



health

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NOTICE: SUMMARY OF THE IMPLICATIONS OF AWARDS ON THE HP09-2026SD: SOLID DOSAGE FORMS NATIONAL CONTRACT TO THE STANDARD TREATMENT GUIDELINES AND ESSENTIAL MEDICINES LIST

Updates to the Standard Treatment Guidelines (STGs) and Essential Medicines List (EML) may be prompted by the medicines awarded on national contracts. The new contract circular for HP09-2026SD: Supply and Delivery of Solid Dosage Forms to the Department of Health for the period 01 May 2026 to 30 April 2029 has been recently published and has taken effect from 1 May 2026. Refer to the Contract Circular: <https://www.health.gov.za/wp-content/uploads/2026/04/HP09-2026SD-Contract-Circular-2-April-2026.pdf>

This notice therefore serves to inform stakeholders of the key updates that will be implemented in the current review cycle of the STGs and EML based on the medicines now available on the national contract: HP09-2026SD. These updates may include the updating of the therapeutic class example in the text of the STG and provision of additional dosing guidance in the text of the STG. Please note that the approved indication per therapeutic class remains unchanged, unless otherwise stated.

Oral Bisphosphonate Class

The Adult Hospital Level STGs and EML recommends an oral bisphosphonate for the secondary prevention of osteoporotic fracture. The previous example of the class was **alendronic acid**, 70 mg oral, weekly; the updated award is for **risedronic acid, 35mg** oral, weekly. The STGs and EML will be updated with the new class example. Refer to Table 1 for the awarded class example.

Table 1: Bisphosphonate oral class and awards

Therapeutic Class: Oral Bisphosphonate	Medicine Awarded
Alendronic acid 10mg tablet, 28/30 tablets	
vs	
Alendronic acid 70mg tablet, 4 tablets	
vs	
Risedronic acid 35mg tablet, 4 tablets	Risedronic acid 35mg tablet, 4 tablets
vs	
Risedronic acid 5mg tablet, 28/30 tablets	
vs	
Risedronic acid 150mg tablet, 1 tablet	

Proton Pump Inhibitors Class

Proton pump inhibitors are recommended as a class for several indications in the STGs and EML. The STGs and EML will be updated with the new class example. Refer to Table 2 for the awarded class example.

Table 2: Proton pump inhibitors (PPI) class and awards

Therapeutic Class: PPI		Medicine Awarded
Low dose PPI class	Lansoprazole 15mg tablet/capsule, 28/30 tablets/capsules vs Omeprazole 10mg tablet/capsule, 28/30 tablets/capsules vs Pantoprazole 20mg tablet/capsule, 28/30 tablets/capsules vs Rabeprazole 10mg tablet/capsule, 28/30 tablets/capsules	Omeprazole 10mg tablet/capsule, 28/30 tablets/capsules*
Standard dose PPI class 28/30 tablets/capsules	Lansoprazole 30mg capsule, 28/30 capsules vs Omeprazole 20mg tablet/capsule, 28/30 tablets/capsules vs Pantoprazole 40mg tablet/capsule, 28/30 tablets/capsules vs Rabeprazole 20mg tablet/capsule, 28/30 tablets/capsules	Omeprazole 20mg tablet/capsule, 28/30 tablets/capsules
Standard dose PPI class 14 tablets/capsules	Lansoprazole 30mg capsule, 14 capsules vs Omeprazole 20mg tablet/capsule, 14 tablets/capsules vs Pantoprazole 40mg tablet/capsule, 14 tablets/capsules vs Rabeprazole 20mg tablet/capsule, 14 tablets/capsules	Omeprazole 20mg tablet/capsule, 14 tablets/capsules

*This is not the same as the omeprazole 10mg dispersible tablet, which is also awarded for a specific cohort of patients (children).

Selective Serotonin Reuptake Inhibitors (SSRIs) Class

SSRIs are recommended as a class for anxiety and depressive disorders in the STGs and EML. The STGs and EML will be updated with the new class example. Refer to Table 3 for the awarded class example.

Table 3: Selective Serotonin Reuptake Inhibitors (SSRIs) class and awards

Therapeutic Class: SSRI		Medicine Awarded
Low dose SSRI class	Citalopram 10mg tablet, 28/30 vs Escitalopram 5mg tablet, 30 tablets vs Sertraline 50mg tablet, 30 tablets	Escitalopram 5mg tablet, 30 tablets
Intermediate dose SSRI class	Citalopram 20mg tablet, 28/30 tablets vs Escitalopram 10mg tablets, 30 tablets vs Sertraline 100mg scored tablets, 30 tablets	Citalopram 20mg 30's

HMG-CoA Reductase Inhibitors (Statin) Class

Statins are recommended as a class in the STGs and EML. The STGs and EML will be updated with the new class example. Refer to Table 4 for the awarded class example.

Table 4: Statin class and awards

Therapeutic Class: HMG-COA Reductase Inhibitor		Medicine Awarded
Low dose statin class	Pravastatin 20mg tablet, 28/30 tablets vs Simvastatin 10mg tablet, 28/30 tablets vs Atorvastatin 5mg tablet, 30 tablets vs Rosuvastatin 2,5mg tablet, 30 tablets	Simvastatin 10mg tablet, 28/30 tablets
Moderate dose statin class	Atorvastatin 10mg tablet, 28/30 tablets vs Pravastatin 40mg tablet, 28/30 tablets vs Rosuvastatin 5mg tablet, 28/30 tablets vs Simvastatin 20mg tablet, 28/30 tablets	Rosuvastatin 5mg tablet, 28/30 tablets
High dose statin class	Atorvastatin 20mg tablet, 28/30 tablets vs Pravastatin 80mg tablet, 28/30 tablets vs Rosuvastatin 10mg tablet, 28/30 tablets vs Simvastatin 40mg tablet, 28/30 tablets	Rosuvastatin 10mg tablet, 28/30 tablets

**NOTE: Atorvastatin 10mg awarded out of the class for protease inhibitor drug-drug interaction, and Atorvastatin 40mg awarded out of the class for familial hypercholesterolemia.*

Methylphenidate modified release tablets

Historically methylphenidate modified release tablets were non-EML, based on cost. A reference price (being within 15% of the immediate release (IR) tablets for equivalent dose) was set and implemented for this tender. The reference price has been met, thus making the modified release tablet (prolonged or extended release formulations), which has a duration of action of 12 hours, available for inclusion on the EML.

The STGs and EML is in the process of being updated with dosing guidance to include the modified release tablets. Refer to Table 5 for a list of the awarded products and the equivalent immediate release and long-acting dosing guidance.

Table 5: Methylphenidate products awarded

Medicine Awarded	Equivalent Immediate Release (IR)
Methylphenidate IR 10mg tablet, 30 tablets	-
Methylphenidate 18mg prolonged release tablet, 30 tablets <i>Recommended dosing: Methylphenidate 18mg at 8am</i>	Methylphenidate IR 5mg three times a day
Methylphenidate 27mg prolonged release tablet, 30 tablets <i>Recommended dosing: Methylphenidate 27mg at 8am</i>	Methylphenidate IR 10mg three times a day
Methylphenidate 36mg prolonged release tablet, 30 tablets <i>Recommended dosing: Methylphenidate 36mg at 8am</i>	Methylphenidate 15mg three times a day

Note:

- Bioequivalence may not be exact; dosing will need to be adjusted according to clinical response. In selected cases, an afternoon dose of methylphenidate IR may be needed with the methylphenidate MR tablet.¹
- For patients previously on a modified release 10mg or 20mg tablet, switching should be managed by an appropriate clinician.

Other important awards and non-awards

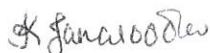
Class/Medicine	Notes
Cardio-selective beta-blocker	Cardio-selective beta-blockers are recommended for various disorders as a class on the STGs and EML. Atenolol 50 mg tablets has been awarded, however there was no award made for the higher strength cardio-selective beta-blockers. <i>(To ensure access and continuity of care, the higher strength cardio-selective beta blockers will be advertised on a supplementary tender).</i>
Carbamazepine tablets	Carbamazepine tablets are indicated for various disorders on the STGs and EML. The National Essential Medicines List Committee (NEMLC) reviewed the carbamazepine immediate release (IR) against carbamazepine controlled release (CR) and recommended that both IR and CR carbamazepine be tendered for and the least expensive option be selected for use. For HP09-2026SD, the IR carbamazepine 200mg tablets was awarded. The CR carbamazepine tablets did not meet the reference price threshold and thus not awarded. ²

Circular implementation and dissemination

Provinces and healthcare facilities are requested to distribute and communicate this information in consultation with the Pharmaceutical and Therapeutics Committees and all other relevant stakeholders.

NOTE: All stakeholders will also be informed once the updates to the STGs and EML have been approved and published, and additional supplementary tender awards have been made.

Kind regards



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¹ Taylor DM, Barnes TRE, Young AH. The Maudsley prescribing guidelines in psychiatry. 15th ed. Hoboken, NJ: Wiley-Blackwell; 2025.

² Epilepsy Subcommittee report: <https://www.health.gov.za/wp-content/uploads/2025/06/Epilepsy-Subcommittee-Report-Version-0.1-26-May-2025.pdf>