

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

- Benefits are subject to the following:
 - ✓ Pre-authorisation
 - ✓ Bestmed guidelines
 - ✓ Bestmed protocols
 - ✓ 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.

ALZHEIMER DISEASE

ACTIVE INGREDIENT	Pace2 Pace3 Pace4
<u>D</u>	
DONEPEZIL 5MG	YES
DONEPEZIL 10MG	YES
<u>G</u>	
GALANTAMINE CR 8MG	YES
GALANTAMINE CR 16MG	YES
GALANTAMINE CR 24MG	YES
<u>H</u>	
HALOPERIDOL 0.5MG	YES
HALOPERIDOL 5MG	YES
HALOPERIDOL 10MG	YES
<u>M</u>	
MEMANTINE 10MG	YES
MEMANTINE DROPS	YES
<u>R</u>	
RISPERIDONE 0.5MG	YES
RISPERIDONE 1MG	YES
RISPERIDONE 2MG	YES
RISPERIDONE 3MG	YES

ACTIVE INGREDIENT	Pace2 Pace3 Pace4
RISPERIDONE 4MG	YES
RISPERIDONE QUICKLET 0.5MG	YES
RISPERIDONE QUICKLET 1MG	YES
RISPERIDONE QUICKLET 2MG	YES
RISPERIDONE QUICKLET 3MG	YES
RISPERIDONE 1MG/ML SOLUTION	YES
RIVASTIGMINE 1.5MG	YES
RIVASTIGMINE 3.0MG	YES
RIVASTIGMINE 4.5MG	YES