

## 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.

### POLYCYSTIC OVARIAN SYNDROME

| ACTIVE INGREDIENT                                                                                  | ALL OPTIONS |
|----------------------------------------------------------------------------------------------------|-------------|
| <b><u>D</u></b>                                                                                    |             |
| DESOGESTREL 0.15MG/ ETHINYL ESTRADIOL 0.02MG                                                       | YES         |
| DESOGESTREL 0.15MG/ ETHINYL ESTRADIOL 0.03MG                                                       | YES         |
| DROSPIRENONE 3MG/ ETHINYL ESTRADIOL 0.03MG                                                         | YES         |
| <b><u>G</u></b>                                                                                    |             |
| GESTODENE 0.06MG/ ETHINYL ESTRADIOL 0.015MG                                                        | YES         |
| GESTODENE 0.075MG/ ETHINYL ESTRADIOL 0.02MG                                                        | YES         |
| GESTODENE 0.075MG/ ETHINYL ESTRADIOL 0.03MG                                                        | YES         |
| <b><u>L</u></b>                                                                                    |             |
| LEVONORGESTREL 0.05MG/ ETHINYL ESTRADIOL 0.05MG & LEVONORGESTREL 0.125MG/ ETHINYL ESTRADIOL 0.05MG | YES         |
| LEVONORGESTREL 0.125MG/ ETHINYL ESTRADIOL 0.04MG                                                   | YES         |
| LEVONORGESTREL 0.15MG/ ETHINYL ESTRADIOL 0.03MG                                                    | YES         |
| LEVONORGESTREL 0.25MG/ ETHINYL ESTRADIOL 0.05MG                                                    | YES         |
| <b><u>M</u></b>                                                                                    |             |
| METFORMIN 500MG                                                                                    | YES         |
| METFORMIN 850MG                                                                                    | YES         |

| ACTIVE INGREDIENT                          | ALL OPTIONS |
|--------------------------------------------|-------------|
| METFORMIN 1000MG                           | YES         |
| METFORMIN XR 500MG                         | YES         |
| METFORMIN XR 1000MG                        | YES         |
| <u><b>N</b></u>                            |             |
| NORGESTREL 0.5MG/ ETHINYL ESTRADIOL 0.05MG | YES         |