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NOTICE: RECOMMENDED THERAPEUTIC ALTERNATIVES FOR CLONIDINE TABLETS

The newly released Paediatric Hospital Level Standard Treatment Guidelines (STGs) and Essential Medicines List (EML) 2023, 5th edition, has included clonidine tablets for various indications.

Clonidine was also previously registered in South Africa by Boehringer Ingelheim however the company has since discontinued the product in year 2000. The current sole registered supplier of clonidine 0.25mg tablets in South Africa, Aspen Pharmacare, is currently experiencing supply challenges. It is however expected that this product will become available at the end of September 2023.

The following therapeutic alternative recommendations are proposed until stock becomes

vailable:				
Indication: Hospital Level (Paediatrics)	Current recommendation in STGs and EML	Risperidone, oral. Starting dose: 0.25 mg/day (< 20 kg) and 0.5 mg/day (> 20 kg). Recommended average dosage: 1 mg/day. Dosage range: 0.25–3 mg. If risperidone cannot be tolerated due to side effects:		
14.10 Tic Disorders	Risperidone, oral. Starting dose: 0.25 mg/day (< 20 kg) and 0.5 mg/day (> 20 kg). Recommended average dosage: 1 mg/day. Dosage range: 0.25–3 mg. If risperidone cannot be tolerated due to side effects:			
	Clonidine, oral, daily. Starting dose at 25 mcg and titrate gradually to 3–5 mcg/kg. Divide doses larger than 0.1mg/kg/day into 2 doses (morning and evening)	» Discuss alternative with a specialist		
21.1.1.1 Acute pain Children with severe neurological impairment (SNI)	Patients with SNI may suffer from neuro-irritability, which can be associated with pain. In a child with recurrent pain behaviour episodes (3 or more prolonged episodes per week or a monthly cycle of frequent episodes for 1–2 weeks each month), initiate: Clonidine, oral, 1–3 mcg/kg 6–8 hourly. Amitriptyline, oral, 0.5–1 mg/kg 8 hourly.	Patients with SNI may suffer from neuro-irritability which can be associated with pain. In a child with recurrent pain behaviour episodes (3 or more prolonged episodes per week or a monthly cycle of frequent episodes for 1–2 weeks each month), initiate: • Amitriptyline, oral, 0.5–1 mg/kg 8 hourly. • Maximum: 25 mg/dose.		
22.1.2.1 General anaesthesia preparation	Maximum: 25 mg/dose. Premedication Midazolam: This is a commonly used premedication agent that is generally well tolerated. Can be safely used in most children, but caution is advised in children with: Risk factors for paradoxical excitation, e.g., children under 3 years, Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD).	Premedication Midazolam: This is a commonly used premedication agent that is generally well tolerated. Can be safely used in most children, but caution is advised in children with: Risk factors for paradoxical excitation, e.g., children under 3 years, Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD).		

Indication: Hospital Level (Paediatrics)	Current recommendation in STGs and EML Avoid in patients with obstructive sleep apnoea (OSA), as can cause respiratory depression. OR Clonidine: Preferred agent in children with: Behavioural disorders such as ADHD, and children with ASD. Obstructive sleep apnoea. Does not cause respiratory depression. Can cause bradycardia, which is clinically insignificant. Provides analgesia in addition to anxiolysis and sedation. Is tasteless and well tolerated. Even smaller children will swallow the tablets, but they can also be crushed and added to juice or water. Alternative in certain circumstance Ketamine: Is cardio stable and does not cause respiratory depression. Provides analgesia in addition to anxiolysis and sedation. In exceptional circumstances, can be used IM, e.g. when dealing with a combative child who is unable to understand what is needed and will not accept other routes of administration.		Therapeutic alternative Avoid in patients with obstructive sleep apnoea (OSA), as can cause respiratory depression. OR Alternative in certain circumstance Ketamine: Is cardio stable and does not cause respiratory depression. Provides analgesia in addition to anxiolysis and sedation. In exceptional circumstances, can be used IM, e.g. when dealing with a combative child who is unable to understand what is needed and will not accept other routes of administration.		
	Agent	Route	Dose		Time to peak effect (minutes)
	Oral 0.25–0.5 m Midazolam Intranasal** 0.3 mg/kg Intravenous 0.025–0.1 r		/kg (max. 15 mg) g/kg*	10–30 10–15 3–5	
	Clonidine	Oral	3–5 mcg/kg		60–90
	Ketamine	Oral Intranasal** Intramuscular	6–10 mg/kg 1–5 mg/kg 2–4 mg/kg tervals until desired level of sedation is achieve.		30 20 20

Note:

» The National Department of Health will advise when the supply of clonidine tablets is resumed.

Circular 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

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& Fanaroodle

CHIEF DIRECTOR: SECTOR-WIDE PROCUREMENT

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