



PROTECTHEALTH

CANCER DRUG LIST FOR BASE MEDICAL HEALTHCARE INSURANCE / TAKAFUL (MHIT) PRODUCT

7 February 2026

Presentation Outline

Company Background

Project Background

Technical Requirement

Submission Guidelines

Q & A

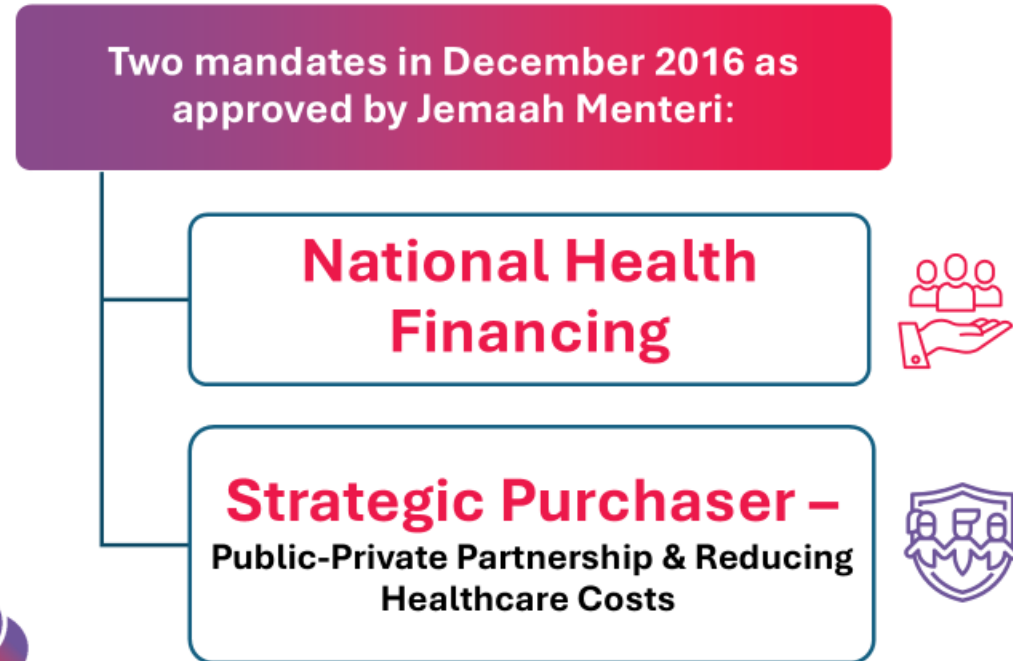


ABOUT PROTECTHEALTH

ProtectHealth Corporation Sdn. Bhd. (ProtectHealth) was incorporated on 19 December 2016 as a wholly-owned subsidiary of ProtectHealth Malaysia (PHM), established under the Ministry of Health, Malaysia (MOH).

As a not-for-profit company, we coordinate, administer and manage initiatives related to financing healthcare services as mandated by MOH.

ProtectHealth Malaysia & ProtectHealth Corporation were established with:



Hospital Services Outsourcing 

The Hospital Service Outsourcing Program (HSOP) is an initiative of the Ministry of Health Malaysia (KKM) to improve the accessibility and quality of healthcare. From July 2024, ProtectHealth as an HSOP implementer will outsource patients from KKM hospitals to private healthcare facilities.

perubatan MADANI

ProtectHealth has been appointed as the healthcare scheme administrator for Skim Perubatan MADANI on 5 May 2023. The pilot programme as announced by YAB Prime Minister during the Budget 2023, will initially be for 10 districts.

PeKa B40

On 15th April 2019, as per our Strategic Purchaser mandate, we carry our role as the healthcare scheme administrator for Skim Peduli Kesihatan untuk Kumpulan B40 (PeKa B40) as mandated by the Government.

ESP SPIKPA

Starting from 12th November 2020, we have been appointed as the Electronic Services Provider operator for Skim Perlindungan Insurans Kesihatan Pekerja Asing (SPIKPA).

VAKSN COVID-19

Given our experience and capabilities in discharging Strategic Purchasing role, on 8 March 2021, ProtectHealth has been appointed by the Ministry of Health as the implementer of Private Medical Practitioners' and Healthcare NGOs' participation in the National COVID-19 Immunisation Programme.

SHAREHOLDER STRUCTURE

**Government Owned Company
(GOC) under Ministry of Health
(MOH)**



**ProtectHealth Malaysia (PHM)
Company Limited by Guarantee
(8th Dec 2016)**

Board of Directors of PHM

100% shares owned by PHM
*PHM as a member of
ProtectHealth by "Corporate
Representative" appointed by
BOD of PHM*

**ProtectHealth Corporation Sdn. Bhd.
(Company Limited by Shares & Not-for-
profit) (19th Dec 2016)**

Board of Directors ProtectHealth



BOARD OF DIRECTORS & KEY LEADERSHIP

Board of Directors



**Datuk Dr. Mahathar
Abd Wahab**
Chairman of the Board
Director-General of MOH



Dato' Sri Zahrul Hakim bin Abdullah
Director
Deputy Chief Secretary (Finance), Ministry of
Health, Malaysia



Pn Noor Alifah Norzam
Director
MOF Representative



Pn Roshidah Abdullah
Independent Director
Chairman Board of Audit,
Risk and Integrity
Committee (BARIC)



Professor Elil Renganathan
Independent Director
Chairman Board of
Nomination and
Remuneration Committee
(BNRC)



En. Johari Abdul Muid
Independent Director



En. Nurhisham Hussein
Non-Independent Director

Key Leadership



**Wan Mohd Hazwan
Wan Mohd Najib**
Chief Executive Officer



Mohd Farrish bin Khalid
Certified Integrity Officer



**Dr. Muhammed Anis
Abd Wahab**
Head, Quality Assurance



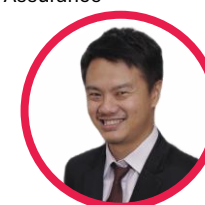
Lokman Hakim Hashim
Head, Finance & Account



Azhar Samsudin
Head, Human Resources &
Administration



Wan Mazuki Wan Hassan
Head, Operations



Dr. Gan Saw Chien
Head, Strategic Purchasing



Amir Bedin
Head,
Digital Technologies



**Norbaidzuri
Mohd Yusoff**
Head, Corporate
Communications



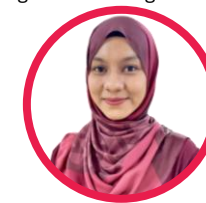
**Dr. Muhammad Fairuz
Abdullah**
Head, Health Advocacy



Marini Jamlus
Head, Internal Audit



**Syazwani Syaheerah
Slamat**
Head, Legal



Ain Azierah Azman
Company Secretary





PROTECTHEALTH

**DEVELOPMENT AND GOVERNANCE OF A CANCER DRUG
LIST FOR BASE MEDICAL HEALTHCARE INSURANCE /
TAKAFUL (MHIT) PRODUCT**

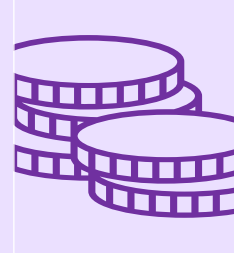
PROJECT BACKGROUND

PURPOSE

To support the government in the **Development and Governance of Cancer Drug List** under MHIT Product, for the purpose of:



Establish a “**positive list**” of clinically proven, cost-effective oncology medicines through a structured evidence-based framework;



Ensure transparent, compliant and value for money consultant procurement in line with governance and integrity requirements;



Oversee consultant engagement, evaluation and delivery outcomes while managing financial and operational risks; and



Build internal capability and institutional knowledge in the development and governance of the Cancer Drug List.



INTRODUCTION

The developed Cancer Drug List serves three interlinked policy purposes:

- i. **Short-term (MHIT implementation):** To support a sustainable, transparent, and value-based oncology benefit under the base MHIT product, ensuring access to clinically proven and cost-effective cancer medicines;
- ii. **Medium-term (system coherence):** To align private insurance reimbursement decisions with established public-sector formulary governance, avoiding duplication, fragmentation, or conflicting incentives; and
- iii. **Long-term (national reimbursement framework):** To function as the foundation of a future national reimbursement framework, extensible to all diseases, treatment modalities, and Disease-Related Group (DRG) based payment systems to be determined by the Government of Malaysia. Accordingly, this guideline is designed to be scalable, replicable, and modality-agnostic, beyond cancer medicines.



Tendering Process (Request for Proposal –RFP)

ProtectHealth is responsible for conducting a comprehensive tendering process including the Request for Proposal (RFP), to ensure a structured and competitive procurement approach.

The Importance RFP in Procurement Process



Ensures a fair and competitive bidding process.



Enables objective evaluation and market analysis of vendor proposals.



Mitigates risks by defining project expectations clearly.



Enhances transparency and accountability in procurement.



1. Company Information

2. Overview

3. Scope of Work

4. Deliverables and Timeline

5. Terms & Conditions

6. Qualification

7. Proposal Submission Guidelines

RFP COMPONENTS



PROJECT TIMELINE

Bil	Content	Deadline
1.	Project duration	6 months
2.	RFP Release	3 April 2026
3.	Open Day	7 April 2026
4.	RFP Deadline	12 April 2026 (before 11:59 pm)
5.	Proposal presentation (*shortlisted candidates)	14 – 15 April 2026
6.	Contract	May – November 2026



**Technical Requirement:
Development & Governance Of
Cancer Drug List For Base
Medical Healthcare Insurance /
Takaful (Mhit) Product**

**Program Perkhidmatan
Farmasi**

Request of Proposal Content



Scope of Work
Deliverable and Timeline
Term and Conditions
Qualification
Pricing Proposal

Scope of Work

Deliverable and Timeline

Term and Conditions

Qualification

Pricing Proposal

Scope of Work

1. Cancer Drug Listing Pathway

Establish an ethical and transparent methodology for listing and categorising cancer drugs based on clinical indications, safety, cost and cost-effectiveness

(i) Decision pathways shall be explicitly adapted from MOHMF dossier concepts

Clinical and Economic Dossier Management

Responsible for the end-to-end technical development and management of evidence-based dossiers required for the Cancer Drug List (CDL), ensuring strict alignment with the Ministry of Health Medicines Formulary (MOHMF) concepts listed below:

MOHMF Concept		Cancer Drug List Application
Type of Dossier	Details	
D1	New medicine / new indication	New cancer medicine or new indication for MHIT listing
D2	New strength / dosage form	Formulation changes affecting MHIT coverage
	Restriction / prescribing category	Coverage category, line-of-therapy positioning
D4	Delisting	Removal or exclusion from MHIT Cancer Drug List

Table 1: Type of dossier and alignment with cancer drug list for the Base MHIT

(ii) Drug List Population

Consultant shall prepare on the following:

- Conduct a comprehensive review of all cancer drugs registered in Malaysia Drug Control Authority (DCA) / Pihak Berkuasa Kawalan Dadah (PBKD);
- Extract and synthesize data from registration dossiers, Formulary Ubat Kementerian Kesihatan Malaysia (FUKKM), and Clinical Practice Guideline (CPG);
- Populate the initial Cancer Drug List (CDL) by categorizing commonly used cancer drugs based on the agreed methodology and data creating a "positive list"; and
- Identify available generic alternatives to enhance the accessibility and affordability of the oncology benefit.

2. Evidence Requirement

Provide and define evidence requirements and hierarchy of evidence (aligned with MOHMF standards) for dossier submissions

(i) Evidence requirement differs based on the type of dossier submitted and the recommended number of journal articles to be submitted

Consultant to develop cancer drug listing based on the evidence requirement. Consultant shall submit the type of dossier and recommendation of journal articles as follow:

(ii) Clinical Evidence

Consultant must submit:

- a. Systematic literature search strategy;
- b. Comparative clinical effectiveness and safety data;
- c. Evidence tables summarising key outcomes;
- d. Malaysian data where available; otherwise, justified regional or international data.

Type of Dossier	Recommended Number of Journal Articles/ Written Evidence	Type of Evidence
D1	5	Effectiveness and safety
	1	Budget impact analysis and/ or economic evaluation
D2	3	Effectiveness and safety
	1	Economic evaluation

Table 2: Evidence requirement for dossier submission

2. Evidence Requirement

Provide and define evidence requirements and hierarchy of evidence (aligned with MOHMF standards) for dossier submissions

(i) Clinical Evidence (cont...)

Evidence hierarchy shall follow MOHMF standards (systematic reviews and RCTs prioritised).

The level of evidence should be classified based on categories as shown below :

Level of Evidence	Descriptions
1++	High quality meta-analyses, systematic reviews of randomised controlled trials (RCTs), or RCTs with a very low risk of bias
1+	Well conducted meta-analyses, systematic reviews of RCTs, or RCTs with a low risk of bias
1-	Meta-analyses, systematic reviews of RCTs, or RCTs with a high risk of bias
2++	High quality systematic reviews of case control or cohort studies High quality case control or cohort studies with a very low risk of confounding or bias and a high probability that the relationship is causal
2+	Well conducted case control or cohort studies with a low risk of confounding or bias and a moderate probability that the relationship is causal
2-	Case control or cohort studies with a high risk of confounding or bias and a significant risk that the relationship is not causal
3	Non-analytic studies (Example: case reports, case series)
4	Expert opinion

Table 3: Level of evidence hierarchy

2. Evidence Requirement

Provide and define evidence requirements and hierarchy of evidence (aligned with MOHMF standards) for dossier submissions

(iii) Economic evidence

Evidence submissions shall, where feasible, specify:

- a. Cost-effectiveness analysis and/or budget impact analysis shall be required for new listings;
- b. Analyses shall be conducted from a Malaysian payer perspective;
- c. Assumptions, uncertainty, and sensitivity analyses shall be transparently reported.

(iv) Alignment with DRG-Based Payment (Forward-Looking)

Evidence submissions shall, where feasible, specify:

- a. Line-of-therapy positioning;
- b. Expected treatment duration and intensity;
- c. Suitability for inclusion within bundled/episode-based payments or as add-on therapies.

3. Drug Categorisation Framework

Define and develop the Cancer Drug List Categorisation Framework.

(i) Purpose of categorisation

Cancer Drugs Categorisation based on:

- a. Determine Eligibility for MHIT Coverage
- b. Define Level of Cost Sharing or benefit limits
- c. Define Conditions and restrictions used

(ii) Categorisation Criteria *

Cancer Drugs shall be categorised based on:

- a. Define Clinical benefit magnitude
- b. Determine Comparative effectiveness versus standard care
- c. Determine Safety Profile
- d. Develop Cost effectiveness and Budget impact
- e. Align with CPG- recommended treatment pathways

** Multiple categorisation models may be considered*

4. Financial Modelling

(i) Cost Sharing Structures:

Recommend and model variable co-payment structures, coverage caps, or differential reimbursement levels based on the defined drug categories

Cost-Sharing Structures (for drugs category in cost sharing category) to be designed shall support:

1. Variable co-payments
2. Coverage caps - maximum limit
3. A Malaysian payer perspective.
4. Aligned with DRG-based payment:
 - a. Differential reimbursement by the oncology drug category or the treatment line (e.g., first-line, second-line treatment)
 - b. Expected treatment duration and intensity
 - c. Suitability of the drug for inclusion within bundled / episode-based payments or as add-on therapies

** Remarks: All designs shall be assessed for affordability, equity, and consumer protection.*

4. Financial Modelling

(ii) Conduct International price benchmarking and analyse pharmaceutical supply chain mark-ups in the private sector to inform co-payment settings

1. Conduct a comparative analysis of Malaysian private sector drug prices against selected international jurisdictions and comparable regional markets.
2. Integrate pricing data with Budget Impact Analyses (BIA) to project the total expenditure for the most commonly used cancer drugs.
3. Cost-effectiveness analysis and/or budget impact analysis shall be required for new listings / delisting.
4. Perform detailed deconstruction of the pharmaceutical supply chain, focusing on unstandardised pricing structures within the Malaysian private sector:
 - a. analyse the impact of distributor margins, wholesaler mark-ups, and retail/hospital pharmacy mark-ups on the final cost
 - b. Assumptions, uncertainty, and sensitivity analyses shall be transparently reported.
5. Present the benchmarking findings and recommend price-setting methodologies to the Technical Committee for approval

4. Financial Modelling

(iii) Develop and advise on structured referral pathways to public facilities to ensure continuity of care when insurance limits are reached

1. Designing structured referral pathways:
 - a. Develop standardised, bi-directional referral protocols between private providers and MOH facilities to be used when policyholders reach their coverage caps or cannot afford co-payments
 - b. Define the technical and administrative criteria for a "seamless transfer" to ensure that clinical stability is maintained during the transition to public oncology facilities or other services.

2. Ensuring Policy and Clinical Alignment:
 - a. Align all transition mechanisms with existing MOH treatment policies and CPGs to ensure consistency in care standards between sectors
 - b. Ensure designed pathways do not create conflicting incentives or fragmented care that burden policyholders

(iv) Risk and affordability Modeling

1. Analyse and model the "exhaustion risk" for policyholders (patients), identifying specific scenarios where co-payments or deductibles for high-cost drugs are likely to become unaffordable
2. Advise on the strategic and communication implications of these pathways to maintain public confidence and ensure transparency for policyholders (patient)

5. Continuity of care and Healthcare System Integration

(i) Mechanism Establishment for Continuity of care between public and private sector

- a. Define mechanism when MHIT coverage Limits are reached
- b. Define mechanism when co-payments are unaffordables
- c. Define mechanism when a drug is not listed or is restricted

This includes structured referral pathways to public-sector services and alignment with MOH treatment policies.

6. Review, update and Delisting Framework for Cancer Drug List (CDL)

(i) Development of a Dynamic Review, Update, and Delisting Framework for Cancer Drug List (CDL)

To deliver a standardised, transparent, and operationally feasible revision process that PPF can implement at their own scheduled intervals (e.g., annually, biennially, or as triggered by specific events)

(ii) Delisting and Restriction

Consultant require to prepare framework and methodologies for delisting and restriction, and the following information need to be included:

- a. Decisions to delist or restrict shall follow transparent criteria and documented justification; and
- b. Stakeholders shall be notified in advance, consistent with MOHMF principles.

7. Collaboration

(i) Stakeholders collaboration

Collaborate with MHIT Base team to analyse the implications of different drug category placement for policy stakeholders:

- a. Multiple categorisation models may be considered, subject to approval by the Steering Committee
- b. Receive input and provide presentation to stakeholders selected by Secretariat
- c. To provide progress updates to the Secretariat, once every 2 weeks.
- d. Consultant will organised a kick-off meeting before the implementation of the project.

8. Capacity Building

(i) Institutional Capacity Building

- a. To collaborate with Project Secretariat on engagement activities aimed at capacity building, (meetings, training sessions, and workshops), to support stakeholders in the application of the methodologies.
- b. Providing a roadmap and technical documentation sufficiently detailed to allow the Ministry to replicate and maintain the generation of the CDL independently whenever necessary.

9. Confidentiality and Compliance

(i) Ownership and Intellectual Property Transfer

All processes under this guideline are subject to confidentiality, data protection, and governance requirements as determined by the Government of Malaysia.

a. Formal Transfer of Mechanism: All developed and finalised methodologies, categorisation criteria, and governance frameworks shall be formally documented and submitted as the reference for the Ministry of Health (MOH/KKM)

b. Data and Designing Tools / Methodologies Handover: Providing all financial models, international price benchmarking databases, and co-payment simulation tools developed during the project to the JBMKKS for documentation and applications if necessary for other projects

c. Confidentiality and Compliance: Adhering to the requirement that all processes, data, and final deliverables are subject to the governance and data protection requirements of the Government of Malaysia

All data and methodologies developed under this project shall be the property of the Government upon completion. Where such data or methodologies require annual replication or updating, the consultant shall be responsible for undertaking these activities on an as-needed basis.

Deliverables and Timeline

Deliverables and Timeline

Deliverable	Timeline	Content
Draft Technical Document and co-payment framework	Month 2	<ul style="list-style-type: none"> i. Establish an ethical and transparent methodology for listing and categorising of cancer drugs into the Cancer Drug List for base MHIT product based on clinical indications, safety, cost and cost-effectiveness (Scope of Work under 7A, 8A and 9A) ii. Identify the cancer drugs categorisation criteria based on the evidence requirements stated in (Scope fo Work under 1A, 2A and 3A) iii. To develop the processes for managing the Cancer Drug List (Scope of Work under 6A) iv. Provide variable co-payment recommendations and modeling of implications for cancer drugs given the specifications of the MHIT base product (including limits and existing copayments), financial modeling, price monitoring and benchmarking, affordability analysis (with MHIT base team) (Scope of Work under 4A and 5A) v. Simulate the cancer drug list based on selected cancer drugs (Scope of Work under 5A) vi. Present report and listing to Technical Committee
Final Technical Document and Final Cancer Drug List	Month 5	<ul style="list-style-type: none"> i. Finalized methodology, governance procedures, implementation roadmap, monitoring framework. ii. This should methodology be sufficiently detailed to allow replicating the generation of the cancer drug list. iii. The finalised technical report should also include a section on how this can be strategically communicated to the key stakeholders, including the general public, health workers, policyholders, and government officials. iv. The production of a comprehensive and finalised Cancer Drug List (CDL) based on the methodology and data available. v. Present to the Steering Committee and address comments from the steering committee for the final version for submission.

Total Duration: Approximately **6 months**, with additional buffer considered for delays in convening technical and steering committee meetings.

Qualifications

Qualifications

The Provider is declare the qualification as follows:

No	Sections
A	Essential
1	Advanced degree (Public Health / Health Economics / Pharmacy / Medicine)
2	Has experience in the following
a	Drug formulary / reimbursement list development
b	Cost-effectiveness analysis
c	Evidence synthesis
B	Desirable
1	Knowledge of Malaysian healthcare system
2	Familiar with MOH Formulary (FUKKM)
3	Familiar with Clinical Practice Guidelines (CPG)
4	Experience with insurance / HTA frameworks

Pricing Proposal

Pricing & Proposal

The Provider is expected to offer a quotation based on the scope of work and given timeline. The template below as the sample for the quotation based on scope of work and deliverable. :

The quotation shall put all these scope of works and deliverables into consideration:

- a. Consultation
- b. Report / Proposal Drafting
- c. Report / Proposal Revision
- d. Report / Proposal Finalisation
- e. Collaborate to provide capacity building involving relevant stakeholders - Speaking / Consulting / Participating / Training

Terms & Conditions

Terms & Conditions

Value

RM50,000 to RM100,000

Payment Terms

Payment to the Consultant shall be made based on satisfactory completion and acceptance of deliverables, as certified by the Project Secretariat

The Secretariat reserves the right to withhold or defer payment in the event that deliverables do not meet the agreed scope, quality, or timelines, until such deficiencies are rectified.

Milestone	Trigger	Payment (%)
1	Upon signing of contract	5%
2	Upon submission, presentation and acceptance by the Steering Committee of Deliverable 1: Draft Technical Document and Co-Payment Framework	30%
3	Upon submission, presentation and acceptance by the Steering Committee of Final Technical Document and Final Cancer Drug List	55%
4	Handover of material to the Project Secretariat on Document and Final Cancer Drug List for the Base MHIT Product	10%

Payments shall be subject to:

- satisfactory completion of deliverables in accordance with the approved Terms of Reference;
- formal acceptance by the Secretariat; and
- compliance with all contractual, confidentiality, and governance requirements.

The Secretariat reserves the right to withhold or defer payment in the event that deliverables do not meet the agreed scope, quality, or timelines, until such deficiencies are rectified.

Contract Length

May to November 2026



PROTECTHEALTH

Submission Guidelines

SUBMISSION GUIDELINES

Section	Description
1. Proposal Format	<p>Please ensure your submission is complete. All documents listed below must be submitted as per the instructions in this RFP. Incomplete submissions may be considered non-responsive.</p> <p>RFP should be submitted via email to ahmad.naeem@protecthealth.com.my. Ensure that the submission is completed before 11:59 pm on 12 April 2026.</p> <p>Documents must be secured with password, and the password must be emailed separately to maszui@protecthealth.com.my (Puan Maszui Kamisan).</p> <p><u>Submission Checklist:</u> No. Document 1. Request for Proposal (RFP) Excel 2. Curriculum Vitae (CV) <i>*see requirements below</i> 3. Respond PowerPoint Presentation to RFP <i>*see requirements below</i> 4. Other supporting documents (if applicable) 5. Declaration of Conflict of Interest <i>*mandatory</i></p>
2. CV Requirements	<p>Each CV submitted must include the following:</p> <ul style="list-style-type: none"> a. Education Background b. Previous Employment (with reference provided) c. Previous Project Led / Involved - including project title, project duration, and scale of the project d. Publications list with publication URL provided or PDF attached
2.1 Consultant Qualifications	<p>Essential:</p> <ul style="list-style-type: none"> i. Advanced degree (Public Health / Health Economics / Pharmacy / Medicine) ii. Has Experience in the following: <ul style="list-style-type: none"> a. Drug formulary / reimbursement list development b. Cost-effectiveness analysis c. Evidence synthesis

SUBMISSION GUIDELINES

Section	Description
3. Consultant Qualifications	Desirable: <ul style="list-style-type: none"> i. Knowledge of Malaysian healthcare system ii. Familiar with: <ul style="list-style-type: none"> a. MOH Formulary (FUKKM) b. Clinical Practice Guidelines (CPG) iii. Experience with insurance / HTA frameworks
4. PowerPoint Presentation	Based on the scope of work, deliverables, and timeline outlined in this RFP document, prepare a <u>presentation proposal</u> that include: <ul style="list-style-type: none"> a. Detailed work plan demonstrating how the consultant / consultancy team will achieve the required deliverables. It is expected that the proposal is able to list down the (i) approaches, (ii) who are the stakeholder's involvement, (iii) resources needed, (iv) SWOT of the project, (v) risk and mitigation plan b. The timeline designed to deliver all the deliverables
5. Supporting Documents	Any additional documents that support the proposal, such as consultancy firms' profile, past performance records of consultant(s), or relevant certifications.
6. Submission Deadline & Late Submissions	Any respond received after the deadline may be considered non-responsive. Hence, ProtectHealth Corporation reserves the right to not engage any organisation that fails to meet the submission deadline.
7. Ownership of Submissions	All responses and supporting documentation shall become the property of ProtectHealth Corporation and will not be returned after the RFP exercise.
8. Declaration of Conflict of Interest (COI)	Mandatory Requirement: All bidders - whether an individual consultant or a consultancy firm - must complete and submit the Declaration of Conflict-of-Interest Form together with their proposal. Failure to submit this declaration may result in disqualification. Individual Consultant as a bidder: The individual consultant must declare any actual, potential, or perceived conflicts of interest in relation to this RFP.



SUBMISSION GUIDELINES

Section	Description
9. Declaration of Conflict of Interest (COI)	Team of Consultants: If the bidder is a team of consultant, the team must submit a separate Declaration of Conflict of Interest for each proposed consultant. The declaration must cover all individuals who will be directly involved in the execution of the project, including but not limited to the project lead, co-consultants, and key supporting personnel.
10. Disclosure on Conflict of Interest	<p>Each individual (or for each consultant proposed) must disclose whether any of the following apply to them, their immediate family, or any affiliated entity:</p> <p>(1) Grants, Research Funding, or Honoraria</p> <p>Disclosure Required: Receipt of grants, research funding, or honoraria from any pharmaceutical, medical device, or healthcare company within the past 2 years (including year-to-date) that is still active (i.e., not yet expired or completed).</p> <p>(2) Advisory Board & Consultancy Arrangements</p> <p>Disclosure required: Participation in any advisory board memberships, consultancy arrangements, or paid speaking engagements for any pharmaceutical, medical device, or healthcare company within the past 2 years (including year-to-date) that is still active (i.e., appointment yet to expired).</p> <p>(3) Financial Interests</p> <p>Disclosure Required: Shareholdings, patents, or other financial interests in healthcare-related entities</p> <p>(4) Personal or Professional Relationships</p> <p>Disclosure Required: Personal, family, or professional relationships with employees, officers, or directors of ProtectHealth Corporation Sdn Bhd or any related pharmaceutical companies</p>

SUBMISSION GUIDELINES

Section	Description
11. Document of COI	Refer to Declaration form uploaded in ProtectHealth Website (Procurement)
12. Notes	The shortlisted candidates may be invited to attend an online or physical session to present their proposals on 14 or 15 April 2026 (Tuesday or Wednesday). Candidates are required to ensure their availability for the session.



SUBMISSION GUIDELINES

RFP SUBMISSION

Documents

1. RFP (softcopy) with secured password
2. Curriculum Vitae (CV)
3. PowerPoint Presentation
4. Other Supporting Document (If Applicable)
5. Declaration of Conflict of Interest (DOI)

RFP should be submitted via email to ahmad.naeem@protecthealth.com.my.

Secure Password

The password must be emailed separately to maszuin@protecthealth.com.my

**Submission Deadline:
Before 11:59 pm on 12 April 2026**



DOCUMENTATION & VIDEO

The RFP documents are accessible for download since 3rd April 2026 via the ProtectHealth website.

Additionally, the video recording and presentation materials from Open Day will be provided for your reference.

The screenshot shows a web browser window with the URL <https://protecthealth.com.my/procurement/>. The page features a navigation menu with links for 'About Us', 'What We Do', 'Media Centre', 'Careers', 'Procurement', and 'Contact', along with a 'Find / Register' button. The main content area displays a table with the following information:

Malaysia Healthcare Insurance/Takaful (MHIT) Product			
RFP on Development and Governance of Cancer Drug List for Base Malaysia Healthcare Insurance/Takaful (MHIT) Product	Engagement with ProtectHealth	Issuance of Documents	Deadline for Submission
	Open Day (Virtual) Date: 7th April 2026 (10 am- 12pm) Link for registration: https://zoom.us/webinar/register/WN_0KSCFmyqRH-QXoac9uNNXg	3th April 2026 Request Tender: 1. Email proposal to ahmad.naeem@protecthealth.com.my 2. Email Subject Title: "RFP on Development and Governance of Cancer Drug List for Base Malaysia Healthcare Insurance/Takaful (MHIT) Product" Attachments • 20260401_Declaration Form Cancer Drug • Development and governance of a cancer drug list for the base MHIT Product_RFP_20250403	12 April 2026

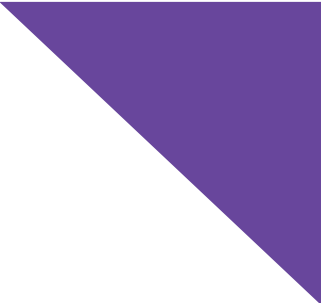
An 'Ask Qaseh' button is visible in the bottom right corner of the page.





PROTECTHEALTH

Q & A





PROTECTHEALTH

THANK YOU

