

BESTMED MEDICINE FORMULARY FOR PRESCRIBED MINIMUM BENEFITS (PMB) CONDITIONS

- 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.
- Available on all Bestmed options.

CEREBRAL PALSY

ACTIVE INGREDIENT	ALL OPTIONS
A	
AMITRIPTYLINE 10MG	YES
AMITRIPTYLINE 25MG	YES
B	
BACLOFEN 10MG	YES
I	
IMIPRAMINE 10MG	YES
IMIPRAMINE 25MG	YES
R	
RISPERIDONE 0.5MG	YES
RISPERIDONE 1MG	YES
RISPERIDONE 2MG	YES
RISPERIDONE 3MG	YES
RISPERIDONE 4MG	YES
RISPERIDONE QUICKLET 0.5MG	YES
RISPERIDONE QUICKLET 1MG	YES
RISPERIDONE QUICKLET 2MG	YES

ACTIVE INGREDIENT	ALL OPTIONS
RISPERIDONE QUICKLET 3MG	YES
RISPERIDONE 1MG/ML SOLUTION	YES
<u>N</u>	
NITROFURANTOIN 50MG	YES
NITROFURANTOIN 100MG	YES
<u>O</u>	
OXYBUTYNIN 5MG	YES
<u>S</u>	
SENNOSIDES 7.5MG	YES