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HL v DISCOVERY HEALTH MEDICAL SCHEME

Chronic medication accumulation limits

The complaint concerns the Scheme's decision to decline a claim for the Complainant's chronic medication citing accumulation limits. The Complainant submitted that the Scheme rejected his claims for chronic blood pressure medication, which is registered as a Prescribed Minimum Benefit (PMB) and has historically been dispensed in two-month cycles without issue. He argued that the Scheme's representatives falsely accused him of over-claiming and even suggested fraudulent practices by the pharmacy. He stated that the Scheme later acknowledged that his dispensing history was correct, however, it refused to correct its system or reinstate the approved claim cycle, leaving him without access to essential PMB medication.

The Scheme submitted the Complainant's hypertension is covered under the Scheme's Chronic Illness Benefit and that the approved medication is funded in full. It explained that, to comply with pharmacy

regulations and manage fraud risk, it applies electronic controls that allow prescription refills every 23 days, with a maximum of 14 refills in a 12-month cycle. It further stated that the Complainant's claim submitted on 2 September 2025 was rejected because the annual refill limit had been reached. The Scheme advised that the medication could only be claimed again on 17 September 2025, when the next allowable refill became available. Furthermore, the Scheme stated the medication was subsequently claimed and funded in full on that date. The Scheme therefore maintained that the rejection of the 2 September 2025 claim was appropriate and in accordance with its accumulation limit rules.

The issue for determination was whether the Scheme was correct in declining the Complainant's medication claim citing accumulation cycle limits.

The matter was reviewed together with submissions from both parties. The matter was referred to the Clinical Review Committee (CRC) to confirm the Scheme's assertions regarding refill limits. The Clinical Review Committee (CRC) found that there is no legal or clinical requirement for the Scheme's annual medicine supply limits. It confirmed that additional refills should not be denied where medication is dispensed in accordance with a valid prescription. The investigation showed that the Complainant had a valid 60-day prescription for chronic hypertension medication, had not exceeded the Scheme's stated refill limits, and was incorrectly prevented from claiming medication despite the commencement of a new benefit cycle. The Scheme's decision to delay access to medication until 17 September 2025 was inconsistent with its own cycle rules and resulted in an interruption of treatment. The Office further found that the Scheme incorrectly applied therapy limits and refill calculations, including rejecting a later claim based on inaccurate records. It emphasized that 60-day prescriptions are lawful and that funding restrictions cannot override valid prescribing and dispensing practices. Given that the Complainant suffers from a PMB condition requiring uninterrupted treatment, it was concluded that the medication should have been approved. The Scheme's actions reflected administrative shortcomings and failed to adequately protect the Complainant's access to essential chronic medication.

A ruling was therefore issued confirming that the Scheme unlawfully relied on internal funding rules to override a valid 60-day prescription, incorrectly restricted medication funding to 30 days, and wrongly delayed the Complainant's next claim date. It also made errors in calculating refill limits, resulting in the improper rejection of medication claims and interruptions to the Complainant's PMB-related chronic treatment.