media, unspecified	H66.9
Sinusitis, acute, bacterial		
	Other acute sinusitis	J01.8
	Acute sinusitis, unspecified	J01.9
Tonsillitis and pharyngitis		
	Streptococcal pharyngitis	J02.0
	Acute pharyngitis, unspecified	J02.9
	Streptococcal tonsillitis	J03.0.
	Acute tonsillitis, unspecified	J03.9
4. Epilepsy in adults	<i>Refer to a doctor after six months</i>	
	Tonic-clonic seizures, unspecified (with or without absence seizures)	G40.6
	Absence seizures, unspecified, without tonic-clonic seizures	G40.7
	Other epilepsy	G40.8
	Epilepsy, unspecified	G40.9
5. Family planning		
Contraception, oral – Combination of oestrogen and progestin in each pill		
	General counselling and advice on contraception	Z30.0
	Surveillance of contraceptive medicine	Z30.4
6. Gastro-intestinal conditions		
	Diarrhoea: Non-infective gastroenteritis and colitis, unspecified in adults	K52.9
	Diarrhoea: Giardiasis [lamblia] in adults	A07.1
	Nausea and vomiting, non-specific	R11
	Indigestion: Functional dyspepsia	K30
	Indigestion: Heartburn	R12
7. Infections and related conditions – Pyrexia		
	Pyrexia: Other specified fever	R50.8
	Pyrexia: Fever, unspecified	R50.9
8. Kidney and urological disorders		
	Acute cystitis	N30.0
	Other chronic cystitis	N30.2



Condition	Description	ICD10
	Other cystitis	N30.8
	Cystitis, unspecified	N30.9
	Urinary tract infection, site not specified in pregnancy	N39.0
	Infections of bladder in pregnancy	O23.1
9. Musculoskeletal conditions and specific regions		
Gout, acute		M10.00
	Idiopathic gout, multiple sites	M10.01
	Idiopathic gout, other site	M10.08
	Gout, unspecified, multiple sites	M10.09
	Gout, unspecified, site unspecified	M10.99
Osteoarthritis		
	Polyarthritis, unspecified, multiple sites	M13.00
	Monoarthritis, not elsewhere classified, multiple sites	M13.01
	Monoarthritis, not elsewhere classified, site unspecified	M13.19
	Other specified arthritis, multiple sites	M13.80
	Other specified arthritis, site unspecified	M13.89
	Arthritis, unspecified, multiple sites	M13.90
	Arthritis, unspecified, site unspecified	M13.99
	Primary generalised (osteo)arthrosis	M15.0
	Secondary multiple arthrosis	M15.3
	Polyarthrosis, unspecified	M15.9
	Coxarthrosis, unspecified	M16.9
	Primary arthrosis of other joints, multiple sites	M19.00
	Other secondary arthrosis, multiple sites	M19.20
	Other secondary arthrosis, site unspecified	M19.29
	Other specified arthrosis, multiple sites	M19.80
	Other specified arthrosis, site unspecified	M19.89
	Arthrosis, unspecified, site unspecified	M19.99
Arthritis, rheumatoid	<i>Refer to a doctor</i>	
	Rheumatoid arthritis, unspecified, multiple sites	M6.90
	Rheumatoid arthritis, unspecified, site unspecified	M6.99
10. Obstetrics and gynaecology		
	Primary dysmenorrhoea	N94.4
	Secondary dysmenorrhoea	N94.5
	Dysmenorrhoea, unspecified	N94.6
11. Pain		
	Acute pain mild	R52.0
	Pain, unspecified, mild	R52.9
12. Respiratory conditions		
Pneumonia uncomplicated in adults (exclusions paediatrics and over 65 years)		
	Bronchopneumonia, unspecified	J18.0
	Other pneumonia, organism unspecified	J18.8
	Pneumonia, unspecified	J18.9
	<i>*Add external cause code (V, W, X or Y) in addition to S or T code</i>	
Acute attacks and controlled asthma		
	Acute asthma & exacerbations: COPC with acute exacerbation, unspecified	J44.1
	Chronic asthma: Predominantly allergic asthma	J45.0
	Chronic asthma: Non-allergic asthma	J45.1
	Chronic asthma: Mixed asthma	J45.8
	Chronic asthma: Asthma, unspecified	J45.9



Condition	Description	ICD10
13. Penicillin allergy	Personal history of allergy to penicillin	Z88.0
14. Skin conditions	Acne vulgaris	L70.0
15. Systemic and Nosocomial Infections		
Tick bite fever	Rickettsiosis, unspecified	A79.9
16. Trauma and emergencies	Animal and human bites	
	Urban rabies	A82.1
	Rabies, unspecified	A82.9
Open wounds	Multiple open wounds, unspecified	T01.9*
	Superficial injury of unspecified body region	T14.0*
	Open wound of unspecified body region	T14.1*
	Contact with and exposure to rabies	Z20.3
	Need for immunisation against rabies	Z24.2
Anaphylaxis	Anaphylactic shock, unspecified	R57.9
17. Vaccinations	Need for immunisation against other single bacterial diseases	Z23.8
	Need for immunisation against other specified single viral diseases	Z25.8
	Need for immunisation against unspecified infectious disease	Z26.9
	Need for immunisation against unspecified combinations of infectious	Z27.8
Specific immunisations	Need for immunisation against cholera with typhoid-paratyphoid [cholera +	Z27.0
	Need for immunisation against COVID-19	U11.9
	Need for immunisation against COVID-19, unspecified	Z27.9
	Need for immunisation against diphtheria-tetanus-pertussis with poliomyelitis	Z27.3
	Need for immunisation against diphtheria-tetanus-pertussis with typhoid-	Z27.2
	Need for immunisation against diphtheria-tetanus-pertussis, combined [DTP]	Z27.1
	Need for immunisation against influenza	Z25.1
	Need for immunisation against measles alone	Z24.4
	Need for immunisation against measles-mumps-rubella [MMR]	Z27.4
	Need for immunisation against mumps alone	Z25.0
	Need for immunisation against poliomyelitis	Z24.0
	Need for immunisation against rubella alone	Z24.5
	Need for immunisation against tetanus alone	Z23.5
	Need for immunisation against tuberculosis [BCG]	Z23.2
	Need for immunisation against viral hepatitis	Z24.6

*Add external cause code (V, W, X or Y) in addition to S or T code



Annexure B

PCDT: Prescription medicine

- This list contains examples of medicine that can be prescribed.
- It must be claimed separately from the consultation claim with the PCDT prescriber as **referring provider**, Exactly the same as your doctor's prescribed medicine claims. Prescribed medicine items will reject as part of your consultation claim.
- We pay for PCDT-prescribed treatment within available plan benefits for in-scope conditions (ICD-10 codes) and where treatment is within the Essential Medicines List.

	Active ingredient	Formulation	Schedule
Antacids			
	Aluminium hydroxide	ORAL	OTC
	Ordinary salt combinations	ORAL	OTC
	Antacids with antispasmodics	ORAL	OTC
	Antacids, other combinations	ORAL	OTC
Antibiotics			
	Doxycycline	ORAL	4
	Amoxicillin	ORAL	4
	Phenoxyethyl penicillin	ORAL	4
	Amoxicillin and beta-lactamase inhibitor	ORAL	4
	Sulfamethoxazole and trimethoprim	ORAL	4
	Erythromycin	ORAL	4
	Azithromycin	ORAL	4
	Nitrofurantoin	ORAL	4
	Fosfomycin	ORAL	4
	Metronidazole	ORAL	4
Antihistamine			
	Brompheniramine, combinations	ORAL	OTC
	Chlorphenamine	ORAL	OTC
	Chlorphenamine, combinations	ORAL	OTC
	Clemastine	ORAL	OTC
	Diphenhydramine	ORAL	OTC
	Diphenhydramine, combinations	ORAL	OTC
	Pheniramine	ORAL	OTC
Bronchodilators & corticosteroid inhalers			
<i>Doctor-initiated treatment – continue treatment with close monitoring for six months, after which patient must be referred to a doctor.</i>			
	Salbutamol	INH	3
	Fenoterol	INH	3
	Ipratropium bromide	INH	3
	Beclometasone	INH	3
	Budesonide	INH	3
	Prednisone	ORAL	4



Cardiovascular conditions

Doctor-initiated treatment – continue treatment with close monitoring for six months, after which patient must be referred to a doctor.

Acetylsalicylic acid	ORAL	OTC
Amlodipine	ORAL	3
Isosorbide dinitrate	ORAL	3

Cough suppressants / decongestions / bronchodilators / expectorants / mucolytics

Aminophylline, combinations	ORAL	OTC
Combinations of xanthines	ORAL	OTC
Theophylline	ORAL	OTC
Theophylline combinations, excluding psycholeptics	ORAL	OTC
Dextromethorphan	ORAL	OTC
Noscapine	ORAL	OTC
Opium alkaloids and derivatives	ORAL	OTC
Pholcodine	ORAL	OTC
Cough suppressants and expectorants	ORAL	OTC
Cough suppressants and expectorants, combinations	ORAL	OTC
Opium derivatives and expectorants	ORAL	OTC
Acetylcysteine	ORAL	OTC
Bromhexine	ORAL	OTC
Guaifenesin	ORAL	OTC
Hederae heliis folium	ORAL	OTC
Ipecacuanha	ORAL	OTC
Carbocisteine	ORAL	OTC
Phenylpropanolamine, combinations	ORAL	OTC
Pseudoephedrine, combinations	ORAL	OTC

Contraception

Norethisterone and ethinylestradiol	ORAL	3
Norgestrel and ethinylestradiol	ORAL	3
Levonorgestrel and ethinylestradiol	ORAL	3
Levonorgestrel and ethinylestradiol	ORAL	3
Levonorgestrel	ORAL	3
Etonogestrel	ORAL	4
Estradiol	ORAL	4
Medroxyprogesterone	ORAL / INJ	4

Diabetes – insulins

Doctor-initiated treatment – continue treatment with close monitoring for six months, after which patient must be referred to a doctor.

Diabetes – oral anti-diabetics

Doctor-initiated treatment – continue treatment with close monitoring for six months, after which patient must be referred to a doctor.

Dyspepsia, heartburn and indigestion: Proton-pump inhibitors

Omeprazole	ORAL	4
Pantoprazole	ORAL	4
Lansoprazole	ORAL	4



Epilepsy

Doctor-initiated treatment – continue treatment with close monitoring for six months, after which patient should be referred to a doctor.

Hypertension in adults

Doctor-initiated treatment – continue treatment with close monitoring for six months, after which patient should be referred to a doctor.

Nasal preparations

Oxymetazoline	NAS	OTC
Budesonide	NAS	3
Fluticasone	NAS	3

Nausea and vomiting

Metoclopramide	ORAL	4
Cyclizine	ORAL	OTC
Other antiemetics	ORAL	OTC

Ophthalmic preparations

Chloramphenicol	OPD	4
Sulfacetamide	OPD	OTC
Oxymetazoline	OPD	OTC
Tetryzoline, combinations	OPD	OTC
Cromoglicic acid	OPD	OTC

Pain

Paracetamol	ORAL	OTC
Ibuprofen	ORAL	3
Diclofenac	ORAL	OTC
Codeine and paracetamol	ORAL	OTC
Acetylsalicylic acid	ORAL	OTC

Topicals

Clotrimazole	CRE	OTC
Antihistamines for topical use	CRE	OTC
Mepyramine	CRE	OTC
Tetracaine	CRE	OTC
Other antipruritics	LOT	OTC
Acyclovir	CRE	OTC
Hydrocortisone	CRE	OTC
Betamethasone	CRE	4
Povidone-iodine	OIN	OTC
Tretinoin	CRE	3
Benzoyl peroxide	LOT	OTC
Benzyl benzoate	LOT	OTC

Urologicals and alkalinisers

Potassium citrate	ORAL	OTC
Other urologicals	ORAL	OTC

Vaccines

Assorted	VAC	0-4
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Annexure C

PCDT: Consultation medicine

- We pay for consultations and procedures and point-of-care pathology tests within available plan benefits for in-scope conditions. Claim on selected products' NAPPI codes.
- We have made provision for claiming vaccines, selected injectables and infusions within the consultation claim.
- Please write out prescriptions for other treatment.

Epinephrine injectable

Lidocaine injectable

Medroxyprogesterone

Saline for slow IV

Vaccines