

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.

Glenfield Office Park, 361 Oberon Avenue, Faerie Glen, Pretoria, Gauteng, 0081 | PO Box 2297, Arcadia, Pretoria, Gauteng, 0001
Client service 086 000 2378 | Fax +27 (0)12 472 6500 | E-mail service@bestmed.co.za | www.bestmed.co.za

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ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
A										
AMOXICILLIN SYRUP 125MG/5ML	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
AMOXICILLIN 250MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
AMOXICILLIN SYRUP 250MG/5ML	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
AMOXICILIN 500MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
AMOXICILLIN/CLAVULANI C 375MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
AMOXICILLIN/CLAVULANI C 625MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
AMOXICILLIN/CLAVULANI C 1000MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
AMOXICILLIN/CLAVULANI C S SUSP	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
AMOXICILLIN/CLAVULANI C SF SUSP	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
AMPICILLIN SYRUP 125MG/5ML	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
AMPICILLIN 250MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
B										
BECLOMETHASONE 50MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BECLOMETHASONE 100MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BECLOMETHASONE 500MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BETAMETHASONE SYRUP 0.6MG/5M	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
BUDESONIDE 50MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BUDESONIDE 100MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BUDESONIDE 200MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BUDESONIDE 400MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BUDESONIDE 80MCG/ FORMOTEROL 4.5MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
BUDESONIDE 160MCG/ FORMOTEROL 4.5MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
BUDESONIDE 320MCG/ FORMOTEROL 9MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
D										
DOXYCYLINE 50MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
DOXYCYLINE 100MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
I										
IPRATROPIUM 20MCG/ SALBUTAMOL 100MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
IPRATROPIUM BROMIDE 20MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
IPRATROPIUM BROMIDE 40MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
F										
FENOTEROL 100MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FENOTEROL 50MCG/ IPRATROPIUM 20MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
FLUTICASONE 50MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FLUTICASONE 125MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FLUTICASONE 250MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
FLUTICASONE 500MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FLUTICASONE 92MCG/ VILANTEROL 22MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FLUTICASONE 184MCG/ VILANTEROL 22MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FORMOTEROL FUMARATE 9MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FORMOTEROL FUMARATE 12MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
FORMOTEROL FUMARATE INHALETS	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
FORMOTEROL FUMARATE CAPSULES	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
P										
PHENOXYMETHYLPENICIL LIN SYRUP 125MG/5ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PHENOXYMETHYLPENICIL LIN 250MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PREDNISONE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
<u>S</u>										
SALBUTAMOL 100MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SALBUTAMOL 200MCG CAPSULE	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
SALMETEROL 25MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
SALMETEROL 50MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
SALMETEROL 25MCG/ FLUTICASONE 50MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SALMETEROL 25MCG/ FLUTICASONE 125MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SALMETEROL 25MCG/ FLUTICASONE 250MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SALMETEROL 50MCG/ FLUTICASONE 100MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SALMETEROL 50MCG/ FLUTICASONE 250MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
SALMETEROL 50MCG/ FLUTICASONE 500MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
I										
THEOPHYLLINE 200MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
THEOPHYLLINE 300MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
THEOPHYLLINE 250MG	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
<u>VACCINES</u>										
FLUARIX PREFILLED SYRINGE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
FLUVAX 2009 PRE-FILLED	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
IMOVAX PNEUMO 23	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
INFLUVAC 0.5ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
MUTAGRIP SINGLE DOSE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PNEUMOVAX VAC	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
VAXIGRIP PREFIL S/DOSE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
X-FLU PREFILLED SYR 0.5ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES