

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 2025.
- This formulary is subject to change without notice.

## DERMATOMYOSITIS

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