

BESTMED MEDICINE FORMULARY FOR NON-CDL
(CHRONIC DISEASE LIST) CONDITIONS

- Benefits are subject to the following:
 - ✓ Pre-authorisation
 - ✓ Bestmed guidelines
 - ✓ Bestmed protocols
 - ✓ 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.

DERMATOMYOSITIS

| ACTIVE INGREDIENT | Pace2 Pace3 Pace4 |
|-------------------------------|-------------------------|
| <u>B</u> | |
| BETAMETHASONE 0.6MG/5ML SYRUP | YES |
| <u>F</u> | |
| FOLIC ACID 5MG | YES |
| <u>H</u> | |
| HYDROCORTISONE 10MG | YES |
| <u>M</u> | |
| METHOTREXATE 2.5MG | YES |
| <u>P</u> | |
| PREDNISONONE 5MG | YES |