

BESTMED MEDICINE FORMULARY FOR CDL-CHRONIC (CHRONIC DISEASE LIST) 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.
 - ✓ Mediscor Reference Price (MRP)

This price represents the reasonable price in the market place for a particular group of generic equivalent medicines which is reviewed and updated regularly. MRP sets a maximum reimbursable price for a list of generically similar medicines with a cost lower than that of the original medicine. There may be instances where a generic alternative costs more than the set MRP. If you opt to use the original medicine and a generic alternative is available, or you use a medicine that costs more than the MRP, you will have to pay the difference between the price of the chosen medicine and that of MRP.
- This formulary is effective from 1 January 2024.
- This formulary is subject to change without notice.
- **ONLY the following medicine classes will be considered for Beat1, Beat2 and Rhythm1:**
 - ✓ Anti-diuretic

YES = formulary

NO = non-formulary with co-payment (CO-PAY)

NO BENEFIT = excluded*

*Possible funding without penalty, if first and second line treatment failed.

DIABETES INSIPIDUS

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
A										
DESMOPRESSIN 0.1MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
DESMOPRESSIN 0.2MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
DESMOPRESSIN 2.5ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
DESMOPRESSIN 5ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES