

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.

SCLERODERMA

ACTIVE INGREDIENT	Pace4
<u>A</u>	
ASPIRIN 80MG	YES
ASPIRIN 81MG	YES
ASPIRIN 100MG	YES
<u>B</u>	
BETAMETHASONE CREAM	YES
BETAMETHASONE OINTMENT	YES
BETAMETHASONE SCALP	YES
BETAMETHASONE/ SALICYLIC ACID OINTMENT	YES
<u>C</u>	
CAPTOPRIL 25MG	YES
CAPTOPRIL 50MG	YES
CIMETIDINE 200MG	YES
CIMETIDINE 400MG	YES
CLOBETASOL CREAM	YES
CLOBETASOL OINTMENT	YES
CLOBETASOL SCALP	YES
CLOBETASOL 0.05G/100G OINTMENT	YES

ACTIVE INGREDIENT	Pace4
CORTISOL CREAM	YES
CORTISOL OINTMENT	YES
<u>D</u>	
DICLOFENAC SODIUM 25MG	YES
DICLOFENAC SODIUM 50MG	YES
DICLOFENAC SODIUM 75MG	YES
DICLOFENAC SODIUM SR 75MG	YES
DICLOFENAC SODIUM SR 100MG	YES
<u>E</u>	
ENALAPRIL 5MG	YES
ENALAPRIL 10MG	YES
ENALAPRIL 20MG	YES
<u>F</u>	
FLUOCINOLONE CREAM	YES
FLUOCINOLONE OINTMENT	YES
FOLIC ACID 5MG	YES
<u>H</u>	
HYDROCORTISONE LOTION	YES
<u>I</u>	
IBUPRUFEN 200MG	YES
IBUPRUFEN 400MG	YES
INDOMETHACIN 25MG	YES
<u>L</u>	
LANSOPRAZOLE 15MG	YES
LANSOPRAZOLE 30MG	YES
LISINOPRIL 5MG	YES
LISINOPRIL 10MG	YES
LISINOPRIL 20MG	YES
<u>M</u>	
MELOXICAM 7.5MG	YES
MELOXICAM 15MG	YES
METHOTREXATE 2.5MG	YES
MOMETASONE CREAM	YES
MOMETASONE LOTION	YES
MOMETASONE OINTMENT	YES
<u>N</u>	
NIFEDIPINE 10MG	YES

ACTIVE INGREDIENT	Pace4
<u>O</u>	
OMEPRazole 10MG	YES
OMEPRazole 20MG	YES
OMEPRazole 40MG	YES
<u>P</u>	
PERINDOPRIL 4MG	YES
PERINDOPRIL 5MG	YES
PERINDOPRIL 8MG	YES
PERINDOPRIL 10MG	YES
PREDNISONE 5MG	YES
<u>S</u>	
SULFASALAZINE 500MG	YES
SULFASALAZINE EN 500MG	YES