

## BESTMED MEDICINE FORMULARY FOR CDL-CHRONIC (CHRONIC DISEASE LIST) 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 2027.
- This formulary is subject to change without notice.

**YES** = formulary

**NO** = non-formulary with co-payment (CO-PAY)

**NO BENEFIT** = excluded\*

\*Possible funding without penalty, if first and second line treatment failed.

## ADDISON DISEASE

| ACTIVE INGREDIENT                | BEAT1/BEAT1<br>Network | BEAT2/BEAT2<br>Network | BEAT3/BEAT3<br>Network/Beat3<br>Plus | BEAT4 | PACE1 | PACE2 | PACE3 | PACE4 | RHYTHM1          | RHYTHM2 |
|----------------------------------|------------------------|------------------------|--------------------------------------|-------|-------|-------|-------|-------|------------------|---------|
| <b><u>F</u></b>                  |                        |                        |                                      |       |       |       |       |       |                  |         |
| FLUDROCORTISONE ACETATE<br>0.1MG | YES                    | YES                    | YES                                  | YES   | YES   | YES   | YES   | YES   | YES              | YES     |
| <b><u>H</u></b>                  |                        |                        |                                      |       |       |       |       |       |                  |         |
| HYDROCORTISONE 10MG              | NO<br>30% CO-PAY       | NO<br>30% CO-PAY       | YES                                  | YES   | YES   | YES   | YES   | YES   | NO<br>30% CO-PAY | YES     |
| <b><u>P</u></b>                  |                        |                        |                                      |       |       |       |       |       |                  |         |
| PREDNISONE 5MG                   | NO<br>30% CO-PAY       | NO<br>30% CO-PAY       | YES                                  | YES   | YES   | YES   | YES   | YES   | NO<br>30% CO-PAY | YES     |