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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HYPERLIPIDAEMIA

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
A										
ATORVASTATIN 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATORVASTATIN 20MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATORVASTATIN 40MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATORVASTATIN 80MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
B										
BEZAFIBRATE 200MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BEZAFIBRATE SR 400MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
G										
GEMFIBROZIL 600MG	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
P										
PRAVASTATIN 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
PRAVASTATIN 20MG	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
PRAVASTATIN 40MG	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
S										
SIMVASTATIN 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SIMVASTATIN 20MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SIMVASTATIN 40MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SIMVASTATIN 80MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES