- 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.

GRAVES DISEASE

ACTIVE INGREDIENT	ALL OPTIONS
C	
CARBIMAZOLE 5MG	YES
L	
LEVOTHYROXINE SODIUM 25MCG	YES
LEVOTHYROXINE SODIUM 50MCG	YES
LEVOTHYROXINE SODIUM 75MCG	YES
LEVOTHYROXINE SODIUM 100MCG	YES
LEVOTHYROXINE SODIUM 200MCG	YES
LIOTHYRONINE 20MCG	YES
P	
PROPRANOLOL 10MG	YES
PROPRANOLOL 40MG	YES