BESTMED MEDICINE FORMULARY FOR PRESCRIBED MINIMUM BENEFITS (PMB) 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.
- Available on all Bestmed options.

FEMALE MENOPAUSE

ACTIVE INGREDIENT	ALL OPTIONS
C	
CONJUGATED ESTROGEN 0.3MG	YES
CONJUGATED ESTROGEN 0.625MG	YES
CONJUGATED ESTROGEN 1.25MG	YES
E	
ESTRADIOL 1MG	YES
ESTRADIOL 2MG	YES
ESTRADIOL 25MCG PATCHES	YES
ESTRADIOL 37.5MCG PATCHES	YES
ESTRADIOL 50MCG PATCHES	YES
ESTRADIOL 75MCG PATCHES	YES
ESTRADIOL 100MCG PATCHES	YES
ESTRADIOL 1MG / NORETHINDRONE 0.5MG	YES
ESTRADIOL 2MG / NORETHINDRONE 1MG	YES
ESTRADIOL 1MG & ESTRADIOL 1MG/ NORETHINDRONE 1MG	YES
ESTRADIOL 2MG & ESTRADIOL 2MG/ NORETHINDRONE 1MG & ESTRADIOL 1MG	YES

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ACTIVE INGREDIENT	ALL OPTIONS
ESTRADIOL 2MG & ESTRADIOL 2MG / CYPROTERONE 1MG	YES
M	
MEDROXYPROGESTERONE 5MG	YES
MEDROXYPROGESTERONE 10MG	YES