**Navigating prescription medication cover and formulary tiers in South Africa**

**Johannesburg - Prescription medication cover ensures that individuals can access necessary medications prescribed by healthcare professionals to manage acute and chronic conditions. It plays a pivotal role in maintaining health, managing symptoms, preventing complications, and improving overall quality of life.**

Prescription medication coverage in South Africa refers to the extent to which a medical aid plan or benefit option covers the cost of prescribed medications. Different medical aid plans or benefit options offer varying levels of coverage, which may depend on the type of plan and the specific benefits offered by the plan.

Without adequate cover, individuals may face financial barriers that limit their ability to obtain essential medications, potentially compromising their health outcomes. The cost of prescription medication is a significant part of comprehensive medical cover.

Understanding how prescription medication will be covered is crucial so that individuals can make informed decisions about their healthcare and optimise the benefits offered by their private medical aid plans.

**Formulary tiers in South Africa**

When selecting a plan from a medical aid provider it is crucial to review the specific plan or benefit option's formulary list. The formulary is a list of medications the plan covers, and it will help you understand how the cost is covered. Depending on your chosen plan, it will either be covered in full or split between you and the medical aid.

In South Africa, medical aid schemes often classify prescription medications into formulary tiers to manage costs. These tiers determine the level of coverage provided for different medicines. While specific tiers and their labels may vary between schemes, they generally follow a similar structure:

* **Tier 1**: This tier includes low-cost generic medications identified as safe and effective alternatives to brand-name medication. These are generally automatically approved by your medical scheme and usually have the lowest cost-sharing, e.g. no co-payments for the consumer.
* **Tier 2**: Similar to Tier 1, this tier covers generic medications that may be slightly more expensive than preferred generics but are still cost-effective. Tier 2 medication may require a pre-authorisation from your medical aid.
* **Tier 3**: This tier includes brand-name medications that are more cost-effective than other brand-name options. If your selected benefit option does not include these medications on the formulary, then they could require pre-authorisation and may require a motivation from your healthcare provider. Co-payments for medication in this tier, if not already listed on the formulary for your plan, are typically higher than for generic medicines.
* **Tier 4** **(speciality medications)**: Speciality medications are high-cost drugs that treat rare or complex conditions. They often require specialised knowledge or administration methods. Cost sharing for speciality medications may vary significantly depending on your chosen benefit option/plan and the medical aid scheme.

In certain instances, your medication may not be on your plan's formulary. But no worries, taking steps to get your plan to cover a non-formulary drug is easier than you think. Every medical aid has an "exceptions process".

Although the exceptions process may vary from one medical aid to another, some similarities exist. For instance, your healthcare provider may need to confirm that the medication they prescribed is necessary by stating that the medication covered by your plan won't be as effective or may even be harmful. Another common exception is when your plan only covers a lower medication dosage, which may be insufficient for your needs. This often occurs in cases of overweight or obesity where a higher dose may be required but isn't covered.

To apply for the exception process, you must contact your medical aid and ask for more information about the appropriate process to follow. This may include completing relevant forms required by your medical aid and submitting it by mail or online. If your plan covers the medication long-term, it will likely place it on the highest tier.

**Navigating Formulary Tiers**

To effectively navigate formulary tiers:

1. **Understand your scheme's formulary**: Obtain a copy of your plan's formulary or preferred medication list. It will help you understand which medications are covered and the associated cost-sharing structure.
2. **Discuss options with your healthcare provider and medical aid**: Check with your medical aid whether the medication prescribed is on your plan's formulary, and if not, then discuss potential alternatives with your healthcare provider to manage costs effectively.
3. **Explore generic options**: Generic medications are often more cost-effective and are equally safe and effective than brand-name medication. Discuss generic alternatives with your healthcare provider to explore potential savings.
4. **Prior authorisation requirements**: Some medications may require prior authorisation from your medical aid scheme. Your healthcare provider can assist you with the necessary steps to obtain authorisation.
5. **Engage with your scheme**: If you require medications in higher tiers, consider contacting your medical aid scheme to discuss options and possible exceptions or cost-sharing adjustments.

Remember, each medical aid scheme may have its unique formulary, so reviewing your specific plan documents and engaging in open communication with your scheme and healthcare team is essential.

You must choose a reputable medical aid scheme and plan for you and your circumstances. Medshield advises that you research the scheme's prompt claims payment history, solvency record, credit rating, transparent, easy-to-understand management tools and terms and conditions, and selection of benefit options.

Your health and well-being are by far your most precious assets. Medshield provides nine plans that are designed to ensure you make the best and most affordable choice for your prescription medication needs.

**FIN**

(898 words)

**EDITORS NOTES**

**FURTHER MEDIA INFORMATION AND INTERVIEW REQUESTS**

* Stone issues this release on behalf of the Medshield Medical Scheme.
* For media enquiries or interview requests, please contact Willem Eksteen, CEO of Stone or a media liaison member of the Stone team at media@stone.consulting / 011 447 0168
* Alternatively, contact Lilané Swanepoel at Medshield at 010 597 4982 / lilanes@medshield.co.za

**MORE INFORMATION ON THE 2024 MEDSHIELD BENEFIT OPTIONS AND CONTRIBUTIONS**

Benefits and Contribution amendments are subject to CMS approval.

Please refer to the 2024 Product Page on the Medshield website at <https://medshield.co.za/>. You can review the benefit adjustments and value adds and download the 2024 benefit guides

* **PremiumPlus** provides mature families and professionals with unlimited hospital cover in a hospital of their choice, with In-Hospital Medical Practitioner consultations and visits paid at 200% Medshield Private Tariff, and the freedom to manage daily healthcare expenses through a comprehensive Personal Savings Account and extended Above Threshold Cover.
* **MediBonus** provides mature families and professionals with unlimited hospital cover in a hospital of their choice, with In-Hospital Medical Practitioner consultations and visits paid at 200% Medshield Private Tariff, and the independence to manage daily healthcare expenses through a substantial Day-to-Day Limit.
* **MediSaver** is perfect for independent individuals and young professionals thinking about expanding their families. MediSaver offers unlimited hospital cover in the Compact Hospital Network, with the freedom to manage daily healthcare expenses through a generous Personal Savings Account.
* **MediPlus** provides middle to upper-income families with complete healthcare cover for major medical and daily healthcare needs. Unlimited hospital cover is provided through a choice of two hospital networks, Prime or the value-focused Compact Hospital Network. Daily healthcare expenses are covered through a generous Day-to-Day Limit. Benefits are identical in both categories, Prime and Compact, with care coordination and doctor referral mandated on MediPlus Compact.
* **MediCore** is ideal for healthy individuals looking for comprehensive hospital cover, with daily healthcare expenses self-managed. This option offers unlimited hospital cover in the Compact Hospital Network, with In-Hospital Medical Practitioner consultations and visits paid at Medshield Private Tariff 200%. Day-to-day healthcare expenses are self-funded.
* **MediValue - Prime and Compact** - is the ideal option for growing families. It offers affordable cover for major medical and daily healthcare needs. Unlimited hospital cover is provided through a choice of two hospital networks, Prime or the value-focused Compact Hospital Network. Daily healthcare expenses are covered through a sizeable Day-to-Day Limit. Benefits are identical on both options, MediValue Prime and MediValue Compact, with care coordination and doctor referral mandated on MediValue Compact.
* **MediSwift** is the ideal hospital plan for active, healthy individuals. Major medical emergency and In-Hospital treatment are covered up to R1 million per family in the Compact Hospital Network, with the added benefit of day-to-day treatment for non-professional sports injuries. As a hospital plan, MediSwift offers no Day-to-Day benefits, allowing members the freedom to self-manage their daily healthcare expenses.

**Medshield Medical Scheme - Live Assured knowing you have a Partner for Life.**

**ABOUT MEDSHIELD MEDICAL SCHEME**

* Medshield is a healthcare fund where all members contribute towards the fund monthly to cater for medical cover should the need arise.
* Medshield has been in operation since 1968, making us one of the most experienced, knowledgeable, and reliable medical schemes in South Africa. Our extensive experience in the healthcare sector guides our understanding of our members' needs. Our excellent cover and benefits combined with the best quality systems and services have resulted in our exceptional size and strength.
* Each of our options offers affordably priced benefits. We continuously review and improve the range of benefits in each option to bring you what you need.
* Our impeccable reputation of prompt payments to hospitals, doctors, pharmacies and other medical caregivers guarantees approval from service providers when you present your Medshield membership card.
* Our extensive partner networks place us in the perfect position to offer exceptionally competitive rates to our members.
* Medshield is well-represented throughout all nine provinces and provides seamless access to service providers in your area. Our geographical spread provides convenience if it becomes necessary for you to have a personal discussion with one of our experienced consultants. We also have a streamlined online claim submission system and immediate contact centre assistance, making it easier to manage your membership and claims from the convenience of your home or office.
* Our extensive range of additional benefits and services is another distinguishing factor. Our benefits and services have been designed to give members additional support when they need it most, for instance, in an emergency or when suffering from a chronic or life-threatening condition.
* Compared with other medical schemes, our trustworthiness, impeccable history, and exceptional service guarantee that we come out tops!