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 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 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 **28 January 2027**.

Table 1: Provincial estimates

Province	Six Months Estimate
DCS	8
EC-MT	900
EC-PE	0
FS	720
GP	2 600
KZN	1 400
LP	600
MP	180
NC	200
NW	690
SAMHS	90
WC	2 700
Total	**10 088**

Yours sincerely

KHADIJA JAMALOODIEN
CHIEF DIRECTOR: HEALTH PRODUCTS PROCUREMENT
DATE: 31/7/2026

S2100034549

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

Section 21 Outcome Letter

2026-07-30

Ms Khadija Jamaloodien

National Department Of Health

Pretoria

buhle.mbongo@health.gov.za

Dear Ms Khadija Jamaloodien

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 **2026-07-28** refers

A. STATUS: Approved

B. APPLICANT: Ms Khadija Jamaloodien

C. IMPORTING COMPANY: EQUITY PHARMACEUTICAL (PTY) LTD

D. NUMBER OF PATIENT/(S) INTENDED TO BE TREATED: 100

E. UNREGISTERED MEDICINES: GENERIC NAME: No Data

F. TRADE NAME: Rifampicin 150 mg

G. QUANTITY: 10080 Packs (100)

SAHPRA
South African
Health Products
Regulatory Authority

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

H. LETTER NUMBER: S2100034549

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

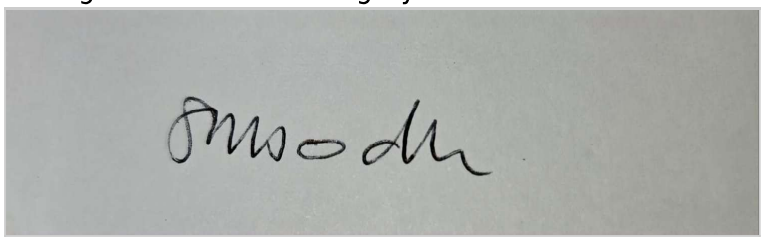
A progress report must be submitted once treatment is completed or on a reauthorization request

Comments:

Yours faithfully,

Dr Shyamli Munbodh

Manager: Section 21 Category A Medicines



Ms Mahlodi Moropa

Final Approver

S2100034549

SAHPRA
South African
Health Products
Regulatory Authority

SAHPRA Head Office
Building A, Loftus Park
2nd Floor
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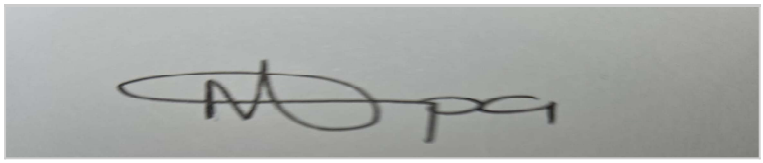

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REQUEST FOR QUOTATION FORM

- **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.**

ONLY RESPONSES FROM DULY REGISTERED SUPPLIERS WILL BE EVALUATED

REFERENCE NUMBER:	NORMAL		SECTION 21	X	S21RFQ177/2026
QUOTE ENQUIRY DATE	05/06/2026	QUOTE CLOSING DATE			12/06/2026
FOR CRITICAL DELIVERY, DELIVERY REQUESTED ON/BEFORE *(SCM Practitioner to Specify if applicable)*					

REQUESTING INSTITUTION CONTACT DETAILS

NAME OF REQUESTOR	Buhle Mbongo		
EMAIL ADDRESS	Buhle.Mbongo@health.gov.za		
PHONE No.	066 261 4234	FAX No.	N/A

PRODUCT INFORMATION

DESCRIPTION PER MPC	Rifampicin Capsules 150mg 100's		
TRADE DESCRIPTION	Rifampicin 150mg Capsules 100's		
UNIT OF MEASURE	Packs	PACK or BOX (*SIZE/ QUANTITY*)	100's Tablets
QUANTITY REQUIRED	10 088		

TO BE COMPLETED BY THE SUPPLIER/ SERVICE PROVIDER

SUPPLIER CONTACT DETAILS (as per CSD)

DID YOU BID ITEM FOR TENDER	YES		NO	X	IF NO, WHY	Section 21
COMPANY NAME	Equity Pharmaceuticals (Pty) Ltd					
SUPPLIER NUMBER	MAAA007480					
SECURITY CODE						
SUPPLIER CODE (NDoH)						

CONTACT PERSON 1	NAME	Ehrard van Zyl		
	PHONE	012 345 1747	FAX	0123451412
	MOBILE	*072 040 8511*		
	E-MAIL	ehrard@equitypharma.co.za		
CONTACT PERSON 2	NAME	Hannes Strydom		
	PHONE	012 345 1747		

	MOBILE	*082 616 1954*
	E-MAIL	**hannes@equitypharma.co.za**

QUOTE DETAILS			
PRICE PER UNIT (INCL. VAT)	R 142.60	TOTAL PRICE (INCL. DELIVERY & VAT)	R 1 438 548.80
VOLUMES AVAILABLE – 14DAYS			
VOLUMES AVAILABLE – 21DAYS			
VOLUMES AVAILABLE – 28DAYS			
VOLUMES AVAILABLE – 35DAYS	10 088		
VOLUMES AVAILABLE – 42DAYS			
VOLUMES AVAILABLE – 49DAYS			
VOLUMES AVAILABLE – 56DAYS			
VOLUMES AVAILABLE – 112DAYS			
QUOTE VALIDITY PERIOD			
NORMAL LEAD/DELIVERY TIME			

DEVIATION TO SPECIFICATION
COMMENTS:

DECLARATION BY SUPPLIER

I hereby declare that in submitting this bid, there has been no consultation, communication, agreement or arrangement with any competitor/supplier regarding the price, quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.

NAME	**Jaco Schoeman**
CAPACITY	**Manager**
SIGNATURE *(OF A DULY AUTHORISED REPRESENTATIVE OF THE SUPPLIER)*	
DATE	**12/06/2026**

PROVINCIAL ESTIMATES	
Province	**Six Months Estimate**
DCS	**8**
EC-MT	**900**
EC-PE	**0**
FS	**720**
GP	**2 600**
KZN	**1 400**
LP	**600**

MP	180
NC	200
NW	690
SAMHS	90
WC	2 700
Please submit quotations to Buhle.Mbongo@health.gov.za	

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

- Delivery Time (Weeks)
- Price (Vat Inclusive)
- Generic Name
- Trade Name
- Quotation on Official Company Letterhead
- Central Supplier Database Summary Report (CSD)
- Medicine Registration Certificate (Only for Locally Registered Products)
- *Artwork/Labelling
- *Package Insert: (Please attach)
- *Manufacturer Certificate: (Please attach)
- *Country of Origin: (Please indicate)

*Additional items required when submitting a quote for a Section 21 Item (Unregistered Medicine)
All of 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 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 Bivalent oral Poliomyelitis Vaccine (bOPV) must be provided (only in cases of Bivalent oral Poliomyelitis Vaccine RFQ)
- 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 of the RFQ date.
- **Email subject line for responses with quotes must be kept unchanged from the originally sent RFQ email.**

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

EQUITY
PHARMACEUTICALS

12/06/2026

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

QUOTATION # 20260612

TO: National Department of Health

TEL : 066 261 4234
FAX :
Email : Buhle.Mbongo@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
RIFA150	**Rifampicin 150mg Capsules**	100 tabs	1	R 124.00	R 142.60
			10 088	**R 1 250 912.00**	**R 1 438 548.80**
			10 088	**R 1 250 912.00**	**R 1 438 548.80**

Valid for 180 days

Employee Signature: _____

Date: 12 - 01 - 2026

Approved by: Jaco Schoeman

EQUITY
PHARMACEUTICALS

12/06/2026

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

National Department of Health

Directorate: Affordable Medicines

E-mail: Buhle.Mbongo@health.gov.za

Attention: Ms Buhle Mbongo

Dear A Willemse

Re: Request for quotation – Rifampicin 150mg (100's) – Section 21 Supply

Trust you are well. Please find below our quotation for Rifampicin 150mg (100's), supplied under section 21 terms.

• Quantity:	**10 088 packs**
• Delivery Time (Weeks):	**35 days (5 weeks)**
• Price (Vat Inclusive):	**R 142.60 incl. vat per pack of 100's**
• Generic Name:	**Rifampicin 150mg**
• Trade Name:	**Rifampicin 150mg**
• Packaging:	**100's**
• Specifications:	**Each tablet containing 150mg Rifampicin (100's)**
• Shelf Life:	**36 months**
• Package Insert:	**Please find attached**
• Manufacturer:	**Kwality Pharmaceuticals.**
• 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

Jaco Schoeman

Leaflet size: 100 x 190 mm

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

Rifampicin

Capsules

150 mg

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

KWALITY PHARMACEUTICALS LTD.

ARTWORK DETAILS

Component : Carton
Dimension : 85 x 64 x 75 mm
Colour : CMYK
Specification: Cyber XL
Coating : UV Coating

Rifampicin
Capsules

150 mg

10 x 10 Capsules

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

Dosage:
As directed by the Physician.

Storage:
Store below 25°C.
Protect from light and moisture.

Read enclosed leaflet carefully before use.

Rifampicin
Capsules

150 mg

10 x 10 Capsules

Keep out of the reach of children.

Mfg. Lic. No. : 1800-OSP

Batch No. :

Mfg. Date :

Exp. Date :

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

SHELF LIFE : 36 Months

Checked by Dossier (Rohit)

Checked by Q.C. Department

Check List For Labeling

Formulation No. :

Work Order No.	Version	Pharmacop.	Spell.	Compo.	Batch, Mfg., Exp.	Expiry as per Schedule 'P'	MRP.	Packing	Category	Mfg. Name	Reg. No.	Check Order for strength, Volume & Packing	Storage
14364/4	English												

Matching all parameters between Box and Label

Country of Export : **IRAN**

Registered / Not Registration Artwork Status:

☐ Registered ☐ Not Registered

Previous Specimen Artwork

Designed by : DESIGNER 3

Order Qty.	Party Name	Packing
12,0100 caps	SD Pharma	Blister strip of 10 capsules and 10 strips are packed in a Printed carton

Checked By.		Approved by :	Authorized by :	Party Approval
Production Incharge	Q.C. Incharge	Q.A.	M.D.	

Card Board used for carton :

☐ G/B ☐ W/B ■ I.T.C. ☐ Pearl

* 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.

KWALITY PHARMACEUTICALS LTD.

ARTWORK DETAILS

Component : Carton
Dimension : 85 x 64 x 75 mm
Colour : CMYK
Specification: Cyber XL
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Capsules

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Mfg. Date :

Exp. Date :

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

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