health
Department:
Health
REPUBLIC OF SOUTH AFRICA

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 Extension Authorization for BLEOMYCIN 15IU INJECTION 5ML

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

- **Bleomycin 15IU Injection 5mL**

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 7th 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.

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 **05 August 2026**.

Table 1: Provincial usage data

Province	Six Months Estimate	Actual Uptake
Correctional Services	0	0
EC-MT	100	515
EC-PE	300	
FS	0	0
GP	480	620
KZN	600	886
LP	0	0
MP	1100	0
NC	90	90
NW	100	0
SAMHS	6	10
WC	600	240
Total	**3 321**	**2 361**

Yours sincerely

K Jamaloodien

KHADIJA JAMALOODIEN
CHIEF DIRECTOR: SECTOR WIDE PROCUREMENT
DATE: 12/2/2026

S2100022271

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

Section 21 Outcome Letter

2026-02-17

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 **2026-02-16** 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: 213

E. UNREGISTERED MEDICINES: GENERIC NAME: No Data

F. TRADE NAME: Bleosol 15 IU

G. QUANTITY: 639 Packs (1)

SAHPRA
South African
Health Products
Regulatory Authority

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

H. LETTER NUMBER: S2100022271

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

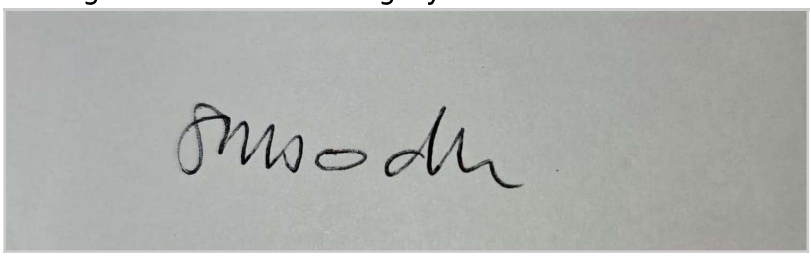
A progress report must be submitted once treatment is completed or on a reauthorization request

Comments:

Yours faithfully,

Dr Shyamli Munbodh

Manager: Section 21 Category A Medicines



Ms Mahlodi Moropa

Final Approver

S2100022271

SAHPRA
South African
Health Products
Regulatory Authority

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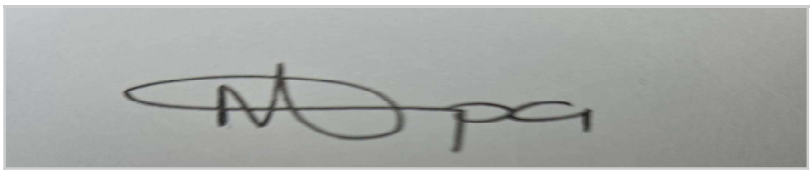
0083



QUOTATION #20260204

TO: NATIONAL DEPARTMENT OF HEALTH

TEL: 012 395 9539

Email: section21quotes@health.gov.za

Contact person: Buhle Mbongo

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

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equity@equitypharma.co.za

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

NB IMPORTED AND SUPPLIED UNDER SECTION 21 TERMS

PRODUCT CODE	DESCRIPTION	PACK SIZE	QUANTITY	PRICE EXCL	TOTAL INCL
BLEO015	Bleosol (Bleomycin) 15IU inj	1's	1	R 168.80	R 194.12
			639	R 107 863.20	R 124 042.68
			TOTAL:	**R 107 863.20**	**R 124 042.68**

This quote is valid for 180 days

Approval: _____

Ehrard van Zyl
Business Unit Manager -
Specialist Medicine

4 February 2026

Date

Approved by Ehrard van Zyl/ Carel Bouwer

Annexure No. - 10

VRL	Bleosol 15 IU	H01/BL15/7053-02

VENUS REMEDIES LIMITED

Product Name : Bleosol 15 IU
Party Name :
Size : 32 x 32 x 55 mm
Colours : PANTONE 376 C, PANTONE 485 C, PANTONE Warm Red C, Black
Paper Specification Code : 300 GSM ITC Cyber Excel
Date : 25-06-2020
2-D Barcode : Yes (if required)

Artwork Code : H01/BL15/7053-02
Embossing : No
Brail : No
Other Process : Gloss UV Window for 2-D & Batch Printing
Foil Colour : No
Foil Stamp : No
Plate Changes : New Artwork
Reference : Refer Myanmar Artwork

MASTER COPY

VENUS REMEDIES LIMITED Corporate Artwork Cell PANCHKULA

	Designed By :	Checked By :	Re-Checked By :	Approved By :
Name	Devesh	Deepak	Manisha bhatt	Devesh
Signature	Devesh	Deepak Sharma	Manisha	Devesh
Date	29-06-2020	29-06-2020	29-06-2020	29-06-2020

Size : 160x160mm

Like most cytotoxic agents bleomycin can give rise to both immediate and to delayed toxic effects. The most immediate effect is fever on the day of injection. Anorexia, tiredness or nausea also may occur. Pain at the injection site or in the region of the tumour hasoccasionally been reported, and other rare adverse effects are hypotension and local thrombophlebitis after intravenous administration.
The majority of patients who receive a full course of bleomycin develop lesions of the skin or oral mucosa. Induration , hyperkeratotis, reddening, tenderness and swelling of the tips of the fingers, ridging of the nails, bulla formation over pressure points such as elbows, loss of hair and stomatitis are rarely serious and usually disappear soon after completion of the course.
The most serious delayed effect is interstitial pneumonia, which may develop during, or occasionally after, a course of treatment. This condition may sometimes develop into fatal pulmonary fibrosis, although such an occurrence is rare at recommended doses. Previous or concurrent radiotherapy to the chest is an important factor in increasing the incidence and severity of lung toxicity.
A few cases of acute fulminant reactions with hyperpyrexia and cardiorespiratory collapse have been observed after intravenous injections of doses higher than those recommended. Hypotension, hyperpyrexia and drug-related deaths have been reported rarely following intra-cavitary instillation of bleomycin.
During postmarketing surveillance the following events have been reported: sepsis, pancytopenia, thrombocytopenia, anaemia, neutropenia, chest pain, myocardial infarction, Raynaud's syndrome, embolism, thrombosis and digital ischaemia.

OVERDOSE
The acute reaction to an overdosage of bleomycin would probably include hypotension, fever, rapid pulse and general symptoms of shock. Treatment is purely symptomatic. In the event of respiratory complications the patient should be treated with a corticosteroid and a broad-spectrum antibiotic. There is no specific antidote to bleomycin.

INCOMPATIBILITIES
Bleomycin solution should not be mixed with solutions of essential amino acids riboflavine, ascorbic acid, dexamethasone, aminophylline or frusemide.

SHELF LIFE
24 months

STORAGE
Store between 2°C-8°C. Protect from light.

HOW SUPPLIED
Bleosol supplied in 5 ml colourless glass vial with rubber closure and aluminium cap containing 15 Units of Bleomycin as a sterile freeze dried powder of Bleomycin sulfate for reconstitution.

SPECIAL PRECAUTIONS FOR DISPOSAL AND OTHER HANDLING
Bleomycin should be handled with care. Precautions should be taken to avoid bleomycin coming into contact with skin, mucous membranes or eyes, but in the event of contamination the effected part should be washed with water.

Manufactured by:
VENUS REMEDIES LIMITED
Hill Top Industrial Estate, Jharmajri, EPIP
Phase-I (Extn.), Bhatoli Kalan, Baddi,
Distt. Solan, Himachal Pradesh, 173205, India
www.venusremedies.com

H01/BL15/7053-02

VENUS®
Enjoy Innovations

To be sold by retail on the prescription of a cancer specialist / cancer hospital / institution only

BLEOSOL

(Bleomycin for Injection USP)

DESCRIPTION
Bleosol (Bleomycin for Injection USP) is mixture of cytotoxic glycopeptide antibiotics isolated from a strain of streptomyces verticillus. It is freely soluble in water. It is an antineoplastic antibiotic active against gram positive and gram negative bacteria and fungi, but its cytotoxicity preclude its use as an anti-infective agent. Available evidence suggest that the main action is the inhibition of DNA synthesis with some evidence of lesser inhibition of RNA and proteins synthesis.

Each vial contains:
Bleomycin Sulfate USP
Equivalent to Bleomycin 15 Units
Excipients: Mannitol, Water for Injection

INDICATIONS
Bleosol (Bleomycin for Injection USP) should be considered a palliative treatment. It has been shown to be useful in management of the following neoplasm either as a single agent or in proven combination with other approved chemotherapeutic agents.

1. Squamous cell carcinoma affecting the mouth, nasopharynx and paranasal sinuses, larynx, oesophagus, external genitalia, cervix or skin. Well differentiated tumours usually respond better than anaplastic ones.
2. Hodgkin's disease and other malignant lymphomas, including mycosis fungoides.
3. Testicular teratoma
4. Malignant effusions of serous cavities.
5. Secondary indications in which Bleomycin has been shown to be of some value (alone or in combination with other drugs) include metastatic malignant melanoma, carcinoma of the thyroid, lung and bladder.

CONTRAINDICATION
Bleomycin is contra-indicated in patients with acute pulmonary infection or greatly reduced lung function Patients who have previously had a hypersensitivity or idiosyncratic reaction to analogue of bleomycin.

DOSAGE AND ADMINISTRATION
1. Adults
Routes of administration
Bleomycin is usually administered intramuscularly but may be given intravenously (bolus or drip), intra-arterially, intrapleurally or intraperitoneally as a solution in physiological saline.
Local injection directly into the tumour may occasionally be indicated.
Recommended dose and dosage schedules
Squamous cell carcinoma and testicular teratoma:
Used alone the normal dosage is 15 x 10^3 IU (1 vial) three times a week or 30 x 10^3 IU (2 vials) twice a week, either intramuscularly or intravenously. Treatment may continue on consecutive weeks, or more usually at intervals of 3-4 weeks, up to a total cumulative dose of 500 x 10^3 IU although young men with testicular tumours have frequently tolerated twice this amount. Continuous intravenous infusion at a rate of 15 x 10^3 IU (1 vial) per 24 hours for up to 10 days, or 30 x 10^3 IU (2 vials) per 24 hours for up to 5 days may produce a therapeutic effect more rapidly. The development of stomatitis is the most useful guide to the determination of individual tolerance of maximum therapeutic response. The dose may need to be adjusted when bleomycin is used in combination chemotherapy. Use in elderly or children – see below.
Malignant lymphomas:
Used alone the recommended dosage regime is 15 x 10^3 IU (1 vial) once or twice a week, intramuscularly, to a total dose of 225 x 10^3 IU (15 vials). Dosage should be reduced in the elderly. The dose may need to be adjusted when bleomycin is used in combination chemotherapy. Use in elderly or children – see below.
Malignant effusions:
After drainage of the affected serous cavity 60 x 10^3 IU (4 vials) bleomycin dissolved in 100 ml physiological saline is introduced via the drainage needle or cannula. After instillation, the drainage needle or cannula may be withdrawn. Administration may be repeated if necessary

Size : 160x160mm

subject to a total cumulative dose of 500 x 10^3 IU (about 33 vials). Use in the elderly or children – see below.

Combination therapy:

Bleomycin is commonly used in conjunction with radiotherapy, particularly in treatment of cancer of the head and neck region. Such a combination may enhance mucosal reactions if full doses of both forms of treatment are used and bleomycin dosage may require reduction, e.g. to 5 x 10^3 IU at the time of each radiotherapy fraction five days a week. Bleomycin is frequently used as one of the drugs in multiple chemotherapy regimes (e.g. squamous cell carcinoma, testicular teratoma, lymphoma). The mucosal toxicity of bleomycin should be borne in mind in the selection and dosage of drugs with similar toxic potential used in such combinations.

2. Elderly Patients:

The total dose of bleomycin used in the treatment of squamous cell carcinoma, testicular teratoma or malignant effusions should be reduced as indicated below.

Age in years	Total Dose (IU)	Dose per week (IU)
80 and over	100 x 10^3	15 x 10^3
70 – 79	150 – 200 x 10^3	30 x 10^3
60 – 69	200 – 300 x 10^3	30 – 60 x 10^3
Under 60	500 x 10^3	30 – 60 x 10^3

3. Children

Until further data are available, administration of bleomycin to children should take place only under exceptional circumstances and in special centres. The dosage should be based on that recommended for adults and adjusted to body surface area or body weight.

4. Reduced kidney function

With serum creatinine values of 2-4 mg/dL it is recommended to half the above dosages. With serum cretinine above 4 mg/dL a further reduction in dose is indicated.

5. Preparation of solution

For intramuscular or subcutaneous The Bleomycin for Injection, USP 15 units vial should be reconstituted and dissolved with 1 to 5 mL of Sterile Water for Injection, Sodium Chloride for Injection, 0.9%, USP, or Bacteriostatic Water for Injection, USP. If pain occurs at the site of injection a 1% solution of lignocaine may be used as a solvent.

For intravenous or intra-arterial The contents of the 15 units should be dissolved in 5 mL or more of Sodium Chloride for Injection 0.9%, USP and administered slowly over a period of 10 minutes. For intra-arterial administration a slow infusion in physiological saline is used. For intra-cavity injection 60 x 10^3 IU is dissolved in 100ml of normal saline. For local injections bleomycin is dissolved in physiological saline to make a 1-3 x 10^3 IU/ml solution Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit.

Stability of Reconstituted Solutions Reconstituted bleomycin solution may be stored at room temperature for 24 hours or refrigerated at 2-8°C up to 48 hours. Unused portion should be discarded after this time.

PHARMACOLOGICAL PROPERTIES

Pharmacodynamic Properties : *(ATC code: LO1D C01, other cytotoxic antibiotics)*

Bleomycin is a basic, water-soluble glycopeptide with cytotoxic activity. The mechanism of action of bleomycin is believed to involve single-strand scission of DNA, leading to inhibition of cell division, of growth and of DNA synthesis in tumour cells. Apart from its antibacterial and antitumour properties, bleomycin is relatively free from biological activity. When injected intravenously it may have a histamine-like effect on blood pressure and may cause a rise in body temperature.

Pharmacokinetic Properties: Bleomycin is administered parenterally. After intravenous (IV) administration of a bolus dose of 15 x 10^3 IU/m^2 body surface, peak concentrations of 1 to 10 IU are achieved in plasma. Following the intramuscular (IM) injection of 15 x 10^3 IU peak plasma concentrations of about 1 IU/ml have been reported. The peak plasma concentration is reached 30 minutes after an IM injection. Continuous infusion of bleomycin 30 x 10^3 IU daily, for 4 to 5 days, resulted in an average steady state plasma concentration of 100-300 milli IU/ml. After IV injections of bleomycin in a dose of 15 x 10^3 IU/m^2 body surface, the area under the serum concentration curve is, on average, 300 milli IU x min x ml^{-1}. Bleomycin is only bound to plasma proteins to a slight extent. Bleomycin is rapidly distributed in body tissues, with the highest concentrations in skin, lungs, peritoneum and lymph. Low concentrations are

seen in the bone marrow. Bleomycin could not be detected in cerebrospinal fluid after intravenous injection. Bleomycin appears to cross the placental barrier.

The mechanism for bio-transformation is not yet fully known. Inactivation takes place during enzymatic breakdown by bleomycin hydrolase, primarily in plasma, liver and other organs and, to a much lesser degree, in skin and lungs. When bleomycin was administered as an IV bolus injection in a dose of 15 x 10^3 IU/m^2 body surface, initial and terminal half-lives were 0.5 and 4 hours respectively. Given as a continuous intravenous infusion in a dose of 30 x 10^3 IU daily for 4 to 5 days bleomycin disappears from plasma with initial and terminal half-lives of about 1.3 hours and 9 hours, respectively. About two thirds of the administered drug is excreted unchanged in the urine, probably by glomerular filtration. Approximately 50% is recovered in the urine in the 24 hours following an IV or IM injection. The rate of excretion, therefore, is highly influenced by renal function; concentrations in plasma are greatly elevated if usual doses are given to patients with renal impairment with only up to 20% excreted in 24 hours. Observations indicate that it is difficult to eliminate bleomycin from the body by dialysis.

WARNINGS AND PRECAUTION

Patients undergoing treatment with bleomycin should have chest X-rays weekly. These should continue to be taken for up to 4 weeks after completion of the course. If breathlessness or infiltrates appear, not obviously attributable to tumour or to co-existent lung disease, administration of the drug must be stopped immediately and patients should be treated with a corticosteriod and a broad spectrum antibiotic. High oxygen concentrations should be used with caution in these cases.

Lung function tests which use 100% oxygen should not be used in patients who have been treated with Bleomycin. Lung function tests using less than 21% oxygen are recommended as an alternative.

When Bleomycin has been administered pre-operatively, reduced oxygen concentrations should be used during operation and post operatively.

Patients treated previously or concurrently with radiation to the chest may develop more frequent or severe toxicity.

Bleomycin should be used with caution in patients with significant renal impairment as clearance may be reduced and toxicity increased**.**

Bleomycin should be used with caution in patients with severe heart disease.

DRUG INTERACTIONS

When bleomycin is used as one of the drugs in multiple chemotherapy regimes the toxicity of bleomycin should be borne in mind in the selection and dosage of drugs with similar toxic potential. The addition of other cytotoxic drugs can necessitate changes and dose alterations. Increased pulmonary toxicity has been noted when bleomycin is given with cisplatin.

Previous or concurrent radiotherapy to the chest is an important factor in increasing the incidence and severity of lung toxicity.

Because of bleomycin's sensitisation of lung tissue, patients who have received bleomycin pre-operatively are at greater risk of developing pulmonary toxicity when oxygen is administered at surgery and a reduction in inspired oxygen concentration during operation and post-operatively is recommended.

In patients treated for testicular cancer with a combination of bleomycin and vinca alkaloids a syndrome has been reported corresponding to morbus Raynaud, ischaemia which can lead to necrosis of peripheral parts of the body (fingers, toes, nose tip).

The following clinical incompatibilities have been noted:-Cytotoxics possibly reduce the absorption of phenytoin. Concommitant use of bleomycin with clozapine should be avoided due to an increased risk of agranulocytosis.

PREGNANCY AND LACTATION

Bleomycin should not normally be administered to patients who are pregnant or to mothers who are breast-feeding. Animal experiences have revealed that bleomycin, like most cytotoxics, may have teratogenic and carcinogenic potential.

ADVERSE REACTION

The most frequently observed adverse reactions in 1613 patients receiving bleomycin were pulmonary manifestations such as interstitial pneumonia or pulmonary fibrosis (10.2%), sclerosis of skin, pigmentation (40.6%), fever and rigors (39.8%), alopecia (29.5%), anorexia and weight decrease (28.7%), general malaise (16.0%), nausea and vomiting (14.6%), stomatitis (13.3%) and nail changes (11.2%).