

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 2026.
- This formulary is subject to change without notice.
- **ONLY the following medicine classes will be considered for Beat1, Beat2 and Rhythm1:**
 - ✓ Analgesic
 - ✓ Blood coagulation factors
 - ✓ Haemostatic

YES = formulary

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

NO BENEFIT = excluded*

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

HAEMOPHILIA

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>										
ANTIHEMOPHILIC FACTOR 300U	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ANTIHEMOPHILIC FACTOR 500U	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ANTIHEMOPHILIC FACTOR 1000U	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<u>C</u>										
CODEINE PHOSPHATE 30MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<u>D</u>										
DESMOPRESSIN INJECTION 4MCG/ML	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
DIHYDROCODEINE 30MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
<u>F</u>										
FACOTR IX COMPLEX 500UNITS	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>										
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>P</u>										
PARACETAMOL 120MG/5ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PARACETAMOL 500MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PLASMA PROTEIN 250IU	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PLASMA PROTEIN 500IU	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
TRANEXAMIC ACID 500MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES