## No. R. 110

## 11 February 2005

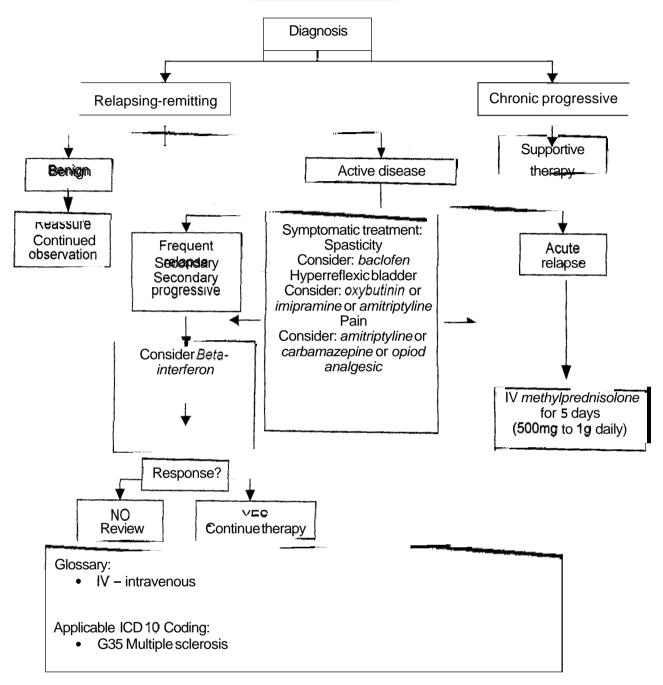
## MEDICAL SCHEMES ACT, 1998 (ACT NO. 131 OF 1998) REGULATIONS MADE IN TERMS OF THE MEDICAL SCHEMES ACT, 1998 THERAPEUTIC ALGORITHMS FOR CHRONIC CONDITIONS

The Regulations made under the Medical Schemes Act, 1998, published under Government Notice No. R1262 of 20 October 1999, as amended by the following Government Notices: No. R 570 of 5 June 2000; No R. 650 of 30 June 2000; No. R 247 of 1 March 2002 and No. R 1360 of 4 November 2002, provides, in Annexure A, as follows: 'Treatment: diagnosis, medical management and medication, to the extent that this is provided for by way of a therapeutic algorithm for the prescribed condition, published by the Minister in the *Gazette*''.

The therapeutic algorithms referred to in Annexure A to the regulations was published under Government Notice No. 1397 of 6 October 2003.

The therapeutic algorithms as published under Government Notice No. 1397 of 6 October 2003 is hereby amended by the substitution for the item : MULTIPLE SCLEROSIS of the following item:

**MULTIPLE SCLEROSIS** 



## Note:

- 1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.
- 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.

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