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

bestMed
personally yours

- 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.

DERMATOMYOSITIS

ACTIVE INGREDIENT	Pace2 Pace3 Pace4
B	
BETAMETHASONE 0.6MG/5ML SYRUP	YES
F	
FOLIC ACID 5MG	YES
H	
HYDROCORTISONE 10MG	YES
M	
METHOTREXATE 2.5MG	YES
P	
PREDNISONE 5MG	YES

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