

PHARMACY CLINIC PCDT NETWORK HANDBOOK

DISCOVERY HEALTH

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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 the process of incorporating a PCDT consultation fee, point-of-care pathology *tests claimable by the product's NAPPI code* and PCDT-prescribing services in line with the Standard Treatment Guidelines and Essential Medicines List for DHMS members for valid PCDT permit holders payable from the Medical Savings Account.
- We will in future, incorporate chronic benefits and referrals to pathologist 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**.

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 or KeyCare plans where medical saving accounts are not available.

Who qualifies

Criteria

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

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 is able to submit the claim using the PCDT pharmacist's own PCDT BHF (Board of Healthcare Funders) number as the treating provider • 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 a contracted pharmacy, is paid at the agreed Discovery Health Rate • If a non-contracted pharmacy, is paid the balance by the member
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 are invited to participate in the PCDT Network by following a two-step process:

1. Registration of PCDT permit holder's practice number

- Complete and sign the [PCDT practice number registration form](#) on behalf of your employed PCDT pharmacists, and submit it together with the documentation below:

Network name	Description
PCDT verifying network	Please submit: <ul style="list-style-type: none"> Completed PCDT practice registration form Certified copy of ID of the permit holder (certification not older than 3 months) Copy of the BHF Practice certificate Copy of permit certificate

2. Join the PCDT Pharmacy network

- Complete and sign the [PCDT Pharmacy agreement](#)

Network name	Description
PCDT Pharmacy Network	Submit copies of the following documents: <ul style="list-style-type: none"> PCDT Pharmacy Network agreement

- 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

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



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 documentation 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 which are successfully adjudicated 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 app.)
2. As always, 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, or
 - 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 steps, 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 has a choice whether to fill the prescription elsewhere.)
6. Do the physical examination if 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, and results or referrals and treatment. The agreement allows for Discovery Health to receive the clinical results from your software vendor and for Discovery Health to make the results available to the treating provider in the digital format required.
9. We will consider paying for:
 - the consultation and extra material, tests or vaccines based on the relevant plan rules. Reminder to add the ICD10 code.
 - a PCDT written prescription within the Essential Medicine List according to the allowed ICD10 codes.
10. We may pay from the member's available day-to-day benefits or their other benefits (in future, one implemented), but they might also have to pay from their own pocket.
11. 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 code(s) and ICD10 codes should be available on your claims system. If not, ask your contracted software provider to load them.
12. If the member pays in cash, please give them with a paper copy of the claim (statement). It must include the *statement description to ensure 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 fund 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 should be referred back to their treating provider as their primary doctor for all chronic care, as per 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 HealthID2.0 (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 be made available during phase 2 of the project.
9. Queries and escalations should be raised through the servicing communication channels provided.
10. Consultation topics should be individualised to the member and should include self-care behaviours.

PCDT consultation code

Pharmacy code	*Statement description	Tariff description	*Tariff code
000525-001	DIS0190PCDT-CONSULTATION	PCDT consultation: A face-to-face consultation	0190

- Visit [Pharmacy clinic tariffs](#) for the latest rates.

*Arrange with your software provider to print 'Statement description' on the statement. Without these codes, we will not be able to pay paper claims where members prefer to pay cash.

POC pathology screening tests

- Appropriate pathology NAPPIs are payable when a Discovery Health approved point-of-care (POC) device is used.
- Approval is based on Health Technology Assessment outcomes. The supplier can confirm approved devices.
- Notes of the consultation, screenings, POC pathology and any other relevant information must be recorded. They must be given to Discovery Health 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 Discovery Health.

Setting up your system

Claims systems must be set up by adding your own **PCDT BHF number** to the provider (doctor) list on your system. If you need help, contact your software system provider. They can also show you how they have made provision for the treating provider and how to claim on their system.

How to claim

- Use your normal dispensing system to submit claims.
- Understanding what information, we need before we can pay the claim

The treating and referring provider are mutually exclusive and can therefore not be the same in one claim. Most important is to submit two separate claims to us.

1. One claim for the consultation code where you were the attending **provider**. You add the pharmacy as the referring provider and add your own PCDT number in the pop-up as the treating/attending/examining provider. You can add material used in the clinic, as part of your claim. Pay the consultation first.
2. One claim for the **dispensing service** – just like always, instead of the doctor referring/ **requesting your services**, you now add your own PCDT number as the prescribing/referring provider. Just continue like always.



Example:

While dispensing systems may differ, the below examples serve as guidance of what you need to submit to us.

Billing the service	Requesting /prescribing	Attending/ treating provider
<i>Auto populated</i>	Add manually	Add manually
Pharmacy BHF	Doctor	
Pharmacy BHF	Pharmacy BHF	
Pharmacy BHF	PCDT BHF	
Pharmacy BHF	Pharmacy BHF	PCDT BHF
Pharmacy BHF	Pharmacy BHF	PCDT or Nurse BHF

1. Claiming prescription meds scripted by the doctor.
2. Pharmacist Advised Therapy for Schedule 0 – 2
3. Claiming >S3 prescription meds scripted by PCDT
4. Claiming PCDT consultation codes
5. Claiming Diabetes Education consultation codes

N.B. If the consultation code is claimed as part of the prescription, and vice versa, the claim rejects: 'PCDT not authorised to prescribe item.'

- 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.
- 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.
 - Prescription items are verified according to the Essential Medicines List.
 - 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 the payment was rejected

Take 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/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 his/her 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.
1341	PCDT not authorised to prescribe item	You cannot prescribe (and therefore bill for) this treatment under your practice type. Your patient is not responsible for this amount.
1342	PCDT not authorised to treat condition	You cannot treat (and therefore bill) for this condition under your practice type. Your patient is not responsible for this amount.



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.
727	Your plan does not cover these services. You must pay this amount.	Your plan does not cover these services. You 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 	Health 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	PCDT Pharmacy agreement
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 fund 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, noninfective	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>	
	Grand mal seizures, unspecified (with or without petit mal)	G40.6
	Petit mal, unspecified, without grand mal seizures	G40.7
	Other epilepsy	G40.8
	Epilepsy, unspecified	G40.9
5. Family Planning		
Contraception, oral - Combination of estrogen and progestin in each pill		
	General counselling and advice on contraception	Z30.0
	Surveillance of contraceptive drugs	Z30.4
6. Gastro-intestinal conditions		
	Diarrhoea: Noninfective gastroenteritis and colitis, unspecified in adults	K52.9
	Diarrhoea: Giardiasis [lambliaosis] in adults	A07.1
	Nausea and vomiting, on-specific	R11
	Indigestion: Functional dyspepsia	K30
	Indigestion: Heartburn	R12
7. HIV Prophylaxis, Post Exposure (PEP)		
	PEP Contact with and exposure to human immunodeficiency virus [HIV]	Z20.6
	PREP Pre-Exposure Prophylaxis	Z29.2
	Exposure to other specified factors, unspecified place, while working for	X58.92*
	Contact with hypodermic needle, unspecified place, while working for	W46.22*
8. Infections and related conditions – Pyrexia		
	Pyrexia: Other specified fever	R50.8
	Pyrexia: Fever, unspecified	R50.9

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



Condition	Description	ICD10
9. Kidney and urological disorders		
	Acute cystitis	N30.0
	Other chronic cystitis	N30.2
	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
10. 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	M1009
	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 generalized (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
11. Obstetrics and gynaecology		
	Primary dysmenorrhoea	N94.4
	Secondary dysmenorrhoea	N94.5
	Dysmenorrhoea, unspecified	N94.6
12. Pain		
	Acute pain mild	R52.0
	Pain, unspecified, mild	R52.9
13. Respiratory conditions		
Pneumonia uncomplicated in adults (exclusions pediatrics and over 65 years)		
	Bronchopneumonia, unspecified	J18.0
	Other pneumonia, organism unspecified	J18.8
	Pneumonia, unspecified	J18.9
Acute attacks and controlled asthma		
	Acute asthma & exacerbations: COPC with acute exacerbation,	J44.1
	Chronic Asthma: Predominantly allergic asthma	J45.0
	Chronic Asthma: Nonallergic asthma	J45.1
	Chronic Asthma: Mixed asthma	J45.8



Condition	Description	ICD10
	Chronic Asthma: Asthma, unspecified	J45.9
14. Penicillin allergy		
	Personal history of allergy to penicillin	Z88.0
15. Skin conditions		
	Acne vulgaris	L70.0
16. Systemic and Nosocomial Infections		
Tick bite fever	Rickettsiosis, unspecified	A79.9
17. 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 immunization against rabies	Z24.2
	Anaphylaxis	
	Anaphylactic shock, unspecified	R57.9
18. Vaccinations		
	Need for immunization against other single bacterial diseases	Z23.8
	Need for immunization against other specified single viral diseases	Z25.8
	Need for immunization against unspecified infectious disease	Z26.9
	Need for immunization against unspecified combinations of infectious	Z27.8
	Specific immunizations	
	Need for immunization against cholera with typhoid-paratyphoid	Z27.0
	Need for immunization against COVID-19	U11.9
	Need for immunization against COVID-19, unspecified	Z27.9
	Need for immunization against diphtheria-tetanus-pertussis with	Z27.3
	Need for immunization against diphtheria-tetanus-pertussis with	Z27.2
	Need for immunization against diphtheria-tetanus-pertussis, combined	Z27.1
	Need for immunization against influenza	Z25.1
	Need for immunization against measles alone	Z24.4
	Need for immunization against measles-mumps-rubella [MMR]	Z27.4
	Need for immunization against mumps alone	Z25.0
	Need for immunization against poliomyelitis	Z24.0
	Need for immunization against rubella alone	Z24.5
	Need for immunization against tetanus alone	Z23.5
	Need for immunization against tuberculosis [BCG]	Z23.2
	Need for immunization 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 medication

- This list contains examples of medicines that can be prescribed.
- We fund PCDT-prescribed treatment within available plan benefits for in-scope conditions (ICD 10 codes) and where treatment is within the Essential Medicine 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
	Phenoxymethylpenicillin	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 should 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			
	<i>Doctor-initiated treatment – continue treatment with close monitoring for six months, after which patient should be referred to a doctor.</i>		
	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 excl. 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 should be referred to a doctor.

Diabetes - oral anti-diabetics

Doctor-initiated treatment - continue treatment with close monitoring for six months, after which patient should 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
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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
Aciclovir	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		
	VAC	0-4
<i>Claim with consultation code</i>		
BCG (Bacillus Calmette-Guerin vaccine)	VAC	2
Hib (haemophilus influenza type B vaccine)	VAC	2
Hib (hemophilus influenza B, purified antigen conjugated)	VAC	2
Hep B	VAC	4
Measles	VAC	2
OPV (Oral Polio vaccine)	VAC	2
DTP (diphtheria pertussis and tetanus vaccine)	VAC	2



Annexure C

PCDT: Consultation medication

- We fund consultations and procedures and point-of-care pathology tests within available plan benefits for in-scope conditions. Claim on selected product's 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: *Claim with consultation code*

BCG (Bacillus Calmette-Guerin vaccine)

Hib (haemophilus influenza type B vaccine)

Hib (hemophilus influenza B, purified antigen conjugated)

Hep B

Measles

OPV (Oral Polio vaccine)

DTP (diphtheria pertussis and tetanus vaccine)