

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.

FEMALE MENOPAUSE

ACTIVE INGREDIENT	ALL OPTIONS
C	
CONJUGATED ESTROGEN 0.3MG	YES
CONJUGATED ESTROGEN 0.625MG	YES
CONJUGATED ESTROGEN 1.25MG	YES
E	
ESTRADIOL 1MG	YES
ESTRADIOL 2MG	YES
ESTRADIOL 25MCG PATCHES	YES
ESTRADIOL 37.5MCG PATCHES	YES
ESTRADIOL 50MCG PATCHES	YES
ESTRADIOL 75MCG PATCHES	YES
ESTRADIOL 100MCG PATCHES	YES
ESTRADIOL 1MG / NORETHINDRONE 0.5MG	YES
ESTRADIOL 1MG / NORETHINDRONE 1MG	YES
ESTRADIOL 2MG / NORETHINDRONE 1MG	YES
ESTRADIOL 2MG & ESTRADIOL 2MG/ NORETHINDRONE 1MG & ESTRADIOL 1MG	YES

ACTIVE INGREDIENT	ALL OPTIONS
<u>M</u>	
MEDROXYPROGESTERONE 5MG	YES
MEDROXYPROGESTERONE 10MG	YES