

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:**
 - ✓ COX inhibitors
 - ✓ Corticosteroid
 - ✓ Drug modifying agent (DMARD)
 - ✓ Folic acid
 - ✓ Intestinal inflammatory agents

YES = formulary

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

NO BENEFIT = excluded*

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

RHEUMATOID ARTHRITIS

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
<u>A</u>										
AZATHIOPRINE 50MG	NO 30% CO-PAY	NO 40% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
<u>B</u>										
BETAMETHASONE SYRUP 0.6MG/5ML	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
<u>C</u>										
CHLOROQUINE 200MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CHLOROQUINE SYRUP 68MG/ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<u>D</u>										
DICLOFENAC SODIUM 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
DICLOFENAC SODIUM 50MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
DICLOFENAC SODIUM 75MG	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
DICLOFENAC SODIUM SR 75MG	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
DICLOFENAC SODIUM 100MG	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
DICLOFENAC SODIUM SR 100MG	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
E										
FOLIC ACID 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
I										
IBUPROFEN 200MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
IBUPROFEN 400MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
IBUPROFEN 600MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
IBUPROFEN SUSPENSION 100MG/5ML	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
INDOMETHACIN 25MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
L										
LEFLUNOMIDE 10MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
LEFLUNOMIDE 20MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

ACTIVE INGREDIENT	BEAT1/BEAT 1 Network	BEAT2/BEAT 2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
<u>M</u>										
MELOXICAM 7.5MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
MELOXICAM 15MG	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
METHOTREXATE 2.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
METHOTREXATE 50MG/5ML INJ	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
METHOTREXATE 500MG/20ML INJ	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<u>P</u>										
PREDNISONE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<u>Q</u>										
QUININE SULPHATE 300MG	NO BENEFIT	NO BENEFIT	YES	YES	YES	YES	YES	YES	NO BENEFIT	YES
<u>S</u>										
SULPHASALAZINE 500MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
SULPHASALAZINE EN 50MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES