

Cover for Oncology Innovation Benefit 2026

Who we are

Engen Medical Benefit Fund (referred to as 'the Fund'), registration number 1572 is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the Administrator') is a separate company, an authorised financial services provider and is responsible for the administration of your membership on behalf of the Fund.

Contact us

You can call us on **0800 001 615** or visit www.engenmed.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 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.
Fund Rate	This is the Rate that the Fund sets for paying claims from healthcare professionals.

Oncology Innovation Benefit

The Oncology Innovation Benefit gives members 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 Fund Rate for a defined list of approved medicine. If your service provider charges more than the amount we pay, you will need to pay the difference. This amount could be more than 25% or 50% if your treatment cost is above the Fund Rate.

These claims will add up to the R250 000 cover amount and be paid at the approved 75% or 50% of the Fund Rate.

Engen Medical Benefit Fund, registration number 1572, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. Discovery Health (Pty) Ltd is an authorised financial services provider.

Once your treatment costs exceed the R250 000 cover amount, we will continue to pay at the approved 75% or 50% of the Fund Rate .

Defined medicines are covered from the Oncology Innovation Benefit

If you meet the Fund's clinical entry criteria, you have cover for the following oncology medicines at 75% of the Fund 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®	Advanced (unresectable or metastatic) malignant melanoma
Chronic Lymphocytic Leukaemia	Imbruvica®	Chronic Lymphocytic Leukaemia and as first line therapy or treatment for relapsed (refractory) disease
	Calquence®	Relapsed or Refractory Chronic Lymphocytic Leukaemia
	Calquence®	Chronic Lymphocytic Leukaemia and as first line therapy or treatment for relapsed (refractory) disease
	Brukinsa®	Chronic Lymphocytic Leukaemia 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

INDICATION	PRODUCT NAME	CLINICAL CRITERIA
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
	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
Renal Cell Carcinoma	Lenvima®	Advanced Renal Cell Carcinoma (RCC) 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

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
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 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

INDICATION	PRODUCT NAME	CLINICAL CRITERIA
	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	Venclexta®	Chronic lymphocytic leukemia in combination with Obinutuzumab 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
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®	Head and neck squamous cell carcinoma (HNSCC), as first line treatment, and monotherapy, or CPS ≥ 20
	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
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
Acute Myeloid Leukemia	Venclexta®	Acute Myeloid Leukemia ≥ 75 or not eligible for intensive chemotherapy in combination with LDAC
	Venclexta®	Acute Myeloid Leukemia ≥ 18 previously untreated patients, and ineligible for intensive chemotherapy in combination with Azacitidine

INDICATION	PRODUCT NAME	CLINICAL CRITERIA
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 \geq 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 \geq 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 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

Complaints process

You may lodge a complaint or query with the Fund directly on 0800 001 615 or by emailing service@engenmed.co.za.

If you are not satisfied with how your query was resolved, please send a complaint in writing to the Principal Officer at the Fund's registered address.

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 / 123 267 / complaints@medicalschemes.co.za / www.medicalschemes.co.za