SCRIPTPHARM
An AfroCentric Group Company

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NEWSLETTER

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At the turn of the 20th century the local pharmacist was a craftsman – compounding powders, tinctures and tonics by hand behind a wooden counter lined with glass bottles. Fast-forward to today, and the pharmacist's role has transformed into that of a clinical expert, technology user, and patient-care advocate.

Modern pharmacy is no longer just about dispensing medicine; it's about improving outcomes, managing chronic diseases, and ensuring safe, evidence-based care. What hasn't changed is the pharmacist's dedication to their community – the trusted face behind every prescription.

In this edition:

CELEBRATING THE HEART OF HEALTHCARE OUR PHARMACISTS

September was Pharmacy Month – and Scriptpharm proudly celebrate the pharmacists who bring care to life every day.

You do more than dispense medicine. You guide, educate, reassure, and help patients stay on track with their treatment. You turn prescriptions into healthier lives.

At Scriptpharm, we recognise your professionalism, compassion and unwavering commitment to your communities. Thank you for being the heart of healthcare and a vital part of our network.

Together we're building healthier futures – one conversation, one patient, one pharmacy at a time.

IDENTIFYING AND MANAGING OVERUSE OF BENZODIAZEPINES

We are living in interesting times. Daily challenges (emotional, financial, and social) have become part of our routine. Life is becoming increasingly expensive, and the pressure to cope is immense. As mental health struggles rise, many individuals seek relief in different ways. While some seek professional counselling, some opt to use homeopathic remedies and others seek relief through a visit to their GP. In some instances, that visit ends with a prescription for benzodiazepines.

Benzodiazepines are a class of medicine that enhances the effect of gamma-aminobutyric acid (GABA), a neurotransmitter that inhibits certain brain activity, producing a calming effect. They are typically prescribed for short-term use to manage Anxiety, Insomnia, Muscle spasms and Seizures.

While effective in the short term, these medications carry significant risks when used beyond their intended duration. Prolonged use may lead to dependence and tolerance, impaired psychomotor performance, amnesia, withdrawal symptoms and rebound anxiety.

Benzodiazepine treatment should be initiated with the lowest possible dose and for the shortest possible period of time. For this reason, most medical aid schemes in South Africa impose annual limits on the number of benzodiazepine units that can be dispensed per beneficiary, for example, 120 units per year.

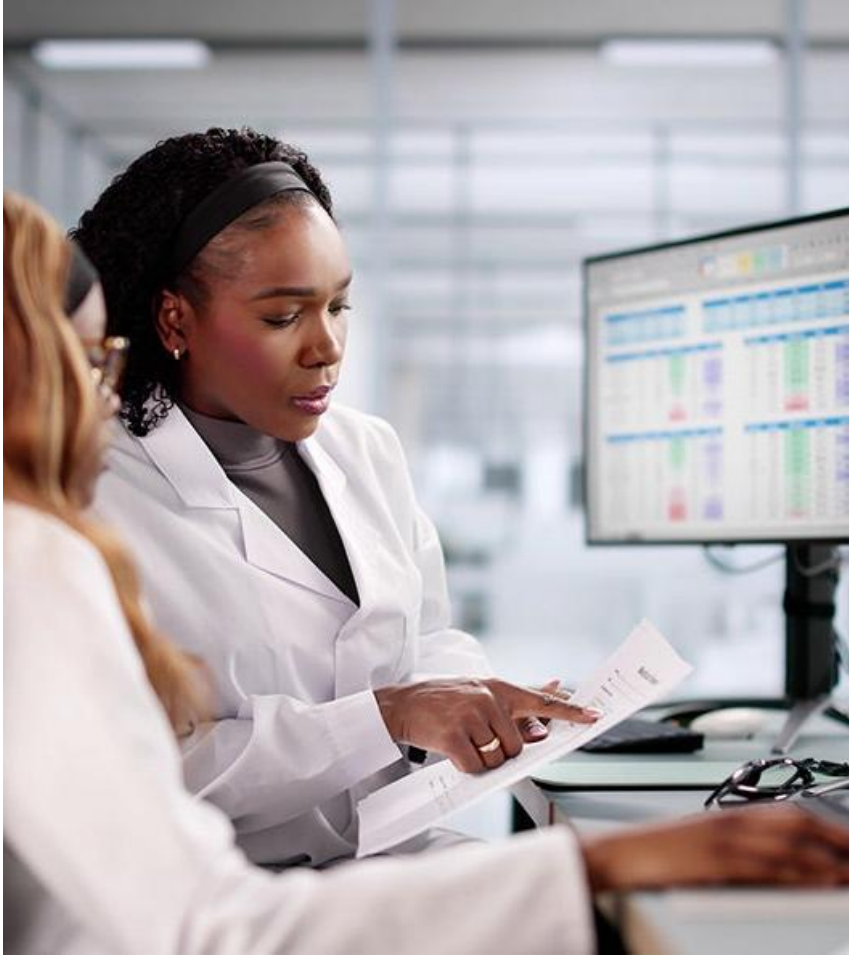
This restriction is part of broader efforts to curb overuse and highlights the importance of cautious prescribing and responsible dispensing practices.

As part of being custodians of medicine and ensuring Good Pharmacy Practice, pharmacists are expected to:

- Monitor dispensing patterns and identify early signs of misuse.
- Educate patients on the risks of long-term use and safer alternatives.
- Verify prescriptions thoroughly and confirm prescriptions are valid
- Monitor quantities and repeats.
- Engage prescribers in conversations about tapering strategies and non-pharmacological interventions.
- Support patients with referrals to mental health professionals or addiction services when needed.
- Identify red flags such as doctor hopping and unusual prescribing patterns.
- Remind patients that benzodiazepines are intended for short term use only.

Pharmacies are uniquely positioned to balance access to required medicines with the prevention of harm. By carefully monitoring usage, providing patient education and explaining the risk of misuse and abuse, pharmacists can help reduce the risk of dependency. Responsible dispensing protects patients and upholds the integrity of the profession.

CHARGING THE CORRECT DISPENSING FEE: WHY ACCURACY MATTERS



In the previous edition we highlighted the importance of applying the correct dispensing fee, relevant to the medicine category, when submitting claims, as certain medical schemes have different dispensing fees in place for acute and chronic medication.

An analysis of medicine claims over the last few months indicated that many of our network pharmacies are still experiencing challenges in selecting the applicable claiming code during the submission process.

Using the appropriate fee not only ensures compliance with contractually agreed fees but also prevents claim short payments which results in member co-payments. Consistency in applying the correct dispensing fee protects the pharmacy's revenue and integrity of the reimbursement process, ultimately supporting fair, transparent and sustainable pharmacy practice.

Understanding Dispensing Fee Regulations

In South Africa, dispensing fees are regulated under the Medicines and Related Substances Act and subsequent regulations. These stipulate the maximum professional fee a pharmacy may charge when dispensing medicines. However, our client schemes apply their own unique dispensing fee which aligns to:

A percentage of the Single Exit Price (SEP), plus VAT, subject to a capped maximum rand value.

Pharmacies contracted to our client scheme networks are required to adhere to the contractually agreed dispensing fees and claims submission rules. Charging above the contracted amount constitutes overcharging and could inevitably lead to:

- Unexpected co-payments for members;
- Poor compliance monitoring scores;
- Loss of preferred provider status; or
- Damage to professional relationships.

Role of Real-Time Claiming and Remark Codes

As most pharmacy claims are processed in real time, medical scheme administrators have implemented several immediate feedback messages via response or remark codes that alerts the pharmacy if a claim falls outside agreed rules. In keeping with our ongoing efforts to assist our network pharmacies to improve the accuracy of claim submissions whilst also providing a satisfying experience for the customer in the pharmacy, we are working on a new real-time remark code to be sent back to pharmacies if the dispensing fee is above the contractual dispensing fee rate. This code will be communicated shortly.

If a patient has a chronic authorisation for a specific chronic medication, and the claim is submitted with an (incorrect) acute medicine claiming code, the claims system will recalculate the dispensing fee and it will result in a dispensing fee overcharge for the patient. This is the result of the chronic medicine dispensing fee being less than the acute medicine dispensing fee.

Pharmacy staff should:

- Read and interpret claim remark codes carefully;
- Understand how and when to submit a claim as acute vs chronic;
- Correct errors before finalising the claim; and
- Educate patients transparently if scheme rules impact the final co-payment.

Ignoring or bypassing these messages will result in rejected claims, delayed payment, and patient dissatisfaction.

How to Avoid Overcharging on Dispensing Fees

Here are some practical steps for pharmacies to follow to ensure full compliance:

1. **Stay Informed**: Regularly review the latest SAHPRA regulations and scheme contracts for updated fee structures.
2. **Configure Systems Correctly**: Ensure pharmacy management software is set up to apply the correct scheme specific dispensing fee automatically.
3. **Train Staff**: Provide ongoing training on interpreting claims messages and how to submit a claim under the correct benefit
4. **Audit Regularly**: Perform periodic internal audits to identify and correct patterns of overcharging.
5. **Respond to Rejections Promptly**: When remark codes appear, investigate and resolve them before submission.
6. **Communicate with Patients**: Inform and explain when scheme rules result in co-payments, ensuring transparency and trust.

By carefully monitoring dispensing practices, making use of real-time claim feedback, and maintaining system accuracy, pharmacies can avoid costly overcharging errors and member co-payments.

Correct fees, correct claims, and clear communication protect both the pharmacy and the patient.

BONITAS

Bonitas has a multitude of claiming codes as it applies to each option - too many to list here. As a general guideline, the letter at the end of the claiming code indicates the medicine category, i.e. **A** indicates **Acute** Medicine and **Q** is for **Chronic** Medicine.

POLMED

Marine Acute	MARIN
Marine Chronic	MARINQ
Aquarium Acute	AQUAR
Aquarium Chronic	AQUARQ

MBMED

Acute	DCMA
Chronic	DCMAQ

SAMWUMED

Option A Acute	SMUAA
Option A Chronic	SMUAQ
Option B Acute	SMUBA
Option B Chronic	SMUBQ

PHARMACY PROFILE: QUENET'S PHARMACY
A LEGACY OF CARE FOR OVER 150 YEARS

Tucked in the heart of Worcester's historic High Street stands Quenet's Pharmacy, one of South Africa's oldest continuously operating pharmacies – and proudly part of the Scriptpharm network. Established in 1868, Quenet's has been serving the Worcester community for over a century and a half, embodying the enduring values of trust, personal service and professional care that define community pharmacy at its best.

Originally founded by A.H. Bull, the pharmacy was later taken over by George Alfred Quenet in the late 1800s, beginning a family tradition that has continued through four generations. Today, the pharmacy remains a cornerstone of the local community – not only dispensing medicines but also offering guidance, compassion and a familiar face to generations of families.

As part of the Scriptpharm network, Quenet's Pharmacy continues to blend its rich heritage with modern pharmacy practice – from chronic medicine management to patient support and digital claim submissions. Its continued success reflects the resilience and relevance of independent community pharmacies in South Africa's evolving healthcare landscape.

From its 19th-century beginnings to its role in today's integrated pharmacy benefit model, Quenet's Pharmacy remains proof that great service never goes out of style.

OTC MEDICINES SUPPORTING SELF CARE

Pharmacies play a vital role in protecting the health and safety of our Scheme members. One area that requires consistent attention is the dispensing of over-the-counter (OTC) medicines. While these products are available without a prescription, they are not without risks. Ensuring that the quantity supplied aligns with the maximum recommended dosages is essential to safeguarding patients and maintaining professional standards.

Why Quantity Matters

OTC medicines are designed for short-term, symptomatic relief. When larger-than-necessary quantities are supplied, the risk of misuse, overuse, or accidental overdose increases significantly. Patients may mistakenly believe that "more is better," or may share excess medication with others, both of which can lead to harmful outcomes.

By dispensing quantities consistent with the maximum recommended daily dosages, pharmacists can:

- Prevent unintentional overdose by limiting access to excessive amounts.
- Promote rational medicine use by encouraging patients to seek medical review if symptoms persist.
- Reduce wastage and protect Scheme benefits so that funds are available when a patient needs access to OTC medicines.
- Protect public trust by reinforcing the pharmacist's role as a safeguard in medicine supply.

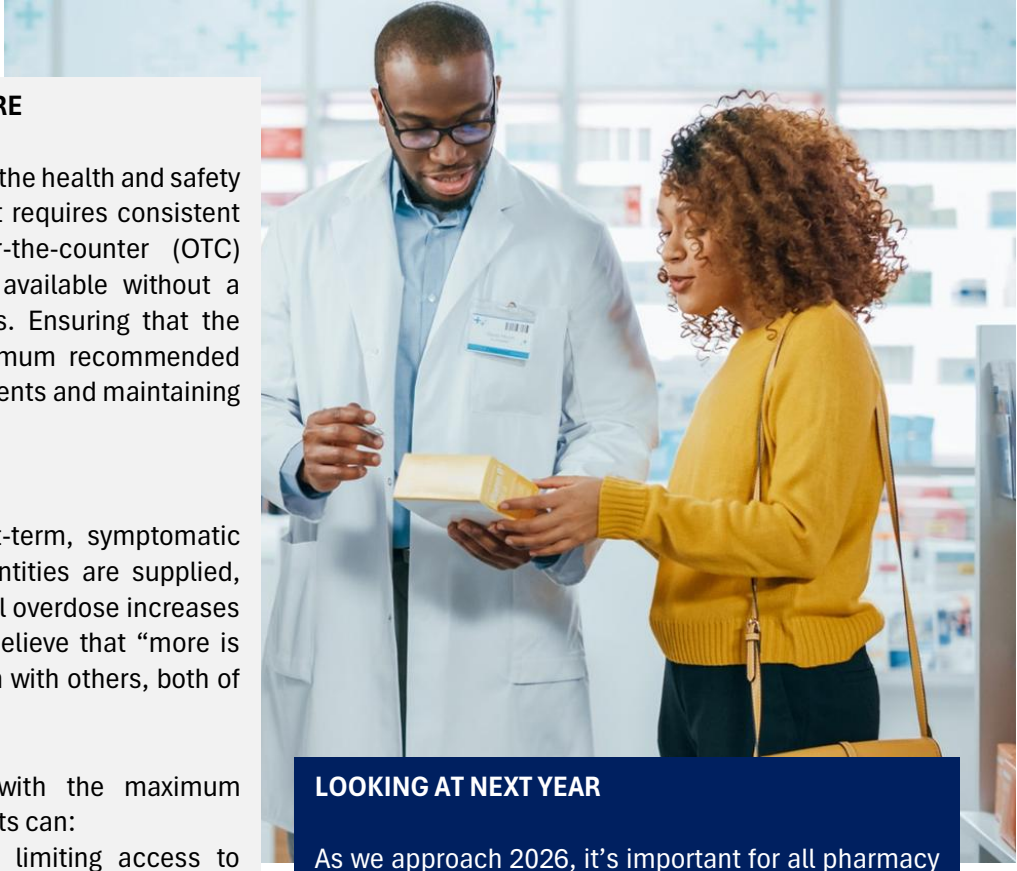
Pharmacists have a professional and legal responsibility when dispensing medicines. Supplying beyond the recommended pack sizes or quantities may not only place patients at risk but also expose the pharmacy to liability if misuse leads to harm.

National guidelines and manufacturer recommendations are clear on maximum dosages and duration of use for OTC medicines. Adhering strictly to these ensures compliance with both professional standards and regulatory expectations.

Follow these steps when dispensing OTC medicines:

1. Check recommended daily and monthly maximums for common OTC medicines.
2. Identify inappropriate quantity requests and provide patient education.
3. Ensure pharmacy staff are familiar with the dispensing software and know how to input quantities according to what is dispensed and not what pack size the medicine comes in.
4. Encourage medical referral if repeated or high-volume OTC requests are made.

OTC dispensing is often the first, and sometimes the only, healthcare interaction a patient may have. Pharmacists can make a measurable impact on health outcomes and reinforce the profession's reputation for responsible care.



LOOKING AT NEXT YEAR

As we approach 2026, it's important for all pharmacy teams to stay informed about upcoming changes to dispensing fees and medical scheme benefits. These updates are designed to ensure compliance with regulatory guidelines, optimize patient care and support accurate claims submission.

Scriptpharm will communicate the 2026 dispensing fee changes and relevant scheme benefit and structure changes during November through our usual email communication channels. Look out for our email from the Network Team at Scriptpharm.

We are proud to announce that as from 1 January 2026, Scriptpharm will manage the Fedhealth pharmacy network to be the DSP for members to obtain their chronic medication on certain options. Details about the relevant options on which the Scriptpharm network will be applied as the DSP will be included in the November communication. If you signed the updated inclusive agreement that Scriptpharm introduced last year (followed up with reminders throughout this year) you will automatically be registered on the Fedhealth pharmacy network; no need for any new or additional contracts to be signed. You will however have the option to be excluded from the Fedhealth network should you so wish.

If you have not yet signed the updated Scriptpharm network agreement, please contact Scriptpharm at **networks@scriptpharm.co.za** and a team member will get in touch to assist you. If you have already signed the updated agreement and do not wish to be part of the Fedhealth network, kindly contact **networks@scriptpharm.co.za** and ask to be excluded from the Fedhealth network.

SUPPORTING ONCOLOGY CARE BEYOND THE TREATMENT ROOM

Cancer treatment extends far beyond the oncology clinic or the oncologist's room, and your pharmacy plays an essential role in that journey. As the Designated Service Provider (DSP) for oncology related medicines, consumables, and supportive therapies, the Scriptpharm pharmacy network ensures that members receive comprehensive, coordinated care close to home.

Through our DSP model oncology patients can conveniently access their prescribed adjunct therapies such as anti-emetics, nutritional supplements (if indicated), pain management medication and other supportive treatments directly from their local pharmacy.

This integrated approach ensures:

- **Continuity of care** between the oncology team and the dispensing pharmacist
- **Cost efficiency** through negotiated DSP rates and adherence to scheme formularies
- **Better health outcomes** by promoting adherence, early identification of side effects and patient education at pharmacy level.

Pharmacists in our networks are trained to support oncology patients with empathy and clinical insight – ensuring that every step, from prescription to supportive care, contributes to better health and quality of life.

Our client scheme patients can make use of the relevant scheme pharmacy network to obtain their oncology support medicines on options where the scheme's pharmacy network is the DSP for chronic medication.

MOVING FORWARD WITH PCDT

In South Africa, Primary Care Drug Therapy (PCDT) pharmacists are playing an increasingly important role, managing common chronic and acute conditions and improving access to healthcare in communities.

The Pharmaceutical Society of South Africa (PSSA) highlights pharmacists like Mr Frans Landman, who provide hands-on care in underserviced areas, while programs, such as the PSSA/Alpha Pharm Distance Learning Program help pharmacists stay updated on conditions like heart failure and anxiety disorders.

The Independent Community Pharmacy Association (ICPA) supports community pharmacists with resources, regulatory updates, and practical guidance to strengthen patient care.

Why it matters: By expanding their role, pharmacists can improve health outcomes, support treatment adherence, and provide valuable counseling – making them an indispensable part of the healthcare team.

What can you do to support PCDT?

- Offer **medication reviews** for patients on chronic treatment plans
- Provide **counseling on treatment adherence** and lifestyle advice
- Stay updated with **continuing education programs** like PSSA/Alpha Pharm modules
- Collaborate with other healthcare providers to ensure **coordinated patient care**
- Educate patients on safe **over-the-counter and self-care options**.

How do medical schemes support PCDT?
Medical schemes value the important role of PCDT pharmacists. Several of the medical schemes under Medscheme administration cover PCDT services such as face-to-face consultations and point-of-care tests (blood glucose, blood cholesterol and/or triglyceride, HIV/AIDS pre/post-test counseling and the administration of immunisations), as part of their scheme benefit offering. These schemes include:

- AECI Medical Society
- Barloworld Medical Scheme
- Fedhealth Medical Scheme
- MBMed Medical Fund
- Parmed Medical Aid Scheme
- POLMED (Marine option only)
- SABC Medical Scheme
- SAMWUMED

Medscheme recently distributed detailed communication to all registered PCDT pharmacists noting the claiming guidelines together with the relevant tariff codes and rates as covered by each scheme. Please reach out to the **Medscheme Healthcare Provider Call Centre** on **0861 112 666** if you did not receive the communication or if you need additional information.

Thank you for reading this edition of the Scriptpharm Newsletter. We look forward to sharing more updates, insights and opportunities with you in our next edition early in 2026.

Share your questions, feedback or suggestions for future topics with us at networks@scriptpharm.co.za – we'd love to include your voice in future editions.