

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:**
 - ✓ Fibrates
 - ✓ Statins

YES = formulary

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

NO BENEFIT = excluded*

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

HYPERLIPIDAEMIA

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
A										
ATORVASTATIN 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATORVASTATIN 20MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATORVASTATIN 40MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATORVASTATIN 80MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
B										
BEZAFIBRATE 200MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
BEZAFIBRATE SR 400MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
G										
GEMFIBROZIL 600MG	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
P										
PRAVASTATIN 10MG	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
PRAVASTATIN 20MG	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY
PRAVASTATIN 40MG	NO 30% CO-PAY	NO 30% CO-PAY	NO 30% CO-PAY	YES	NO 25% CO-PAY	YES	YES	YES	NO 30% CO-PAY	NO 30% CO-PAY

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
S										
SIMVASTATIN 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SIMVASTATIN 20MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SIMVASTATIN 40MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SIMVASTATIN 80MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES