

## 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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## RHEUMATOID ARTHRITIS

| ACTIVE INGREDIENT                | BEAT1/BEAT<br>1 Network | BEAT2/BEAT<br>2 Network | BEAT3/BEAT3<br>Network/BEAT3<br>Plus | BEAT4 | PACE1 | PACE2 | PACE3 | PACE4 | RHYTHM1          | RHYTHM2 |
|----------------------------------|-------------------------|-------------------------|--------------------------------------|-------|-------|-------|-------|-------|------------------|---------|
| <b>A</b>                         |                         |                         |                                      |       |       |       |       |       |                  |         |
| AZATHIOPRINE 50MG                | YES                     | YES                     | YES                                  | YES   | YES   | YES   | YES   | YES   | YES              | YES     |
| AZATHIOPRINE 50MG<br>INJECTION   | YES                     | YES                     | YES                                  | YES   | YES   | YES   | YES   | YES   | YES              | YES     |
| <b>B</b>                         |                         |                         |                                      |       |       |       |       |       |                  |         |
| BETAMETHASONE SYRUP<br>0.6MG/5ML | NO<br>30% CO-PAY        | NO<br>30% CO-PAY        | YES                                  | YES   | YES   | YES   | YES   | YES   | NO<br>30% CO-PAY | YES     |
| <b>C</b>                         |                         |                         |                                      |       |       |       |       |       |                  |         |
| CHLOROQUINE 200MG                | YES                     | YES                     | YES                                  | YES   | YES   | YES   | YES   | YES   | YES              | YES     |
| CHLOROQUINE SYRUP<br>68MG/5ML    | NO<br>30% CO-PAY        | NO<br>30% CO-PAY        | YES                                  | YES   | YES   | YES   | YES   | YES   | NO<br>30% CO-PAY | YES     |
| CYCLOPHOSPHAMIDE<br>50MG         | YES                     | YES                     | YES                                  | YES   | YES   | YES   | YES   | YES   | YES              | YES     |
| <b>D</b>                         |                         |                         |                                      |       |       |       |       |       |                  |         |
| DICLOFENAC SODIUM<br>25MG        | YES                     | YES                     | YES                                  | YES   | YES   | YES   | YES   | YES   | YES              | YES     |
| DICLOFENAC SODIUM<br>50MG        | YES                     | YES                     | YES                                  | YES   | YES   | YES   | YES   | YES   | YES              | YES     |
| DICLOFENAC SODIUM<br>75MG        | NO<br>30% CO-PAY        | NO<br>30% CO-PAY        | YES                                  | YES   | YES   | YES   | YES   | YES   | NO<br>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 |
|--------------------------------------|----------------------|----------------------|--------------------------------|-------|-------|-------|-------|-------|------------------|---------|
| DICLOFENAC SODIUM SR 75MG            | NO<br>30% CO-PAY     | NO<br>30% CO-PAY     | YES                            | YES   | YES   | YES   | YES   | YES   | NO<br>30% CO-PAY | YES     |
| DICLOFENAC SODIUM 100MG              | NO<br>30% CO-PAY     | NO<br>30% CO-PAY     | YES                            | YES   | YES   | YES   | YES   | YES   | NO<br>30% CO-PAY | YES     |
| DICLOFENAC SODIUM SR 100MG           | NO<br>30% CO-PAY     | NO<br>30% CO-PAY     | YES                            | YES   | YES   | YES   | YES   | YES   | NO<br>30% CO-PAY | YES     |
| <b>E</b>                             |                      |                      |                                |       |       |       |       |       |                  |         |
| FOLIC ACID 5MG                       | YES                  | YES                  | YES                            | YES   | YES   | YES   | YES   | YES   | YES              | YES     |
| <b>I</b>                             |                      |                      |                                |       |       |       |       |       |                  |         |
| IBUPROFEN 200MG                      | NO<br>30% CO-PAY     | NO<br>30% CO-PAY     | YES                            | YES   | YES   | YES   | YES   | YES   | NO<br>30% CO-PAY | YES     |
| IBUPROFEN 400MG                      | NO<br>30% CO-PAY     | NO<br>30% CO-PAY     | YES                            | YES   | YES   | YES   | YES   | YES   | NO<br>30% CO-PAY | YES     |
| IBUPROFEN 600MG                      | NO<br>30% CO-PAY     | NO<br>30% CO-PAY     | YES                            | YES   | YES   | YES   | YES   | YES   | NO<br>30% CO-PAY | YES     |
| IBUPROFEN SUSPENSION 100MG/5ML SYRUP | NO<br>30% CO-PAY     | NO<br>30% CO-PAY     | YES                            | YES   | YES   | YES   | YES   | YES   | NO<br>30% CO-PAY | YES     |
| IBUPROFEN SUSPENSION 200MG/5ML SYRUP | NO<br>30% CO-PAY     | NO<br>30% CO-PAY     | YES                            | YES   | YES   | YES   | YES   | YES   | NO<br>30% CO-PAY | YES     |
| INDOMETHACIN 25MG                    | YES                  | YES                  | YES                            | YES   | YES   | YES   | YES   | YES   | YES              | YES     |

| ACTIVE INGREDIENT                                | BEAT1/BEAT<br>1 Network | BEAT2/BEAT<br>2 Network | BEAT3/BEAT3<br>Network/BEAT3<br>Plus | BEAT4 | PACE1            | PACE2 | PACE3 | PACE4 | RHYTHM1          | RHYTHM2          |
|--------------------------------------------------|-------------------------|-------------------------|--------------------------------------|-------|------------------|-------|-------|-------|------------------|------------------|
| <b><u>L</u></b>                                  |                         |                         |                                      |       |                  |       |       |       |                  |                  |
| LEFLUNOMIDE 10MG                                 | YES                     | YES                     | YES                                  | YES   | YES              | YES   | YES   | YES   | YES              | YES              |
| LEFLUNOMIDE 20MG                                 | YES                     | YES                     | YES                                  | YES   | YES              | YES   | YES   | YES   | YES              | YES              |
| <b><u>M</u></b>                                  |                         |                         |                                      |       |                  |       |       |       |                  |                  |
| MELOXICAM 7.5MG                                  | NO<br>30% CO-PAY        | NO<br>30% CO-PAY        | YES                                  | YES   | YES              | YES   | YES   | YES   | NO<br>30% CO-PAY | YES              |
| MELOXICAM 15MG                                   | NO<br>30% CO-PAY        | NO<br>30% CO-PAY        | NO<br>30% CO-PAY                     | YES   | NO<br>25% CO-PAY | YES   | YES   | YES   | NO<br>30% CO-PAY | NO<br>30% CO-PAY |
| METHOTREXATE 2.5MG                               | YES                     | YES                     | YES                                  | YES   | YES              | YES   | YES   | YES   | YES              | YES              |
| METHOTREXATE<br>50MG/2ML INJ                     | YES                     | YES                     | YES                                  | YES   | YES              | YES   | YES   | YES   | YES              | YES              |
| METHYLPREDNISOLONE<br>SODIUM 40MG INJECTION      | YES                     | YES                     | YES                                  | YES   | YES              | YES   | YES   | YES   | YES              | YES              |
| METHYLPREDNISOLONE<br>SODIUM 125MG<br>INJECTION  | YES                     | YES                     | YES                                  | YES   | YES              | YES   | YES   | YES   | YES              | YES              |
| METHYLPREDNISOLONE<br>SODIUM 500MG<br>INJECTION  | YES                     | YES                     | YES                                  | YES   | YES              | YES   | YES   | YES   | YES              | YES              |
| METHYLPREDNISOLONE<br>SODIUM 1000MG<br>INJECTION | YES                     | YES                     | YES                                  | YES   | YES              | YES   | YES   | YES   | YES              | YES              |

| ACTIVE INGREDIENT          | BEAT1/BEAT<br>1 Network | BEAT2/BEAT<br>2 Network | BEAT3/BEAT3<br>Network/BEAT3<br>Plus | BEAT4 | PACE1 | PACE2 | PACE3 | PACE4 | RHYTHM1          | RHYTHM2 |
|----------------------------|-------------------------|-------------------------|--------------------------------------|-------|-------|-------|-------|-------|------------------|---------|
| <b><u>P</u></b>            |                         |                         |                                      |       |       |       |       |       |                  |         |
| PARACETAMOL 500MG          | NO<br>30% CO-PAY        | NO<br>30% CO-PAY        | YES                                  | YES   | YES   | YES   | YES   | YES   | NO<br>30% CO-PAY | YES     |
| PREDNISONE 5MG             | YES                     | YES                     | YES                                  | YES   | YES   | YES   | YES   | YES   | YES              | YES     |
| <b><u>Q</u></b>            |                         |                         |                                      |       |       |       |       |       |                  |         |
| QUININE SULPHATE<br>300MG  | NO<br>30% CO-PAY        | NO<br>30% CO-PAY        | YES                                  | YES   | YES   | YES   | YES   | YES   | NO<br>30% CO-PAY | YES     |
| <b><u>S</u></b>            |                         |                         |                                      |       |       |       |       |       |                  |         |
| SULPHASALAZINE 500MG       | YES                     | YES                     | YES                                  | YES   | YES   | YES   | YES   | YES   | YES              | YES     |
| SULPHASALAZINE EN<br>500MG | YES                     | YES                     | YES                                  | YES   | YES   | YES   | YES   | YES   | YES              | YES     |