

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

CARDIAC FAILURE

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
A										
AMILORIDE 5MG/ HYDROCHLROTHIAZIDE 50MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
ASPIRIN 81MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ASPIRIN 100MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ASPIRIN 300MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATENOLOL 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATENOLOL 50MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATENOLOL 100MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATENOLOL 50MG/ CHLORTHALIDONE 12.5MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
ATENOLOL 100MG/ CHLORTHALIDONE 25MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
B										
BISOPROLOL 5MG	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
BISOPROLOL 10MG	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
BISOPROLOL 2.5MG/ HYDROCHLOROTHIAZIDE 6.25MG	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
BISOPROLOL 5MG/ HYDROCHLOROTHIAZIDE 6.25MG	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
BISOPROLOL 10MG/ HYDROCHLOROTHIAZIDE 6.25MG	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
BISOPROLOL 5MG / PERINDOPRIL 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BISOPROLOL 5MG / PERINDOPRIL 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BISOPROLOL 10MG / PERINDOPRIL 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BISOPROLOL 10MG / PERINDOPRIL 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
C										
CAPTOPRIL 12.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CAPTOPRIL 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CAPTOPRIL 50MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CARVEDILOL 6.25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CARVEDILOL 12.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CARVEDILOL 25MG	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>D</u>										
DIGOXIN 0.0625MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
DIGOXIN 0.25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
DIGOXIN SYRUP 0.05MG/ML	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
<u>E</u>										
ENALAPRIL 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ENALAPRIL 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ENALAPRIL 20MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ENALAPRIL 20MG/ HYDROCHLOROTHIAZIDE 12.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<u>F</u>										
FUROSEMIDE 40MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
FUROSEMIDE ORAL SOLUTION 10MG/ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<u>G</u>										
GLYCERYL TRINITRATE	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
H										
HYDRALAZINE 10MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
HYDRALAZINE 25MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
HYDRALAZINE 50MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
HYDROCHLOROTHIAZIDE 12.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
HYDROCHLOROTHIAZIDE 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
HYDROCHLOROTHIAZIDE 50MG/ POTASSIUM 300MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
I										
INDAPAMIDE 2.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ISOSORBIDE DINITRATE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ISOSORBIDE DINITRATE 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ISOSORBIDE DINITRATE 30MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ISOSORBIDE MONONITRATE 20MG	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
ISOSORBIDE MONONITRATE 50MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
ISOSORBIDE MONONITRATE 60MG	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
										
LISINOPRIL 5MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
LISINOPRIL 10MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
LISINOPRIL 20MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
LISINOPRIL 10MG/ HYDROCHLOROTHIAZIDE 12.5MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
LISINOPRIL 20MG/ HYDROCHLOROTHIAZIDE 12.5MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
LOSARTAN 50MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
LOSARTAN 100MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
LOSARTAN 50MG/ HYDROCHLOROTHIAZIDE 12.5MG	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
LOSARTAN 100MG/ HYDROCHLOROTHIAZIDE 12.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
LOSARTAN 100MG/ HYDROCHLOROTHIAZIDE 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
P										
PERINDOPRIL 4MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 8MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 5MG/ AMLODIPINE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 5MG/ AMLODIPINE 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 10MG/ AMLODIPINE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 10MG/ AMLODIPINE 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 2MG/ INDAPAMIDE 0.625MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
PERINDOPRIL 4MG/ INDAPAMIDE 1.25MG	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
PERINDOPRIL 5MG/ INDAPAMIDE 1.25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 10MG/ INDAPAMIDE 2.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
POTASSIUM CHLORIDE 600MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PROPRANOLOL 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PROPRANOLOL 40MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Q										
QUINAPRIL 5MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
QUINAPRIL 10MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
QUINAPRIL 20MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
QUINAPRIL 40MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
QUINAPRIL 10MG/ HYDROCHLOROTHIAZIDE 12.5MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
QUINAPRIL 20MG/ HYDROCHLOROTHIAZIDE 12.5MG	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
<u>S</u>										
SPIRONOLACTONE 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SPIRONOLACTONE 100MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<u>I</u>										
TRIAMTEREN 50MG/ HYDROCHLOROTHIAZIDE 25MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
<u>W</u>										
WARFARIN SODIUM 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<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