



Private Bag X828, PRETORIA, 0001 Dr AB Xuma Building1112 Voortrekker Road, Pretoria Townlands 351-JR, PRETORIA, 0187 Tel (012) 395 8000, Fax (012) 395 8918

Mr E van Zyl
Equity Pharmaceuticals (Pty) Ltd
100 Sovereign Road
Route 21 Corporate Park
Nellmapius Drive
Irene
Pretoria

Dear Mr van Zyl

# Section 21 Authorization for RIFAMPICIN 150MG CAPSULES 100'S

Attached, please find the Authorization for exemption under Section 21 of the Medicines and Related Substances Act by SAHPRA granted for:

### Rifampicin 150mg Capsules 100's

The quantities for which approval was granted are only estimates based on procurement by provinces over the last 6 months. Please note that the National Department of Health (NDOH) cannot guarantee the procurement of these quantities, as NDOH has no control over orders being placed by provincial depots, and current stock holding might influence estimated quantities.

The following process will be followed to ensure the quality of the product being brought in:

- 1. Manufacturer will submit an assay and identification of every batch imported.
- 2. An additional assay of every batch will be done by a quality control laboratory.
- 3. A random sample will be assayed during the authorized period by a quality control laboratory.
- 4. Aggregate statistics to be submitted to NDOH in the first week of each month of all orders received and quantities supplied per province.
- 5. The NDOH needs to be advised of the quantities and date of arrival of stocks in terms of this authorization within 7 days after arrival.
- 6. The supplier will provide monthly reports, by the 7<sup>th</sup> of each month, using the attached format of orders received and issues done.
- 7. Participating Authorities (PAs) will provide a consolidated close out report of usage using the attached format on the date when an authorization lapses.

Department of Health • Lefapha la Pholo • Lefapha la Bophelo • uMnyango wezeMpilo • Muhasho wa Mutakalo • Departement van Gesondheid • Kgoro ya Maphelo • Ndzawulo ya Rihanyo • LiTiko le Thempilo • ISebe lezeMpilo • UmNyango WezamaPhilo

## Section 21 Authorisation re Rifampicin 150mg Capsules 26082025-2

- 8. The full quantities imported in terms of this Section 21authorisation must be accounted for.
- 9. Note that this authorization DOES NOT cover supplies to the private sector.
- 10. Where this authorization is obtained to provide security of supply due to supply challenges from the contracted supplier, PAs are requested to buy out against contracted suppliers and ensure that related orders are cancelled accordingly to prevent overstocking once the contracted supplier gets back into stock.

It should be noted this authorization applies only for use of the product in the public sector with estimated usage quantities for a period of one month. The authorization is expected to expire on **26 February 2026**.

Table 1: Provincial estimates

Province	Six Months Estimate		
Correctional Services	0		
EC-MT	1800		
EC-PE	7000		
FS	900		
GP	2100		
KZN	2400		
LP	600		
MP	286		
NC	300		
NW	530		
SAMHS	80		
WC	4800		
Total	20 796		

Yours sincerely

KHADIJA JAMALOODIEN

CHIEF DIRECTOR: SECTOR WIDE PROCUREMENT

DATE: 2718 120 25



SAHPRA Head Office Building A, Loftus Park 2nd Floor Kirkness Str Arcadia 0083

# **Section 21 Outcome Letter**

2025-08-26

Ms Buhle Mbongo

National Department Of Health

Pretoria

buhle.mbongo@health.gov.za

Dear Ms Buhle Mbongo

# REQUEST TO USE UNREGISTERED MEDICINE IN TERMS OF SECTION 21 OF THE MEDICINES AND CONTROLLED SUBSTANCES ACT, 1965 (ACT 101 of 1965):

Your application dated 2025-08-26 refers

- A. STATUS: Approved
- **B.** APPLICANT: Ms Buhle Mbongo
- C. IMPORTING COMPANY: EQUITY PHARMACEUTICAL (PTY) LTD
- D. NUMBER OF PATIENT/(S) INTENDED TO BE TREATED: 22222
- E. UNREGISTERED MEDICINES: GENERIC NAME: No Data
- F. TRADE NAME: Rifampicin Capsules 150 mg
- G. QUANTITY: 20000 Packs (100)



SAHPRA Head Office Building A, Loftus Park 2nd Floor Kirkness Str Arcadia 0083

# H. LETTER NUMBER: S2100010516

Section 21 authorization letters are valid for a period of 6 months from the letter date, unless otherwise specified.

A progress report must be submitted once treatment is completed or on a reauthorization request

# **Comments:**

Yours faithfully,

Dr S Munbodh

Manager: Section 21 Category A Medicines

mode

Mahlodi Maropa

Final Approver



SAHPRA Head Office Building A, Loftus Park 2nd Floor Kirkness Str Arcadia 0083







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# **REQUEST FOR QUOTATION FORM**

- Instruction to complete this Request for Quotation (RFQ)
   PLEASE PROVIDE A QUOTE FOR THE FOLLOWING PRODUCT(S).
   PLEASE QUOTE ON THIS RFQ FORM AND ATTACH YOUR QUOTE WITH THE REQUESTED DETAILS.
   THE SECTIONS HIGHLIGHTED IN YELLOW MUST BE COMPLETED BY THE SUPPLIER.
- THIS DOES NOT CONSTITUTE ANY OBLIGATION TO PROCURE THE ITEM AS THIS WILL BE SUBMITTED FOR
  CONSIDERATION TO PROVINCIAL PROCUREMENT UNITS TO SERVE AS A BUY OUT AGAINST CURRENT NON-COMPLIANT
  SUPPLIERS.

CONSIDERATION TO PROVINCIA SUPPLIERS.	AL PROCUREME	ENT UNITS TO SE	RVE AS	A BUY OUT AGA	INST CL	JRRENT NON-COMPLIANT		
ONLY RESPONSES	FROM DUL	Y REGISTERI	D SL	JPPLIERS WI	LL BE	EVALUATED		
REFERENCE NUMBER:		NORMAL		SECTION 21	х	S21RFQ157		
QUOTE ENQUIRY DATE	29/07/2025	QUO	TE CLOSING D	ATE	07/08/2025			
FOR CRITICAL DELIVERY, DELIVER (SCM Practitioner to Specify if app		ON/BEFORE						
	REQUESTING	INSTITUTION	CONT	TACT DETAILS				
NAME OF REQUESTOR	EQUESTOR Buhle Mbongo							
EMAIL ADDRESS	Buhle.Mbongo@health.gov.za							
PHONE No.	012	<b>012 395 9539</b> FAX No.				N/A		
PRODUCT INFORMATION								
DESCRIPTION PER MPC	RIFAMPICIN 150MG CAPSULES 100'S							
TRADE DESCRIPTION	Rifampicin 150mg Capsules							
UNIT OF MEASURE	100'S PACK or BOX (SIZE/ QUANTITY) 1 X 100'S							
QUANTITY REQUIRED	1900 Packs of 100's							
TO BE CO	MPLETED B	Y THE SUPP	LIER,	SERVICE PF	ROVIE	DER		
	SUPPLIER	CONTACT DETA	VILS (a	s per CSD)				
COMPANY NAME	Equity Pharmaceuticals (Pty) Ltd							
SUPPLIER NUMBER	MAAA007480							
SECURITY CODE								
SUPPLIER CODE (NDoH)								
CONTACT PERSON 1	NAME Ehrard van Zyl							
	PHONE	012 3	45 174	17	FAX	012 345 1412		
	MOBILE	072 040 8511						
	E-MAIL	ehrard@equitypharma.co.za						
CONTACT PERSON 2	NAME	Jaco Schoeman						
CONTACT PERSON 2	PHONE	012 345 1747						

	MOBILE	076 734 0080 jacos@equityharma.co.za				
	E-MAIL					
		QUOTE DETAILS				
PRICE PER UNIT (INCL. VAT)	R 167.90	TOTAL PRICE (INCL. DELIVERY & VAT) R 319 010.00				
*STOCK'S EXPIRY DATE(SHELF-LIFE)	36 months					
VOLUMES AVAILABLE – 7DAYS						
VOLUMES AVAILABLE – 14DAYS						
VOLUMES AVAILABLE – 21DAYS						
VOLUMES AVAILABLE – 28DAYS						
VOLUMES AVAILABLE – 35DAYS	1 900					
VOLUMES AVAILABLE - 42DAYS						
VOLUMES AVAILABLE – 49DAYS						
VOLUMES AVAILABLE – 56DAYS						
VOLUMES AVAILABLE – 112DAYS						
QUOTE VALIDITY PERIOD	180 days					
NORMAL LEAD/DELIVERY TIME	3 days					
	DEV	VIATION TO SPECIFICATION				
COMMENTS:						
	DEC	CLARATION BY SUPPLIER				
arrangement with any competito	r/supplier reg	ere has been no consultation, communication, agreement or garding the price, quality, quantity, specifications and conditions or to which this bid invitation relates.				
NAME Ehrard van Zyl						
CAPACITY		Business Unit Manager: Specialist Medicine				
SIGNATURE (OF A DULY AUTHORISED REPRESENTATIVE OF THE SUPPLIER)						
	07/08/2025					

Please submit quotations to <a href="mailto:Section21Quotes@health.gov.za">Section21Quotes@health.gov.za</a>

# Please ensure that you include the following as part of the Quotation:

- Delivery Time (Weeks)
- Price (Vat Inclusive)
- Generic Name
- Trade Name
- Central Supplier Database Summary Report (CSD), updated for the current month
- Medicine Registration Certificate (Only for Locally Registered Products)
- \*Artwork/Labelling
- \*Package Insert: (Please attach)
- \*Manufacturer Certificate: (Please attach)
- \*Country of Origin: (Please indicate)

<sup>\*</sup>Additional items required when submitting a quote for a Section 21 Item (Unregistered Medicine) All the above is required to expedite the process in considering the quotation.

# Please SUBMIT COMPLETED RFQ FORM AND QUOTATIONS ON AN OFFICIAL COMPANY LETTERHEAD

## NB:

- \*The supplier submitting the quotation must be the same entity with which the provinces will place their orders.
- The size of each individual attachment must not be more than 2MB (you may attach multiple files
  in one email but collectively they should not be more than 2MB in size).
- Please ensure that you provide all prescribed documentation that is outlined on page two of this RFQ.
- The confirmation letter from manufacturer to supply South Africa with bOPV must be provided
- Kindly be advised that a picture format of an Artwork shall not be accepted. Artwork must be in pdf or word format only.
- All prices must please be submitted in two decimals and in ZAR.
- If submitting more than one quotation, please make sure that your subject line includes e.g., 1 of 2 or 1 of 3 etc.
- Any submission with missing documentation shall not be considered.
- Any submission with blurry relevant documents shall not be considered.
- The only electronic GMP Certificate considered is that from EUDRA.
- CSD must be updated for the current month.
- Email subject line for responses with quotes must be kept unchanged from the originally sent RFQ email.

SUBMIT BOTH COMPLETED RFQ FORM AND QUOTATION (ON AN OFFICIAL COMPANY LETTERHEAD)

07/08/2025



Equity Pharmaceuticals (Pty) Ltd. 1997/009942/07

equity@equitypharma.co.za

www.clinigengroup.com www.equitypharma.co.za

# **QUOTATION # 20250807**

**TO: National Department of Health** 

TEL: 012 395 9539

FAX:

Email: Section21Quotes@health.gov.za

**CONTACT PERSON / PATIENT: Buhle Mbongo** 

NB IMPORTED AND SUPPLIED UNDER SECTION 21 TERMS

PRODUCT CODE	DESCRIPTION	PACK SIZE	QUANTITY	PRICE EXCL	TOTAL INCL
	Rifampicin 150mg Capsules	100's	1	R 146.00	R 167.90
			1 900	R 277 400.00	R 319 010.00
			1 900	R 277 400.00	R 319 010.00

Lea

Employee Signature:

Valid for 180 days

Date: 07/08/2025

Approved by: Ehrard van Zyl / Carel Bouwer



07/08/2025

National Department of Health

Directorate: Affordable Medicines

E-mail: Section21Quotes@health.gov.za

Attention: Ms Buhle Mbongo

Equity Pharmaceuticals (Pty) Ltd. 1997/009942/07

+27 12 345 1747 +27 12 345 1412

equity@equitypharma.co.za

www.clinigengroup.com www.equitypharma.co.za

Dear Ms Mbongo

## Re: Request for quotation - Rifampicin 150mg Capsules - Section 21 Supply

Trust you are well. Please find below our quotation for Rifampicin 150mg Capsules supplied under section 21 terms.

Quantity: 1 900 packs

Delivery Time (Weeks): 5 Weeks
 Price (Vat Inclusive): R 167.90

Generic Name: Rifampicin

Trade Name: Rifampicin 150mg Capsules

Packaging: 100's
 Specifications: 150mg
 Shelf Life: 36 months
 Package Insert: Attached

Manufacturer: Kwality Pharmaceuticals Ltd

Country of Origin: India

Please note that the immediate availability of the product is conditioned on the manufacturer receiving notice of our order as soon as possible. Unfortunately, the stock cannot be reserved for our purposes for too long.

We look forward to your response.

Please contact me if you require any additional information.

Kind Regards

Ehrard van Zyl

Leaflet size: 100 x 190 mm

For the use of a Registered Medical Practitioner or a Hospital or a Laboratory only



#### COMPOSITION

Each capsule contains: Rifampicin BP ............... 150 mg Approved colours used in shell.

#### **CATEGORY**

Rifampicin antituberculosis drug.

#### **GENERAL INFORMATION**

It is a potent bactericidal drug.

#### MOA

It acts by inhibiting DNA dependent RNA synthesis.

#### **PHARMACOKINETICS**

After oral administration it is distributed to different body tissues and penetrates meninges, caseous masses and placental barrier. It is metabolised in liver to active metabolite and induces the microsomal enzymes of liver.

On Set of Action: Few days. Duration of Action: Upto 24 hours.

#### **INDICATIONS**

Tuberculosis. Other: Neisseria meningitides carriers, Legionellas, Leprosy & prophylaxis of meningitis due to H.influenzae.

#### **DOSAGE AND ADMINISTRATION**

Adults: 450-600mg single dose before breakfast.

Children: 10-20mg/kg/day.

Meningococcal Carriers: Same dose as above for 4 days only.

## **CONTRAINDICATIONS**

Liver disease and jaundice.

# **ADVERSE EFFECTS**

Skin rash, drug fever, nausea, vomiting, peripheral neuropathy, fatigue, hepatitis and jaundice. Haemolytic anaemia. Diarrhoea, drowsiness, ataxia, headache, flu like syndrome, stomatitis.

# **SPECIAL PRECAUTIONS**

Liver impairment, imparts orange red colour to urine, saliva, tears, sweat and sputum. Malnourished. Young children. Contact lenses may be irreversibly stained.

# **INTERACTIONS**

Rifampicin by inducing the hepatic microsomal enzymes may reduce the efficacy of the following drugs: Acetaminophen, oral anticoagulants, barbiturates, benzodiazepines, chloramphenicol, clofibrate. Oral contraceptives, corticosteroids, cyclosporine, digitoxin, disopyramide, beta blockers oestrogens, hydantoins, mexiletine, quinidine, sulfones, sulphonylureas, theophylline, verapamil.

Halothane: Hepatotoxicity and hepatic encephalopathy.

Isoniazid: Higher incidence of hepatotoxicity than with either agent alone.

Ketoconazole: Treatment failure of either ketoconazole or rifampicin.

Food: Interferes with absorption of rifampicin, therefore it should be taken on empty stomach.

Lab tests: Inhibits standard assays for serum folate and vitamin B12 (riboflavin). Transient abnormalities in liver function tests, reduced excretion of contrast media used for visualization of gall bladder.

#### STORAGE:

Store below 25°C. Protect from light and moisture. Keep out of the reach of children.

#### **PRESENTATION**

Blister strip of 10 capsules and 10 strips are packed in a printed box.

Manufactured by : KWALITY PHARMACEUTICALS LTD. Nag Kalan, Majitha Road, Amritsar - India Dimension: 85 x 64 x 75 mm

Component: Carton

Specification: Cyber XL Coating: UV Coating

Colour: CMYK





10 x 10 Capsules Rifampicin Capsules 150 mg

Mfg. Lic. No.: 1800-OSP Batch No.:

Keep out of the reach of children.

Mfg. Date:

Exp. Date:

Manufactured by : KWALITY PHARMACEUTICALS LTD. Nag Kalan, Majitha Road, Amritsar - India

Blister strip of 10 capsules and Storage packed in a Printed carton 10 strips are Packing Spell Compo. Batch, Mfg., Exp. Expiry as per MRP. Packing Category Mfg. Name Reg. No. Check Order for strength, Volume 8. Packing 8. Packing Registered / Not Registration Artwork Status: □ Not Registered ☐ G/B ☐ W/B ■I.T.C. ☐ Pearl Card Board used for carton: Formulation No.: Checked by Q.C. Department SD Pharma Party Name ☐ Registered 12,0100 caps Order Qty. Approved by : Authorized by : Party Approval Checked by Dossier (Rohit) Country of Export : IRAN Designed by: DESIGNER 3 M.D. SHELF LIFE: 36 Months Q.A Version Pharmacop. **Check List For Labeling** Matching all parameters between Box and Label Production Q.C. Incharge Incharge Previous Specimen Artwork 14364/4 English Checked By. Work Order No.

\* NOTE: SINCE YOU HAVE APPROVED THE ARTWORK AND DID NOT IMPLEMENT OUR SUGGESTION. ANY CLAIM ARISING OUT OF SUCH CONTENTS OF ARTWORK SHALL NOT BE ENTERTAINED.