

BESTMED MEDICINE FORMULARY FOR PRESCRIBED MINIMUM BENEFITS (PMB) 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.
- Available on all Bestmed options.

ENDOMETRIOSIS

ACTIVE INGREDIENT	ALL OPTIONS
<u>D</u>	
DANAZOL 100MG	YES
DANAZOL 200MG	YES
DESOGESTREL 0.15MG/ ETHINYL ESTRADIOL 0.02MG	YES
DESOGESTREL 0.15MG/ ETHINYL ESTRADIOL 0.03MG	YES
DROSPIRENONE 3MG/ ETHINYL ESTRADIOL 0.02MG	
DROSPIRENONE 3MG/ ETHINYL ESTRADIOL 0.03MG	
<u>G</u>	
GESTODENE 0.06MG/ ETHINYL ESTRADIOL 0.015MG	YES
GESTODENE 0.075MG/ ETHINYL ESTRADIOL 0.02MG	YES
GESTODENE 0.075MG/ ETHINYL ESTRADIOL 0.03MG	YES
GOSERELIN 3.6MG INJECTION	YES
GOSERELIN 10.8MG INJECTION	YES
<u>L</u>	
LEVONORGESTREL 0.05MG/ ETHINYL ESTRADIOL 0.05MG & LEVONORGESTREL 0.125MG/ ETHINYL ESTRADIOL 0.05MG	YES
LEVONORGESTREL 0.15MG/ ETHINYL ESTRADIOL 0.03MG	YES

ACTIVE INGREDIENT	ALL OPTIONS
LEVONORGESTREL 0.125MG/ ETHINYL ESTRADIOL 0.04MG	YES
LEVONORGESTREL 0.25MG/ ETHINYL ESTRADIOL 0.05MG	YES
LEUPROLIDE 3.75MG INJECTION	YES
LEUPROLIDE 11.25MG INJECTION	YES
<u>M</u>	
MEDROYPROGESTERONE 150MG/ML INJECTION	YES
<u>N</u>	
NORGESTREL 0.5MG/ ETHINYL ESTRADIOL 0.05MG	YES