

## 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 2025.
- This formulary is subject to change without notice.
- **ONLY the following medicine classes will be considered for Beat1, Beat2 and Rhythm1:**
  - ✓ Anti-protozoal agents
  - ✓ Anti-bacterial agents
  - ✓ Corticosteroids
  - ✓ Cytostatics
  - ✓ Folic Acid
  - ✓ Immunosuppressant
  - ✓ Intestinal anti-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.

## CROHN DISEASE

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
<b><u>A</u></b>										
AZATHIOPINE 50MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<b><u>C</u></b>										
CIPROFLOXACIN 250MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CIPROFLOXACIN 500MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CIPROFLOXACIN 750MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<b><u>E</u></b>										
FOLIC ACID 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<b><u>M</u></b>										
MERCAPTOPYRINE	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY
MESALAZINE 400MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
MESALAZINE 500MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
MESALAZINE 500MG SUPP	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
MESALAZINE 800MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
MESALAZINE 1000MG SUPP	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

ACTIVE INGREDIENT	BEAT1/BEAT1 Network	BEAT2/BEAT2 Network	BEAT3/BEAT3 Network/BEAT3 Plus	BEAT4	PACE1	PACE2	PACE3	PACE4	RHYTHM1	RHYTHM2
MESALAZINE ENEMA 1MG/100ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
MESALAZINE ENEMA 2MG/50ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
METHOTREXATE 2.5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
METHOTREXATE 25MG/ML	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
METRONIDAZOLE 200MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
METRONIDAZOLE 400MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<b><u>O</u></b>										
OLSALAZINE 250MG	NO 30% CO-PAY	NO 30% CO-PAY	YES	YES	YES	YES	YES	YES	NO 30% CO-PAY	YES
<b><u>P</u></b>										
PREDNISONE 5MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<b><u>S</u></b>										
SULPHASALAZINE 500MG	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES