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.

GASTRO-OESOPHAGEAL REFLUX DISEASE (GORD)

ACTIVE INGREDIENT	Beat4 Pace2 Pace3 Pace4
C	
CIMETIDINE 200MG	YES
CIMETIDINE 400MG	YES
L	
LANSOPRAZOLE 15MG	YES
LANSOPRAZOLE 30MG	YES
O	
OMEPRAZOLE 10MG	YES
OMEPRAZOLE 20MG	YES
OMEPRAZOLE 40MG	YES
R	
RANITIDINE 75MG	YES
RANITIDINE 150MG	YES
RANITIDINE 300MG	YES

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