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

bestMed
personally yours

- 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

CROHN DISEASE

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
A										
AZATHIOPINE 50MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
C										
CIPROFLOXACIN 250MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CIPROFLOXACIN 500MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CIPROFLOXACIN 750MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
F										
FOLIC ACID 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
M										
MERCAPTOPURINE	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
MESALAZINE 400MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
MESALAZINE 500MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
MESALAZINE 500MG SUPP	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
MESALAZINE 800MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
MESALAZINE1000MG SUPP	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
MESALAZINE ENEMA 1MG/100ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
MESALAZINE ENEMA 2MG/50ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
METHOTREXATE 2.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
METHOTREXATE 25MG/ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
METRONIDAZOLE 200MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
METRONIDAZOLE 400MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
O										
OLSALAZINE 250MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
P										
PREDNISONE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
S										
SULPHASALAZINE 500MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES