

2025

2024/2025



Rhythm
acute medicine
formulary

bestMed
personally yours

Rhythm acute medicine formulary

Benefits are subject to the following:

- Mediscor Reference Price (MRP)
The Mediscor Reference Price (MRP) is a reference pricing model applicable to all medicines with generic equivalents or biosimilars. MRP sets the maximum reimbursable price for a list of generically similar or biosimilar products with a cost lower than that of the original medicine. This means that if you opt to use a medicine that is more expensive than the MRP, you will have to pay the difference between the price of the chosen medicine and that of the MRP.
- Annual quantities/limits are applied as specified below. No further funding once the limit has been reached.
- This formulary is applicable to Bestmed Rhythm1 and Rhythm2 options.
- This formulary is subject to change without notice.

Analgesics

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
ASPIRIN 300MG	
DICLOFENAC 12.5MG SUPPOSITORIES	
MEFENAMIC ACID 250MG	
MEFENAMIC ACID 50MG/5ML SUSPENSION	
MEFANAMIC ACID 125MG SUPPOSITORIES	
IBUPROFEN 200MG/ CODEINE PHOSPHATE 10MG	200 PER ANNUM
IBUPROFEN 200MG/ PARACETAMOL 250MG	
IBUPROFEN 200MG/ PARACETAMOL 350MG	
IBUPROFEN 200MG/ PARACETAMOL 250MG/ CODEINE PHOSPHATE 10MG	100 PER ANNUM
IBUPROFEN 200MG/ PARACETAMOL 350MG/ CODEINE PHOSPHATE 10MG	
PARACETAMOL 320MG/ CODEINE PHOSPHATE 8MG	
PARACETAMOL 320MG/ MEPROBAMATE 15MG	
PARACETAMOL 500MG/ CODEINE PHOSPHATE 8MG	
PARACETAMOL 500MG/ CODEINE PHOSPHATE 10MG	
PARACETAMOL 320MG/ CODEINE PHOSPHATE 8MG/ CAFFEINE ANHYDROUS 32MG/ MEPROBAMATE 150MG	
PARACETAMOL 320MG/ CODEINE PHOSPHATE 8MG/ CARREINE ANHYDROUS 48MG/ MEPROBAMATE 150MG	
PARACETAMOL 500MG	
PARACETAMOL 120MG/5ML SYRUP	
PARACETAMOL 120MG/ CODEINE PHOSPHATE 5MG/ PROMETHAZIN HCL 6.5MG/5MLSYRUP	400ml PER ANNUM
TRAMADOL HCL 50MG	50 PER ANNUM
TRAMADOL HCL 37.5MG/ PARACETAMOL 325MG	

Anthelmintics

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
MEBENDAZOLE 100MG	2 FILLS PER ANNUM
MEBENDAZOLE 500MG	
MEBENDAZOLE 100MG/5ML	2 FILLS PER ANNUM
PRAZIQUANTEL 500MG	2 FILLS PER ANNUM
PRAZIQUANTEL 600MG	

Anti-viral agents

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
ACICLOVIR 200MG	
ACICLOVIR 400MG	
ACICLOVIR 50MG/G CREAM	

Antibiotics

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
AMOXICILLIN 250MG	
AMOXICILLIN 500MG	
AMOXICILLIN 125MG/5ML SUSPENSION	
AMOXICILLIN 156MG/5ML SUSPENSION	
AMOXICILLIN 250MG/5ML SUSPENSION	
AMOXICILLIN 250MG/ CLAVULANIC ACID 125MG	
AMOXICILLIN 500MG/ CLAVULANIC ACID 125MG	
AMOXICILLIN 875MG/ CLAVULANIC ACID 125MG	
AMOXICILLIN 125MG/ CLAVULANIC ACID 31MG/5ML SUSPENSION	
AMOXICILLIN 250MG/ CLAVULANIC ACID 62MG/5ML SUSPENSION	
AMOXICILLIN 250MG/ CLAVULANIC ACID 62.5MG/5ML SUSPENSION	
AMOXICILLIN 400MG/ CLAVULANIC ACID 28.5MG/5ML SUSPENSION	
AMOXICILLIN 400MG/ CLAVULANIC ACID 57MG/5ML SUSPENSION	
AMOXICILLIN 250MG/ FLUCLOXACILLIN 250MG	
AMOXICILLIN 125MG/ FLUCLOXACILLIN 125MG/5ML SUSPENSION	
AMPICILLIN 250MG	
AMPICILLIN 125MG/5ML SUSPENSION	
AMPICILLIN 250MG/ CLOXACILLIN 250MG	
AMPICILLIN 125MG/ CLOXACILLIN 125MG/5ML SUSPENSION	
AZITHROMYCIN 500MG	
CEFACLOR MR 375MG	
CEFACLOR 187MG/5ML SUSPENSION	
CEFACLOR 375MG/5ML SUSPENSION	
CEFADROXIL 500MG	
CEFADROXIL 250MG/5ML SUSPENSION	
CEFADROXIL 500MG/5ML SUSPENSION	
CEFALEXIN 250MG	
CEFALEXIN 500MG	
CEFALEXIN 125MG/5ML SUSPENSION	
CEFALEXIN 250MG/5ML SUSPENSION	
CEFPODOXIME 100MG	
CEFPODOXIME 200MG	
CEFPODOXIME 40MG/5ML SUSPENSION	
CEFUROXIME 250MG	

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
CEFUROXIME 500MG	
CEFUROXIME 125MG/5ML SUSPENSION	
CIPROFLOXACIN 250MG	
CIPROFLOXACIN 500MG	
CLARITHROMYCIN MR 500MG	
CLARITHROMYCIN 125MG/5ML SUSPENSION	
CLARITHROMYCIN 250MG/5ML SUSPENSION	
CLINDAMYCIN 150MG	
CLOXACILLIN 250MG	
CLOXACILLIN 500MG	
DOXYCYCLINE 100MG	
ERYTHROMYCIN 250MG	
ERYTHROMYCIN 125MG/5ML SUSPENSION	
ERYTHROMYCIN 250MG/5ML SUSPENSION	
FLUCLOXACILLIN 250MG	
FLUCONAZOLE 150MG	
METRONIDAZOLE 200MG	
METRONIDAZOLE 400MG	
METRONIDAZOLE 200MG/5ML SUSPENSION	
NORFLOXACIN 400MG	
NYSTATIN 100000U/ML SUSPENSION	
OXYTETRACYCLINE 250MG	
PHENOXYMETHYL PENICILLIN K 250MG	
PHENOXYMETHYL PENICILLIN K 125MG/5ML SUSPENSION	
ROXITHROMYCIN 150MG	
SULPHAMETHOXAZOLE 400MG/ TRIMETHOPRIM 80MG	
SULPHAMETHOXAZOLE 800MG/ TRIMETHOPRIM 160MG	
SULPHAMETHOXAZOLE 200MG/ TRIMETHOPRIM 40MG/5ML SUSPENSION	

Autacoids

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
CETIRIZINE 10MG	30 PER ANNUM
CHLORPHENIRAMINE 4MG	30 PER ANNUM
CHLORPHENIRAMINE 2MG/5ML SYRUP	
LORATADINE 10MG	30 PER ANNUM
LORATADINE 5MG/5ML SYRUP	
PROMETHAZINE 10MG	30 PER ANNUM
PROMETHAZINE 25MG	30 PER ANNUM
PROMETHAZINE 5MG/5ML SYRUP	

Blood and haemopoetic

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
FERROUS FUMARATE 200MG/ FOLIC ACID 100MCG FERROUS LACTATE 25MG/ML DROPS FERROUS SULPHATE 170MG/ MANGANESE SULPHATE 2.5MG/ COPPER SULPHATE 2.5MG FERROUS SULPHATE 30MG FERROUS SULPHATE 75MG FERROUS SULPHATE 100MG	50 PER ANNUM

Cardiovascular

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
GLYCERYL TRINITRATE 0.5MG SUBLINGUAL ISOSORBIDE DINITRATE 5MG SUBLINGUAL	

Central nervous system

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
ALPRAZOLAM 0.25MG ALPRAZOLAM 0.5MG ALPRAZOLAM 1MG DIAZEPAM 5MG NITRAZEPAM 5MG OZAXEPAM 10MG OZAXEPAM 15MG OZAXEPAM 30MG	20 PER ANNUM

Central nervous system - other

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
CINNARIZINE 25MG	20 PER ANNUM
ELETRIPTAN 20MG ELETRIPTAN 40MG	20 PER ANNUM
ERGOTAMINE 2MG/ CYCLIZINE HCL 50MG/ CAFFEINE 100MG	20 PER ANNUM
NARATRIPTAN 2.5MG	20 PER ANNUM
SUMATRIPTAM 50MG SUMATRIPTAM 100MG	20 PER ANNUM

Dermatologicals - topical cortico-steroids

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
BECLOMETASONE 0.25MG/G CREAM	40 GRAM PER ANNUM
BETAMETASONE 1MG/G CREAM	
BETAMETASONE 5MG/5G CREAM	
BETAMETASONE 5MG/5G OINTMENT	
BETAMETASONE 15MG/15G CREAM	
BETAMETASONE 0.1G/100G CREAM	
FLUOCINOLONE 1.25MG/5G CREAM	
FLUOCINOLONE 1.25MG/5G OINTMENT	
HYDROCORTISONE 0.1G/10G CREAM	
HYDROCORTISONE 10MG/G CREAM	
NITROFURAZONE 0.2G/100G OINTMENT	

Dermatologicals - other

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
AMETHOCAINE 1G/100G CREAM	40 GRAM PER ANNUM
CETRIMIDE 1% CREAM	40 GRAM PER ANNUM
CLOTRIMAZOLE 10MG/G CREAM	40 GRAM PER ANNUM
DIODIXYQUINOLINE 150MG/ BENZOCAINE 50MG/ CHLOROBUTANOL 50MG/5G CREAM	40 GRAM PER ANNUM
NYSTATIN 100000U/G CREAM	40 GRAM PER ANNUM
NYSTATIN 100000U/G OINTMENT	
MEPYRAMINE 0.2G/25G CREAM	40 GRAM PER ANNUM
MEPYRAMINE 2G/100G CREAM	
MEPYRAMINE 20MG/G CREAM	
MEPYRAMINE 50MG/ DIPHENHYDRAMINE HCL 50MG/5G CREAM	40 GRAM PER ANNUM
OXYTETRACYCLINE 30MG/ POLYMYXIN B 10000MG OINTMENT	40 GRAM PER ANNUM
POVISON IODINE 2.5G/25G OINTMENT	40 GRAM PER ANNUM
SILVER SULPHADIAZINE 0.01G/G CREAM	40 GRAM PER ANNUM

Ear, nose and throat - inhaled cortico-steroids

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
BECLOMETHASONE 50MCG/SPRAY NASAL SPRAY	2 FILLS PER ANNUM

Ear, nose and throat - other

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
ARACHIS OIL 570MG/ PARADICHLOROBENZENE 20MG/ CHLORBUTAL 50MG/ML EAR DROPS	4 FILLS PER ANNUM
CHLORAMPHENICOL 2MG/ NAPHAZOLINE 0.5G/ NEOMYCIN 5MG/ML DROPS	4 FILLS PER ANNUM
CHLORAMPHENICOL 2MG/ NEOMYCIN 5MG/ DEXAMETHASONE 0.5MG/ML DROPS	4 FILLS PER ANNUM
DOCUSATE SODIUM 0.05G EAR DROPS	4 FILLS PER ANNUM
OXYMETAZOLINE 0.1MG/ML BABY NOSE DROPS	4 FILLS PER ANNUM
OXYMETAZOLINE 0.25MG/ML NASAL SPRAY	4 FILLS PER ANNUM
OXYMETAZOLINE 0.25MG/ML PAEDIATRIC DROPS	4 FILLS PER ANNUM
OXYMETAZOLINE 0.5MG/ML NASAL SPRAY	4 FILLS PER ANNUM
OXYMETAZOLINE 0.5MG/ML NOSE DROPS	4 FILLS PER ANNUM
PHENYLEPHRINE 100MG/10ML NOSE DROPS	4 FILLS PER ANNUM
PHENYLEPHRINE 25MG/ NAPHAZOLINE 2.5MG/10ML	4 FILLS PER ANNUM
PHENYLEPHRINE 25MG/10ML PAEDIATRIC DROPS	4 FILLS PER ANNUM
PHENYLEPHRINE 50MG/ NAPHAZOLINE 5MG/ CHLOROBUTANOL 100MG/ 20ML NOSE DROPS	4 FILLS PER ANNUM

Endocrine system

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
BETAMETASONE 0.6MG/5ML SYRUP	
MEDROXYPROGESTERONE 5MG	
MEDROXYPROGESTERONE 10MG	
PREDNISOLONE 5MG	
PREDNISOLONE 15MG/5ML SYRUP	
PREDNISONONE 5MG	

Gastro-intestinal tract

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
ALGINIC ACID 500MG/ MAGNESIUM TRISILICATE 25MG/ ALUMINIUM HYDROXIDE 100MG/ SODIUM BICARBONATE 170MG	200 ML PER ANNUM
ALUMINIUM HYDROXIDE 300MG/5ML GEL SUSPENSION	200 ML PER ANNUM
ALUMINIUM OXIDE 200MG/ MAGNESIUM OXIDE 200MG/ DICYCLOMINE HCL 5MG/ SIMETHICONE 40MG/10ML SUSPENSION	200 ML PER ANNUM
ALUMINIUM OXIDE 200MG/ MAGNESIUM OXIDE 200MG/ DICYCLOVERINE 5MG/ DIMETHICONE 50MG SUSPENSION	200 ML PER ANNUM
ALUMINIUM OXIDE 282MG/ MAGNESIUM OXIDE 120MG/15ML SUSPENSION	200 ML PER ANNUM
CIMETADINE 200MG	30 PER ANNUM
CIMETADINE 400MG	30 PER ANNUM
CYCLIZINE 100MG SUPPOSITORY	
CYCLIZINE 12.5MG/5ML SYRUP	
CYCLIZINE 50MG	
GLUCOSE AND ELECTROLYTES	

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
HYOSCINE BUTYLBROMIDE 10MG	
HYOSCINE BUTYLBROMIDE 5MG/5ML SYRUP	
LACTULOSE 3.3G/5ML SYRUP	4 FILLS PER ANNUM
LOPERAMIDE 1MG/5ML SYRUP	
LOPERAMIDE 2MG	
MEBEVERINE 135MG	
METOCLOPRAMIDE 10MG	
METOCLOPRAMIDE 5MG/5ML SYRUP	
PROCHLORPERAZINE 5MG	
RANITIDINE 150MG	30 PER ANNUM
RANITIDINE 300MG	30 PER ANNUM
SODIUM ALGINATE 500MG/ SODIUM BICARBONATE 267MG/10ML SUSPENSION	200 ML PER ANNUM
SODIUM BICARBONATE/ CALCIUM CARBONATE/ ALGINIC ACID SUSPENSION	200 ML PER ANNUM
SODIUM BICARBONATE/ MAGNESIUM TRISILICATE/ MAGNESIUM CARBONATE SUSPENSION	200 ML PER ANNUM

Genital system

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
CLINDAMYCIN 40G VAGINAL CREAM	100 GRAM PER ANNUM
CLOTRIMAZOLE 50G VAGINAL CREAM	100 GRAM PER ANNUM

Anti-inflammatories

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
COLCHICINE 0.MG	30 PER ANNUM
DICLOFENAC 25MG	
DICLOFENAC 50MG	100 PER ANNUM
DICLOFENAC 100MG	
IBUPROFEN 200MG	
IBUPROFEN 400MG	100 PER ANNUM
IBUPROFEN 100MG/5ML SUSPENSION	
INDOMETACIN 25MG	100 PER ANNUM
MEFENAMIC ACID	100 PER ANNUM
NAPROXEN 250MG	100 PER ANNUM

Ophthalmics

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
AZELASTINE 0.5MG/ML EYE DROPS	2 FILLS PER ANNUM
BETAMETHASONE 0.1G/100ML DROPS	2 FILLS PER ANNUM
CHLORAMPHENICOL 2.5MG/0.5ML SOLUTION	2 FILLS PER ANNUM
CHLORAMPHENICOL 10MG/G OINTMENT	2 FILLS PER ANNUM
DEXAMETHASONE 0.1G/ HYDROXYPROPYLMETHYLCELL 0.2G/100ML DROPS	2 FILLS PER ANNUM
FUSIDIC ACID 10MG/G DROPS	2 FILLS PER ANNUM
OFLOXACIN 3MG/ML DROPS	2 FILLS PER ANNUM
PHENYLEPHRINE 1.25MG/ BORIC ACID 20MG/ML DROPS	2 FILLS PER ANNUM
TETRYZOLINE 0.4MG/ ANTAZOLINE 0.5MG/ML DROPS	2 FILLS PER ANNUM

Respiratory system

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
AMINOPHYLLINE 25.199MG/10ML SYRUP	400ml PER ANNUM
AMMONIUM CHLORIDE 136MG/ DIPHENHYDRAMINE HYDROCHLORIDE 14MG/5ML SYRUP	400ml PER ANNUM
AMMONIUM CHLORIDE 273.899MG/ DIPHENYDRAMINE 28.1MG/ SODIUM CITRATE 113.7MG/MENTHOL 2.5MG EXPECTORANT	400ml PER ANNUM
ANHYDROUSTHEOPHYLLINE 200MG	100 PER ANNUM
ANHYDROUSTHEOPHYLLINE 300MG	
BROMHEXINE HCL 4MG/ ORCIPRENALINE SULPHATE 5MG/5ML SYRUP	400ml PER ANNUM
CARBOCISTEINE 250MG/5ML SYRUP	400ml PER ANNUM
CHLORPHENAMINE 2MG/ PARACETAMOL 75MG/ PHENYLEPHRINE 2.5MG/ CAFFEINE 7.5MG/5ML PEADIAT-RIC SYRUP	400ml PER ANNUM
CHLORPHENAMINE 2MG/ PHENYLEPHRINE 2.5MG/ PHENYLPROPANOLAMINE 2.5MG/5ML SYRUP	400ml PER ANNUM
CODIENE PHOSPHATE 15MG/ PARACETAMOL 300MG/ PHENYLPROPANOLAMINE HCL 25MG/ PHENYLTOLOX-AMINE 22MG	100 PER ANNUM
DIPHENHYDRAMINE HCL 10MG/ PARACETAMOL 400MG/ PHENYEPHRINE 5MG/ ASCORBIC ACID 50MG	100 PER ANNUM
DIPHENHYDRAMINE HCL 12.5MG/ AMMONIUM CL 125MG/5ML SYRUP	400ml PER ANNUM
DIPHENHYDRAMINE HCL 12MG/ AMMONIUM CL 50MG/5ML SYRUP	400ml PER ANNUM
PARACETAMOL 100MG/ PHENYEPHRINE 2MG/ ASCORBIC ACID 50MG/ SALICYLAMIDE 75MG/ CAFFEINE 30MG	100 PER ANNUM
PARACETAMOL 200MG/ CHLORPHENIRAMINE 2MG/ EPHEDRINE HCL 6MG/ CAFFEINE 20MG	100 PER ANNUM
PARACETAMOL 300MG/ CHLORPHENAMINE 2MG/ PHENYLEPHRINE 5MG/ ASCORBIC ACID 75MG/ CAFFEINE 30MG	100 PER ANNUM
PARACETAMOL 300MG/ CHRLOPHENIRAMINE 20MG/ PHENYLEPHRINE HCL 5MG	100 PER ANNUM
PARACETAMOL 325MG/ PHENYLPROPANOLAMINE HCL 18MG	100 PER ANNUM
PARACETAMOL 400MG/ PHENYLEPHRINE HCL 5MG/ MEPYRAMINE 5MG	100 PER ANNUM
PARACETAMOL 500MG/ PHENYLPROPANOLAMINE HCL 25MG/ DEXTROMETHORPHAN HYDROBROMIDE 15MG/20ML SYRUP	400ml PER ANNUM
PHENYLPROPANOLAM HCL 25MG/ DEXTROMETHORPHAN HBR 15MG/ PARACETAMOL 500MG/20ML SYRUP	400ml PER ANNUM
PSEUDOEPHEDRINE HYDROCHLORIDE 30MG/5ML SYRUP	400ml PER ANNUM
PSEUDOEPHEDRINE HYDROCHLORIDE 60MG	400ml PER ANNUM
PSEUDOEPHEDRINE HCL 30MG/ TRIPROLIDINE HCL 1.25MG/5ML SYRUP	400ml PER ANNUM

ACTIVE INGREDIENT	QUANTITY/FILLS ALLOWED
SALBUTAMOL 100MCG INHALER	2 PER ANNUM
SALBUTAMOL 2ML/5ML SYRUP	400ml PER ANNUM
SODIUM CHLORIDE 113.83MG/ AMMONIUM CHLORIDE 273.86MG/ DIPHENHYDRAMINE HYDROCHLORIDE 28.149MG/ MENTHOL 2.279MG/5ML EXPECTORANT	400ml PER ANNUM
SODIUM CITRATE 37.5MG/ AMMONIUM CHLORIDE 100MG/ DIPHENHYDRAMINE 10MG/ MENTHOL 0.75MG/5ML EXPECTORANT	400ml PER ANNUM
SODIUM CITRATE 50MG/ AMMONIUM CHLORIDE 125MG/ DIPHENHYDRAMINE HYDROCHLORIDE 12.5MG/5ML SYRUP	400ml PER ANNUM
SODIUM CITRATE 54.165MG/ AMMONIUM CHLORIDE 130MG/ DIPHENHYDRAMINE HYDROCHLORIDE 13.33MG/ CODEINE PHOSPHATE 8.33MG/5ML SYRUP	400ml PER ANNUM
SODIUM CITRATE 54.165MG/ AMMONIUM CHLORIDE 130MG/ DIPHENHYDRAMINE HYDROCHLORIDE 13.3MG/5ML SYRUP	400ml PER ANNUM
SODIUM CITRATE 55MG/ AMMONIUM CHLORIDE 135MG/ DIPHENHYDRAMINE 14.1MG/5ML SYRUP	400ml PER ANNUM
SODIUM CITRATE 56MG/ AMMONIUM CHLORIDE 136MG/ DIPHENHYDRAMINE HYDROCHLORIDE 14MG/5ML SYRUP	400ml PER ANNUM
SODIUM CITRATE 65MG/ AMMONIUM CHLORIDE 136MG/ DIPHENHYDRAMINE HYDROCHLORIDE 14MG EXPECTORANT	400ml PER ANNUM
SODIUM CITRATE 50MG/ AMMONIUM CHLORIDE 125MG/ DIPHENHYDRAMINE HYDROCHLORIDE 12.5MG/ CODEINE PHOSPHATE 10MG/5ML SYRUP	400ml PER ANNUM
THEOPHYLLIN 56.31MG/ DIPHENHYDRAMINE HYDROCHLORIDE 28.15MG/ SODIUM CITRATE 113.83MG/ MENTHOL 2.28MG/ AMMONIUM CHLORIDE 273.86MG/10ML SYRUP	400ml PER ANNUM
THEOPHYLLINE 26.667MG/5ML SYRUP	400ml PER ANNUM
THEOPHYLLINE 50MG/ HYDROXYETHYL THEOPHYLLINE 5MG/ DIPHENYLPYRALINE HCL 4MG/ AMMONIUM CHLORIDE 360MG/5ML ELIXIR	400ml PER ANNUM
THEOPHYLLINE 16.667MG/ HYDROXYETHYL THEOPHYL 1.667MG/ DIPHENHYDRAMINE HCL 6.667MG/ AMMONIUM CHLORIDE 120MG/ SODIUM CITRATE 50MG/5ML SYRUP	400ml PER ANNUM
TRIPROLIDINE HCL 0.625MG/ PSEUDOEPHEDRINE HCL 15MG/ PARACETAMOL 125MG/5ML SYRUP	400ml PER ANNUM
TRIPROLIDINE HCL 1.25MG/ PSEUDOEPHEDRINE HCL 30MG/ DEXTROMETHORPHAN HBR 10MG/ 5ML SOLUTION	400ml PER ANNUM
TRIPROLIDNE HCL 1.25MG/ PSEUDOEPHEDRINE HCL 30MG	400ml PER ANNUM
TRIPROLIDNE HCL 1.25MG/ PSEUDOEPHEDRINE HCL 30MG/5ML SYRUP	400ml PER ANNUM

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HOSPITAL AUTHORISATION

Tel: 080 022 0106
Email: authorisations@bestmed.co.za

CHRONIC MEDICINE

Tel: 086 000 2378
Email: medicine@bestmed.co.za
Fax: 012 472 6760

CLAIMS

Tel: 086 000 2378
Email: service@bestmed.co.za (queries)
claims@bestmed.co.za (claim submissions)

MATERNITY CARE

Tel: 012 472 6797
Email: maternity@bestmed.co.za

WALK-IN FACILITY

Block A, Glenfield Office Park,
361 Oberon Avenue, Faerie Glen,
Pretoria, 0081, South Africa

POSTAL ADDRESS

PO Box 2297, Arcadia,
Pretoria, 0001, South Africa

NETCARE 911

Tel: 082 911
Email: customer.service@netcare.co.za (queries)

INTERNATIONAL MEDICAL TRAVEL INSURANCE (EUROP ASSISTANCE)

Tel: 0861 838 333
Claims and emergencies: assist@europassistance.co.za
Travel registrations: bestmed-assist@linkham.com

PMB

Tel: 086 000 2378
Email: pmb@bestmed.co.za

COMPLAINTS

Tel: +27 (0)86 000 2378
Email: escalations@bestmed.co.za or
(Subject box: Manager, escalated query)
Postal address:
PO Box 2297,
Pretoria, Gauteng, 0001

CMS ESCALATIONS

Should an issue remain unresolved with the Scheme, members can escalate to the Council for Medical Schemes (CMS) Registrar's office:

Fax Complaints: 086 673 2466.

Email Complaints: complaints@medicalschemes.co.za

Postal Address:
Private Bag X34, Hatfield, 0028

Physical Address:
Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157

BESTMED HOTLINE, OPERATED BY KPMG

Should you be aware of any fraudulent, corrupt or unethical practices involving Bestmed, members, service providers or employees, please report this anonymously to KPMG.

Hotline: 080 111 0210 toll-free from any Telkom line

Hotfax: 080 020 0796

Hotmail: fraud@kpmg.co.za

Postal: KPMG Hotpost, at BNT 371,
PO Box 14671, Sinoville,
0129, South Africa