



SPECIALITY MEDICINE TREATMENT BENEFIT (SMTB)

This Specialty Medical Treatment Benefit includes cover for new technology (high-cost medicine as per a defined list, devices, and procedures), for which there is acceptable clinical evidence.

The Fund’s liability in respect of the SMTB shall be limited in each financial year to between 80% and 100% of the Fund Rate, or up to a maximum of the Reference Price for preferentially priced medicine, depending on the specific treatment outlined in the table below, and up the specific R value limit as stipulated in the relevant section of Annexure B, subject to the beneficiary having met the Fund’s required clinical criteria.

All expenses related to the treatment accumulate to the limit. Subject to PMB.

Benefits will be extended as follows:

Treatment	Condition	Funding
Actemra®	<ul style="list-style-type: none"> Rheumatoid arthritis 	PMB
Amgevita®	<ul style="list-style-type: none"> Ankylosing spondylitis Psoriatic arthritis 	Non – PMB (ADL)
	<ul style="list-style-type: none"> Crohn's disease Rheumatoid arthritis Ulcerative colitis 	PMB
Blitzima®	<ul style="list-style-type: none"> Rheumatoid arthritis 	PMB
Cosentyx®	<ul style="list-style-type: none"> Ankylosing spondylitis Psoriatic arthritis 	Non – PMB (ADL)
Enbrel®	<ul style="list-style-type: none"> Ankylosing spondylitis Psoriatic arthritis 	Non – PMB (ADL)
	<ul style="list-style-type: none"> Rheumatoid arthritis 	PMB
Entyvio®	<ul style="list-style-type: none"> Crohn's disease Ulcerative colitis 	PMB



Treatment	Condition	Funding
Copellor®	<ul style="list-style-type: none"> Psoriatic arthritis 	Non-PMB (ADL)
Erelzi®	<ul style="list-style-type: none"> Ankylosing spondylitis Psoriatic arthritis 	Non-PMB (ADL)
	<ul style="list-style-type: none"> Rheumatoid arthritis 	PMB
Esbriet®	<ul style="list-style-type: none"> Pulmonary fibrosis 	Non – PMB (ADL)
Forteo®	<ul style="list-style-type: none"> Osteoporosis 	Non – PMB (ADL)
Humira®	<ul style="list-style-type: none"> Ankylosing spondylitis Psoriatic arthritis 	Non-PMB (ADL)
	<ul style="list-style-type: none"> Crohn's disease Ulcerative colitis Rheumatoid arthritis 	PMB
MabThera®	<ul style="list-style-type: none"> Rheumatoid arthritis 	PMB
Orencia®	<ul style="list-style-type: none"> Rheumatoid arthritis 	PMB
Prolia®	<ul style="list-style-type: none"> Osteoporosis 	Non-PMB (ADL)
Redditux®	<ul style="list-style-type: none"> Rheumatoid arthritis 	PMB
Remiflix®	<ul style="list-style-type: none"> Ankylosing spondylitis Psoriatic arthritis 	Non-PMB (ADL)
	<ul style="list-style-type: none"> Rheumatoid arthritis Crohn's disease Ulcerative colitis 	PMB
Remsima®	<ul style="list-style-type: none"> Ankylosing spondylitis Psoriatic arthritis 	Non-PMB (ADL)
	<ul style="list-style-type: none"> Rheumatoid arthritis Crohn's disease Ulcerative colitis 	PMB

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 REGISTRAR OF MEDICAL SCHEMES



Treatment	Condition	Funding
Revellex®	<ul style="list-style-type: none"> Ankylosing spondylitis Psoriatic arthritis 	Non-PMB (ADL)
	<ul style="list-style-type: none"> Rheumatoid arthritis Crohn's disease Ulcerative colitis 	PMB
Rinvoq®	<ul style="list-style-type: none"> Ankylosing spondylitis Psoriatic arthritis 	Non-PMB (ADL)
	<ul style="list-style-type: none"> Rheumatoid arthritis Crohn's disease Ulcerative colitis 	PMB
Ristova®	<ul style="list-style-type: none"> Rheumatoid arthritis 	PMB
Rixathon®	<ul style="list-style-type: none"> Rheumatoid arthritis 	PMB
Sensipar®	<ul style="list-style-type: none"> Chronic renal disease 	PMB
Simponi	<ul style="list-style-type: none"> Ankylosing spondylitis Psoriatic arthritis 	Non-PMB (ADL)
	<ul style="list-style-type: none"> Ulcerative colitis Rheumatoid arthritis 	PMB
Stelara	<ul style="list-style-type: none"> Psoriatic arthritis 	Non-PMB (ADL)
	<ul style="list-style-type: none"> Crohn's disease Ulcerative colitis 	PMB
Unamity®	<ul style="list-style-type: none"> Rheumatoid arthritis 	PMB
Xeljanz®	<ul style="list-style-type: none"> Ankylosing spondylitis Psoriatic arthritis 	Non-PMB (ADL)
	<ul style="list-style-type: none"> Rheumatoid arthritis Ulcerative colitis 	PMB

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Other medicines included in the SMTB are:

Treatment	Indication	Co-payment
Ozurdex®	Macular oedema following Retinal Vein Occlusion	20%
Pegasis®	Hepatitis C	20%
PegIntron®	Hepatitis C	20%

Requests for Ozurdex, Pegasis and PegIntron are reviewed subject to clinical criteria.

Funding of claims

The Fund shall only be required to pay for medical technologies and treatments that were not previously funded, or existing treatments for new clinical indications, and/or unregistered medicines if such medical treatments meet the Fund's protocols, where they exist, which shall be developed based on evidence-based medicine and cost-effectiveness criteria.

