BESTMED MEDICINE FORMULARY FOR PRESCRIBED MINIMUM BENEFITS (PMB) CONDITIONS

bestMed
personally yours

- 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
A	
AMITRIPTYLINE 10MG	YES
AMITRIPTYLINE 25MG	YES
B	
BACLOFEN 10MG	YES
L	
LACTULOSE 3300MG/5ML	YES
N	
NITROFURANTOIN 50MG	YES
NITROFURANTOIN 100MG	YES
O	
OXYBUTYNIN 5MG	YES
S	
SENNOSIDES 7.5MG	YES
T	
TRIMETHOPRIM 80MG/ SULFAMETHOXAZOLE 400MG	YES
TRIMETHOPRIM 160MG/ SULFAMETHOXAZOLE 800MG	YES
TRIMETHOPRIM 40MG/5ML & SULFAMETHOXAZOLE 200MG/5ML	YES

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