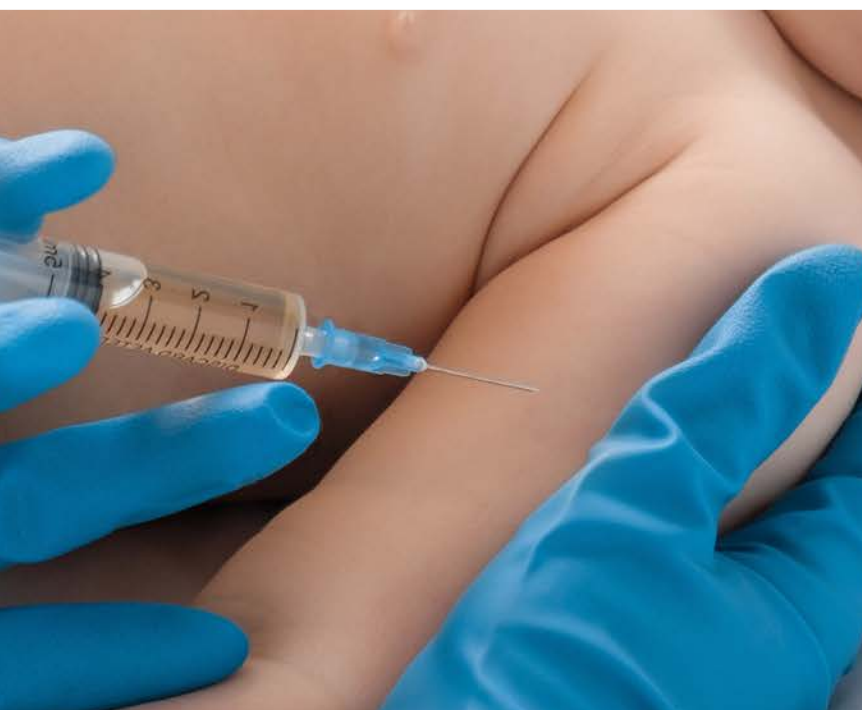


# 2026

## — Paediatric vaccine list

(As per the Department of Health)



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Paediatric vaccines (excluding Beat1 and Beat1 N)

Funding for the vaccines listed below will be paid as Preventative Care, which is a Scheme benefit, and will not be paid from the savings or day-to-day benefit, provided that the age limitations set below are adhered to. These vaccines will also be covered as per the registered indications.

| AGE GROUPS INDICATED FOR                                                        | NAME                              | DESCRIPTION                   | NAPPI CODE |
|---------------------------------------------------------------------------------|-----------------------------------|-------------------------------|------------|
| 0 months to 2 months<br>(maximum 2 injections)                                  | Bivalent Oral Polio Meriuex       |                               | 722017001  |
|                                                                                 | OPV Merieux 10 Dose               |                               | 823678008  |
|                                                                                 | OPV Merieux 10 Dose plastic tub   | Polio                         | 841307016  |
|                                                                                 | OPV Meriuex 20 Dose Vaccine       |                               | 823686019  |
|                                                                                 | Polio TD 0.5ml                    |                               | 703335001  |
| 0 months to 2 months<br>(maximum 1 injection)                                   | BCG AJV Vaccine                   | Tuberculosis                  | 872962016  |
| 0 months to 5 years<br>(Included on Beat1 and Beat1N)<br>(maximum 3 injections) | Prevenar 13 28mcg/0.5ml Prefill   | Pneumococcus                  | 715858001  |
|                                                                                 | Synflorix Vaccine                 |                               | 714999001  |
| 1 month to 4 months<br>(maximum 2 injections)                                   | Rotarix Liquid Oral Vaccine       | Rotavirus                     | 714133001  |
|                                                                                 | Rotateq 2ml Vaccine               |                               | 710935001  |
| 1 month to 6 months<br>(maximum 1 injection)                                    | Engerix-B Paed Monodose           |                               | 700356001  |
|                                                                                 | Euvax B Vial 20mcg/ml             |                               | 713048002  |
|                                                                                 | Euvax B Vial 20mcg/ml             | Hepatitis B                   | 715349001  |
|                                                                                 | Heberbiovac HB Single Dose 0.5ml  |                               | 701658001  |
|                                                                                 | Heberbiovac HB Single Dose 1ml    |                               | 701659001  |
| 1 month to 24 months                                                            |                                   | Diphtheria                    |            |
|                                                                                 | Tritanrix-hb 0.5ml Single dose    | Haemophilus Influenzae Type B | 700768001  |
|                                                                                 |                                   | Pertussis                     |            |
|                                                                                 | Tetanus Vaccine Cipla 40iu/0.5ml  | Tetanus                       | 3002364001 |
|                                                                                 |                                   |                               | 3002364002 |
| 2 months to 6 months                                                            | DTP-Merieux Single Dose Syringe   | Pertussis                     | 825158001  |
|                                                                                 | Infanrix Pre-filled Syringe 0.5ml |                               | 703994001  |
|                                                                                 | Tetanus Vaccine Cipla 40iu/0.5ml  | Tetanus                       | 3002364001 |
|                                                                                 |                                   |                               | 3002364002 |
| 1 month to 18 months<br>(maximum 4 injections)                                  |                                   | Diphtheria                    |            |
|                                                                                 |                                   | Haemophilus Influenzae Type B |            |
|                                                                                 | Hexaxim Pre-filled Syringe        | Hepatitis B                   | 719637001  |
|                                                                                 | Infanrix Hexa Vaccine             | Pertussis                     | 707285001  |
|                                                                                 |                                   | Polio                         |            |
|                                                                                 | Tetanus Vaccine Cipla 40iu/0.5ml  | Tetanus                       | 3002364001 |
|                                                                                 |                                   |                               | 3002364002 |

|                                                        |                                    |                               |            |
|--------------------------------------------------------|------------------------------------|-------------------------------|------------|
| <b>2 months to 5 years</b>                             | ACT-HIB Flu Single Dose 0.5ml      | Haemophilus Influenzae Type B | 813206006  |
|                                                        | Hiberix Single Dose 0.5ml + Saline |                               | 700767001  |
| <b>6 months to 12 months</b><br>(maximum 2 injections) | Measles vaccine live attenuated    | Measles                       | 720384001  |
|                                                        | Measles vaccine Cipla              |                               | 3002554001 |
|                                                        | Measbio Multi-Dose Powder Vial     |                               | 722290001  |
| <b>9 months to 12 years</b>                            | Menactra Vaccine 0.5ml Vial        | Meningitis                    | 720708001  |
| <b>12 months to 24 months</b>                          | Avaxim Prefilled Syringe 80 0.5ml  | Hepatitis A                   | 700513001  |
|                                                        | Avaxim Prefilled Syringe 0.5ml     |                               | 848905008  |
|                                                        | Havrix Junior Single Dose 0.5ml    |                               | 703448001  |
| <b>12 months to 6 years</b>                            | Onvara 1350 PFU/Vial               | Chickenpox                    | 723131001  |
|                                                        | Varilrix Vial                      |                               | 892939001  |
| <b>9 months to 6 years</b>                             | Measles, mumps & rubella 0.2ml     | Measles                       | 720383001  |
|                                                        | Morupar Single Dose                | Mumps                         | 879452005  |
|                                                        | Omzyta Vaccine Powder              | Rubella                       | 724016001  |
|                                                        | Priorix Single Dose 0.5ml Prefill  |                               | 700772001  |
| <b>9 months to 12 years</b>                            | Priorix Tetra Vial                 | Chickenpox                    | 716550001  |
|                                                        |                                    | Measles                       |            |
|                                                        |                                    | Mumps                         |            |
|                                                        |                                    | Rubella                       |            |
| <b>1 year to 12 years</b>                              | Twinrix Vaccine                    | Hepatitis A and B             | 706829001  |
| <b>2 years to 12 years</b>                             | Typherix Pre-Filled Syringe Single | Typhoid Fever                 | 703442001  |
|                                                        | Typhim VI 0.5ml Prefilled          |                               | 822442019  |
| <b>2 years to 12 years</b>                             | Dukoral Vaccine                    | Cholera                       | 703846001  |
| <b>4 years to 12 years</b>                             | Boostrix Tetra Pre-filled Syringe  | Diphtheria                    | 716655001  |
|                                                        | Adacel Quadra Prefill Syringe      | Pertussis                     | 713229001  |
|                                                        | Adacel Vial 0.5ml                  | Polio                         | 3002510001 |
|                                                        | Tetraxim Prefilled Syringe 0.5     | Tetanus                       | 711258001  |
|                                                        | Tetanus Vaccine Cipla 40iu/0.5ml   | Tetanus                       | 3002364001 |
|                                                        |                                    |                               | 3002364002 |
|                                                        | Boostrix Vaccine Prefilled         | Diphtheria                    | 3000689001 |
| <b>7 years to 12 years</b><br>(maximum 2 injections)   | Tetanus Vaccine Cipla 40iu/0.5ml   | Pertussis                     |            |
|                                                        |                                    | Tetanus                       |            |



#### **PMB**

Tel: 086 000 2378

Email: [pmb@bestmed.co.za](mailto:pmb@bestmed.co.za)

#### **INTERNATIONAL MEDICAL TRAVEL INSURANCE**

##### **(EUROP ASSISTANCE)**

Tel: 0861 838 333

Claims and emergencies: [assist@europassistance.co.za](mailto:assist@europassistance.co.za)

Travel registrations: [bestmed-assist@linkham.com](mailto:bestmed-assist@linkham.com)

#### **COMPLAINTS**

Tel: +27 (0)86 000 2378

Email: [escalations@bestmed.co.za](mailto:escalations@bestmed.co.za) or

(Subject box: Manager, escalated query)

Postal address:

PO Box 2297,

Pretoria, Gauteng, 0001

#### **CMS ESCALATIONS**

Should an issue remain unresolved with the Scheme, members can escalate to the Council for Medical Schemes (CMS) Registrar's office:

Fax Complaints: 086 673 2466.

Email Complaints: [complaints@medicalschemes.co.za](mailto:complaints@medicalschemes.co.za)

Postal Address:

Private Bag X34, Hatfield, 0028

Physical Address:

Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157

#### **BESTMED ETHICS AND FRAUD HOTLINE, OPERATED BY ADVANCE CALL**

Should you be aware of any fraudulent, corrupt or unethical practices involving Bestmed, members, service providers or employees, please report this anonymously to Advance Call.

**Hotline:** 0800 111 627

**WhatsApp:** 0860 004 004

**SMS:** 48691

**Hotmail:** [bestmed@behonest.co.za](mailto:bestmed@behonest.co.za)

**Free post:** BNT165, Brooklyn Square, 0075

**Website & chat:** [www.behonest.co.za](http://www.behonest.co.za)

#### **HOSPITAL AUTHORISATION**

Tel: 080 022 0106

Email: [authorisations@bestmed.co.za](mailto:authorisations@bestmed.co.za)

#### **CHRONIC MEDICINE**

Tel: 086 000 2378

Email: [medicine@bestmed.co.za](mailto:medicine@bestmed.co.za)

#### **CLAIMS**

Tel: 086 000 2378

Email: [service@bestmed.co.za](mailto:service@bestmed.co.za) (queries)

[claims@bestmed.co.za](mailto:claims@bestmed.co.za) (claim submissions)

#### **MATERNITY CARE**

Tel: 012 472 6797

Email: [maternity@bestmed.co.za](mailto:maternity@bestmed.co.za)

#### **WALK-IN FACILITY**

Block A, Glenfield Office Park,  
361 Oberon Avenue, Faerie Glen,  
Pretoria, 0081, South Africa

#### **POSTAL ADDRESS**

PO Box 2297, Arcadia,  
Pretoria, 0001, South Africa

#### **NETCARE 911**

Tel: 082 911

Email: [customer.service@netcare.co.za](mailto:customer.service@netcare.co.za) (queries)



**086 000 2378**



**[service@bestmed.co.za](mailto:service@bestmed.co.za)**



**068 376 7212**



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