

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00AM)	Quotation Fee	Requesting Department	Focal Person
10	PPS/QTN/36/2025	<p>1/ DOLUTEGRAVIR 50MG IN COMBINATION WITH LAMIVUDINE 300MG AND TENOFOVIR 300MG ORAL TABLET AS ACRIPTEGA OR ITS EQUIVALENT –</p> <p>QUANTITY: 20 x 30's</p> <p>2/ MUPIROCIN NASAL OINTMENT 2% –</p> <p>QUANTITY: 250 x 3's</p> <p><u>PLACE OF SUBMISSION:</u> QUOTATION BOX (GROUND FLOOR) MINISTRY OF HEALTH COMMONWEALTH DRIVE BANDAR SERI BEGAWAN, BB 3910 NEGARA BRUNEI DARUSSALAM</p>	11/03/2025	29/03/2025	\$5.00	JABATAN PERKHIDMATAN FARMASI.	<p>LENNY MARLIANI BINTI HAJI RAMLI</p> <p>PHARMACIST DRUG PURCHASING SECTION</p> <p>TEL: 2393298 ext. 228</p>

QTN REF: PPS/QTN/ 36 /2025

SUPPLY AND DELIVERY OF MEDICINES FOR THE DEPARTMENT OF PHARMACEUTICAL SERVICES

NO	DESCRIPTION OF ITEM	QUANTITY	BRAND	MANUFACTURER AND ORIGIN	UNIT PRICE	TOTAL PRICE
1.	Dolutegravir 50mg in combination with Lamivudine 300mg and Tenofovir 300mg oral tablet as Acruptega or its equivalent	20 x 30's				
2.	Mupirocin nasal ointment 2%	250 x 3g				
<p>DELIVERY PERIOD : First order 2 months, subsequent order ex-stock</p>						
<p>DELAY AND LIQUIDATED DAMAGES : If the Supplier fails or is unable to deliver the Goods or any parts thereof on the Delivery Date within the time specified, the Government shall be entitled, without prejudice to claim from the Supplier by way of liquidated damages for each day of such delay, a sum of equal to one percent (1%) of the price of the Goods as stated in the relevant Purchase Order in respect of the delayed delivery, provided that the total liquidated damages shall not exceed the Purchase Order Price.</p>						
<p>PRICE VALIDITY : <i>The quotation shall remain valid for 6 MONTHS from the final date for the submission of the quotation, during which no supplier may withdraw his/her quotation. Where the price validity differs from that required by the Government i.e. 6 months, the LONGER VALIDITY PERIOD will be taken as the final validity period.</i></p>						

QTN REF: PPS/QTN/ 36 /2025

SUPPLY AND DELIVERY OF MEDICINES FOR THE DEPARTMENT OF PHARMACEUTICAL SERVICES

TERMS AND CONDITIONS			
a.	Tenderer must be registered with the Ministry of Health	<p><i>Acknowledgement:</i></p> <p><i>Company Ref. No.:</i></p> <p>I hereby certify the above quote to be correct.</p> <p>Signature:</p> <p>.....</p> <p>Name:</p> <p>.....</p> <p>Designation:</p> <p>.....</p> <p>Date :</p> <p>.....</p>	<p>Company's Official Stamp</p>
b.	Please fill in the QUOTATION FORM completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form <u>may</u> cause DISQUALIFICATION OF QUOTATION		
c.	Each tenderer is allowed to quote ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF QUOTATION		
d.	Delivery Period: FIRST ORDER 2 MONTHS, SUBSEQUENT ORDER EX-STOCK		
e.	Please do not use TIPPEX for amendment		

PRICE VALIDITY :

*The quotation shall remain valid for 6 MONTHS from the final date for the submission of the quotation, during which no supplier may withdraw his/her quotation. Where the price validity differs from that required by the Government i.e. 6 months, the **LONGER VALIDITY PERIOD** will be taken as the final validity period.*

To: The Pharmacist
Drug Procurement.
3rd Floor, Pharmacy Administration
Department of Pharmaceutical Services
Ministry of Health

Date:
Your Ref:

**SUBMISSION OF SAMPLES & RELEVANT PRODUCT DOCUMENTS e.g : COA
FOR QUOTATION REF: PPS / QTN / 36 / 2025**

A) Sample submission & documents to be sent to the Drug Procurement before closing of quotation advertisement along with a copy of this form (Please attention to the Pharmacist).

B) The original copy of this form is to be submitted to the Drug Procurement before closing of this quotation advertisement.

The above quotation refers.

We are pleased to inform you that the samples we have submitted and Not submitted to the Drug Quality Control Section as on the closing date, are indicated as follows:-

	Items	Sample Submitted Indicate <input checked="" type="checkbox"/>	Sample NOT submitted Indicate X	Not offered Indicate -
1/	Dolutegravir 50mg in combination with Lamivudine 300mg and Tenofovir 300mg oral tablet as Acriptega or its equivalent			
2/	Mupirocin nasal ointment 2%			

We understand as stated in the Terms and Conditions that offers without samples shall not be considered.

Thank you.

.....
Name:
Position:
Company:

Please submit the Form to the Drug Procurement the latest ONE WEEK after closing of Quotation Advertisement.

Please stamp the Form with your company chop.

Requirements	Enter Response Here
<p>Presentation</p> <p>Vendor is to submit:</p> <p>xix. Details of the pack size and packaging offered.</p> <p>xx. Clear colour-printed photo images of the product offered with supplier's / tenderer's official stamp. Photo images must show label details of the primary and secondary packaging including name / brand of item, strength and form / preparation, from all sides/angles.</p> <p>xxi. High resolution photo images of the following</p> <ul style="list-style-type: none"> • For tablets / capsules: <ul style="list-style-type: none"> ○ Appearance of individual tablets / capsules; ○ If the item is in strip pack, the back and front of the strip • For Injections: <ul style="list-style-type: none"> ○ Appearance of individual vial / ampoule / syringe 	
<p>Shelf life</p> <p>Minimum of 24 months on receipt unless the item has short expiry (e.g. vaccines) or agreed to be accepted by MoH prior to bringing in the stock. Please indicate the product shelf-life.</p>	
<p>Samples</p> <p>Vendor is required to submit sample in untampered original pack including package insert, which must be enclosed during the packaging process at manufacturer level at the point of submission. (For Controlled drugs and Psychotropic drugs see 'Presentation')</p>	

Requirements	Enter Response Here
<p>Certificate of Analysis</p> <p>A copy of the product's Certificate of Analysis (CoA) is to be submitted. A copy of the product's Certificate of Analysis is required to accompany each consignment supplied. The CoA should match the product sample submitted.</p>	
<p>Storage condition</p> <p>The storage labelling should be in accordance with ASEAN stability guideline and should be based on the stability evaluation of the drug product.</p> <p>Specific temperature for storage condition should be indicated. Terms such as "ambient conditions", "room temperature" or "does not require any special storage condition" will not be considered unless stability studies are provided.</p>	
<p>New Product</p> <p>Where the product offered has never been supplied to the Ministry of Health, Brunei, detailed information (to be provided in electronic copy on CD-ROM) on the product is to be submitted. The information required include, but not limited to, the following:</p> <ul style="list-style-type: none"> (i) Bioequivalence studies (Generic products) and / or Clinical studies (ii) Stability studies (iii) Source for raw material / Active pharmaceutical ingredient (iv) Source & Certificate of Analysis for finished products (iv) Sales record to local and overseas customers presented as the quantities sold to each country per year (v) A copy of the Summary of Product Characteristics/Package Insert (vi) Declaration of source of animal origin and alcohol content (if any). (vii) Good Manufacturing Practice (GMP) certificate (viii) Batch release certificate or certificate of origin (for blood products) (ix) Certificate of suitability, where applicable 	

<p>Registration with Brunei Darussalam Medicines Control Authority (BDMCA)</p> <p>A copy of any of the following:</p> <ul style="list-style-type: none"> • Product Licence Certificate • Log of submission for registration of the product • Letter of authorization from product licence holder, if applicable <p><i>Preference will be given to medicinal products already:</i></p> <ul style="list-style-type: none"> • Registered with the BDMCA. • Submitted for registration with the BDMCA. 	
<p>Product currently / previously supplied to Ministry of Health, Brunei</p> <p>Vendor is to submit letter of justification on price increase if the same product has been previous supplied to Ministry of Health from the same supplier / distributor</p>	
<p>Applicable to product manufactured in Australia (NEW)</p> <p>Vendor is to provide the following:</p> <ul style="list-style-type: none"> 25. Manufacturer details 26. Source on the manufacturer details 27. If unable to provide no. 1 and 2, hardcopy of declaration letter stating that the principal is responsible to inform/update any drug-related issues (e.g. drug recalls etc.) for the offered product should any reports/issues arise in Australia 28. A copy of Wholesaler's License Certificate of the principal supplying the product. 	
<p>Local content & Tax Compliance Certificate</p> <p>Vendor is to provide a copy of the latest content of the company as well as the updated tax compliance certificate, if applicable</p>	
<p>Cold chain items</p> <p>Vendor is to provide records of temperature readings during shipment until point of delivery at State Medical Store</p>	

<p>Special requirement</p> <p>For successful tenderer, vendor is to provide a batch release certificate or certificate of origin (for blood products) for every batch and consignment</p>	
<p>Product Registration No. in any of the *reference countries</p> <p>Please state if applicable.</p> <p>Product which is registered by at least two drug regulatory agencies in any of the reference countries* will be given preference.</p> <p>*The reference countries are Australia, Canada, Malaysia, Singapore, United Kingdom, European Union, and the United States of America</p>	
<p>A written declaration that the products offered do not infringe any existing patents, if applicable.</p>	