

## 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:**
  - ✓ Atypical antipsychotics
  - ✓ Butyrophenones
  - ✓ Carboxamide derivative
  - ✓ Lithium
  - ✓ Tricyclic antidepressant
  - ✓ Typical antipsychotics
  - ✓ Selective serotonin re-uptake inhibitors (SSRI's)

**YES** = formulary

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

**NO BENEFIT** = excluded\*

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

## SCHIZOPHRENIA

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
<b><u>A</u></b>										
AMITRIPTYLINE 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<b><u>C</u></b>										
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
CHLORPROMAZINE 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CHLORPROMAZINE 50MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CHLORPROMAZINE 100MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CHLORPROMAZINE SYRUP 25MG/5ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CITALOPRAM 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CITALOPRAM 20MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CITALOPRAM 40MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CLOMIPRAMINE 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CLOMIPRAMINE 25MG	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
CLOZAPINE 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CLOZAPINE 100MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<b>D</b>										
DULOXETINE 30MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
DULOXETINE 60MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
DOTHIEPIN 25MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
DOTHIEPIN 75MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
<b>E</b>										
ESCITALOPRAM 5MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
ESCITALOPRAM 10MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
ESCITALOPRAM 20MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
<b>F</b>										
FLUOXETINE 20MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
FLUOXETINE DISPERSABLE 20MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
FLUOXETINE 40MG	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
FLUOXETINE DISPERSABLE 40MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
FLUPENTIXOL DEPOT 20MG/ML INJ	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
FLUPHENAZINE 25MG INJ 1ML	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
FLUPHENAZINE 25MG INJ 10ML	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
<b>H</b>										
HALOPERIDOL 0.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
HALOPERIDOL 1.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
HALOPERIDOL 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
HALOPERIDOL 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<b>I</b>										
IMIPRAMINE 10MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
IMIPRAMINE 25MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
<b>L</b>										
LITHIUM 250MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
LITHIUM 400MG	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
<b><u>M</u></b>										
MIANSERIN 10MG	NO BENEFIT	NO BENEFIT	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO BENEFIT	NO 30% CO-PAY
MIANSERIN 30MG	NO BENEFIT	NO BENEFIT	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO BENEFIT	NO 30% CO-PAY
MOCLOBENIDE 150MG	NO BENEFIT	NO BENEFIT	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO BENEFIT	NO 30% CO-PAY
MOCLOBENIDE 300MG	NO BENEFIT	NO BENEFIT	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO BENEFIT	NO 30% CO-PAY
<b><u>O</u></b>										
OLANZAPINE 2.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
OLANZAPINE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
OLANZAPINE 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<b><u>Q</u></b>										
QUETIAPINE 25MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
QUETIAPINE XR 50MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
QUETIAPINE 100MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
QUETIAPINE XR 150MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
QUETIAPINE 200MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
QUETIAPINE XR 200MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
QUETIAPINE 300MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
QUETIAPINE XR 300MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
QUETIAPINE XR 400MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
<b><u>R</u></b>										
RISPERIDONE 0.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
RISPERIDONE 1MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
RISPERIDONE 2MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
RISPERIDONE 3MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
RISPERIDONE 4MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
RISPERIDONE QUICKLET 0.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
RISPERIDONE QUICKLET 1MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
RISPERIDONE QUICKLET 2MG	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
RISPERIDONE QUICKLET 3MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<b>I</b>										
TRANLYCYPROMINE 10MG	NO BENEFIT	NO BENEFIT	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO BENEFIT	NO 30% CO-PAY
TRIFLUOPERAZINE 1MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
TRIFLUOPERAZINE 5MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
<b>Z</b>										
ZUCLOPENTHIXOL 2MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
ZUCLOPENTHIXOL 10MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
ZUCLOPENTHIXOL DEPOT 200MG/ML INJ	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES