

BESTMED MEDICINE FORMULARY FOR CDL-CHRONIC (CHRONIC DISEASE LIST) CONDITIONS

- Benefits are subject to the following:
 - ✓ Pre-authorisation
 - ✓ Bestmed guidelines
 - ✓ Bestmed protocols
 - Below medicines are first line treatment. Second line medicines not listed, would be considered if clinical funding criteria is met as per protocol – without penalties.
 - ✓ Mediscor Reference Price (MRP)

This price represents the reasonable price in the market place for a particular group of generic equivalent medicines which is reviewed and updated regularly. MRP sets a maximum reimbursable price for a list of generically similar medicines with a cost lower than that of the original medicine. There may be instances where a generic alternative costs more than the set MRP. If you opt to use the original medicine and a generic alternative is available, or you use a medicine that costs more than the MRP, you will have to pay the difference between the price of the chosen medicine and that of MRP.
- This formulary is effective from 1 January 2022.
- This formulary is subject to change without notice.
- **ONLY the following medicine classes will be considered for Beat1, Beat2 and Rhythm1:**
 - ✓ Anticholinergic
 - ✓ Corticosteroids
 - ✓ Methylxanthines
 - ✓ Sympathomimetics

YES = formulary

NO = non-formulary with co-payment (CO-PAY)

NO BENEFIT = excluded*

*Possible funding without penalty, if first and second line treatment failed.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
<u>B</u>										
BECLOMETHASONE DIPROPIONATE 50MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BECLOMETHASONE DIPROPIONATE 100MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BECLOMETHASONE DIPROPIONATE 200MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BETAMETHASONE SYRUP 0.6MG/5ML	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
BUDESONIDE 100MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BUDESONIDE 200MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BUDESONIDE 400MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BUDESONIDE 80 MCG/ FORMOTEROL 4.5MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
BUDESONIDE 160MCG/ FORMOTEROL 4.5MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
BUDESONIDE 320MCG/ FORMOTEROL 9MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
F										
FENOTEROL 100MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FENOTEROL 50MCG/ IPRATROPIUM 20MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FLUTICASONE 50MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FLUTICASONE 100MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FLUTICASONE 125MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FLUTICASONE 250MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FLUTICASONE 500MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FLUTICASONE 92MCG/ VILANTEROL 22MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
FLUTICASONE 184MCG/ VILANTEROL 22MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FORMOTEROL FUMARATE 9MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FORMOTEROL FUMARATE 12MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
FORMOTEROL FUMARATE INHALETS	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
FORMOTEROL FUMARATE CAPSULES	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
FORMOTEROL 100MCG/ MOMETASONE 5MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FORMOTEROL 200MCG/ MOMETASONE 5MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
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IPRATROPIUM 0.5MG/ SALBUTAMOL 2.5MG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
IPRATROPIUM BROMIDE 20MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
IPRATROPIUM BROMIDE 40MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
P										
PREDNISONE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
S										
SALBUTAMOL 100MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SALBUTAMOL 200MCG CAPSULES	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
SALMETEROL XINAFOATE 25MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
SALMETEROL XINAFOATE 50MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
SALMETEROL 25MCG/ FLUTICASONE 50MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SALMETEROL 25MCG/ FLUTICASONE 125MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SALMETEROL 25MCG/ FLUTICASONE 250MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
SALMETEROL 50MCG/ FLUTICASONE 100MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SALMETEROL 50MCG/ FLUTICASONE 250MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SALMETEROL 50MCG/ FLUTICASONE 500MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
I										
THEOPHYLLINE 200MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
THEOPHYLLINE 300MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
THEOPHYLLINE 250MG	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
<u>VACCINES</u>										
FLUARIX PREFILLED SYRINGE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
FLUVAX 2009 PRE-FILLED	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
IMOVAX PNEUMO 23	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
INFLUVAC 0.5ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
MUTAGRIP SINGLE DOSE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PNEUMOVAX VAC	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
VAXIGRIP PREFIL S/DOSE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
X-FLU PREFILLED SYR 0.5ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES