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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HYPERTENSION

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 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	YES	YES
AMLODIPINE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
AMLODIPINE 10MG	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	YES	YES
ATENOLOL 100MG/ CHLORTHALIDONE 25MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	YES	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
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/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
D										
DILTIAZEM 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
DILTIAZEM 90MG	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
DILTIAZEM 180MG	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
DILTIAZEM 240MG	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
DOXAZOSIN 4MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
DOXAZOSIN XL 4MG	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
DOXAZOSIN XL 8MG	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
E										
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

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
F										
FELODIPINE 2.5MG	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
FELODIPINE 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
FELODIPINE 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
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
H										
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
HYDROCHLORTHIAZIDE 50MG/ POTASSIUM 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
I										
INDAPAMIDE 2.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
INDAPAMIDE 1.5MG/ AMLODIPINE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
INDAPAMIDE 1.5MG/ AMLODIPINE 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
L										
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
LOSARTAN 100MG/ HYDROCHLOROTHIAZIDE 12.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
LOSARTAN 100MG/ HYDROCHLOROTHIAZIDE 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
M										
METHYLDOPA 250MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
METHYLDOPA 500MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
N										
NIFEDIPINE 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
NIFEDIPINE XL 20MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
NIFEDIPINE XL 30MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
NIFEDIPINE XL 60MG	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

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
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
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
PERINDOPRIL 5MG/ INDAPAMIDE 1.25MG/ AMLODIPINE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 5MG/ INDAPAMIDE 1.25MG/ AMLODIPINE 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 10MG/ INDAPAMIDE 2.5MG/ AMLODIPINE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 10MG/ INDAPAMIDE 2.5MG/ AMLODIPINE 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
POTASSIUM CHLORIDE 600MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PRAZOSIN 1MG	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
PRAZOSIN 2MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	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 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
S										
SPIRONOLACTONE 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SPIRONOLACTONE 100MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
R										
RESERPINE 0.25MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
T										
TRIAMTERENE 50MG/ HYDROCHLOROTHIAZIDE 25MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
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