

## Cover for the Oncology Innovation Benefit 2026

### Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is a not-for-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.

### Overview

The Oncology Innovation Benefit provides members on LA Comprehensive or LA Core access to a defined list of high-cost medicines and new technologies. Approval is subject to meeting specific clinical entry criteria, and requests may be reviewed by an external panel for funding consideration from this benefit.

The Scheme will pay up to 75% of the cost for most of these treatments, and up to 50% of the cost for others. You are responsible for the remaining balance, which may exceed 25% or 50% if the treatment cost is higher than the LA Health Rate.

Claims submitted under this benefit will accumulate towards the R500 000 oncology threshold, at 75% or 50% of the LA Health Rate. Once this threshold is reached, the Scheme will continue to pay for the approved medicines at the same respective rates.

### Defined medicines are covered from the Oncology Innovation Benefit on LA Comprehensive and LA Core

Members on **LA Comprehensive** or **LA Core**, who meet the requirements, have cover for the following Oncology medicines at 75% of the LA Health Rate:

Indication	Product name	Clinical Criteria
Locally Advanced or Metastatic non-small cell lung cancer	Tagrisso	Locally advanced or metastatic non-small cell lung cancer (NSCLC) as second line therapy (after EGFR TKI therapy) and EGFR T790M mutation-positive
	Tagrisso	Locally advanced or metastatic non-small cell lung cancer (NSCLC) as first line therapy and (EGFR) exon 19 deletions or exon 21 (L858R) positive
	Tagrisso	Non-small cell lung cancer adjuvant therapy after tumor resection in adult patients with tumors having (EGFR) exon 19 deletions or exon 21 L858R mutations.
	Xalkori	Advanced non-small cell lung carcinoma (NSCLC) whose tumours are ALK positive and as first line therapy or second line therapy after failure of systemic chemotherapy

Indication	Product name	Clinical Criteria
Malignant Melanoma	Yervoy	Advanced (unresectable or metastatic) malignant melanoma
	Yervoy	
Chronic Lymphocytic Leukemia	Imbruvica	Chronic Lymphocytic Leukemia and as first line therapy or treatment for relapsed (refractory) disease
	Calquence	Relapsed or Refractory Chronic Lymphocytic Leukaemia
	Calquence®	Chronic Lymphocytic Leukemia and as first line therapy or treatment for relapsed (refractory) disease
	Brukinsa®	Chronic Lymphocytic Leukemia or Small Lymphocytic Lymphoma, without Del 17p mutation as first line therapy
Waldenstrom Macroglobulinemia	Imbruvica	Waldenstrom Macroglobulinemia as first line therapy or relapsed disease and after treatment with a rituximab-containing regimen
	Brukinsa®	Waldenstrom Macroglobulinemia as first line therapy or relapsed disease after ≥1 prior line of therapy
Mantle Cell Lymphoma	Imbruvica	Mantle cell lymphoma (MCL) and after treatment with at least one prior therapy
T-cell Lymphoma	Adcetris	Cutaneous T-cell Lymphoma and in combination with Doxorubicin, Cyclophosphamide and Prednisone and previously treated (relapsed disease) and CD-30 positive
	Adcetris	Cutaneous T-cell Lymphoma and in combination with Doxorubicin, Cyclophosphamide and Prednisone and as first line therapy and CD-30 positive
	Adcetris	Systemic anaplastic large cell lymphoma (sALCL)
Hodgkin's Lymphoma	Adcetris	Hodgkin's lymphoma and as consolidation therapy after autologous stem-cell transplantation and at risk of relapse or progression
	Adcetris	Hodgkin's lymphoma and as consolidation therapy after autologous stem-cell transplantation and at risk of relapse or progression
Renal Cell Carcinoma	Lenvima	Advanced renal cell carcinoma (RCC) and in combination with everolimus and after one prior antiangiogenic therapy
	Cabometyx	Advanced renal cell carcinoma 2nd line (following prior vascular endothelial growth factor targeted therapy) As monotherapy
Metastatic Ovarian Cancer	Lynparza	Epithelial ovarian, fallopian tube or primary peritoneal cancer, with a mutation in BRCA1, BRCA2, or both complete response or partial response, to first line platinum-based chemotherapy as monotherapy
	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

Indication	Product name	Clinical Criteria
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 EGFR - exon 19 deletions or exon 21 (L858R) positive, first line therapy, as monotherapy
Gastrointestinal stromal tumour	Stivarga®	Locally advanced, unresectable or metastatic gastrointestinal stromal tumour 2nd line (following prior imatinib mesylate and sunitinib malate) As monotherapy

Members on [LA Comprehensive](#) or [LA Core](#), who meet the requirements, have cover for the following Oncology medicines at 50% of the LA Health Rate.

Indication	Product name	Clinical Criteria
Locally Advanced or Metastatic non-small cell lung cancer	Keytruda®	Metastatic non-small cell lung carcinoma (NSCLC) and as first line therapy and whose tumours express PD-L1 with a $\geq 50\%$ and with no EGFR or ALK genomic tumour aberrations
	Keytruda®	Metastatic Squamous non-small cell lung carcinoma (NSCLC) and in combination with carboplatin and either paclitaxel or nab-paclitaxel and as first line therapy
	Keytruda®	Metastatic non-squamous non-small cell lung carcinoma (NSCLC) and in combination with pemetrexed and platinum chemotherapy and as first line therapy and with no EGFR or ALK genomic tumour aberrations
	Keytruda®	Advanced non-small cell lung carcinoma (NSCLC) as second line therapy after platinum-containing chemotherapy and whose tumours express PD-L1 with a $\geq 1\%$ TPS If EGFR or ALK genomic tumour aberration, After one line of targeted therapy
	Keytruda®	Locally advanced or metastatic non-small cell lung cancer (NSCLC) whose tumours express PD-L1 with a $\geq 1\%$ tumour proportion score (TPS) no EGFR or ALK genomic tumour aberrations, as monotherapy, and first line
Malignant Melanoma	Keytruda®	Adjuvant malignant melanoma and with lymph node involvement and following complete resection
	Keytruda®	Advanced (unresectable or metastatic) malignant melanoma Stage IIB or IIC Melanoma
	Keytruda®	Adults and adolescents aged 12 years and above Adjuvant therapy

Indication	Product name	Clinical Criteria
Multiple Myeloma	Darzalex®	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®	
	Darzalex®	
	Darzalex®	Newly diagnosed myeloma, and ineligible for autologous stem cell transplant (ASCT), in combination with bortezomib, melphalan and prednisone
	Darzalex®	Newly diagnosed myeloma, and ineligible for autologous stem cell transplant (ASCT), in combination with lenalidomide and dexamethasone
	Darzalex®	Newly diagnosed myeloma, and ineligible for autologous stem cell transplant (ASCT), in combination with bortezomib, thalidomide and dexamethasone
	Darzalex®	Multiple myeloma, treatment of relapsed/refractory disease, in combination with bortezomib and dexamethasone in adult patients
	Darzalex®	Multiple myeloma, treatment of relapsed/refractory disease, in combination with lenalidomide and dexamethasone in adult patients
Chronic Lymphocytic Leukemia	Venclexta	Chronic lymphocytic leukemia in combination with obinituzumab and as first line therapy
	Venclexta	Chronic lymphocytic leukemia in combination with rituximab and after at least one prior therapy

Indication	Product name	Clinical Criteria
Hodgkin's Lymphoma	Keytruda®	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	Keytruda®	Advanced renal cell carcinoma (RCC) as first line treatment, and in combination with axitinib
	Keytruda®	Advanced renal cell carcinoma, and as first line therapy, and in combination with lenvatinib
	Keytruda®	Adjuvant treatment in Renal Cell Carcinoma as monotherapy, at intermediate-high or high risk of recurrence following nephrectomy
Metastatic Head and Neck Squamous Cell Carcinoma	Keytruda®	Head and neck squamous cell carcinoma (HNSCC), as first line treatment, and in combination with platinum and 5-fluorouracil (5-FU) CPS $\geq$ 1
	Keytruda®	Head and neck squamous cell carcinoma (HNSCC), as first line treatment, and monotherapy, or CPS $\geq$ 20
	Keytruda®	HNSCC with disease progression on or after platinum containing chemotherapy, as monotherapy in adults whose tumours express PD-L1 with a $\geq$ 50% TPS
Metastatic Colorectal Cancer	Keytruda®	Unresectable or metastatic colorectal cancer, with microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR), and as first line treatment
Acute Myeloid Leukemia	Venclexta	Acute Myeloid Leukemia $\geq$ 75 or not eligible for intensive chemotherapy in combination with LDAC
	Venclexta	Acute Myeloid Leukaemia, $\geq$ 18 previously untreated patients, and ineligible for intensive chemotherapy in combination with Azacitidine
Metastatic triple-negative breast cancer	Keytruda®	Locally recurrent unresectable or metastatic triple-negative breast cancer, in adults whose tumours express PD-L1 with a CPS $\geq$ 10.
Early-stage Triple-negative Breast cancer	Keytruda®	Early-stage triple-negative breast cancer in combination with chemotherapy as neo-adjuvant therapy then monotherapy as adjuvant
Oesophageal and gastro-oesophageal junction cancer	Keytruda®	Locally advanced unresectable or metastatic carcinoma of the oesophagus, or HER2-negative gastro-oesophageal junction adenocarcinoma, previously untreated patients, and in combination with platinum and 5-fluorouracil (5-FU)
	Keytruda®	Locally advanced unresectable or Metastatic gastric, and HER2-negative gastro-oesophageal junction adenocarcinoma, whose tumours express PD-L1 with a CPS $\geq$ 10 in adults whose tumours express PD-L1 with a CPS $\geq$ 10.

Indication	Product name	Clinical Criteria
Endometrial Carcinoma	Keytruda®	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®	Advanced or recurrent endometrial carcinoma, and not candidate of curative surgery or radiation, in combination with lenvatinib, and following prior treatment with a platinum-containing therapy
Metastatic Cervical Cancer	Keytruda®	Metastatic Cervical Cancer, in tumors expressing PD-L1 and with a CPS $\geq$ 1 Incombination with chemotherapy with or without Bevacizumab As first line treatment
Early Non-Small Cell Lung Cancer	Keytruda®	Neo-adjuvant NCSLC, and stage II, IIIA, or IIIB (T3 4N2) resectable in combination with platinum-based chemotherapy
	Keytruda®	Adjuvant NCSLC, and stage IB (T2a $\geq$ 4 cm), II, or IIIA, and as monotherapy

### Oncology Precision Benefit for members on LA Active, LA Engage or LA Focus

For members on one of the above benefit options, the Oncology Precision Benefit will cover 50% of the LA Health Rate for a defined list of high-cost medicines and new technologies. Approval is subject to meeting specific clinical entry criteria, and requests may be reviewed by an external panel for funding consideration from this benefit. These claims will accumulate toward an Oncology Threshold of R250 000, that is available in a 12-month cycle.

Once the threshold is reached, approved Oncology Precision Benefit medicines will continue to be paid from the Oncology Benefit at 50% of the LA Health Rate. You will be responsible for the remaining 50% as a co-payment. If your treatment costs exceed the LA Health Rate the amount you will have to pay could be more than 50% of the cost, if your treatment cost is above the LA Health Rate.

Indication	Product name	Clinical Criteria
Locally Advanced or Metastatic non-small cell lung cancer	Keytruda	Metastatic non-small cell lung carcinoma (NSCLC) and as first line therapy and whose tumours express PD-L1 with a $\geq$ 50 % and with no EGFR or ALK genomic tumour aberrations

	Tagrisso	Locally advanced or metastatic non-small cell lung cancer (NSCLC) as second line therapy (after EGFR TKI therapy) and EGFR T790M mutation-positive
	Tagrisso	Locally advanced or metastatic non-small cell lung cancer (NSCLC) as first line therapy and (EGFR) exon 19 deletions or exon 21 (L858R) positive
	Xalkori	Advanced non-small cell lung carcinoma (NSCLC) whose tumours are ALK positive and as first line therapy or second line therapy after failure of systemic chemotherapy
Metastatic Colorectal Cancer	Keytruda	Unresectable or metastatic colorectal cancer, with microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR), and as first line treatment

## 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 pay for 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 Oncology Threshold. Once you have reached your Threshold, some of your treatment may only pay up to 80% of the LA Health Rate, but we will continue to pay for medicine approved under the Innovation Benefit or the Precision Benefit at 75% or 50% of the LA Health Rate, depending on the medicine approved, the criteria and your available benefits.

We cover all cancer-related healthcare services up to the LA Health Rate. You might have a co-payment, or a larger co-payment, if your healthcare professional charges more than the Scheme Rate.

### Contact us

You can call us on **0860 103 933** or visit [www.lahealth.co.za](http://www.lahealth.co.za) for more information.

### Complaints process

You may lodge a complaint or query with LA Health Medical Scheme directly on 0860 103 933 or 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](mailto:complaints@medicalschemes.co.za) / [www.medicalschemes.co.za](http://www.medicalschemes.co.za)