

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.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
A										
AMINOPHYL 100MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
AMINOPHYL 200MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
B										
BECLOMETHASONE DIPROPIONATE 50MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BECLOMETHASONE DIPROPIONATE 100MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BECLOMETHASONE DIPROPIONATE 200MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BETAMETHASONE SYRUP 0.6MG/5ML	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
BUDESONIDE 100MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BUDESONIDE 200MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BUDESONIDE 80 MCG/ FORMOTEROL 4.5MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
BUDESONIDE 160MCG/ FORMOTEROL 4.5MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
BUDESONIDE 320MCG/ FORMOTEROL 9MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
F										
FLUTICASONE 50MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FLUTICASONE 100MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FLUTICASONE 125MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FLUTICASONE 250MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FLUTICASONE 500MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FLUTICASONE 92MCG/ VILANTEROL 22MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FLUTICASONE 184MCG/ VILANTEROL 22MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FORMOTEROL FUMARATE 12MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
FORMOTEROL FUMARATE INHALETS	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
FORMOTEROL 100MCG/ MOMETASONE 5MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
FORMOTEROL 200MCG/ MOMETASONE 5MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
I										
INDICATEROL 110MCG/ GLYCOPYRRONIUM 50MCG	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
IPRATROPIUM BROMIDE 20MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
P										
PREDNISONE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
S										
SALBUTAMOL 100MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SALMETEROL XINAFOATE 25MCG INHALER	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
SALMETEROL 25MCG/ FLUTICASONE 50MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
SALMETEROL 25MCG/ FLUTICASONE 125MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SALMETEROL 25MCG/ FLUTICASONE 250MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SALMETEROL 50MCG/ FLUTICASONE 100MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SALMETEROL 50MCG/ FLUTICASONE 250MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SALMETEROL 50MCG/ FLUTICASONE 500MCG INHALER	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
I										
THEOPYLLIN 25MG/5ML SYRUP	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
THEOPHYLLINE 200MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
THEOPHYLLINE 300MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
THEOPHYLLINE 250MG	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
<u>VACCINES</u>										
INFLUVAC 0.5ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PNEUMOVAC VAC	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES