Oncology Innovation Benefit 2026

Who we are

Remedi Medical Aid Scheme is the medical scheme, registration number 1430, a not-for-profit organisation which is registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as "the Administrator"), is a separate company and an authorised financial services provider (registration number 1997/013480/07), which takes care of the administration of your membership of Remedi Medical Aid Scheme.

Contact us

You can call us on **0860 116 116** or visit **www.yourremedi.co.za** for more information.

About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of these terms.

TERMINOLOGY	DESCRIPTION
Co-payment	This is an amount that you need to pay towards a healthcare service. The amount can vary by the type of covered healthcare service, place of service or if the amount the service provider charges is higher than the rate we cover. If the Benefit co-payment or upfront amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.
Designated service provider (DSP)	A healthcare provider (for example doctor, specialist, allied healthcare professional, pharmacy or hospital) who we have an agreement with to provide treatment or services at a contracted rate. Visit www.yourremedi.co.za or click on Find a healthcare provider on the Remedi app to view the full list of designated service providers (DSPs).
Scheme Rate	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.

The Oncology Innovation Benefit provides members with access to innovative (new technology) cancer treatment.

We will pay up to 75% of the Scheme Rate for a defined list of approved medicine. Approval is subject to meeting clinical entry criteria and requests may be reviewed by an external panel and/or a clinical panel for consideration for funding from this benefit. These claims will accumulate to your R1 245 000 Oncology Benefit cover at 75% of the Scheme Rate, provided you are registered on the Comprehensive Option. This benefit is not available on the Remedi Classic or Standard Options. Once you have reached your Oncology Benefit limit, we will no longer provide funding for these medicines. Any further treatment will be at your own costs.

Defined medicines are covered from the Oncology Innovation Benefit

If you meet the Scheme's clinical entry criteria, you have cover for the following oncology medicines:

Funding on the Remedi Comprehensive Option at 75% of the Scheme 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 ≥ 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 ≥ 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) 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
Malignant Melanoma	Yervoy®	Advanced (unresectable or metastatic) malignant melanoma
	Keytruda®	Adjuvant malignant melanoma and with lymph node involvement and following complete resection
	Keytruda®	Advanced (unresectable or metastatic) malignant melanoma

INDICATION	PRODUCT NAME	CLINICAL CRITERIA
	Keytruda®	Stage IIB or IIC Melanoma Adults and adolescents aged 12 years and above Adjuvant therapy Monotherapy
Multiple Myeloma	Darzalex®	Multiple myeloma and 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 ®	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	Imbruvica®	Chronic Lymphocytic Leukaemia and as first line therapy or treatment for relapsed (refractory) disease
	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
	Calquence®	Relapsed or Refractory Chronic Lymphocytic Leukemia
	Calquence®	Chronic Lymphocytic Leukaemia 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

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	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
T-cell Lymphoma	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
	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	Lenvima®	Advanced renal cell carcinoma (RCC) and in combination with everolimus and after one prior antiangiogenic therapy
	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 ≥ 1
	Keytruda®	HNSCC with disease progression on or after platinum containing chemotherapy, as monotherapy in adults whose tumours express PD-L1 with a ≥50% TPS
	Keytruda ®	Head and neck squamous cell carcinoma (HNSCC) as first line treatment, and as monotherapy, or CPS ≥ 20

INDICATION	PRODUCT NAME	CLINICAL CRITERIA
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
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
	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
Acute Myeloid Leukemia	Venclexta®	Acute Myeloid Leukemia ≥ 75 or not eligible for intensive chemotherapy in combination with LDAC
Acute Myeloid Leukemia	Venclexta®	Acute Myeloid Leukemia ,≥ 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 ≥ 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) in adults whose tumours express PD-L1 with a CPS ≥ 10.
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
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

INDICATION	PRODUCT NAME	CLINICAL CRITERIA
Metastatic Cervical cancer	Keytruda®	Metastatic Cervical Cancer, in tumors expressing PD-L1 and with a CPS ≥ 1 in combination with chemotherapy with or without Bevacizumab as first line treatment

Introduction of a Designated Service Provider (DSP) Pharmacy network for oncology medicines

Oncology medication significantly contributes to the total medication expenditure of the Scheme and the trustees approved the implementation of a DSP for oncology to ensure that efficiencies can be achieved whilst ensuring sustainable access to a comprehensive Oncology Benefit offering. Through a DSP arrangement, the Scheme can work with the pharmacies to ensure that members are dispensed the most preferentially priced products.

Please ensure that you use our pharmacy DSP for your oncology medicines. For treatment administered in the doctors' rooms (in-rooms) your treating doctor will need to use one of the following providers within the DSP:

- Dis-Chem's Oncology Courier Pharmacy
- Medipost Pharmacy
- Qestmed
- Olsens Pharmacy
- Southern Rx

Speak to your treating doctor if you have any concerns. Where your treating doctor has provided you with a prescription (like supportive medicine, oral chemotherapy and hormonal therapy), you are encouraged to use a DSP Pharmacy or one of the in-rooms pharmacies to obtain your medicine.

You can dispute our funding decisions in certain circumstances and the Complaints Process

If you disagree with our decision, there is a formal disputes and/or complaints process that you can follow. To learn more about this process or to lodge your complaint or query regarding the funding decision and/or any process issues experienced, visit www.yourremedi.co.za or click here.

You may lodge a complaint or query with Remedi Medical Aid Scheme directly on 0860 116 116 to 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 Remedi Medical Aid 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.

Note that cover where the treatment is recognised as meeting the requirements of Prescribed Minimum Benefit (PMB) level of care, will be aligned with the requirements of the Medical Schemes Act and applicable legislation.