

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.

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CHRONIC RENAL DISEASE

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
<u>A</u>										
ALFACALCIDOL 0.25MCG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ALFACALCIDOL 1MCG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
AMLODIPINE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
AMLODIPINE 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATENOLOL 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATENOLOL 50MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATENOLOL 100MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATENOLOL 50MG/ CHLORTHALIDONE 12.5MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
ATENOLOL 100MG/ CHLORTHALIDONE 25MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
<u>B</u>										
BISOPROLOL 2.5MG	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
BISOPROLOL 5MG	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
BISOPROLOL 10MG	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/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
BISOPROLOL 2.5MG/ HYDROCHLOROTHIAZIDE 6.25MG	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
BISOPROLOL 5MG/ HYDROCHLOROTHIAZIDE 6.25MG	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
BISOPROLOL 10MG/ HYDROCHLOROTHIAZIDE 6.25MG	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>C</u>										
CALCIFEROL 50 000IU	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CALCIUM CARBONATE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CAPTOPRIL 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CAPTOPRIL 50MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CARVEDILOL 6.25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CARVEDILOL 12.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CARVEDILOL 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<u>D</u>										
DILTIAZEM 60MG	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
DILTIAZEM 90MG	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/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
DILTIAZEM 180MG	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
DILTIAZEM 240MG	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
E										
ENALAPRIL 2.5MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
ENALAPRIL 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ENALAPRIL 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ENALAPRIL 20MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ENALAPRIL 20MG/ HYDROCHLOROTHIAZIDE 12.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
E										
FELODIPINE 5MG	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
FELODIPINE 10MG	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
FOLIC ACID 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
FUROSEMIDE 40MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
FUROSEMIDE 50MG/5ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
H										
HYDROCHLOROTHIAZIDE 12.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
HYDROCHLOROTHIAZIDE 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
I										
IRON 30MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
IRON 75MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
IRON SYRUP 100MG/5ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
IRON AMPULE 20MG/ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
IRON AMPULE 50MG/ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
L										
LISINOPRIL 5MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
LISINOPRIL 10MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
LISINOPRIL 20MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
LISINOPRIL 10MG/ HYDROCHLOROTHIAZIDE 12.5MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
LISINOPRIL 20MG/ HYDROCHLOROTHIAZIDE 12.5MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
LOSARTAN 50MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
LOSARTAN 100MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
LOSARTAN 50MG/ AMLODIPINE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
LOSARTAN 100MG/ AMLODIPINE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
LOSARTAN 50MG/ HYDROCHLOROTHIAZIDE 12.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
LOSARTAN 100MG/ HYDROCHLOROTHIAZIDE 12.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
LOSARTAN 100MG/ HYDROCHLOROTHIAZIDE 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
N										
NIFEDIPINE 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
NIFEDIPINE 20MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
NIFEDIPINE XL 20MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
NIFEDIPINE XL 30MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
NIFEDIPINE XL 60MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
P										
PERINDOPRIL 4MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 8MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 4MG/ AMLODIPINE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 5MG/ AMLODIPINE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 4MG/ AMLODIPINE 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 5MG/ AMLODIPINE 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 8MG/ AMLODIPINE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 10MG/ AMLODIPINE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 8MG/ AMLODIPINE 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 10MG/ AMLODIPINE 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 2MG/ INDAPAMIDE 0.625MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
PERINDOPRIL 2.5MG/ INDAPAMIDE 0.625MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
PERINDOPRIL 5MG/ BISOPROLOL 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 5MG/ BISOPROLOL 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 10MG/ BISOPROLOL 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 10MG/ BISOPROLOL 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 4MG/ INDAPAMIDE 1.25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 5MG/ INDAPAMIDE 1.25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 8MG/ INDAPAMIDE 2.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PERINDOPRIL 10MG/ INDAPAMIDE 2.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
POTASSIUM CHLORIDE 600MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PROPRANOLOL 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PROPRANOLOL 40MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
<u>R</u>										
RECOMBINANT HUMAN ERYTHROPOIETIN 2000IU	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
RECOMBINANT HUMAN ERYTHROPOIETIN 4000IU	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
RECOMBINANT HUMAN ERYTHROPOIETIN 6000IU	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
RECOMBINANT HUMAN ERYTHROPOIETIN 10 000IU	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
RECOMBINANT HUMAN ERYTHROPOIETIN 30 000IU	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
RECOMBINANT HUMAN ERYTHROPOIETIN 40 000IU	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<u>S</u>										
SPIRONOLACTONE 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SPIRONOLOCATONE 100MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<u>V</u>										
VERAPAMIL 40MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
VERAPAMIL SR 240MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
<u>VACCINES</u>										
HEPATITIS B VACCINE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES