

## 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.

### PARAPLEGIA / QUADRIPLEGIA

| ACTIVE INGREDIENT                                  | ALL OPTIONS |
|----------------------------------------------------|-------------|
| <b><u>A</u></b>                                    |             |
| AMITRIPTYLINE 10MG                                 | YES         |
| AMITRIPTYLINE 25MG                                 | YES         |
| <b><u>B</u></b>                                    |             |
| BACLOFEN 10MG                                      | YES         |
| <b><u>N</u></b>                                    |             |
| NITROFURANTOIN 50MG                                | YES         |
| NITROFURANTOIN 100MG                               | YES         |
| <b><u>O</u></b>                                    |             |
| OXYBUTYNIN 5MG                                     | YES         |
| <b><u>S</u></b>                                    |             |
| SENNOSIDES 7.5MG                                   | YES         |
| <b><u>I</u></b>                                    |             |
| TRIMETHOPRIM 80MG/ SULFAMETHOXAZOLE 400MG          | YES         |
| TRIMETHOPRIM 160MG/ SULFAMETHOXAZOLE 800MG         | YES         |
| TRIMETHOPRIM 40MG/5ML & SULFAMETHOXAZOLE 200MG/5ML | YES         |