CIRCULAR

Reference:	Clinical Review Committee
Contact person:	Clinical Unit
Tel:	0124310593
Fax:	
E-mail:	ClinicalEnquiries@medicalschemes.com
Date:	20 October 2016

Circular 73 of 2016: Human Immunodeficiency Virus (HIV) as a PMB condition

The Council for Medical Schemes (CMS) has previously published a CMScript (Issue 10 of 2014) on Human Immunodeficiency Virus (HIV) as a Prescribed Minimum Benefit (PMB) condition. In this article, guidance was provided indicating that all medical schemes are required by law to pay for the diagnosis, treatment and care costs of the condition in full. This includes HIV voluntary counselling and testing, Co-trimoxazole as preventative therapy, screening and preventative therapy for TB, diagnosis and treatment of sexually transmitted infections, pain management in palliative care, treatment of opportunistic infections, prevention of mother-to-child transmission of HIV, post-exposure prophylaxis following occupational exposure or sexual assault, medical management and medication, including the provision of anti-retroviral therapy, and ongoing monitoring for medicine effectiveness and safety, to the extent provided for in the national guidelines applicable in the public sector.

The National Guidelines have since been updated, South Africa has now formally adopted the Universal Test and Treat (UTT) in accordance with the World Health Organization (WHO) new guidelines on HIV treatment. UTT supports UNAIDS 90-90-90 targets of ensuring that 90% of all people living with HIV know their HIV status, 90% of people with diagnosed HIV infection have access to Anti-Retroviral Therapy (ART), and 90% of all people receiving ART have suppressed viral loads.

Since 1st September 2016, the following criteria has been specified to start patients on lifelong ART:

- All HIV positive children, adolescents and adults regardless of CD4 count will be offered ART treatment, prioritising those with CD4 ≤350.
- Patients in the Pre-ART and Wellness programme shall be considered for UTT.
- Willingness and readiness to start ART shall be assessed and patients who are not ready after assessment shall be kept in the wellness programme and continuous counselling on the importance of early treatment and scheduled CD4 as per SA clinical guidelines shall continue at every visit.

- Baseline monitoring of CD4 count will still be done as it is the key factor in determining the need to initiate Opportunistic Infection prophylaxis at CD4 ≤200, identify eligibility for cryptococcal antigen (CrAg) at CD4 ≤100, prioritisation at CD4 ≤350 and fast tracking at CD4 ≤200.

In addition, the new guidelines recommend that people with a substantial risk of HIV infection should be provided with daily Pre Exposure Prophylaxis as part of a combined HIV prevention strategy. Pre-exposure prophylaxis is defined as *the use of antiretroviral drugs by HIV-negative people, before potential exposure to HIV, to block the acquisition of HIV infection*. The recommended regimen which is to be taken daily, is a combination of Tenofovir and Emtricitabine (Truvada).

The CMS in line with the requirements of the PMB regulations, has adopted the current National HIV treatment guidelines. The medical schemes should therefore fund the diagnosis, treatment and care of HIV according to the recently adopted National Guidelines.

Dr Sipho Kabane
Senior Strategist
Council for Medical Schemes

ANNEXURES

ANNEXURE A

IMPLEMENTATION OF THE UNIVERSAL TEST AND TREAT STRATEGY FOR HIV POSITIVE PATIENTS AND DIFFERENTIATED CARE FOR STABLE PATIENTS

ANNEXURE B

NATIONAL CONSOLIDATED GUIDELINES FOR THE PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV (PMTCT) AND THE MANAGEMENT OF HIV IN CHILDREN, ADOLESCENTS AND ADULTS

ANNEXURE C

NATIONAL HIV TESTING SERVICES: POLICY