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.

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DYSRHYTHMIAS

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
A										
AMIODARONE 100MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
AMIODARONE 200MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ASPIRIN 81MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	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 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/BEAT 1 Network	BEAT2/BEAT 2 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
C										
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
D										
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
F										
FLECAINIDE 100MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
FLECAINIDE CR 100MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
FLECAINIDE CR 200MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
P										
PROPAFENONE 150MG	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
PROPAFENONE 300MG	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
PROPANOLOL 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PROPANOLOL 40MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
S										
SOTALOL 80MG	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
SOTALOL 160MG	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
V										
VERAPAMIL 40MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
VERAPAMIL 80MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
VERAPAMIL SR 240MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
W										
WARFARIN SODIUM 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES