

## Clinical criteria for registration on the chronic benefit

Prescribed Minimum Benefit	
Chronic Disease List conditions	Further information/tests required
Addison's disease	Diagnosis by a specialist physician, paediatrician or endocrinologist
Asthma (adult)	Diagnosis confirmed by a GP or specialist
Asthma (child <u>&lt;</u> 7 years)	Diagnosis made or confirmed by a specialist paediatrician
Bipolar affective disorder	Psychiatrist prescription. Benzodiazepines excluded on Chronic Benefit
Bronchiectasis	Diagnosis confirmed by a specialist (entry criteria for pre-existing conditions will apply eg COPD)
Cardiac failure	Diagnosis confirmed by a specialist physician
Cardiac dysrhythmia	Diagnosis confirmed by a specialist physician
Cardiomyopathy	Diagnosis confirmed by a specialist physician
Chronic obstructive pulmonary disease	Diagnosis confirmed by a GP or specialist. Emailed copy of Lung function test performed to American Thoracic Society (or similar) criteria demonstrating FEV1/FVC<70% and FEV1 post bronchodilator <70% of predicted
Chronic renal disease	Diagnosis confirmed by a GP or specialist. Copy of lab results required: serum creatinine clearance value <30ml/min or a Glomerular Filtration Rate estimate of <30ml/min
Coronary artery disease	Diagnosis confirmed by a specialist physician
Crohn's disease	Diagnosis by a specialist physician, paediatrician, surgeon or gastroenterologist
Diabetes insipidus	Diagnosis by a specialist physician, paediatrician, neurologist, neurosurgeon or endocrinologist
Diabetes mellitus type 2	Diagnosis confirmed by a GP or specialist physician.  Confirmatory lab results:  HbA1c >6% or  x2 random glucose >11mmol/l or  x2 fasting blood >7mmol/l or  x1 blood glucose >15mmol/l or  GTT (fasting glucose of 7mmol/l or more and/or 2 hours post prandial glucose load of 11.1mmol/l or more)
Diabetes mellitus type 1	Specialist initiation and confirmatory lab results as above
Epilepsy	Diagnosis confirmed by a GP, specialist physician, neurologist or neurosurgeon
Glaucoma	Diagnosis confirmed by an ophthalmologist
Haemophilia	Diagnosis confirmed by a specialist physician. Copy of lab results of Factor VIII or Factor IX levels of 5% or less
Hyperlipidaemia	Diagnosis confirmed by a GP or specialist physician. Copy of lipogram results and documentation related to the risk assessment (Framingham Risk Score). Details of patient history: established vascular disease and details of any procedure performed eg angioplasty, stent, etc. Details of family history from prescribing doctor (to include details of cardiovascular events in member's first degree relatives, including age of onset)
Hypertension	Diagnosis by a GP or specialist physician
Hypothyroidism	Diagnosis confirmed by a GP or specialist and thyroid function test (e.g. TSH, Free T4)
Multiple sclerosis	Diagnosis confirmed by a specialist physician or neurologist. Initial application must be accompanied by a motivation which details disease progress, the EDSS score and an MRI report

Rheumatoid arthritis  Diagnosis confirmed by GP and a tick sheet to be completed, or diagnosis confirmed by a specialist physician, paediatrician or rheumatologist. We also require the following clinical information: Serum rheumatologist was precipited in the following clinical information: Serum rheumatologist prescription (RF), anti-CCP, ESR or C-reactive protein (CRP) and relevant x-ravs Diagnosis by a specialist physician, paediatrician or rheumatologist Ulcerative colitis  Systemic lupus erythematosus  Diagnosis by a specialist physician, paediatrician or rheumatologist  Non-Prescribed Minimum Benefit  Chronic Disease List conditions  Acne  Authorised for maximum of 6 months at a time. Soaps and cleansers will not be allocated benefit on Chronic.  Allergic rhinitis  Either nasal corticosteroids (preferred) or oral antihistamine  Ankylosing spondylitis  Aplastic anaemia  Aplastic anaemia  Specialist prescription and confirming pathology  Attention deficit hyperactivity disorder  Benign prostatic hypertrophy  Cushing's disease  Specialist prescription and pathology results e.g. PSA test  Cystic fibrosis  Specialist prescription  Dermatomyositis  Eczema  Dermatologist prescription required for immunosuppressants. Benefits allocated for 6 months at a time  Gout  Diagnosis confirmed by a GP or specialist  Hypoparathyroidism  Specialist prescription Confirmatory results e.g. PTH levels  Major depression  Dematomyositis  Eczema  Dematologist prescription Confirmatory results e.g. PTH levels  Major depression  Benefits allocated for 6 months at a time. Benzodiazepines excluded on Chronic Benefit  Menopause  Hormone profile for patients < 50 years unless prescribed by a gynaecologist or hysterectomy done  Motor neurone disease  Specialist prescription  Mysathenia gravis  Specialist prescription  Deva scan results required indicating osteopenia and fracture history if applicable  Osteopenia  Deva scan results required indicating osteopenia and fracture history if applicable  Deva scan results required indicating ost	Prescribed Minimum Benefit Chronic Disease List conditions (Continued)	Further information/tests required
confirmed by a specialist physician, paediatrician or rheumatologist. We also require the following clinical information: Serum rheumatoid factor (RF), anti-CCP, ESR or C-reactive protein (CRP) and relevant x-rays Diagnosis confirmed by a psychiatrist or paediatric psychiatrist Systemic lupus erythematosus  Diagnosis by a specialist physician, paediatrician or rheumatologist  Ulcerative colitis  Non-Prescribed Minimum Benefit Chronic Disease List conditions  Acne  Authorised for maximum of 6 months at a time. Soaps and cleansers will not be allocated benefit on Chronic.  Allergic rhinitis  Either nasal corticosteroids (preferred) or oral antihistamine  Aplastic anaemia  Specialist prescription  Aplastic anaemia  Specialist prescription and confirming pathology  Attention deficit hyperactivity disorder  Benign prostatic hypertrophy  Urologist prescription and pathology results e.g. PSA test  Cushing's disease  Specialist prescription  Cystic fibrosis  Specialist prescription  Dermatomyositis  Specialist prescription  Dermatomyositis  Specialist prescription required for immunosuppressants. Benefits allocated for 6 months at a time  Gout  Diagnosis confirmed by a GP or specialist  Hypoparathyroidism  Major depression  Benefits allocated for 6 months at a time.  Benefits allocated for 6 months at a time.  Benefits allocated for 6 months at a time.  Menopause  Hormone profile for patients < 50 years unless prescribed by a gynaecologist or hysterectomy done  Motor neurone disease  Specialist prescription.  Muscular dystrophy  Myasthenia gravis  Specialist prescription  Desassive compulsive disorder  Psychiatrist prescription  Osteopenia  Dexa scan results required indicating osteopenia and fracture history if applicable  Osteopenorsis  Dexa scan results required indicating osteopenia and fracture history if applicable  Osteoporosis  Dexa scan results required indicating osteopenia and fracture history if applicable  Osteoporosis  Dexa scan results required indicating osteopenia and fracture history if applicable  Os	Parkinson's disease	Diagnosis confirmed by a neurologist
Ulcerative colitis Diagnosis by a specialist physician, paediatrician or rheumatologist Ulcerative colitis Diagnosis by a specialist physician, surgeon or gastroenterologist Non-Prescribed Minimum Benefit Chronic Disease List conditions Acne Authorised for maximum of 6 months at a time. Soaps and cleansers will not be allocated benefit on Chronic. Allergic rhinitis Either nasal corticosteroids (preferred) or oral antihistamine Ankylosing spondylitis Specialist prescription and confirming pathology Attention deficit hyperactivity disorder Diagnosis confirmed by a paediatrician, psychiatrist or neurologist Pening prostatic hypertrophy Urologist prescription and pathology results e.g. PSA test Cushing's disease Specialist prescription Permatomyositis Specialist prescription Dermatomyositis Specialist prescription Permatomyositis Specialist prescription Confirmed for immunosuppressants. Benefits allocated for 6 months at a time Benzodiazepines excluded on Chronic Benefit Menopause Hormone profile for patients < 50 years unless prescribed by a grynaccologist or hysterectomy done Specialist prescription Permatory results e.g. PTH levels Major depression Benefits allocated for 6 months at a time. Benzodiazepines excluded on Chronic Benefit Wenopause Hormone profile for patients < 50 years unless prescribed by a gynaccologist or hysterectomy done Specialist prescription Permatory done Specialist prescription Perscription Perscri	Rheumatoid arthritis	confirmed by a specialist physician, paediatrician or rheumatologist. We also require the following clinical information: Serum rheumatoid factor
Ulcerative colitis  Non-Prescribed Minimum Benefit Chronic Disease List conditions  Acne  Authorised for maximum of 6 months at a time. Soaps and cleansers will not be allocated benefit on Chronic.  Allergic rhinitis  Either nasal corticosteroids (preferred) or oral antihistamine  Ankylosing spondylitis  Aplastic anaemia  Altention deficit hyperactivity disorder  Benign prostatic hypertrophy  Urologist prescription and confirming pathology  Attention deficit hyperactivity disorder  Benign prostatic hypertrophy  Urologist prescription and pathology results e.g. PSA test  Cushing's disease  Specialist prescription Dermatomyositis  Specialist prescription Dermatomyositis  Eczema  Dermatologist prescription required for immunosuppressants. Benefits allocated for 6 months at a time  Gout  Diagnosis confirmed by a CP or specialist Hypoparathyroidism  Specialist prescription. Confirmatory results e.g. PTH levels  Major depression  Benefits allocated for 6 months at a time. Benzodiazepines excluded on Chronic Benefit  Menopause  Hormone profile for patients < 50 years unless prescribed by a gynaecologist or hysterectomy done  Motor neurone disease  Specialist prescription  Muscular dystrophy  Specialist prescription  Myasthenia gravis  Specialist prescription  Osteopenia  Deva scan results required indicating osteopenia and fracture history if application  Deva scan results required indicating osteopenia and fracture history if papilogia  Dermatologist prescription  Perablegia  Dermatologist prescription  Perablegia Letter of motivation detailing clinical history from prescriber  Pemphigus  Dermatologist prescription and MRI/CT scans  Psychiatrist prescription  Specialist prescription and MRI/CT scans  Psychiatrist prescription  Specialist prescription  Specialist prescription and MRI/CT scans  Psychiatrist prescription  Specialist prescription  Specialist prescription  Pituitary microadenomas  Specialist prescription and MRI/CT scans  Psychiatrist prescription  Specialist prescription  Specialist prescription  Special	Schizophrenia	Diagnosis confirmed by a psychiatrist or paediatric psychiatrist
Non-Prescribed Minimum Benefit Chronic Disease List conditions  Acne  Authorised for maximum of 6 months at a time. Soaps and cleansers will not be allocated benefit on Chronic.  Allergic rhinitis  Either nasal corticosteroids (preferred) or oral antihistamine  Ankylosing spondylitis  Specialist prescription and confirming pathology  Attention deficit hyperactivity disorder  Benign prostatic hypertrophy  Urologist prescription and pathology results e.g. PSA test  Cushing's disease  Cystic fibrosis  Specialist prescription  Dermatomyositis  Eczema  Dermatologist prescription  Benefits allocated for 6 months at a time  Gout  Diagnosis confirmed by a GP or specialist  Allocated for 6 months at a time  Gout  Diagnosis confirmed by a GP or specialist  Allocated for 6 months at a time  Benefits allocated for 6 months at a time.  Benefits prescription. Confirmatory results e.g. PTH levels  Benefits allocated for 6 months at a time.  Benefits allocated for 6 months at a time.  Benefits prescription.  Chronic Benefit  Menopause  Hormone profile for patients < 50 years unless prescribed by a gynaecologist or hysterectomy done  Motor neurone disease  Specialist prescription  Specialist prescription  Osteopenia gravis  Specialist prescription  Dexa scan results required indicating osteopenia and fracture history if applicable  Osteopenia  Dexa scan results required indicating osteopenia and fracture history if applicable  Osteopenia  Dexa scan results required indicating osteopenosis  Pernatologist prescription  Dexa scan results required indicating osteopenosis  Pernatologist prescription  Pernatologist prescription  Pernatologist prescription will be required for immunosuppre	Systemic lupus erythematosus	Diagnosis by a specialist physician, paediatrician or rheumatologist
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	Systemic sclerosis	
	Thromboangiitis obliterans	Specialist prescription