

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 ≤ 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: <ul style="list-style-type: none"> • 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

Prescribed Minimum Benefit Chronic Disease List conditions (Continued)	Further information/tests required
Parkinson's disease	Diagnosis confirmed by a neurologist
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 rheumatoid factor (RF), anti-CCP, ESR or C-reactive protein (CRP) and relevant x-rays
Schizophrenia	Diagnosis confirmed by a psychiatrist or paediatric psychiatrist
Systemic lupus erythematosus	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	Further information/tests required
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
Aplastic anaemia	Specialist prescription and confirming pathology
Attention deficit hyperactivity disorder	Diagnosis confirmed by a paediatrician, psychiatrist or neurologist
Benign prostatic hypertrophy	Urologist prescription and pathology results e.g. PSA test
Cushing's disease	Specialist prescription
Cystic fibrosis	Specialist prescription
Dermatomyositis	Specialist prescription
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	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
Narcolepsy	Specialist prescription
Obsessive compulsive disorder	Psychiatrist prescription
Osteopenia	Dexa scan results required indicating osteopenia and fracture history if applicable
Osteoporosis	Dexa scan results required indicating osteoporosis
Paraplegia	Letter of motivation detailing clinical history from prescriber
Pemphigus	Dermatologist prescription
Pituitary microadenomas	Specialist prescription and MRI/CT scans
Post-traumatic stress syndrome	Psychiatrist prescription
Psoriasis	A dermatologist prescription will be required for immunosuppressants
Quadriplegia	Letter of motivation detailing clinical history from prescriber
Scleroderma	Specialist prescription
Stroke	Specialist prescription
Systemic sclerosis	Specialist prescription
Thromboangiitis obliterans	Specialist prescription