

## 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 2024.
- This formulary is subject to change without notice.
- **ONLY the following medicine classes will be considered for Beat1, Beat2 and Rhythm1:**
  - ✓ Beta-blocking agents
  - ✓ Carbonic anhydrase inhibitors
  - ✓ Parasympathomimetics
  - ✓ Prostaglandin analogues
  - ✓ 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.

Blok A, Glenfield Office Park  
361 Oberon Avenue, Faerie Glen  
Pretoria, Gauteng, 0081, RSA  
PO Box 2297, Arcadia  
Pretoria, Gauteng, 0001, RSA

Blok A, Glenfield Kantoorpark  
Oberonlaan 361, Faerie Glen  
Pretoria, Gauteng, 0081, RSA  
Posbus 2297, Arcadia  
Pretoria, Gauteng, 0001, RSA

Client service/Klientediens 086 000 2378  
Fax/Faks +27 (0)12 472 6500  
E-mail/E-pos service@bestmed.co.za  
www.bestmed.co.za

## GLAUCOMA

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
<b>A</b>										
ACETAZOLAMIDE 250MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<b>B</b>										
BETAXOLOL DROPS 2.5MG/ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BETAXOLOL DROPS 5MG/ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BIMATOPROST 0.3MG/ TIMOLOL 5MG DROPS	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BIMATOPROST DROPS 0.1MG/ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BIMATOPROST DROPS 0.3MG/ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BRIMONIDINE DROPS 1.5MG/ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BRIMONIDINE DROPS 2MG/ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BRIMONIDINE 2MG/ TIMOLOL 5MG DROPS	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
BRINZOLAMIDE SUSPENSION 10MG/ML	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
BRINZOLAMIDE 10MG/ BRIMONIDINE 2MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
BRINZOLAMIDE 10MG/ TIMOLOL 5MG SUSPENSION	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
<b><u>D</u></b>										
DORZOLAMIDE DROPS 20MG/ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
DORZOLAMIDE 20MG/ TIMOLOL 5MG DROPS	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<b><u>L</u></b>										
LATANOPROST DROPS 5MCG/ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
LATANOPROST 50MCG/ TIMOLOL 5MG DROPS	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
LEVOBUNOLOL DROPS 5MG/ML	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
<b><u>P</u></b>										
PILOCARPINE DROPS 10MG/ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PILOCARPINE DROPS 20MG/ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PILOCARPINE DROPS 40MG/ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
<b>I</b>										
TAFLUPROST DROPS 15MCG/ML	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	YES	YES
TIMOLOL DROPS 2.5MG/ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
TIMOLOL DROPS 5MG/ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
TIMOLOL GEL 0.25%	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
TRAVOPROST DROPS 40MCG/ML	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	YES	YES
TRAVOPROST 40MCG/ TIMOLOL 5MG DROPS	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	YES	YES