BESTMED MEDICINE FORMULARY FOR CDL-CHRONIC (CHRONIC DISEASE LIST) 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 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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MULTIPLE SCLEROSIS

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
A										
AMITRIPTYLINE 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
AMITRIPTYLINE 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
AZATHIOPRINE 50MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
AZATHIOPRINE 50MG INJECTION	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
B										
BACLOFEN 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BACLOFEN 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
C										
CARBAMAZEPINE 200MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CARBAMAZEPINE CR 200MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
CARBAMAZEPINE CR 400MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
CARBAMAZEPINE SUSPENSION 100MG/5ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CYCLOPHOSPHAMIDE 50MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

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D										
DULOXETINE 30MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
DULOXETINE 60MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
DIHYDROCODEINE 30MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
F										
FOLID ACID 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
I										
INTERFERON BETA-1A 22MCG/0.5ML INJ	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
INTERFERON BETA-1A INJ 22MCG/0.5ML REBIDOSE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
INTERFERON BETA-1A 44MCG/0.5ML INJ	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
INTERFERON BETA-1A 44MCG/0.5ML REBIDOSE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
INTERFERON BETA-1A 30MCG/0.5ML INJ	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
INTERFERON BETA-1B 3ML PREFILL	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

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ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
M										
METHOCARBAMOL 500MG	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
METHOCARBAMOL 750MG	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
METHOTREXATE 2.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
METHOTREXATE 50MG/2ML	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
METHYLPREDNISOLONE SODIUM SUCCINATE 40MG INJ	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
METHYLPREDNISOLONE SODIUM SUCCINATE 125MG INJ	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
METHYLPREDNISOLONE SODIUM SUCCINATE 500MG INJ	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
METHYLPREDNISOLONE SODIUM SUCCINATE 1000MG INJ	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
MORPHINE 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
MORPHINE 30MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
MORPHINE 60MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
MORPHINE 100MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

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ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
O										
ORPHENADRINE 50MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ORPHENADRINE 100MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
OXYBUTYNIN 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
T										
TRAMADOL 50MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

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