

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.
  - ✓ 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.
- Available on all Bestmed options.

## BENIGN PROSTATIC HYPERTROPHY

ACTIVE INGREDIENT	ALL OPTIONS
<b><u>D</u></b>	
DOXAZOSIN 1MG	YES
DOXAZOSIN XL 4MG	YES