

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.
 - ✓ MediKredit Reference Price (MMAP)

This is a reference pricing model applicable to all medicines with generic equivalents or biosimilars. MMAP 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 MMAP, you will have to pay the difference between the price of the chosen medicine and that of MMAP.
- This formulary is effective from 1 January 2026.
- This formulary is subject to change without notice.

YES = formulary

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

NO BENEFIT = excluded*

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

ADDISON'S DISEASE

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network/Beat3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
<u>F</u>										
FLUDROCORTISONE ACETATE 0.1MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<u>H</u>										
HYDROCORTISONE 10MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES