



TFGMAS

ONCOLOGY INNOVATION BENEFIT

2026

Who we are

TFG Medical Aid Scheme (referred to as "the Scheme"), registration number 1578, is 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). We take care of the administration of your membership for the Scheme.

Contact us

You can call us on **0860 123 077** or visit www.tfgmedicalaidscheme.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 professional (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.tfgmedicalaidscheme.co.za or click on Find a healthcare professional on the Discovery Health 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.



Cover from the Oncology Innovation Benefit

The Oncology Innovation Benefit gives members on the TFG Health Plus benefit plan 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.

We will pay up to 75% of the Scheme Rate for a defined list of approved medicine on the TFG Health Plus benefit plan. If your healthcare professional charges more than the amount we pay, you will need to pay the difference. This amount could be more than 25% if your treatment cost is above the Scheme Rate. These claims will add up to the R650 000 cover amount, at the approved 75% of the Scheme Rate. Once your treatment costs exceed the R650 000, 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 for your benefit plan at 75% of the Scheme Rate

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.

INDICATION	PRODUCT NAME	CLINICAL CRITERIA
	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
	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

INDICATION	PRODUCT NAME	CLINICAL CRITERIA
	Brukina®	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
	Brukina®	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

INDICATION	PRODUCT NAME	CLINICAL CRITERIA
	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®	Head and neck squamous cell carcinoma (HNSCC) as first line treatment, and as monotherapy, or CPS ≥ 20
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

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
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

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

You can benefit by using pharmacies that we have a payment arrangement with, because the Scheme will cover their approved procedures/services in full. If your healthcare professional charges more than the amount the Scheme pays, you will need to pay the difference.

Please use our pharmacy DSP for approved oncology medicines to avoid a 20% co-payment. Speak to your treating doctor and confirm that they are using our DSPs for your oncology medicine. For treatment administered in the doctors' rooms (in-rooms), your treating doctor will need to use one of the following providers within the DSP network:

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

Where your treating doctor has provided you with a prescription (like supportive medicine, oral chemotherapy and hormonal therapy). Please use a Network Pharmacy or one of the in-rooms pharmacies to avoid a 20% co-payment.

Go to our website at www.tfgmedicalaidscheme.co.za and log in with your username and password. If you are looking for the nearest pharmacy, go to 'Hospital and doctor visits' and select 'Going to see a healthcare professional' and navigate to 'Find a healthcare professional' on the next page. You can search by healthcare professional name or by area.

You may apply for us to review this decision

We will review this decision if you or your doctor sends us new information about your condition or information that was not sent with the original application. We will review the individual circumstances of the case, but please note this process does not guarantee funding approval. Please call us on **0860 123 077** for additional information on this process.



You can dispute our funding decisions in certain circumstances

If you disagree with our decision on the PMB cover you requested, there is a formal disputes process that you can follow. Call us on **0860 123 077** for more information on this process.

Complaints process

You may lodge a complaint or query with the Scheme directly on **0860 123 077** 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 TFG 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