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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SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
A										
ASPIRIN 80MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ASPIRIN 81MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ASPIRIN 100MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ASPIRIN 300MG	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										
BETAMETASONE CREAM	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BETAMETASONE LOTION	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BETAMETASONE OINTMENT	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BETAMETASONE SCALP APPLICATION	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
C										
CALCIFEROL 50 000IU	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CHLOROQUINE 200MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CHLOROQUINE 68MG/5ML SYRUP	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES

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CLOBETASOL CREAM	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CLOBETASOL OINTMENT	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CLOBETASOL SPRAY	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CORTISOL CREAM	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CORTISOL OINTMENT	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CYCLOPHOSPHAMIDE 50MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
D										
DICLOFENAC SODIUM 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
DICLOFENAC SODIUM 50MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
DICLOFENAC SODIUM SR 50MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
DICLOFENAC SODIUM SR 75MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
DICLOFENAC SODIUM 100MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
DICLOFENAC SODIUM SR 100MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
F										
FOLIC ACID 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

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FLUOCINOLONE CREAM	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
FLUOCINOLONE GEL	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
FLUOCINOLONE OINTMENT	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
H										
HYDROCORTISONE LOTION	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
I										
IBUPROFEN 200MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
IBUPROFEN 400MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
IBUPROFEN 600MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
IBUPROFEN SUSPENSION 100MG/5ML	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
IBUPROFEN SUSPENSION 200MG/5ML	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
INDOMETHACIN 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

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M										
MELOXICAM 7.5MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
MELOXICAM 15MG	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 INJ	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
METHYLPREDNISOLONE SODIUM 40MG INJECTION	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
METHYLPREDNISOLONE SODIUM 125MG INJECTION	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
METHYLPREDNISOLONE SODIUM 500MG INJECTION	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
METHYLPREDNISOLONE SODIUM 1000MG INJECTION	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
P										
PARACETAMOL 500MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
PREDNISONE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

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Z										
ZINC PREPARATION CREAMS	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ZINC PREPARATION OINTMENT	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

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