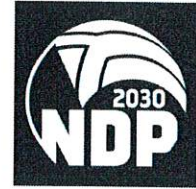




health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



Reference:2026/04/10/EDP/02

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**NOTICE: BIPERIDEN; 5MG/ML; INJECTION; 1 ML STOCK SUPPLY SHORTAGE AND THE PROPOSED THERAPEUTIC ALTERNATIVE**

The Adult Hospital Level (AHL), Paediatric Hospital Level (PHL), and Primary Healthcare (PHC) Standard Treatment Guidelines (STGs) and Essential Medicines List (EML)<sup>1,2,3</sup> currently recommend biperiden injection as a treatment option for acute dystonic reactions. The contracted supplier of biperiden injection, Pharmaco Distribution (Pty) Ltd, is experiencing supply constraints with this product. There are no alternative injectable anticholinergic antiparkinson agents (e.g., benztropine injectable solution) available in South Africa. It is therefore recommended that promethazine injection (IM) be utilised as an alternative to biperiden injection for this indication, where biperiden injection is unavailable. Refer to the Table below for further guidance.

INDICATION	CURRENT RECOMMENDATION	ALTERNATIVE
<b>Adult Hospital Level</b>  12.6.5.2 <b>TREATMENT OF PONV</b>	<b>Treat acute dystonic reactions with:</b> <ul style="list-style-type: none"> <li>▪ Anticholinergic agent, e.g.:</li> <li>• Biperiden, IM/IV, 2 mg.               <ul style="list-style-type: none"> <li>○ Repeat as necessary.</li> </ul> </li> </ul>	If an anticholinergic agent is not available: <ul style="list-style-type: none"> <li>• Promethazine, deep IM, 25–50 mg.               <ul style="list-style-type: none"> <li>○ In the elderly 25 mg</li> </ul> </li> </ul>
<b>Adult Hospital Level</b>  14.9.2 <b>PARKINSONISM, SECONDARY</b>	Acute dystonic reaction: Usually follows administration of dopamine-antagonistic drug, e.g. metoclopramide and phenothiazines. <ul style="list-style-type: none"> <li>▪ Anticholinergic agent, e.g.:</li> <li>• Biperiden, IM/IV, 2 mg.               <ul style="list-style-type: none"> <li>○ Repeat as necessary.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Promethazine, deep IM, 25–50 mg.               <ul style="list-style-type: none"> <li>○ Decrease dose in the elderly to 25 mg.</li> </ul> </li> </ul>
<b>Paediatric Hospital Level</b>  14.1 <b>SEDATION OF AN ACUTELY DISTURBED CHILD OR ADOLESCENT</b>	<b>In case of an acute dystonic reaction secondary to haloperidol:</b> <ul style="list-style-type: none"> <li>• Biperiden, IM/slow IV, 0.05–0.1 mg/kg.               <ul style="list-style-type: none"> <li>○ 1–6 years: 2 mg.</li> <li>○ 7–10 years: 3 mg.</li> <li>○ &gt; 10 years: 5 mg.</li> </ul> </li> </ul>	Promethazine, IM, 0.125–0.5 mg/kg to a maximum of: <ul style="list-style-type: none"> <li>○ 5 to 10 years: 12.5 mg immediately</li> <li>○ 10 to 16 years: 25 mg immediately</li> </ul>

<sup>1</sup> Standard Treatment Guidelines and Essential Medicines List for South Africa. Hospital Level: Adults. 2024 Edition. Updated March 2026

<sup>2</sup> Standard Treatment Guidelines and Essential Medicines List for South Africa. Paediatric Hospital Level. Updated March 2026

<sup>3</sup> Standard Treatment Guidelines and Essential Medicines List for South Africa. Primary Healthcare. 2024 Edition. Updated March 2026

INDICATION	CURRENT RECOMMENDATION	ALTERNATIVE
<b>Paediatric Hospital Level</b>  <b>14.13.3.2 ALCOHOL WITHDRAWAL DELIRIUM</b>	» Extrapyrimal symptoms are seen frequently, particularly if antipsychotics are increased rapidly. Start low and go slow is an important principle. It can take 24 to 48 hours before an adequate response is achieved. Recognising and treating adverse effects is important. » Treatment consists of reducing the dose of antipsychotic and administration of an anticholinergic medication such as biperiden (50 mcg/kg, IV, over 15 minutes).	Benzodiazepines are the mainstay of treatment. Avoid using antipsychotic medicines (associated with increased mortality and adverse effects). Use very low doses if needed for extreme agitation resistant to benzodiazepine treatment to avoid dystonic and other adverse effects <sup>4</sup> .  Promethazine, IM, 0.125–0.5 mg/kg to a maximum of: <ul style="list-style-type: none"> <li>○ 5 to 10 years: 12.5 mg immediately</li> <li>○ 10 to 16 years: 25 mg immediately</li> </ul>
<b>Primary Healthcare</b>  <b>16.2.1 EXTRA-PYRAMIDAL SIDE EFFECTS (Children)</b>	<b>Acute dystonic reaction Children</b> <ul style="list-style-type: none"> <li>▪ Anticholinergic, e.g.:</li> <li>• Biperiden, IM/slow IV, 0.05–0.1 mg/kg to a maximum of:                             <ul style="list-style-type: none"> <li>○ 1 to 6 years: 1–2 mg immediately</li> <li>○ 7 to 10 years: 3 mg immediately</li> <li>○ &gt;10 years: 5 mg immediately</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Promethazine, IM, 0.125–0.5 mg/kg to a maximum of:                             <ul style="list-style-type: none"> <li>○ 5 to 10 years: 12.5 mg immediately</li> <li>○ 10 to 16 years: 25 mg immediately</li> </ul> </li> </ul>
<b>Primary Healthcare</b>  <b>16.2.1 EXTRA-PYRAMIDAL SIDE EFFECTS (Adults)</b>	<b>Acute dystonic reaction Adults</b> <ul style="list-style-type: none"> <li>▪ Anticholinergic, e.g.:</li> <li>• Biperiden, IM, 2.5 mg immediately.                             <ul style="list-style-type: none"> <li>○ May be repeated every 30 minutes.</li> <li>○ Maximum of 3 doses within 24 hours.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Promethazine, IM, 50 mg immediately</li> </ul>

**NOTE:** Olanzapine oro-dispersible tablets and olanzapine IM, recommended in the STGs and EML for aggressive disruptive behaviour, generally have a lower propensity to cause dystonia and other extrapyramidal symptoms (EPS) compared to typical antipsychotics like haloperidol. If haloperidol is used, administer together with promethazine to prevent dystonic reactions.

**Procurement information**

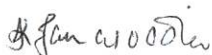
The following products are available for ordering on National Contract:

NSN	Product	Supplier	Contract
189703419	Promethazine; 25mg/ml; injection; 1 ml	FRESENIUS KABI SA (PTY) LTD	HP06-2024SVP/02
189703420	Promethazine; 50mg/2ml; injection; 2 ml	FRESENIUS KABI SA (PTY) LTD	HP06-2024SVP

**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.

Kind regards



**MS K JAMALOODIEN**  
**CHIEF DIRECTOR: HEALTH PRODUCTS PROCUREMENT**  
**DATE: 13/11/2026**

<sup>4</sup> World Health Organization. Treatment of alcohol withdrawal delirium. 2012. Available at: [https://cdn.who.int/media/docs/default-source/mental-health/mhgap/alcohol-use-disorders/treatment-of-alcohol-withdrawal-delirium.pdf?sfvrsn=53cb9752\\_0](https://cdn.who.int/media/docs/default-source/mental-health/mhgap/alcohol-use-disorders/treatment-of-alcohol-withdrawal-delirium.pdf?sfvrsn=53cb9752_0)