



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Private Bag X828, PRETORIA, 0001. DR AB Xuma Building, 1112 Voortrekker Road, Pretoria Townlands 351-JR, PRETORIA 0187
Directorate: Affordable Medicines

Ref: HP07-RFI01 of 2025

e-mail: tenders@health.gov.za

REQUEST FOR INFORMATION: TIOTROPIUM BROMIDE INHALER 18MCG PER ACTUATION, 30 DOSES AND GLYCOPYRRONIUM INHALER 50MCG PER ACTUATION, 30 DOSES

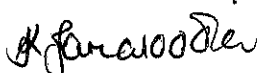
HP07: SUPPLY AND DELIVERY OF PHARMACEUTICAL PRODUCTS: DROPS, AEROSOLS AND INHALED MEDICINES TO THE DEPARTMENT OF HEALTH

1. Kindly furnish the Department of Health with the information requested as per the Pharmaceutical Information Document 1 (PID 1) form attached.
2. The purpose of this Request for Information (RFI) is to obtain information related to the expected availability and cost of the products listed below:
 - a) Tiotropium Bromide inhaler, 18mcg per actuation, 30 doses; and
 - b) Glycopyrronium inhaler, 50mcg per actuation, 30 doses
3. Additional information on the review and status of the two products is available on the NHI website. Please click on the link below to access the documents.

<https://www.health.gov.za/wp-content/uploads/2025/04/Tertiary-and-Quaternary-EM-recommendations-March-2025.pdf>
https://knowledgehub.health.gov.za/system/files/elibdownloads/2023-04/lama_%2520copd%2520review-n_december%25202017.pdf
https://knowledgehub.health.gov.za/system/files/elibdownloads/2023-04/lama_%2520copd%2520summary-n_december%25202017.pdf
4. Further investigation is underway to explore potential expanded indications for these agents.
5. The completed form and any supporting documents must be submitted in a single sealed package with the following information on the outside of the package: RFI number and closing date of the RFI, full name and address of the responded company) and the name of contact person.

**REQUEST FOR INFORMATION: TIOTROPIUM BROMIDE INHALER 18MCG PER
ACTUATION, 30 DOSES AND GLYCOPYRRONIUM INHALER 50MCG PER ACTUATION,
30 DOSES**

6. The RFI must be addressed to Ms K Jamaloodien, Chief Director: Sector Wide Procurement, National Department of Health, and be deposited into the pharmaceutical tender box by not later than the closing date of the RFI. The tender box is located at the main entrance of the Department of Health, DR AB Xuma Building, at 1112 Voortrekker Road, Pretoria Townlands 351-JR, PRETORIA.



MS K JAMALOODIEN

CHIEF DIRECTOR: SECTOR WIDE PROCUREMENT

DATE: 10 OCTOBER 2026



PID 1

PHARMACEUTICAL INFORMATION DOCUMENT

REQUEST FOR INFORMATION FORM

INSTRUCTION TO COMPLETE THIS REQUEST FOR INFORMATION (RFI)

- COMPLETE IN THE HIGHLIGHTED SECTION.
- PROVIDE A PRICE FOR THE THREE QUANTITIES INDICATED TO BE SUPPLIED OVER A PERIOD OF THREE YEARS.
- THE COMPLETED FORM AND ANY ADDITIONAL DOCUMENTS MUST BE IN A SEALED PACKAGE AND SUBMITTED TO THE ADDRESS OF THE REQUESTING INSTITUTION.
- NO ELECTRONIC SUBMISSIONS WILL BE ACCEPTED.

DISCLAIMER: THE INFORMATION REQUESTED IS FOR THE PURPOSE AS ARTICULATED IN THE COVER LETTER. THIS INFORMATION WILL ONLY BE SHARED WITH THE RELEVANT COMMITTEE. THE INFORMATION PROVIDED WILL NOT BE USED FOR PROCUREMENT PURPOSES. SHOULD THE DEPARTMENT WISH TO PROCURE THE MEDICINE RELAVANT TO THIS RFI, NORMAL PROCUREMENT PROCESSES WILL BE FOLLOWED.

TO BE FILLED BY AUTHORISED PERSONNEL ONLY

REFERENCE NUMBER:	HP07-RFI 1 Of 2025	DATE OF REQUEST	26 September 2025
RFI CLOSING DATE	24 November 2025	RFI CLOSING TIME	11:00

REQUESTING INSTITUTION CONTACT DETAILS

REQUESTOR	Ms K Jamaloodien: Sector-Wide Procurement		
EMAIL ADDRESS	tenders@health.gov.za		
PHONE No.	012 395 8419	FAX No.	N/A

PRODUCT INFORMATION

PRODUCT NAME	Glycopyrronium inhaler device, or inhaler device and capsules, 50mcg per actuation, 30 doses		
INDICATION	Chronic obstructive pulmonary disease (COPD) /Asthma		
UNIT OF MEASURE	Dose per actuation	PACK SIZE	30 doses.

TO BE COMPLETED BY THE SUPPLIER

SUPPLIER CONTACT DETAILS (as per CSD)

SUPPLIER NAME	
SUPPLIER COE	
SUPPLIER ADDRESS	

CONTACT PERSON 1	NAME		
	PHONE		FAX
	MOBILE		
	E-MAIL		
CONTACT PERSON 2	NAME		
	PHONE		
	MOBILE		
	E-MAIL		
<u>QUOTE DETAILS</u>			
SPECIFICATION	Glycopyrronium inhaler device or inhaler device and capsules, 50mcg per actuation, 30 doses		
Your product description (Please provide a detailed description of your registered product, including whether it comes with a device. Specify if the device is supplied once, after which only product refills are purchased, or if a device is included with every package)			
ESTIMATED QUANTITIES (to be supplied over a period of three years)	39 400	42 980	53 730
PRICE PER UNIT (INCL. VAT)			
PRODUCT TRADE NAME			
MEDICINE REGISTRATION NUMBER (issued in terms of section 15(3)(a) of the Medicines and Related Substances Act, 1965 (Act 101 of 1965) or APPLICATION NUMBER			
LEAD TIME (product available in-country)			
MINIMUM ORDER QUANTITY			
COMMENTS			
<u>DECLARATION BY SUPPLIER</u>			

I hereby declare that in submitting this information, there has been no consultation, communication, agreement or arrangement with any competitor/supplier regarding the quoted price and that the information furnished above is correct.

NAME

CAPACITY

SIGNATURE

(OF A DULY AUTHORISED
REPRESENTATIVE OF THE
SUPPLIER)

DATE

***Please submit this Request for Information into the pharmaceutical tender box situated at:
DR AB Xuma Building,
1112 Voortrekker Road
Pretoria Townlands 351-JR,
PRETORIA 0187***

Please attach certified copies of the following documents if available:

- License to Manufacture for the company
- Medicine Registration Certificate for the product
- Package Insert of the product
- Any additional information relevant to the product
- *Artwork/Labelling and draft Package Insert of the product

*Attach artwork if the product is not yet registered in South Africa.



PID 1

PHARMACEUTICAL INFORMATION DOCUMENT

REQUEST FOR INFORMATION FORM

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- PROVIDE A PRICE FOR THE THREE QUANTITIES INDICATED TO BE SUPPLIED OVER A PERIOD OF THREE YEARS.
- THE COMPLETED FORM AND ANY ADDITIONAL DOCUMENTS MUST BE IN A SEALED PACKAGE AND SUBMITTED TO THE ADDRESS OF THE REQUESTING INSTITUTION.
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TO BE FILLED BY AUTHORISED PERSONNEL ONLY

REFERENCE NUMBER:	HP07-RFI 1 Of 2025	DATE OF REQUEST	29 September 2025
RFI CLOSING DATE	24 November 2025	RFI CLOSING TIME	11:00

REQUESTING INSTITUTION CONTACT DETAILS

REQUESTOR	Ms K Jamaloodien: Sector-Wide Procurement		
EMAIL ADDRESS	tenders@health.gov.za		
PHONE No.	012 395 8419	FAX No.	N/A

PRODUCT INFORMATION

PRODUCT NAME	Tiotropium Bromide inhaler, or inhaler device with capsules, 30 doses.		
INDICATION	Chronic obstructive pulmonary disease (COPD) / Asthma		
UNIT OF MEASURE	Dose per actuation	PACK SIZE	30 doses.

TO BE COMPLETED BY THE SUPPLIER

SUPPLIER CONTACT DETAILS (as per CSD)

SUPPLIER NAME	
SUPPLIER COE	
SUPPLIER ADDRESS	

CONTACT PERSON 1	NAME			
	PHONE		FAX	
	MOBILE			
	E-MAIL			
CONTACT PERSON 2	NAME			
	PHONE			
	MOBILE			
	E-MAIL			
<u>QUOTE DETAILS</u>				
SPECIFICATION	Tiotropium Bromide inhaler or inhaler device with capsules, 30 doses.			
Your product description (Please provide a detailed description of your registered product, including whether it comes with a device. Specify if the device is supplied once, after which only product refills are purchased, or if a device is included with every package)				
ESTIMATED QUANTITIES (to be supplied over a period of three years)	39 400	42 980	53 730	
PRICE PER UNIT (INCL. VAT)				
PRODUCT TRADE NAME				
MEDICINE REGISTRATION NUMBER (issued in terms of section 15(3)(a) of the Medicines and Related Substances Act, 1965 (Act 101 of 1965) or APPLICATION NUMBER				
LEAD TIME (product available in-country)				
MINIMUM ORDER QUANTITY				
COMMENTS				
<u>DECLARATION BY SUPPLIER</u>				

I hereby declare that in submitting this information, there has been no consultation, communication, agreement or arrangement with any competitor/supplier regarding the quoted price and that the information furnished above is correct.

NAME

CAPACITY

SIGNATURE

(OF A DULY AUTHORISED
REPRESENTATIVE OF THE
SUPPLIER)

DATE

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