

## **HIV Basket of Care medicine list formulary 2025**

### **Who we are**

The Anglovaal Group Medical Scheme (referred to as 'the Scheme'), registration number 1571, is the medical scheme that you are a member of. This is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

### **HIVCare Programme**

#### **Disclaimer**

The information in this document is subject to change.

The HIVCare Programme is governed by the Scheme Rules, administered by Discovery Health (Pty) Ltd. The utilisation of the benefits and programmes associated with the HIVCare Programme are subject to specific conditions and rules. Members must ensure that they are familiar with these rules and conditions.

Any instructions or advice on medication and the management of the member's condition are intended as a supplement to and not a substitute for the knowledge, expertise, skill and judgement of the member's doctor, pharmacist or other healthcare professional.

The Scheme reserves the right to change how we cover treatment on the programme at any time.

### **Contact us**

Tel: **0860 100 693** • PO Box 652509, Benmore, 2010 • [www.avgms.co.za](http://www.avgms.co.za)

## HIV Basket of Care medicine list (formulary)

NAPPI-9 Code	NAPPI-6 Code	Product Name	Dosage Form	SEP Cost Per Unit	DH rate (36% Capped at 33)	Max Quantity per member per Year	Frequency Per Member Per Year	Cost per Year
701659001	701659	Heberbio hbv sgl dose 1ml adult	VAC	112.97	150.25	3	3 Fills Per Annum	450.75
713048001	713048	Euvax b vial 1ml	VAC	132.46	177.5	3	3 Fills per annum	532.50
NAPPI-9 Code	NAPPI-6 Code	Product Name	Dosage Form	Cost Per Unit	DH rate (36% Un-capped)	Max Quantity Per Member per month	Frequency Per Member Per Year	Cost per Year
715460001	715460	Multivitamin forte	TAB	0.13	10.61	60	1 Fill Per Month (Pro-rated)	127.30
838500005	838500	Multivitamin orange	TAB	0.03	R2.45	60	1 Fill Per Month (Pro-rated)	29.40
799173002	799173	Multivitamin	TAB	0.24	19.58	60	1 Fill Per Month (Pro-rated)	234.96

The annual limit for 2025 of R660 per person.

**Note:** Use of the vaccine must be restricted to three per member per year but use of the vitamin alternatives must be restricted to the annual allowable combined limit.

## Complaints process

You may lodge a complaint or query with Anglovaal Group Medical Scheme directly on **0860 100 693** or address a complaint in writing directly to the Principal Officer. Should your complaint remain unresolved, you may lodge a formal dispute by following Anglovaal Group Medical Scheme's internal disputes process.

Members, who wish to approach the Council for Medical Schemes for assistance may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or email [complaints@medicalschemes.co.za](mailto:complaints@medicalschemes.co.za). Customer Care Centre: **0861 123 267**/website [www.medicalschemes.co.za](http://www.medicalschemes.co.za)