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MJ obo M v DISCOVERY HEALTH MEDICAL SCHEME-Declined funding

The complaint concerns the Scheme's decision to decline funding of Brentuximab Vedotin® for the treatment of the Member's diagnosis of Hodgkin's disease, unspecified; ICD-10 code C81.9. The Complainant stated that the Member has life-threatening refractory or early-relapsed Hodgkin lymphoma requiring urgent salvage therapy and ASCT. An initial request for Brentuximab Vedotin plus ICE was changed to Brentuximab® Vedotin plus Bendamustine® after a tuberculosis diagnosis made ICE unsafe. It was alleged that delays in authorisation led to interim chemotherapy, potentially affecting transplant eligibility. The Complainant further stated that while Bendamustine® alone may be funded, the Scheme has refused Brentuximab Vedotin due to benefit limitations, despite concerns about the effectiveness of alternative treatment.

The Scheme submitted that Brentuximab® was declined because it is only available under the Oncology Innovation Benefit (OIB), which applies to Executive and Classic Comprehensive plans, and is not included

in the Member's plan. Although the Member has refractory classic Hodgkin lymphoma and NCCN guidelines support Brentuximab® plus Bendamustine® as an appropriate salvage option, this treatment cannot be funded due to plan limitations. Bendamustine® alone may be considered as Tier 3 therapy. Nplate was declined due to insufficient evidence of persistent thrombocytopenia, while Gemcitabine and cisplatin were approved as PMB-compliant salvage therapy. The Scheme further noted that Brentuximab® is not part of the PMB level of care for this condition. The Member retains access to oncology benefits up to the annual limit, in line with ICON-supported protocols and its decision is consistent with the 2026 Scheme Rules, particularly Annexure 8B, and is based on evidence-based treatment guidelines, including SAOC and ICON guidelines.

The issue for determination was whether the Scheme acted correctly in declining funding of Brentuximab® and for the combination of Brentuximab® and Bendamustine® for the Member's condition.

The matter was reviewed together with submissions from both parties and referred to the CMS Clinical Review Committee (CRC). The CRC confirmed that Brentuximab® Vedotin and its combination with Bendamustine®, does not constitute PMB level of care for the Member's diagnosis. The treatment is only fundable under the OIB as a Tier 3 therapy, which is not available on the Member's Essential Delta Saver plan. The CRC further found that Regulations 15H(c) and 15I(c), which allow exceptions where standard treatments fail or cause harm, do not apply, as PMB-level treatment options remain available and have not been shown to be unsafe or ineffective. Accordingly, the Scheme could not be compelled to fund the treatment, its decision is consistent with Regulation 8(4), which permits the use of treatment protocols and pre-authorisation to ensure cost-effective care. While the treating provider's recommendation is acknowledged, the Scheme is entitled to apply option-specific benefit limitations where the requested treatment is not part of the PMB level of care. However, the Scheme was required to provide the Member with timely access to all clinically appropriate, guideline-compliant treatments available within its formulary, protocols, and benefit structure for Hodgkin's disease, in accordance with scheme rules and legislative requirements.

A ruling was therefore issued confirming that the Scheme has no legal obligation to fund Brentuximab® Vedotin, either alone or in combination with Bendamustine®, as these treatments are not PMB level of care and fall outside the scope of Regulations 15H(c) and 15I(c).