



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



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NOTICE: BETAMETHASONE 0.5MG TABLETS AND DEXAMETHASONE 0.5MG TABLETS – INDEFINITE SUPPLY CHALLENGE

The Adult and Paediatric Hospital Level Standard Treatment Guidelines (STGs) and Essential Medicines List (EML) currently recommends the use of oral betamethasone 0.5mg tablet and dexamethasone 0.5mg tablets for specific indications.

No responsive bids were received for both betamethasone and dexamethasone tablets in recent successive contract cycles for the solid oral dosage forms tender (*i.e.* HP09). The sole suppliers of both these products have informed the National Department of Health (NDoH) of an indefinite supply chain challenges and plans to discontinue both products soon. These items are therefore not available for procurement through the national contract process and sourcing quotations within South Africa has also been challenging. The NDoH has identified a possible international supplier of dexamethasone 0.5mg for procurement *via* Section 21. Provinces and facilities will be updated on how to access the product and anticipated timeline for stock arrival once the application for a National Bulk Section 21 has been approved by South African Health Products Regulatory Authority (SAHPRA).

Betamethasone 0.5 mg and dexamethasone 0.5 mg tablets have comparable anti-inflammatory activity, are considered equivalent on a mg-for-mg (1:1) basis¹ and can be used interchangeably. During this period of limited stock availability, ***it is advised that the available stock in circulation be used to ensure continuity of care for the specific indications as listed in the STGs and EML.*** Please refer to the relevant sections of the Adult and Paediatric Hospital Level STGs and EML for comprehensive guidance on the management of the specified indications as follows:

The following indications are specifically highlighted for your attention:

Adult Hospital Level STGs and EML

Indication:	ADULTS Hospital Level
8.4 CUSHING SYNDROME	Investigations Low dose overnight dexamethasone suppression test (or when unavailable, betamethasone 1 mg equivalent to dexamethasone 1 mg). • Dexamethasone, oral, 1 mg. ○ Administer at 23:00. ○ Measure plasma cortisol at 8:00, the next morning after breakfast. ○ In people with normal pituitary and adrenal function morning cortisol will be suppressed to <50 nmol/L. ○ Refer if cortisol levels >50 nmol/L.

¹ South African Medical Association, University of Cape Town Division of Clinical Pharmacology. South African Medicines Formulary (SAMF). 16th ed. Cape Town; 2025.

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Indication:	ADULTS Hospital Level
14.14.1 BRAIN OEDEMA DUE TO TUMOURS AND INFLAMMATION	MEDICINE TREATMENT • Dexamethasone, IV, 4 mg 6 hourly, initially. OR • Betamethasone, oral/IV, 4 mg 6 hourly. ◦ Discontinue if no response has occurred after 48 hours. ◦ Taper dose according to response and duration of therapy.

Paediatric Hospital Level STGs and EML

Indication:	PAEDIATRICS Hospital Level
21.1.1.2 NAUSEA AND VOMITING (Palliative Care)	MEDICATION AND TREATMENT Targeted anti-emetic therapy is best to treat the specific underlying cause. Knowledge of the neuronal pathways, sites of action and receptors involved in nausea and vomiting as well as the sites of action of the anti-emetics are essential to provide targeted therapy. Targeted anti-emetic therapy in palliative care patients: Site: Cortex: Lorazepam, oral: ◦ Child < 2 years: 25 mcg/kg 8–12 hourly. ◦ Child 2–5 years: 500 mcg 8–12 hourly. ◦ Child 6–10 years: 750 mcg 8 hourly. ◦ Child 11–14 years: 1 mg 8 hourly. ◦ Child > 15 years: 1–2 mg 8 hourly. Site: Chemoreceptor trigger zone • Ondansetron: ◦ Oral, 0.1–0.2 mg/kg 12 hourly. If oral route cannot be used: ◦ Ondansetron, IV, 0.1 mg/kg immediately and every 8–12 hours thereafter, given over 2–5 minutes. Maximum: 4 mg/day. • Metoclopramide, oral or IV: ◦ Neonates: 100 mcg/kg 6–8 hourly. ◦ 1–11 months (up to 10 kg): 100 mcg/kg 12 hourly. Maximum: 1000 mcg/dose (1 mg/dose). ◦ 1–18 years: 100–150 mcg/kg 8 hourly. Maximum: 10 mg/dose. Use with caution as extrapyramidal side effects may occur (especially at higher doses). • Haloperidol, oral: ◦ 1 month to 11 years: 0.01–0.1 mg/kg 12–24 hourly. ◦ 12–17 years: 1.5 mg at night, increase to 1.5 mg 12 hourly. Maximum: 5 mg 12 hourly. Site: Viscera (GIT obstruction) Raised intracranial pressure • Hyoscine butylbromide, oral, IM or IV: ◦ 1 month to 4 years: 300–500 mcg/kg 6–8 hourly. Maximum: 5000 mcg/dose (5 mg/dose). ◦ 5–11 years: 5–10 mg 6–8 hourly. ◦ 12–17 years: 10–20 mg 6–8 hourly. • Betamethasone, oral: ◦ Child < 1 year: 250 mcg 8 hourly. Maximum: 1000 mcg (1 mg) 8 hourly. ◦ Child 1–5 years: 1 mg 8 hourly increased to a maximum of 2 mg 8 hourly. ◦ Child 6–11 years: 2 mg 8 hourly up to 4 mg 8 hourly. ◦ Child 12–17 years: 4 mg 8 hourly. Better to give as intermittent short courses (5 days) rather than for protracted periods of time. Need to wean if given for > 2 weeks, over a number of weeks.

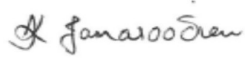
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Circular Implementation and Dissemination

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: *Any new updates or changes regarding the stock will be communicated.*

Kind regards



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DATE: 13 October 2026