

BESTMED MEDICINE FORMULARY FOR NON-CDL (CHRONIC DISEASE LIST) CONDITIONS

- Benefits are subject to the following:
 - ✓ Pre-authorisation
 - ✓ Bestmed guidelines
 - ✓ Bestmed protocols
 - ✓ 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.

DERMATOMYOSITIS

ACTIVE INGREDIENT	Pace2 Pace3 Pace4
<u>B</u>	
BETAMETHASONE 0.6MG/5ML SYRUP	YES
<u>F</u>	
FOLIC ACID 5MG	YES
<u>H</u>	
HYDROCORTISONE 10MG	YES
<u>M</u>	
METHOTREXATE 2.5MG	YES
<u>P</u>	
PREDNISONE 5MG	YES