

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.

GASTRO-OESOPHAGEAL REFLUX DISEASE (GORD)

ACTIVE INGREDIENT	Beat4 Pace1 Pace2 Pace3 Pace4
<u>C</u>	
CIMETIDINE 200MG	YES
CIMETIDINE 400MG	YES
<u>L</u>	
LANSOPRAZOLE 15MG	YES
LANSOPRAZOLE 30MG	YES
<u>O</u>	
OMEPRazole 10MG	YES
OMEPRazole 20MG	YES
OMEPRazole 40MG	YES
<u>R</u>	
RANITIDINE 150MG	YES
RANITIDINE 300MG	YES