

ONCOLOGY INNOVATION BENEFIT

DISCOVERY HEALTH MEDICAL SCHEME 2025

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.



Overview

The Oncology Innovation Benefit gives members on all plans, except the KeyCare and Active Smart Plans, access to a defined list of high-cost medicines and new technologies for a defined list of cancers. Your cover depends on your chosen health plan.

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 have to pay towards a healthcare service. The amount can vary, depending on the type of healthcare service, the place of service and whether the amount that the service provider charges is higher than the rate that we cover. If the co-payment 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) | This refers to a healthcare professional or provider (for example, a doctor, specialist, allied healthcare professional, pharmacy or hospital) who/that has agreed to provide Discovery Health Medical Scheme members with treatment or services at a contracted rate. To view the full list of designated service providers, visit <u>www.discovery.co.za</u> or click on 'Find a healthcare provider' on the Discovery Health app. |
| Discovery Health Rate (DHR) | This is the rate that we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant healthcare services. |
| Precision medicine | Targeted therapies and immunotherapies guided by Next Generation Sequencing (a pathology test that identifies cancer genomic drivers). NGS is covered from the hospital benefit where clinical entry criteria is met. |
| Reference price | The Reference Price is the set amount that we pay for a medicine category. This applies for medicine that is not listed on the medicine list (formulary). |

Cover from the Oncology Innovation Benefit for Executive and Classic Comprehensive plans (excluding Classic Smart Comprehensive plan).

You have cover for a defined list of cancers and precision medicine covered from the Oncology Innovation Benefit, subject to the Scheme's clinical entry criteria. Approval is subject to meeting clinical entry criteria and requests may be reviewed by an external panel for consideration for funding from this benefit. Where approved, we will pay up to 75% of the Discovery Health Rate (DHR) for the defined list of medicines and cancers listed in the tables below. On the Classic Comprehensive Plan, we will fund up to 50% of the Discovery Health Rate (DHR) for a select list of the innovative medicines and conditions. If the healthcare provider charges more than the amount the Scheme pays, you will need to pay the difference. This amount could be more than 25% or 50% if your treatment cost is above the Discovery Health Rate (DHR). These claims will accumulate to your R500,000 cover amount at 75% or 50% of the Discovery Health Rate (DHR). Once your treatment costs exceed the R500,000 cover amount, the Scheme will continue to pay 75% or 50% of the Discovery Health Rate (DHR). For a period to the R500,000 cover amount, the Scheme will continue to pay 75% or 50% of the Discovery Health Rate (DHR). These claims for approved medicine.

Cover from the Oncology Innovation Benefit for the Classic Smart Comprehensive, Priority, Saver, Smart and Core Plans

You have cover for a sub-set of the cancers and precision medicine covered from the Oncology Innovation Benefit, subject to the Scheme's clinical entry criteria. This benefit is not available on the KeyCare or Active Smart Plans. Approval is subject to meeting clinical entry criteria and requests may be reviewed by an external panel for consideration for funding from this benefit. Where approved, we will pay up to 50% of the Discovery Health Rate (DHR) for the defined list of medicines and cancers listed in the table below. If the healthcare provider charges more than the amount the Scheme pays, you will need to pay the difference. This amount could be more than 50% if your treatment cost is above the Discovery Health Rate (DHR). These claims will accumulate to the R375,000 or R250,000 cover amount, depending on your chosen health plan, at 50% of the Discovery Health Rate (DHR). Once your treatment costs exceed the R375,000 or R250,000 cover amount, the Scheme will continue to pay 50% of the Discovery Health Rate (DHR) for approved medicine.

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Defined medicines are covered from the Oncology Innovation Benefit for Executive and Classic Comprehensive plans (excluding Classic Smart Comprehensive plan)

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

| 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 |
| | 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 |
| | Yervoy | Advanced (unresectable or metastatic) malignant melanoma |
| | Keytruda | Adjuvant malignant melanoma and with lymph node involvement and following complete resection |
| Malignant Melanoma | Keytruda | Advanced (unresectable or metastatic) malignant melanoma |
| | Keytruda | Stage IB or IC Melanoma Adults and adolescents aged 12 years and above Adjuvant therapy Monotherapy |

Funding on the Executive Plan at 75% of the Discovery Health Rate

| INDICATION | PRODUCT NAME | CLINICAL CRITERIA |
|----------------------------------|--------------|--|
| | 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 |
| Multiple Myeloma | 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 |
| | 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 |
| Chronic Lymphocytic | Venclexta | Chronic lymphocytic leukemia in combination with rituximab and after at least one prior therapy |
| Leukemia | 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 |
| | 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, Cyclophosphomide and Prednisone and previously treated (relapsed disease) and CD-30 postive |

| INDICATION | PRODUCT NAME | CLINICAL CRITERIA |
|--|--------------|--|
| T-cell Lymphoma | Adcetris | Cutaneous T-cell Lymphoma and in combination with Doxorubicin, Cyclophosphomide and Prednisone and as first line therapy and CD- 30 postive |
| | Adcetris | Systemic anaplastic large cell lymphoma (sALCL) |
| | Adcetris | Hodgkin's lymphoma and as consolidation therapy after autologous stem-cell transplantation and at risk of relapse or progression |
| 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 |
| | 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 |
| Renal Cell Carcinoma | 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 |
| | 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 |
| Metastatic Head and Neck Squomous Cell Carcinoma | 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 | Unresectable or metastatic colorectal cancer, with microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR), and as first line treatment |
| Metastatic Colorectal 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 onotherapy |
| 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 monotherapyEpithelial 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 |
|---|---------------------------------|--|
| | Venclexta | Acute Myeloid Leukemia ≥ 75 or not eligible for intensive chemotherapy in combination with LDAC Acute Myeloid Leukemia ,≥ 18 previously untreated patients, and 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 |
| Acute Myeloid Leukemia | Keytruda | Locally recurrent unresectable or metastatic triple-negative breast cancer, in adults whose tumours express PD-L1 with a CPS \geq 10. |
| Metastatic triple-negative breast cancer | Keytruda | Early stage triple-negative breast cancer in combination with chemotherapy as neo-adjuvant therapy then monotherapy as adjuvant |
| Early-stage Triple- negative Breast 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. |
| Oesophageal and gastro-oesophageal junction cancer | 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 |
| Endometrial Carcinoma | Keytruda | 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 |
| | Lynparza® | Metastatic castration-resistant prostate cancer with a homologous recombination repair gene mutation, as monotherapy, and following prior hormone agent |
| Metastatic Prostate Cancer | Keytruda Tagrisso® Tagrisso® | 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 Adjuvant non-small cell lung cancer (NSCLC), and EGFR - exon 19 deletions or exon 21 (L858R) positive, first line therapy, as monotherapy |
| Adjuvant non small cell lung cancer | Tagrisso® Tagrisso® | Adjuvant non-small cell lung cancer (NSCLC), and EGFR - exon 19 deletions or exon 21 (L858R) positive, first line therapy, as monotherapy |
| Metastatic Cervical cancer | Keytruda | Metastatic Cervical Cancer, in tumors expressing PD-L1 and with a CPS \geq 1 in combination with chemotherapy with or without Bevacizumab as first line treatment |

| Funding on the Classic | Comprehensive | plan at 75% of the | Discovery 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 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) 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 |
| Chronic Lymphocytic Leukemia | Imbruvica | Chronic Lymphocytic Leukaemia and as first line therapy or treatment for relapsed (refractory) disease |
| | Calquence | Relapsed or Refractory 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 |
| | 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, Cyclophosphomide and Prednisone and previously treated (relapsed disease) and CD-30 positive |
| | Adcetris | Cutaneous T-cell Lymphoma and in combination with Doxorubicin, Cyclophosphomide 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 |

| INDICATION | PRODUCT NAME | CLINICAL CRITERIA |
|--|--------------------|--|
| Renal Cell Carcinoma | Lenvima Lenvima | Advanced renal cell carcinoma (RCC) and and in combination with everolimus and after one prior antiangiogenic therapy |
| 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 |
| 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 |

Funding on the Classic Comprehensive plan at 50% of the Discovery 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 |
| | | 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 |
| Malignant Melanoma | Keytruda | Adjuvant malignant melanoma and with lymph node involvement and following complete resection Advanced (unresectable or metastatic) malignant melanoma |
| | Keytruda | Stage IB or IC Melanoma Adults and adolescents aged 12 years and above Adjuvant therapy Monotherapy |
| Multiple Myeloma | Darzalex | Multiple myeloma 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 |

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| INDICATION | PRODUCT NAME | CLINICAL CRITERIA |
|--|--------------|--|
| | 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 bortezomib 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 |
| 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 |
| | 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 |
| Metastatic Head and Neck Squamous Cell Carcinoma | 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 |
| | Keytruda | Unresectable or metastatic colorectal cancer, with microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR), and as first line treatment |
| Metastatic Colorectal Cancer | 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 |

| INDICATION | PRODUCT NAME | CLINICAL CRITERIA |
|---|--------------|--|
| | Keytruda | Locally recurrent unresectable or metastatic triple-negative breast cancer, in adults whose tumours express PD-L1 with a CPS \geq 10. |
| Metastatic triple- negative breast cancer | Keytruda | Early stage triple-negative breast cancer in combination with chemotherapy as neo-adjuvant therapy then monotherapy as adjuvant |
| Early stage Triple- negative Breast 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 \geq 10. |
| Oesophageal and gastro-oesophageal junction cancer | 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 |
| Endometrial Carcinoma | 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 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 ≥ 1 Incombination with chemotherapy with or without Bevacizumab As first line treatment |

Defined medicines are covered up to 50% of the Discovery Health Rate from the Oncology Innovation Benefit for the Classic Smart Comprehensive, Priority, Saver, Smart (excluding Active Smart) and Core Plans

| 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 \ge 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 Locally advanced or metastatic non-small cell lung cancer (NSCLC) |
| | 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 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 |

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Use our designated service providers (DSPs)

You have full cover in our designated service provider (DSP) networks and for providers who we have a payment arrangement with. You should use our pharmacy designated service provider (DSP) for approved oncology medicine. Speak to your treating doctor and confirm that they are using our designated service providers (DSPs) for your medicine received for treatment inrooms or in a treatment facility.

For approved oncology-related medicine where the doctor has provided a prescription, please use a MedXpress Network Pharmacy. To find a MedXpress Network Pharmacy visit <u>www.discovery.co.za</u> under Medical aid > Find a healthcare provider.



Working to care for and protect you

Our goal is to provide support for you in the times when you need it most.

How to contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66 Go to <u>www.discovery.co.za</u> to Get Help or ask a question on WhatsApp. Save this number 0860 756 756 on your phone and say "Hi" to start chatting with us 24/7. PO Box 784262, Sandton, 2146. 1 Discovery Place, Sandton, 2196.

What to do if you have a complaint

01 | TO TAKE YOUR QUERY FURTHER:

If you have already contacted the Discovery Health Medical Scheme and feel that your query has still not been resolved, please complete our online complaints form on <u>www.discovery.co.za</u>. We would also love to hear from you if we have exceeded your expectations.

02 | TO CONTACT THE PRINCIPAL OFFICER:

If you are still not satisfied with the resolution of your complaint after following the process in Step 1 you are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on <u>www.discovery.co.za</u> or by emailing <u>principalofficer@discovery.co.za</u>.

03 | TO LODGE A DISPUTE:

If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information of the Scheme's dispute process on the <u>website</u>.

04 | TO CONTACT THE COUNCIL FOR MEDICAL SCHEMES:

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.co.za | 0861 123 267 | www.medicalschemes.co.za.

Your privacy is important to us

We hold your privacy in the highest regard. Our unwavering commitment to protecting your personal information and ensuring the security and confidentiality of your data is clearly outlined in our Privacy Statement. You can view our latest version on www.discovery.co.za Medical aid > About Discovery Health Medical Scheme.