

BESTMED MEDICINE FORMULARY FOR NON-CDL (CHRONIC DISEASE LIST) CONDITIONS

- Benefits are subject to the following:
 - ✓ Pre-authorisation
 - ✓ Bestmed guidelines
 - ✓ Bestmed protocols
 - ✓ 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.

DERMATOMYOSITIS

ACTIVE INGREDIENT	Pace2 Pace3 Pace4
<u>A</u>	
AZATHIOPRINE 50MG	YES
<u>B</u>	
BETAMETHASONE 0.6MG/5ML SYRUP	YES
<u>D</u>	
DICLOFENAC SODIUM 25MG	YES
DICLOFENAC SODIUM 50MG	YES
DICLOFENAC SODIUM 75MG	YES
DICLOFENAC SODIUM SR 100MG	YES
<u>F</u>	
FOLIC ACID 5MG	YES
<u>H</u>	
HYDROCORTISONE 10MG	YES
<u>I</u>	
IBUPROFEN 200MG	YES
IBUPROFEN 400MG	YES
INDOMEETHACIN 25MG	YES
<u>M</u>	
MELOXICAM 7.5MG	YES
MELOXICAM 15MG	YES

ACTIVE INGREDIENT	Pace2 Pace3 Pace4
METHOTREXATE 2.5MG	YES
METHOTREXATE 50MG/2ML	YES
<u>P</u>	
PARACETAMOL 500MG	YES
PREDNISONE 5MG	YES