

DRUG CARDS | DAILY



NAME(S): **Generic:** clonazepam (kloe NA ze pam) | **Brand:** Klonopin

PHARMACOLOGIC & THERAPEUTIC CLASS: Anticonvulsant | Benzodiazepine | Hypnotic

DOSAGE FORM & STRENGTH: **Tablet:** 0.5 mg, 1 mg, 2 mg | **ODT:** 0.125 mg, 0.25 mg, 1 mg, 2 mg

INDICATION(S) & DOSING(S): ADULTS

1. **Seizure disorder:** Tx range 0.5-5 mg PO tid. Initiate 0.5 mg PO tid. Dose inc 0.5-1 mg/day every 3 days to a max of 20 mg/day.
2. **Panic disorder:** Tx range 0.5-5 mg PO bid. Initiate 0.25 mg PO bid. Dose inc 0.25-0.5 mg/day every 3 days to a max of 4 mg/day.
 - OFF LABEL | **Anxiety:** Tx range 0.25-0.5 mg PO bid. Dose inc 0.25 mg/day every 1-2 days. Max 4 mg/day.
 - OFF LABEL | **Restless legs syndrome (RLS):** Tx range 0.5-2 mg PO qhs. Take 30 min before bedtime.
 - OFF LABEL | **Confusional arousals:** Tx range 0.5-2 mg PO qhs.
 - OFF LABEL | **Sleep terrors:** Tx range 0.5-2 mg PO qhs.
 - OFF LABEL | **Sleepwalking:** Tx range 0.5-2 mg PO qhs.
 - OFF LABEL | **Rapid eye movement sleep behavior disorder:** Tx range 0.5-1 mg PO qhs.
 - OFF LABEL | **Burning mouth syndrome:** Tx range 0.25-2 mg/day PO divided qd-tid. Inc 0.25-0.5 mg/day q week.
 - OFF LABEL | **Tourette syndrome:** Tx range 0.25-3 mg/day. Max 6 mg/day.

INDICATION(S) & DOSING(S): PEDIATRICS

1. **Seizure disorder:** Approved for children <10 years of age. **Wt based dose for <30 kg.** Tx range 0.1-0.2 mg/kg/day PO divided bid-tid. Initiate 0.01-0.03 mg/kg/day PO divided bid-tid. Dose inc 0.25-0.5 mg/day every 3 days. Regarding separated doses, give the largest dose qhs. **Wt based dose for >30 kg.** Tx range 0.5-5 mg PO tid. Initiate 0.5 mg PO tid. Dose inc 0.5-1 mg/day every 3 days. Max of 20 mg/day.
 - OFF LABEL | **Sleep terrors:** Approved for children 2 years of age and older. Tx range b/t 0.125-0.25 mg PO qhs.
 - OFF LABEL | **Sleepwalking:** Approved for children 2 years of age and older. Tx range b/t 0.125-0.25 mg PO qhs.
 - OFF LABEL | **Rapid eye movement sleep behavior disorder:** Approved for children 2 years of age and older. Tx range b/t 0.25-0.5 mg PO qhs.
 - OFF LABEL | **Tourette syndrome:** Approved for children 6 years of age and older. Tx range 0.25-3 mg/day PO divided bid-tid. When initiating slowly titrate dose 0.25 mg/day PO divided bid-tid to a max of 6 mg/day.

MECHANISM OF ACTION & PHARMACOLOGY

- **MOA:** Exact MOA is unknown but purposed activity believed to be a result of GABA activity enhancement. A depression of the nerve transmissions in the motor cortex occurs through a spike/wave discharge suppression. | Medication is rapidly and completely **absorbed**. | Hepatically **metabolized** via CYP3A4 pathway. | <2% is **excreted** in the urine as unchanged drug. | The **onset of action** is b/t 20-40 minutes. | The **time to peak** is b/t 1-4 hours. | In adults the **duration of action** is ≤12 hours and b/t 6-8 hours in infants. | In adults the **half-life elimination** is b/t 17-60 hours. In children 22-33 hours. In neonates 22-81 hours. | ~85% **protein bound**.



SPECIAL POPULATIONS & CONSIDERATIONS

- **Elderly:** When initiating consider starting at lower end of dosing range. | **Discontinuing Therapy:** Gradual dose decrease (i.e. by 0.25 mg/day every 3 days). | **Renally Impaired:** No adjustments needed but caution advised. | **Hepatically Impaired:** Contraindicated if severe impairment. | **Contraindications & Cautions:** Severe hepatic impairment, renal impairment, CNS depression, depression, hx of seizures, and elderly or debilitated pts. | **Pregnancy:** Limited human data. Risk vs. Benefits should be weighed. No known teratogenicity. Risk of neonatal w/d sx when considering other benzodiazepine data available. | **Lactation:** Limited data. If benzo required, consider a short-acting benzo (triazolam, midazolam) or monitor infant closely. Risk of infant CNS depression.

SIDE EFFECTS

- **Common:** Drowsiness/dizziness/fatigue, depression, amnesia, confusion, constipation, hypotension, & others.
- **Serious:** Respiratory depression, abuse/dependency, hypotension, syncope, paradoxical CNS stimulation, etc.

BLACK BOX WARNING: (1) Risk from Concomitant Opioid Use – Risk of respiratory depression, coma, death, & profound sedation. Limit to min dose/duration and monitor for s/sx of respiratory depression and profound sedation. **(2) Addiction/Abuse/Misuse** – Risk of addiction/abuse/misuse which can lead to overdose/death especially when used w/ other meds associated with poor outcomes such alcohol or drugs of abuse. Assess for addiction/abuse/misuse. **(3) Dependence/Withdrawal Reactions** – Extended/continuous use may lead to physical dependence and risk of dependence/withdrawal. Gradual taper if discontinuing long term usage. Avoid rapid dose cessation to avoid w/d and life-threatening reactions.

DRUG INTERACTIONS

- **Considerations for DI:** CNS depression, hypotensive effects, CYP3A4 substrate, & antiepileptic agent.
- **Contraindicated drugs:** Bupropion, metoclopramide, amifampridine, & dalfampridine.
- **Some drugs of note:** Alprazolam, buprenorphine, butalbital, morphine, promethazine, tramadol, apripiprazole, atazanavir, 5-HT, clonidine, clarithromycin, duloxetine, eszopiclone, and others.

MONITORING PARAMETERS

- S/sx of changes in behavior, suicidality, depression, LFTs if long term usage.

PATIENT COUNSELING INFORMATION

- Clonazepam is a longer acting benzodiazepine used to treat **seizures** and **panic attacks** along with many **off label uses** such as **restless legs syndrome, sleep terrors, and sleep walking**.
- There is a concern for **addiction/abuse/misuse**, and concomitant usage with drugs that cause **CNS depression** such as alcohol and opioids.
- Exercise extreme **caution** for **activities that require coordination** such as driving and operating machinery.

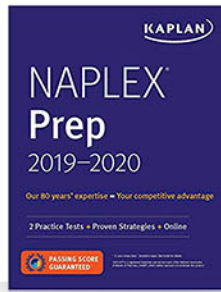
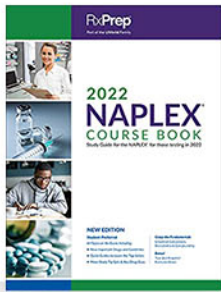
REFERENCE(S)

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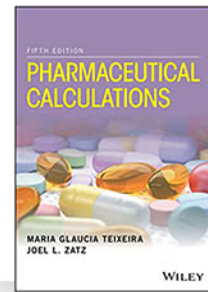
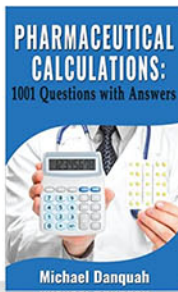
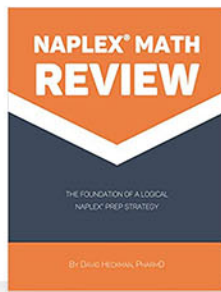
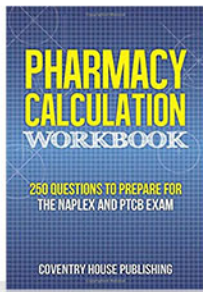


PREPARE FOR SUCCESS!

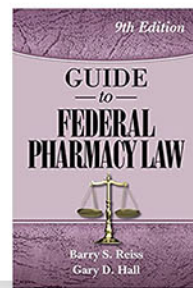
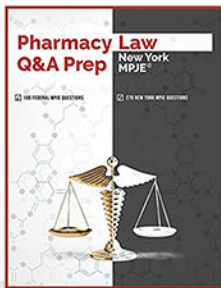
Comprehensive (NAPLEX)



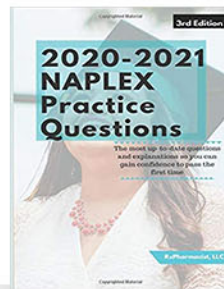
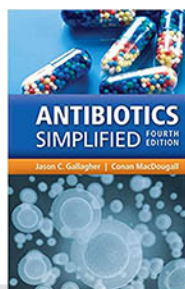
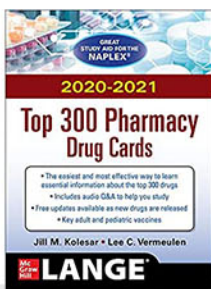
Calculations (NAPLEX)



Pharmacy Law (MPJE)



Supplemental



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DRUG CARDS DAILY

Monday at 7 am EST
(6 am CST, 4 am PST)

HEY NEW GRAD!

So you landed that perfect job offer or got the perfect match for your PGY1 and now the **ONLY** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to **pass the first time!**

HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX



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