

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:**
 - ✓ Carboxamide derivatives
 - ✓ Centrally acting muscle relaxant
 - ✓ Corticosteroids
 - ✓ Folic acid & derivatives
 - ✓ Immunostimulants
 - ✓ Natural opium alkaloids
 - ✓ Nitrogen mustard analogues
 - ✓ Synthetic disease-modifying drugs
 - ✓ Tricyclic antidepressants

✓ Urinary antispasmodics

YES = formulary

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

NO BENEFIT = excluded*

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

MULTIPLE SCLEROSIS

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
<u>A</u>										
AMITRIPTYLINE 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
AMITRIPTYLINE 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
AZATHIOPRINE 50MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<u>B</u>										
BACLOFEN 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BACLOFEN 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<u>C</u>										
CARBAMAZEPINE 200MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CARBAMAZEPINE CR 200MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
CARBAMAZEPINE CR 400MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
CARBAMAZEPINE SUSPENSION 100MG/5ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
CODEINE PHOSPHATE 30MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CYCLOPHOSPHAMIDE 50MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<u>D</u>										
DIHYDROCODEINE 30MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
<u>F</u>										
FOLID ACID 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<u>I</u>										
IMIPRAMINE 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
IMIPRAMINE 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
INTEFEON BETA-1B 0.3MG/VIAL INJ	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
INTEFERON BETA-1A 22MCG/0.5ML INJ	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
INTEFERON BETA-1A INJ 22MCG/0.5ML REBIDOSE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
INTEFERON BETA-1A 44MCG/0.5ML INJ	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
INTEFERON BETA-1A 44MCG/0.5ML REBIDOSE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
INTEFERON BETA-1A 30MCG/0.5ML INJ	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
<u>M</u>										
METHOCARBAMOL 500MG	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
METHOCARBAMOL 750MG	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
METHOTREXATE 2.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
METHYLPREDNISOLONE SODIUM SUCCINATE 40MG INJ	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
METHYLPREDNISOLONE SODIUM SUCCINATE 125MG INJ	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
MORPHINE 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
MORPHINE 30MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
MORPHINE 60MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
MORPHINE 100MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<u>O</u>										
ORPHENADRINE 100MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
OXYBUTININ 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<u>I</u>										
TRAMADOL 50MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

