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Date: 17 October 2006

Circular No. 45 of 2006

CIRCULATION OF DRAFT CDL ALGORITHMS FOR INDUSTRY COMMENTS

The Council for Medical Schemes (CMS) in March (Circular 13 of 2006) embarked on review process of 9 CDL algorithms. The industry provided significant contributions, and this amongst other evidence were duly reviewed by the CDL Advisory Panel. Further contributions to the process are invited. It should be noted that it is not the intent of CMS to implement the final reviewed algorithms in January 2007.

Firstly, CMS would like to invite further comments on the attached draft algorithms. It is important to note that comments must be in a specific format. The format is included for your convenience (**click here**). Should the need arise to include additional substantive information this should be forwarded simultaneously.

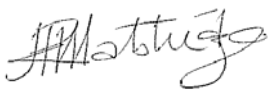
Consequent to the review process, the need was identified to clarify the management of those exceptional patients who do not respond to the therapy included in the algorithms. These patients generally suffer from severe forms of disease and would have exhausted all treatment options of the algorithms. Although provision has been made in the algorithms for a review process, the mechanisms for this are mostly vague or non-existent. Since these patients might need access to more advanced treatment, not specified in the algorithms, it is necessary to objectively review their cases and formulate access strategies to these treatments, where appropriate.

Secondly, CMS would like to invite comments regarding the management of these patients.
The following three strategies need to be debated and comments are invited:

1. Initiation and maintenance of a national registry for specified diseases e.g. multiple sclerosis, rheumatoid arthritis, etc.
2. Setting objective entry and exit criteria for expensive high-technology treatments.
3. Implementation of review committees to consider applications for access to these treatments.

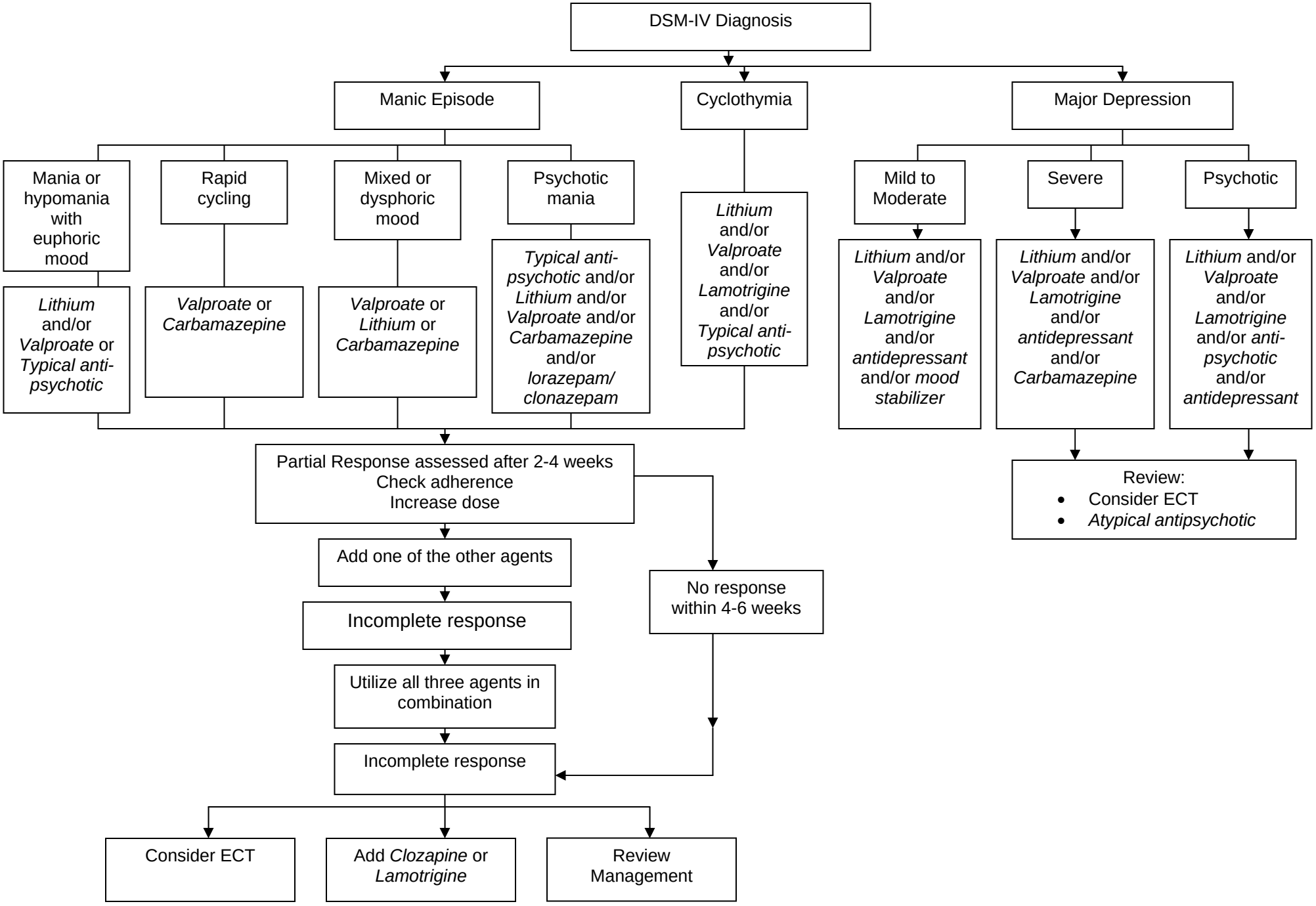
Should you wish to contribute, your comments must be received by this office not later than by Thursday 30 November 2006.

Kind regards,



KP MATSHIDZE
Head: Research and Monitoring

BIPOLAR MOOD DISORDER - DRAFT 1 2006



Glossary:

- DSM-IV – Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition
- ECT – Electroconvulsive Therapy

Applicable ICD 10 Coding:

- F31 Bipolar Affective Disorder
  - F31.0 Bipolar affective disorder, current episode hypomanic
  - F31.1 Bipolar affective disorder, current episode manic without psychotic symptoms
  - F31.2 Bipolar affective disorder, current episode manic with psychotic symptoms
  - F31.3 Bipolar affective disorder, current episode mild or moderate depression
  - F31.4 Bipolar affective disorder, current episode severe depression without psychotic symptoms
  - F31.5 Bipolar affective disorder, current episode severe depression with psychotic symptoms
  - F31.6 Bipolar affective disorder, current episode mixed
  - F31.7 Bipolar affective disorder, currently in remission
  - F31.8 Other bipolar affective disorders
  - F31.9 Bipolar affective disorder, unspecified

Note:

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References: (*NOT PART OF ALGORITHM SUBMISSION - only for notice*)

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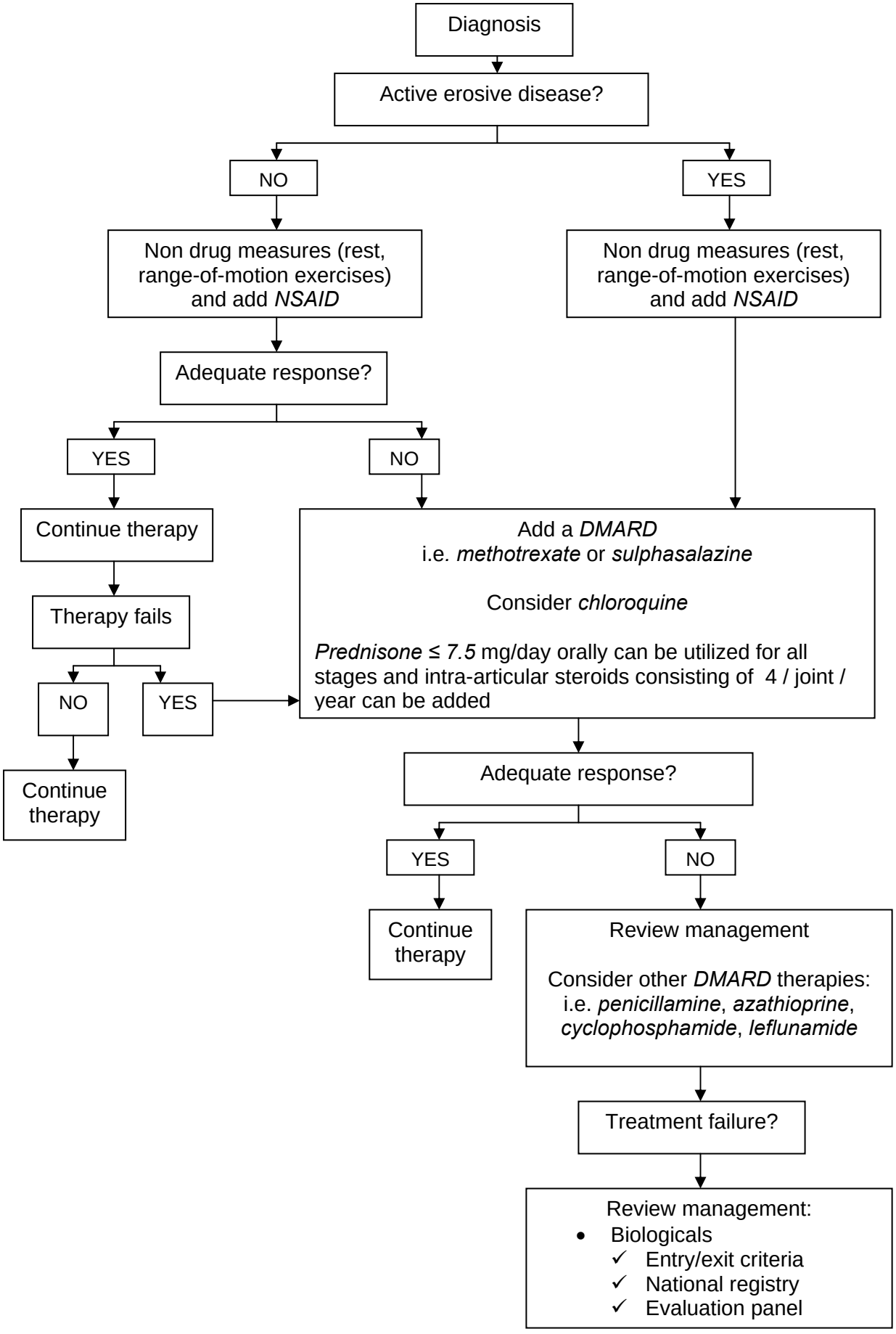
RHEUMATOID ARTHRITIS – DRAFT 1 2006



Glossary:

- *DMARD* – Disease modifying antirheumatic drugs
- *NSAID* – Non-steroidal anti-inflammatory agents

Applicable ICD 10 Coding:

- M05 Seropositive rheumatoid arthritis
  - M05.0 Felty's syndrome
  - M05.1 Rheumatoid lung disease (J99.0*)
  - M05.2 Rheumatoid vasculitis
  - M05.3 Rheumatoid arthritis with involvement of other organs and systems
  - M05.8 Other seropositive rheumatoid arthritis
  - M05.9 Seropositive rheumatoid arthritis, unspecified
- M06 Other rheumatoid arthritis
  - M06.0 Seronegative rheumatoid arthritis
  - M06.1 Adult-onset Still's disease
  - M06.2 Rheumatoid bursitis
  - M06.3 Rheumatoid nodule
  - M06.4 Inflammatory polyarthropathy
  - M06.8 Other specified rheumatoid arthritis
  - M06.9 Rheumatoid arthritis, unspecified
- M08.0 Juvenile rheumatoid arthritis

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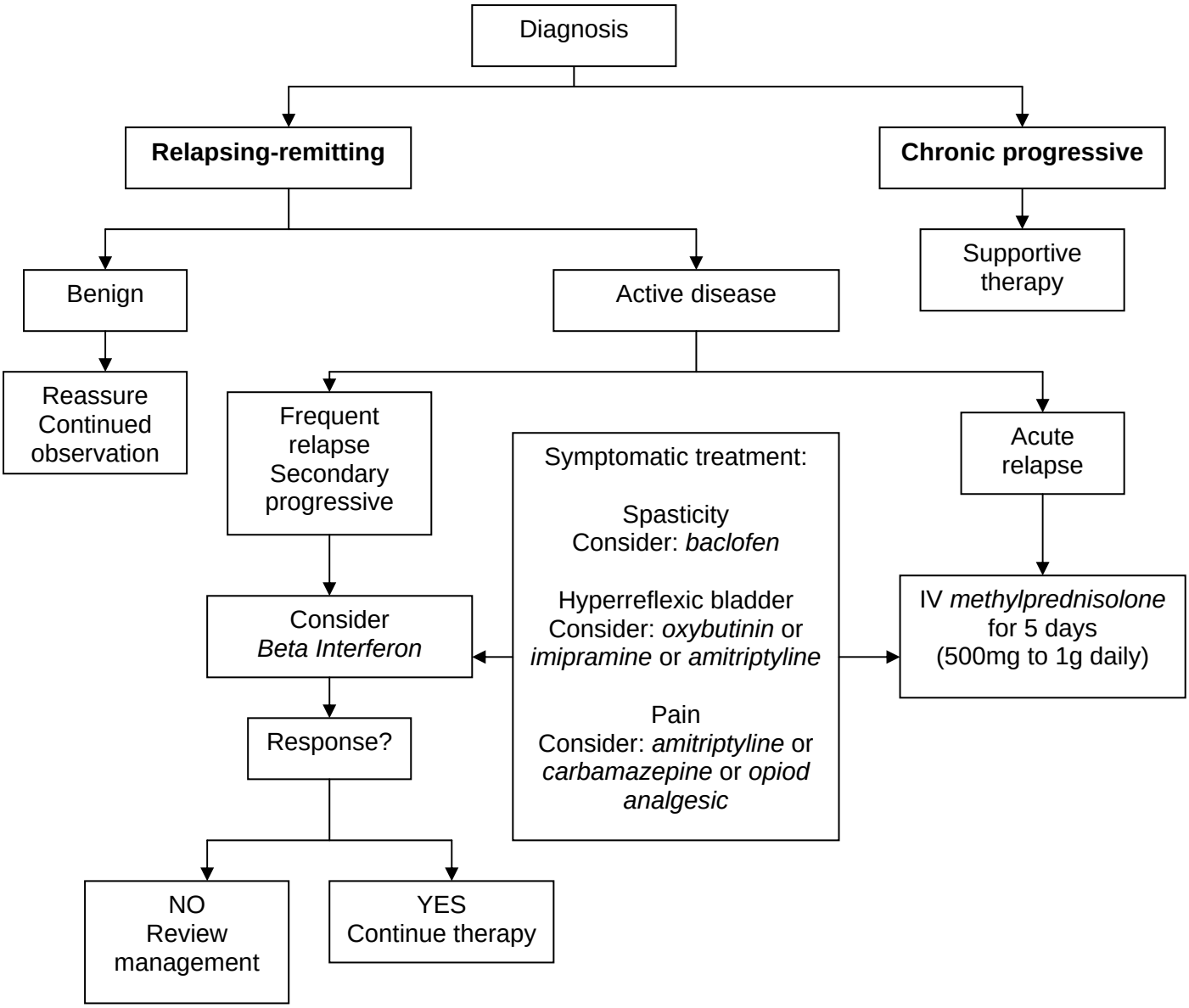
MULTIPLE SCLEROSIS – DRAFT 1 2006



Glossary:

- IV – Intravenous

Applicable ICD 10 Coding:

- G35 Multiple sclerosis

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HYPERTENSION – DRAFT 1 2006

Assessment

Major Risk Factors:
- Levels of systolic & diastolic BP
- Smoking
- Dyslipidaemia
- Diabetes Mellitus
- Men > 55years and Women > 65 years
- Family history of early onset of cardiovascular disease

Waist circumference – abdominal obesity

Target Organ Disease:
- Left Ventricular Hypertrophy
- Microalbuminuria: albumin creatinine ratio

Slightly elevated creatinine

Associated Clinical Conditions:
- Coronary Heart Disease
- Heart Failure
- Chronic Renal disease
- Stroke or transient ischaemic attack
- Peripheral arterial disease
- Advanced retinopathy

Measure Blood Pressure

OTHER RISK FACTORS AND DISEASE HISTORY	NORMAL SBP120-129 or DBP 80-84 mmHg	HIGH NORMAL SBP 130-139 or DBP 85-89 mmHg	STAGE 1 MILD HYPERTENSION SBP 140-159 or SBP 90-99mmHg	STAGE 2 MODERATE HYPERTENSION SBP 160-179 or DBP 100-109 mmHg	STAGE 3 SEVERE HYPERTENSION SBP >180 or DBP >110 mmHg
No other major risk factors	Average risk	Average risk	Low added risk	Moderate added risk	High added risk
1-2 major risk factors	Low added risk	Low added risk	Moderate added risk	Moderate added risk	Very High added risk
≥ 3 major risk factors or target organ damage or diabetes mellitus	Moderate added risk	High added risk	High added risk	High added risk	Very High added risk
Associated clinical conditions	High added risk	Very High added risk	Very High added risk	Very High added risk	Very High added risk

Determine Risk

LOW ADDED RISK

MODERATE ADDED RISK

HIGH / VERY HIGH ADDED RISK

LIFESTYLE MODIFICATION AS APPROPRIATE

Monitor BP and other risk factors for 6-12 months

Monitor BP and other risk factors for 3-6 months

SBP ≥ 140 or DBP ≥ 90

SBP < 140 or DBP < 90

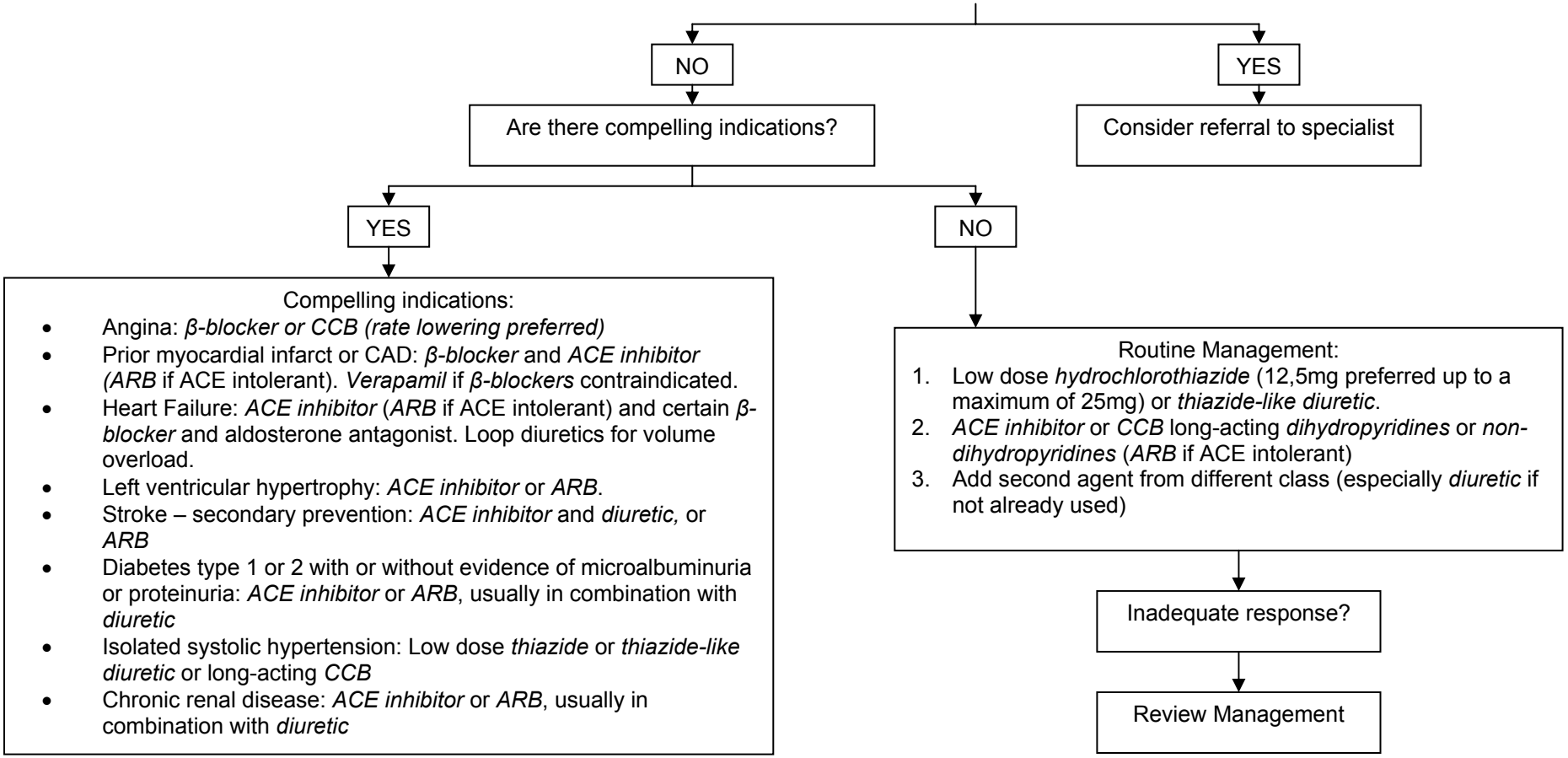
SBP < 140 or DBP < 90

SBP ≥ 140 or DBP ≥ 90

CONTINUE TO MONITOR

BEGIN DRUG TREATMENT

Is there SEVERE HYPERTENSION? SBP>180 or DBP>110mmHg



TARGETS FOR BP-LOWERING TREATMENT	
Ideally these targets should be reached in 3 months	
Stage	**BP Level (mmHg)**
All stages	<140/90
Isolated Systolic Hypertension	Do not lower the DBP to < 65
High-risk patients (e.g. stroke, transient ischaemic attack, heart failure, angina, MI, diabetes, renal disease, etc.)	<130/80

Glossary:

- BP – Blood pressure
- SBP – Systolic blood pressure
- DBP – Diastolic blood pressure
- *α-blocker* – Alpha-receptor blocker
- *ACE inhibitor* – Angiotensin converting enzyme inhibitor
- *ARB* – Angiotensin receptor blocker
- *β-blocker* – Beta-receptor blocker
- *CCB* – Calcium channel blocker
- MI – Myocardial infarct

Applicable ICD 10 Coding:

- I10 Essential (primary) hypertension
- I11 Hypertensive heart disease
    - I11.0 Hypertensive heart disease with (congestive) heart failure
    - I11.9 Hypertensive heart disease without (congestive) heart failure
- I12 Hypertensive renal disease
    - I12.0 Hypertensive renal disease with renal failure
    - I12.9 Hypertensive renal disease without renal failure
- I13 Hypertensive heart and renal disease
    - I13.0 Hypertensive heart and renal disease with (congestive) heart failure
    - I13.1 Hypertensive heart and renal disease with renal failure
    - I13.2 Hypertensive heart and renal disease with both (congestive) heart failure and renal failure
    - I13.9 Hypertensive heart and renal disease, unspecified
- I15 Secondary hypertension
    - I15.0 Renovascular hypertension
    - I15.1 Hypertension secondary to other renal disorders
    - I15.2 Hypertension secondary to endocrine disorders
    - I15.8 Other secondary hypertension
    - I15.9 Secondary hypertension, unspecified
- O10 Pre-existing hypertension complicating pregnancy, childbirth and the puerperium
    - O10.0 Pre-existing essential hypertension complicating pregnancy, childbirth and the puerperium
    - O10.1 Pre-existing hypertensive heart disease complicating pregnancy, childbirth and the puerperium
    - O10.2 Pre-existing hypertensive renal disease complicating pregnancy, childbirth and the puerperium
    - O10.3 Pre-existing hypertensive heart and renal disease complicating pregnancy, childbirth and the puerperium
    - O10.4 Pre-existing secondary hypertension complicating pregnancy, childbirth and the puerperium
    - O10.9 Unspecified pre-existing hypertension complicating pregnancy, childbirth and the puerperium
- O11 Pre-existing hypertensive disorder with superimposed proteinuria

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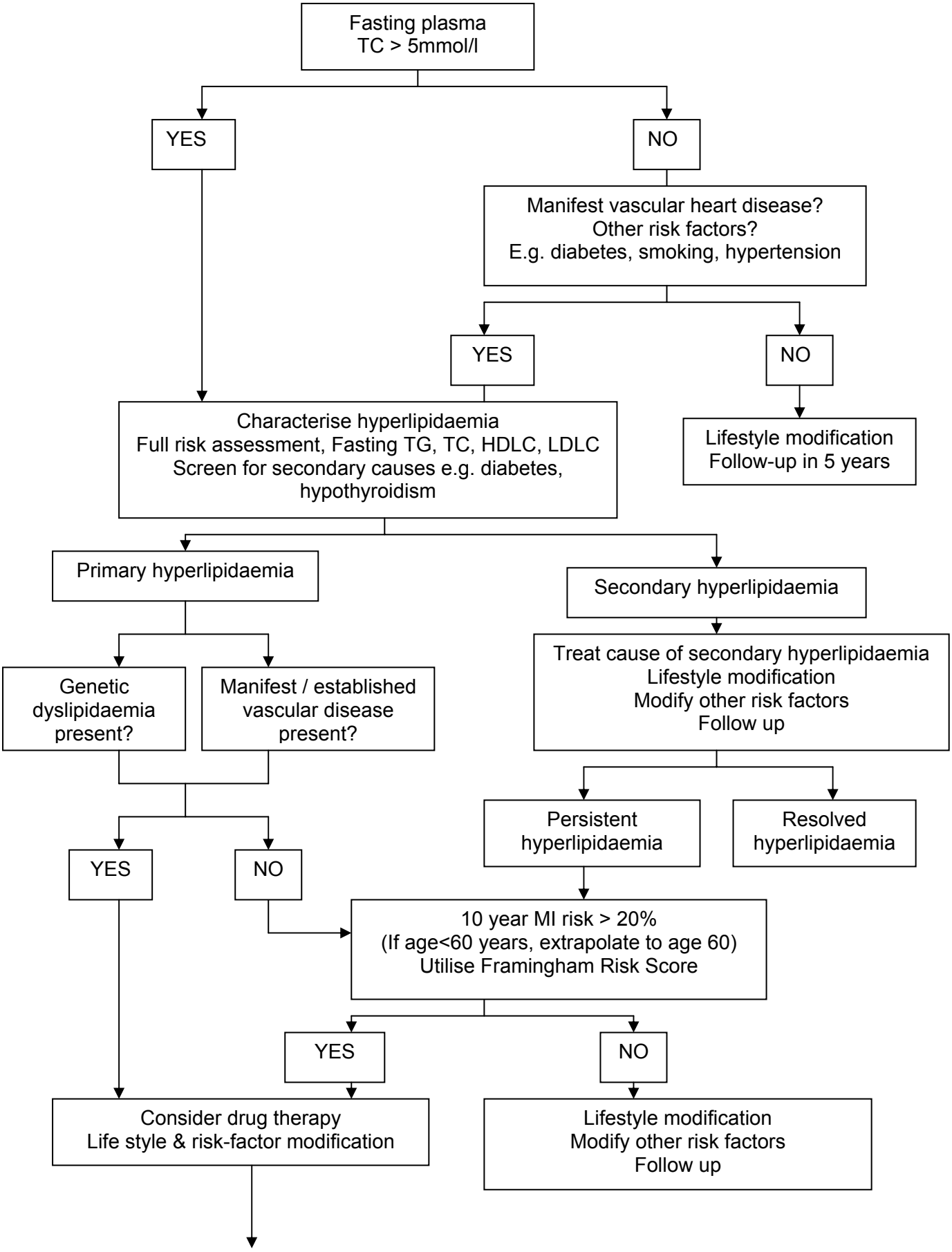
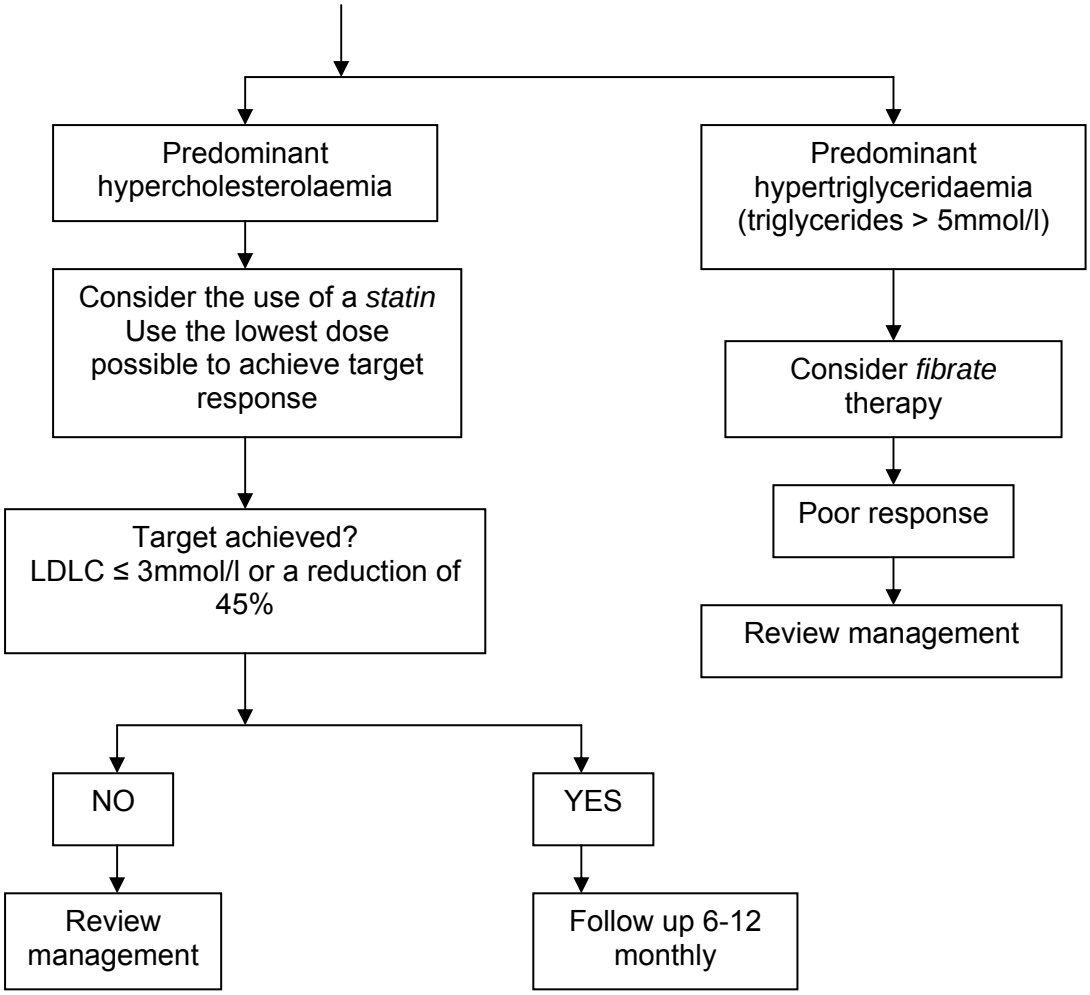
HYPERLIPIDAEMIA – DRAFT 1 2006





Glossary:

- TC – Total cholesterol
- TG – Triglycerides
- HDLC – High density lipoprotein cholesterol
- LDLC – Low density lipoprotein cholesterol
- MI – Myocardial infarction

Applicable ICD 10 Coding:

- E78.0 Pure hypercholesterolaemia
- E78.1 Pure hyperglyceridaemia
- E78.2 Mixed hyperlipidaemia
- E78.3 Hyperchylomicronaemia
- E78.4 Other hyperlipidaemia
- E78.5 Hyperlipidaemia, unspecified

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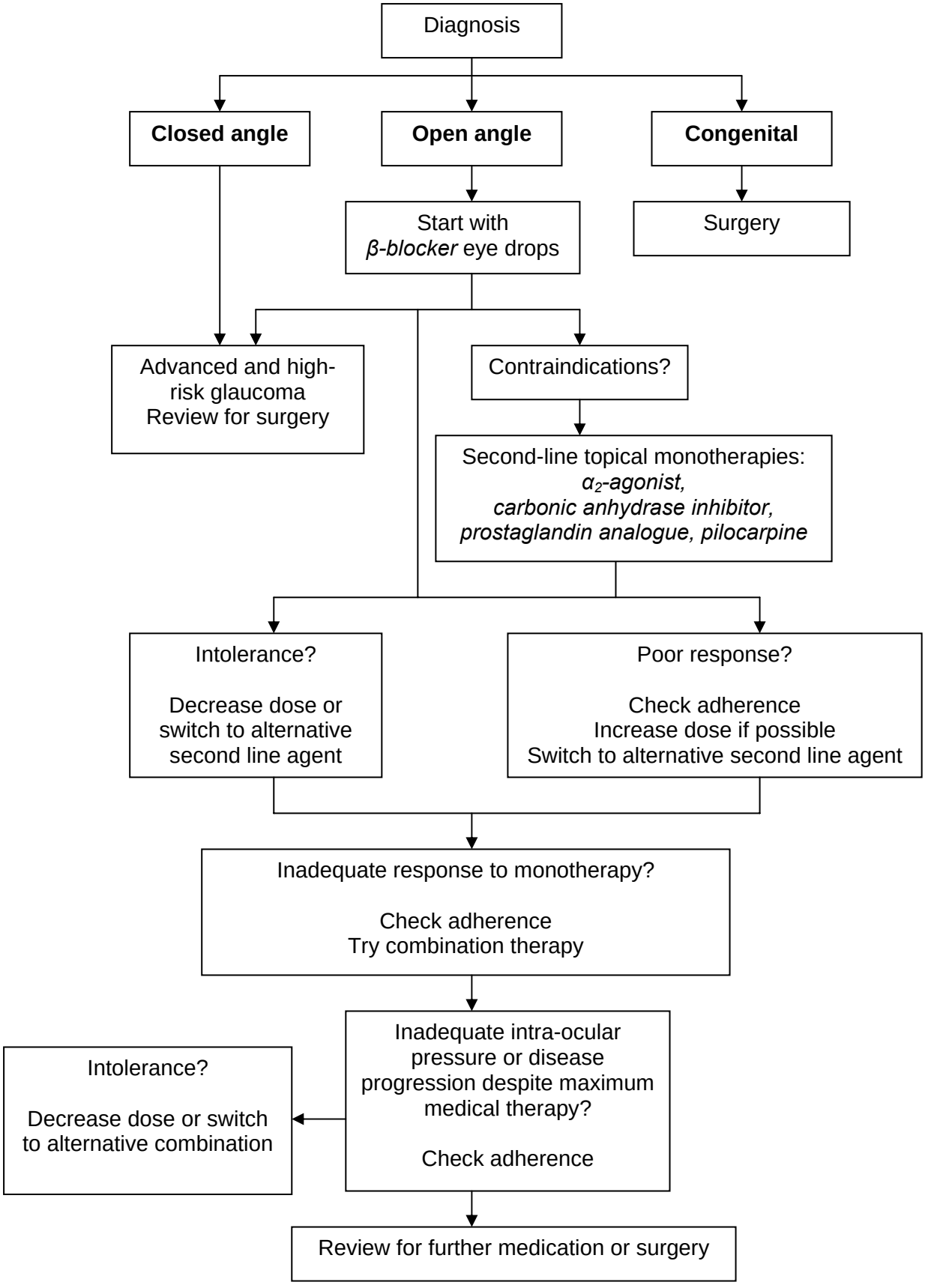
GLAUCOMA – DRAFT 1 2006



Glossary:

- *β-blocker* – Beta-receptor blocker
- *α_2-agonist* – Alpha-2 receptor agonist

Applicable ICD 10 Coding:

- H40 Glaucoma
  - H40.0 Glaucoma suspect
  - H40.1 Primary open-angle glaucoma
  - H40.2 Primary angle-closure glaucoma
  - H40.3 Glaucoma secondary to eye trauma
  - H40.4 Glaucoma secondary to eye inflammation
  - H40.5 Glaucoma secondary to other eye disorders
  - H40.6 Glaucoma secondary to drugs
  - H40.8 Other glaucoma
  - H40.9 Glaucoma, unspecified
- Q15.0 Congenital glaucoma

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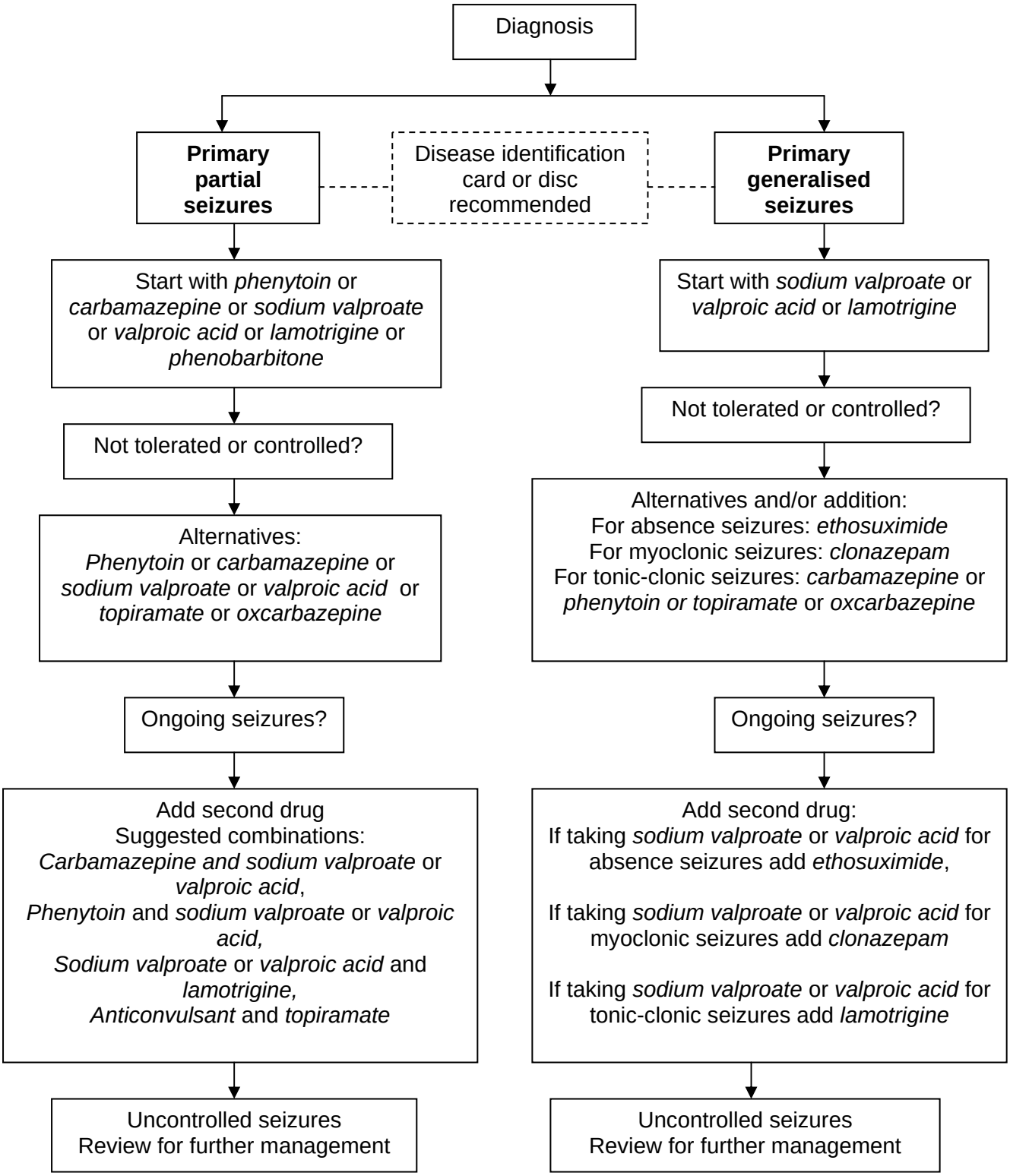
EPILEPSY – DRAFT 1 2006



Applicable ICD 10 Coding:

- G40 Epilepsy
  - G40.0 Localization-related (focal)(partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset
  - G40.1 Localization-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures
  - G40.2 Localization-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures
  - G40.3 Generalized idiopathic epilepsy and epileptic syndromes
  - G40.4 Other generalized epilepsy and epileptic syndromes
  - G40.5 Special epileptic syndromes
  - G40.6 Grand mal seizures, unspecified (with or without petit mal)
  - G40.7 Petit mal, unspecified, without grand mal seizures
  - G40.8 Other epilepsy
  - G40.9 Epilepsy, unspecified
- G41 Status epilepticus
  - G41.0 Grand mal status epilepticus
  - G41.1 Petit mal status epilepticus
  - G41.2 Complex partial status epilepticus
  - G41.8 Other status epilepticus
  - G41.9 Status epilepticus, unspecified

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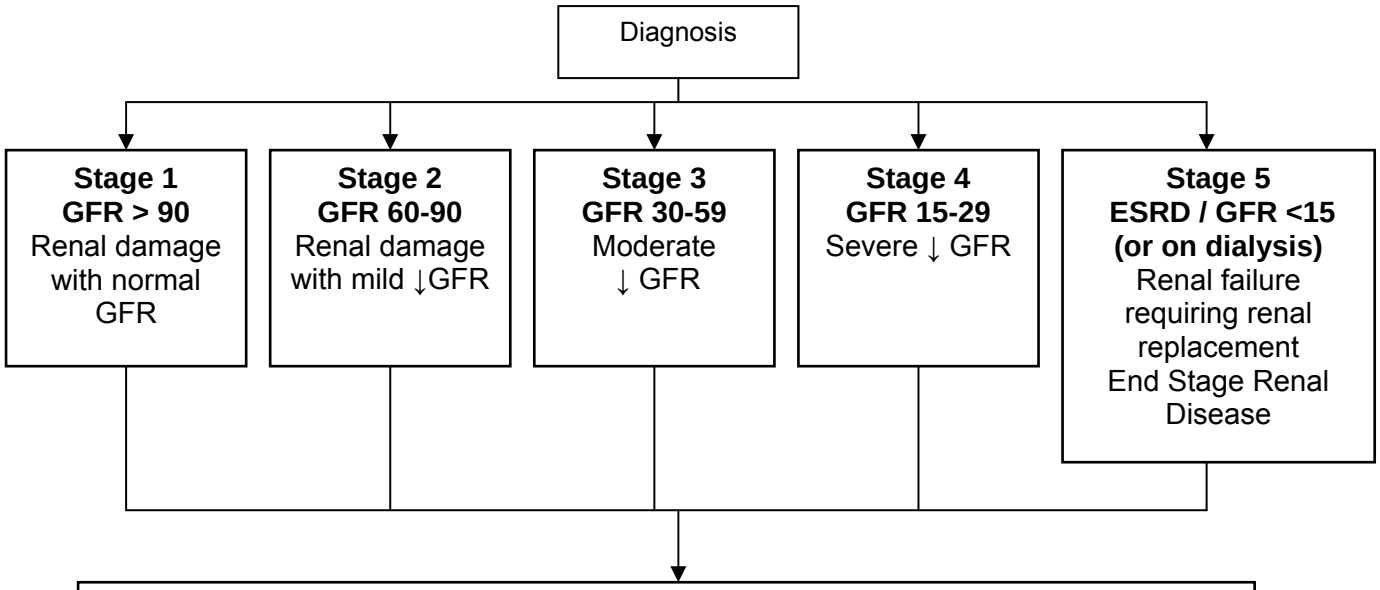
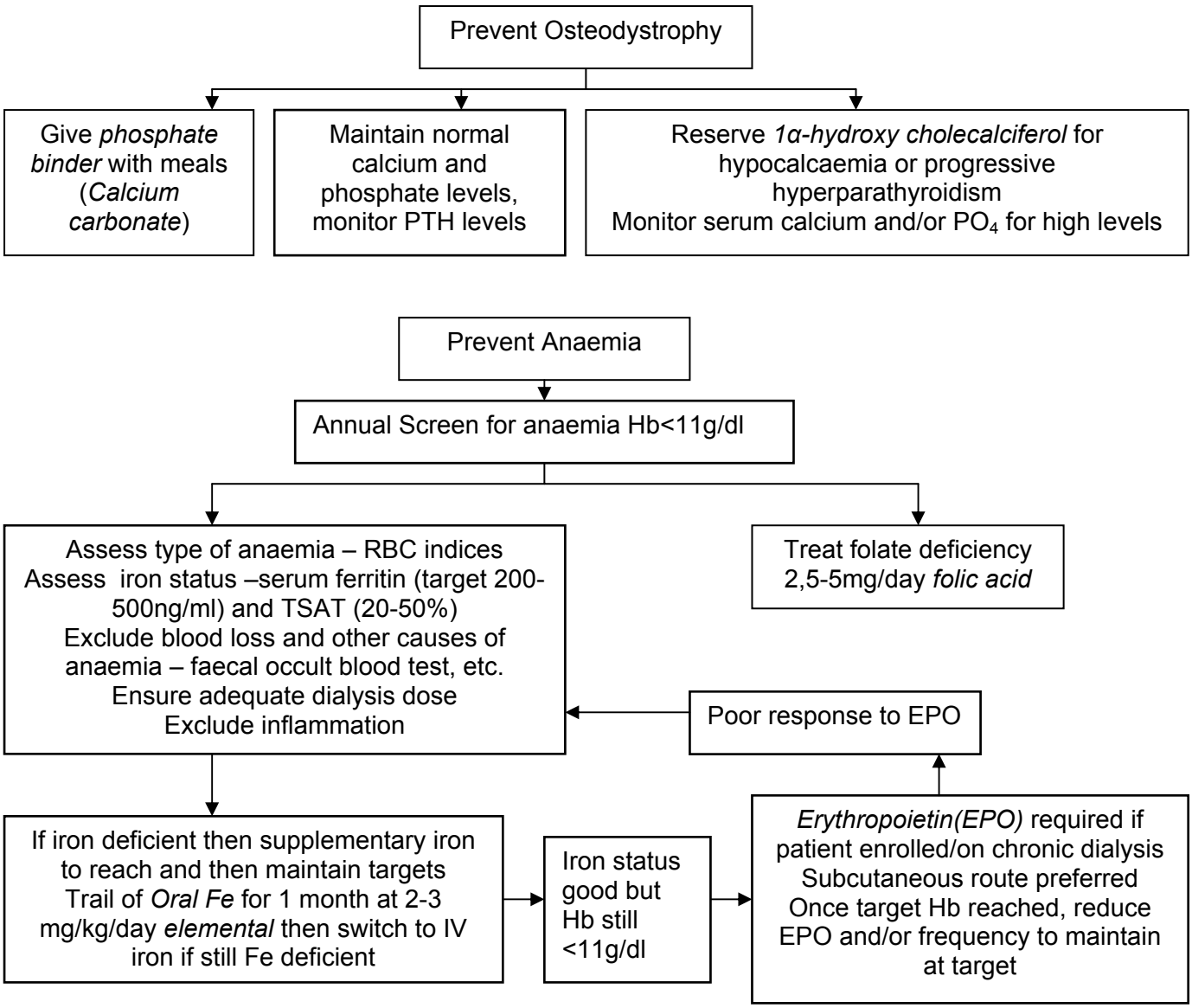
CHRONIC RENAL DISEASE – DRAFT 1 2006



Progressive Management Stage 1 to Stage 5:

- Ideal target is proteinuria <1g/24h to induce remission in deterioration and <0.3g for regression.
- Aim for a stable or increasing GFR. Note that a normal decline is observed with ageing at a GFR decline of 1 mL/min/1·73 m2 per year after 45years.
- Start with low dose sodium diet or *Thiazide* diuretic therapy, or both
- Add low dose *ACE inhibitor* or start immediately with an *ACE inhibitor* (Best effects when used with a *diuretic* e.g. *hydrochlorothiazide* or *loop diuretic* if required)
- Up titrate the *ACE inhibitor* to the maximum dose tolerated. A decline in function may occur but patients should be observed every one to two weekly allowing GFR to settle. (Consult a specialist if necessary)
- Checking of serum potassium only required when using higher doses of *ACE inhibitors* and CRD stage 3 or greater is present. If hyperkalaemia a problem then use other anti-proteinuric drugs i.e. *beta blocker* or *calcium antagonist*. Note: These drugs are not as good as *ACE inhibitors* for proteinuria reduction.
- Add and uptitrate *beta blocker* and/or *non-dihydropyridine CCB's* even if blood pressure is controlled.
- Optimise blood pressure control with other antihypertensive agents; Blood Pressure <130/80mmHg lower if diabetes or proteinuria (morning pre-treatment value)
- Patients require early nephrological referral for management and assessment for dialysis and transplant when GFR < 60ml/min



Glossary:

- GFR - Glomerular filtration rate
- *ACE inhibitor* – Angiotensin converting enzyme inhibitor
- Hb - Haemoglobin
- CRD – Chronic renal disease
- *1α-hydroxy* – 1-alpha-hydroxy
- PO_4 – Phosphate
- ESRD – End stage renal disease
- CCB – Calcium channel blocker
- TSAT – Total iron saturation
- Fe – Iron
- EPO – Erythropoietin
- PTH – Parathyroid hormone

Applicable ICD 10 Coding:

- N03 Chronic nephritic syndrome
  - N03.0 Chronic nephritic syndrome, minor glomerular abnormality
  - N03.1 Chronic nephritic syndrome, focal and segmental glomerular lesions
  - N03.2 Chronic nephritic syndrome, diffuse membranous glomerulonephritis

Applicable ICD 10 Coding: (continued)

- N03.3 Chronic nephritic syndrome, diffuse mesangial proliferative glomerulonephritis
- N03.4 Chronic nephritic syndrome, diffuse endocapillary proliferative glomerulonephritis
- N03.5 Chronic nephritic syndrome, diffuse mesangiocapillary glomerulonephritis
- N03.6 Chronic nephritic syndrome, dense deposit disease
- N03.7 Chronic nephritic syndrome, diffuse crescentic glomerulonephritis
- N03.8 Chronic nephritic syndrome, other
- N03.9 Chronic nephritic syndrome, unspecified

- N11 Chronic tubulo-interstitial nephritis
  - N11.0 Nonobstructive reflux-associated chronic pyelonephritis
  - N11.1 Chronic obstructive pyelonephritis
  - N11.8 Other chronic tubulo-interstitial nephritis
  - N11.9 Chronic tubulo-interstitial nephritis, unspecified
- N18 Chronic renal failure
  - N18.0 End-stage renal disease
  - N18.8 Other chronic renal failure
  - N18.9 Chronic renal failure, unspecified
- I12.0 Hypertensive renal disease with renal failure
- I13.2 Hypertensive heart and renal disease with both (congestive) heart failure and renal failure
- O10.2 Pre-existing hypertensive renal disease complicating pregnancy, childbirth and the puerperium
- O10.3 Pre-existing hypertensive heart and renal disease complicating pregnancy, childbirth and the puerperium

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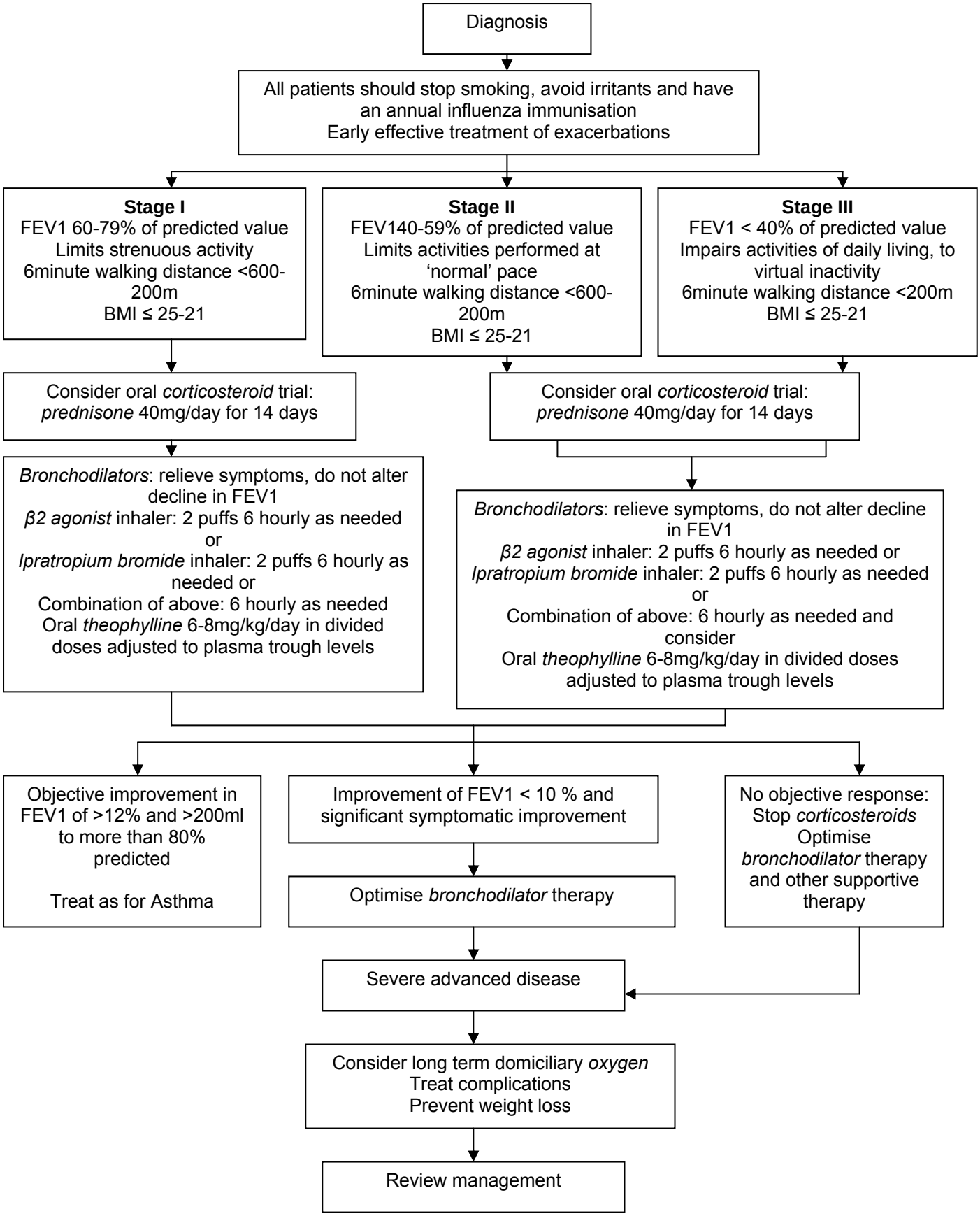
CHRONIC OBSTRUCTIVE PULMONARY DISEASE – DRAFT 1



Glossary:

- FEV1 – Forced expiratory volume in 1 second
- *β2* – Beta-2 receptor
- PFT – Predicted

Applicable ICD 10 Coding:

- J43 Emphysema
  - J43.0 MacLeod's syndrome
  - J43.1 Panlobular emphysema
  - J43.2 Centrilobular emphysema
  - J43.8 Other emphysema
  - J43.9 Emphysema, unspecified

- J44 Other chronic obstructive pulmonary disease
  - J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection
  - J44.1 Chronic obstructive pulmonary disease with acute exacerbation, unspecified
  - J44.8 Other specified chronic obstructive pulmonary disease
  - J44.9 Chronic obstructive pulmonary disease, unspecified

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2. **To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must –**
   a. **not be inconsistent with this algorithm;**
   b. **be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and**
   c. **comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998**

3. **This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.**