

BESTMED MEDICINE FORMULARY FOR PRESCRIBED
MINIMUM BENEFITS (PMB) 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.
- Available on all Bestmed options.

GRAVE'S DISEASE

ACTIVE INGREDIENT	ALL OPTIONS
<u>C</u>	
CARBIMAZOLE 5MG	YES
<u>L</u>	
LIOTHYRONINE 20MCG	YES
<u>P</u>	
PROPRANOLOL 10MG	YES
PROPRANOLOL 40MG	YES
<u>T</u>	
THYROXINE 25MCG	YES
THYROXINE 50MCG	YES
THYROXINE 75MCG	YES
THYROXINE 100MCG	YES
THYROXINE 200MCG	YES