Cover for Oncology Innovation Benefit

Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator'), is a separate company who is registered as an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

Contact us

You can call us on **0860 103 933** or visit www.lahealth.co.za for more information.

Overview

The Oncology Innovation Benefit gives members on the LA Comprehensive and LA Core options access to a defined list of high-cost medicines and new technologies.

Approval is subject to meeting clinical entry criteria and requests may be reviewed by an external panel for consideration for funding from this benefit. We will pay up to 75% of the LA Health Rate. If your healthcare provider charges more than what we pay, you will need to pay the difference. This amount could be more than 25% if your treatment cost is above the LA Health Rate. These claims will accumulate to your R400 000 cover amount at 75% of the LA Health Rate.

Once your treatment costs exceed your R400 000 cover amount, we will continue to pay 75% of the LA Health Rate for approved medicine.

Defined medicines are covered from the Oncology Innovation Benefit

Members who meet the requirements have cover for the following oncology medicines:

Indication	Product name	Clinical criteria
Locally Advanced or Metastatic non-small cell lung cancer	Keytruda solution for infusion vial 4ml	Metastatic non-small cell lung carcinoma (NSCLC) and as first line therapy and whose tumours express PD-L1 with a ≥ 50 % and with no EGFR or ALK genomic tumour aberrations
	Keytruda solution for infusion vial 4ml	Metastatic Squamous non-small cell lung carcinoma (NSCLC) and in combination with arboplatin and either paclitaxel or nab-paclitaxel and as first line therapy
	Keytruda solution for infusion vial 4ml	Metastatic non-squamous non-small cell lung carcinoma (NSCLC) and in combination with emetrexed and platinum chemotherapy and as first line therapy and with no EGFR or ALK genomic tumour aberrations

Indication	Product name	Clinical criteria
Locally Advanced or Metastatic non-small-cell lung cancer	Keytruda solution for infusion vial 4ml	Advanced non-small cell lung carcinoma (NSCLC) as second line therapy after platinum-containing chemotherapy and whose tumours express PD-L1 with a ≥ 1 % TPS If EGFR or ALK genomic tumour aberration, After one line of targeted therapy
	Tagrisso	Locally advanced or metastatic non-small cell lung cancer (NSCLC)
	Tagrisso	As second line therapy (after EGFR TKI therapy) and EGFR T790M mutation-positive
	Tagrisso	Locally advanced or metastatic non-small cell lung cancer (NSCLC)
	Tagrisso	As first line therapy and (EGFR) exon 19 deletions or exon 21 (L858R) positive
	Tagrisso	Non-small cell lung cancer
	Tagrisso	Adjuvant therapy after tumour resection in adult patients with tumours having (EGFR) exon 19 deletions or exon 21 L858R mutations.
	Xalkori	Advanced non-small cell lung carcinoma (NSCLC)
	Xalkori	Whose tumours are ALK positive and as first line therapy or second line therapy after failure of systemic chemotherapy
Malignant Melanoma	Yervoy solution for infusion 10ml vial	Advanced (unresectable or metastatic) malignant melanoma
	Yervoy solution for infusion 40ml vial	
	Keytruda solution for infusion vial 4ml	Adjuvant malignant melanoma and with lymph node involvement and following complete resection
	Keytruda solution for infusion vial 4ml	Advanced (unresectable or metastatic) malignant melanoma
Multiple Myeloma	Darzalex solution for infusion vial 20ml	Multiple myeloma and
	Darzalex solution for infusion vial 5ml	After at least three prior lines of therapy (including a proteasome inhibitor and immunomodulatory agent) or who are double refractory to PI and immunomodulatory agent
	Darzalex solution for infusion vial 20ml	Newly diagnosed myeloma, and

Indication	Product name	Clinical criteria
Multiple Myeloma	Darzalex solution for infusion vial 5ml	Ineligible for autologous stem cell transplant (ASCT), in combination with bortezomib, melphalan and prednisone
	Darzalex solution for infusion vial 20ml	Newly diagnosed myeloma, and
	Darzalex solution for infusion vial 5ml	Ineligible for autologous stem cell transplant (ASCT), in combination with lenalidomide and dexamethasone
	Darzalex solution for infusion vial 20ml	Newly diagnosed myeloma, and
	Darzalex solution for infusion vial 5ml	Ineligible for autologous stem cell transplant (ASCT), in combination with bortezomib, thalidomide and dexamethasone
	Darzalex solution for infusion vial 20ml	Multiple myeloma,
	Darzalex solution for infusion vial 5ml	Treatment of relapsed/refractory disease, in combination with bortezomib and dexamethasone in adult patients
	Darzalex solution for infusion vial 20ml	Multiple myeloma,
	Darzalex solution for infusion vial 5ml	Treatment of relapsed/refractory disease, in combination with lenalidomide and dexamethasone in adult patients
Chronic Lymphocytic Leukemia	Imbruvica	Chronic Lymphocytic Leukaemia and as first line therapy or treatment for relapsed (refractory) disease
	Venclexta 4x7 day wallet	Chronic lymphocytic leukemia in combination with obinituzumab and
	Venclexta	As first line therapy
	Venclexta 4x7 day wallet	Chronic lymphocytic leukemia in combination with rituximab and
	Venclexta	After at least one prior therapy
	Calquence	Relapsed or Refractory Chronic Lymphocytic Leukemia

Indication	Product name	Clinical criteria
Chronic Lymphocytic Leukemia	Calquence®	Chronic Lymphocytic Leukaemia and as first line therapy or treatment for relapsed (refractory) disease
Waldenstrom Macroglobulinemia	Imbruvica	Waldenstrom Macroglobulinemia as first line therapy or relapsed disease and after treatment with a rituximab-containing regimen
Mantle Cell Lymphoma	Imbruvica	Mantle cell lymphoma (MCL) and after treatment with at least one prior therapy
T-cell Lymphoma	Adcetris powder for reconstitution vial	Cutaneous T-cell Lymphoma and in combination with Doxorubicin, Cyclophosphomide and Prednisone and previously treated (relapsed disease) and CD-30 positive
	Adcetris powder for reconstitution vial	Cutaneous T-cell Lymphoma and in combination with Doxorubicin, Cyclophosphomide and Prednisone and as first line therapy and CD-30 positive
	Adcetris powder for reconstitution vial	Systemic anaplastic large cell lymphoma (SALCL)
Hodgkin's Lymphoma	Adcetris powder for reconstitution vial	Hodgkin's lymphoma and as consolidation therapy after autologous stem-cell transplantation and at risk of relapse or progression
	Keytruda solution for infusion vial 4ml	Classical Hodgkin lymphoma, and failed autologous stem cell transplant (ASCT), or following at least two prior therapies when ASCT is not a treatment option
Renal Cell Carcinoma	Lenvima	Advanced renal cell carcinoma (RCC) and
	Lenvima	And in combination with everolimus and after one prior antiangiogenic therapy
	Keytruda solution for infusion vial 4ml	Advanced renal cell carcinoma (RCC) as first line treatment, and in combination with axitinib
	Keytruda solution for infusion vial 4ml	Advanced renal cell carcinoma, and as first line therapy, and in combination with Lenvatinib
Metastatic Head and Neck Squomous Cell Carcinoma	Keytruda solution for infusion vial 4ml	Head and neck squamous cell carcinoma (HNSCC), as first line treatment, and monotherapy, or in combination with platinum and 5-fluorouracil (5-FU) CPS < 20
	Keytruda solution for infusion vial 4ml	HNSCC with disease progression on or after platinum containing chemotherapy, as monotherapy in adults whose tumours express PD-L1 with a ≥50% TPS

Indication	Product name	Clinical criteria
Metastatic Colorectal Cancer	Keytruda solution for infusion vial 4ml	Unresectable or metastatic colorectal cancer, with microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR), and as first line treatment
Metastatic Ovarian Cancer	Lynparza	Epithelial ovarian, fallopian tube or primary peritoneal cancer, with a mutation in BRCA1, RCA2, or both complete response or partial response, to first line platinum-based chemotherapy as monotherapy
Metastatic Ovarian Cancer	Lynparza	Epithelial ovarian, fallopian tube or primary peritoneal cancer, platinum sensitive relapsed, with a mutation in BRCA1, BRCA2, or both complete response or partial response, to first line platinum-based chemotherapy as monotherapy
Acute Myeloid Leukemia	Venclexta 4x7 day wallet	Acute Myeloid Leukemia
	Venclexta	≥ 75 or not eligible for intensive chemotherapy in combination with LDAC
	Venclexta 4x7 day wallet	Acute Myeloid Leukemia,≥ 18
	Venclexta	previously untreated patients, and ineligible for intensive chemotherapy in combination with Azacitidine
Metastatic triple-negative breast cancer	Keytruda solution for infusion vial 4ml	Locally recurrent unresectable or metastatic triple-negative breast cancer, in adults whose tumours express PD-L1 with a CPS ≥ 10.
Oesophageal and gastro-oesophageal junction cancer	Keytruda solution for infusion vial 4ml	Locally advanced unresectable or etastatic carcinoma of the esophagus, or HER2-negative gastro-esophageal junction adenocarcinoma, previously untreated patients, and in combination with platinum and 5-fluorouracil (5-FU) in adults whose tumours express PD-L1 with a CPS ≥ 10.

Indication	Product name	Clinical criteria
Endometrial Carcinoma	Keytruda solution for infusion vial 4ml	Advanced or recurrent endometrial carcinoma in adults with disease progression on or, following prior treatment with platinum containing therapy in any setting in combination with lenvatinib, and who are not candidates for curative surgery or radiation
	Keytruda solution for infusion vial 4ml	Advanced or recurrent endometrial carcinoma, and not candidate of curative surgery or radiatin, in combination with lenvatinib, and following prior treatment with a platinum-containing therapy
Metastatic Prostate Cancer	Lynparza®	Metastatic castration-resistant prostate cancer with a homologous recombination repair gene mutation, as monotherapy, and following prior hormone agent
Adjuvant non small cell lung cancer	Tagrisso®	Adjuvant non-small cell lung cancer (NSCLC), and
	Tagrisso®	EGFR - exon 19 deletions or exon 21 (L858R) positive, first line therapy, as monotherapy

Tell us about your cancer treatment and we'll tell you how we will cover it

If you need cancer treatment, your cancer specialist must send us your treatment plan for approval before starting with the treatment. We will only fund your cancer treatment from the Oncology Benefit if your treatment plan has been approved and meets the terms and conditions of the Scheme.

All costs related to your approved cancer treatment including Prescribed Minimum Benefit treatment during the 12-month period, will add up to the 12-month cycle cover amount.

We cover all cancer-related healthcare services up to 100% of the LA Health Rate. You might have a co-payment if your healthcare professional charges more than this rate.

Complaints process

You may lodge a complaint or query with LA Health Medical Scheme directly on 0860 103 933 address a complaint in writing to the Principal Officer at the Scheme's registered address. Should your complaint remain unresolved, you may lodge a formal dispute by following the LA Health Medical Scheme internal disputes process.

You may, as a last resort, approach the Council for Medical Schemes for assistance.

Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 / 0861 123 267 / complaints@medicalschemes.co.za / www.medicalschemes.co.za