CLONAZEPAM (Klonopin) Fact Sheet [G]

Bottom Line:
Due to its longer half-life, clonazepam causes fewer breakthrough symptoms compared to alprazolam when used for anxiety. May also work as a good short-term hypnotic, although development of dependence and long half-life limit this use.

FDA Indications:
Seizure disorders; **panic disorder.**

Off-Label Uses:
Other anxiety disorders; insomnia; acute mania or psychosis; catatonia.

Dosage Forms:
- **Tablets (G):** 0.5 mg (scored), 1 mg (scored), 2 mg (scored).
- **Orally disintegrating tablets (G):** 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg.

Dosage Guidance:
- Dose varies based on patient characteristics (eg, age) and tolerance to benzodiazepines.
- Anxiety: Start 0.5 mg BID; ↑ by 0.5–1 mg/day increments every two to four days to max 6 mg/day divided BID–TID.
- Insomnia (off-label use): Start 0.25–0.5 mg QHS as needed for insomnia. Max 2 mg at bedtime.
- Use lower doses for elderly.

Monitoring: No routine monitoring recommended unless clinical picture warrants.

Cost: $

Side Effects:
- Most common: Somnolence, daytime grogginess, confusion, ataxia.
- Serious but rare: Anterograde amnesia, increased fall risk, paradoxical reaction (irritability, agitation), respiratory depression (avoid in patients with sleep apnea or on opioids).
- Pregnancy/breastfeeding: Potential risks with exposure in early and late pregnancy; use caution in breastfeeding.

Mechanism, Pharmacokinetics, and Drug Interactions:
- Binds to benzodiazepine receptors to enhance GABA effects.
- Metabolized primarily through CYP3A4; t ½: 20–80 hours.
- Avoid concomitant use with other CNS depressants, including alcohol and opioids (additive effects). Potent CYP3A4 inhibitors (eg, fluvoxamine, erythromycin) may increase clonazepam levels; CYP3A4 inducers (eg, carbamazepine) may decrease clonazepam levels.

Clinical Pearls:
- Schedule IV controlled substance.
- High-potency, long-acting benzodiazepine with active metabolites that may accumulate.
- Withdrawal effects may not be seen until three to five days after abrupt discontinuation and may last 10–14 days due to long half-life and active metabolites of clonazepam.
- Full effects of a particular dose may not be evident for a few days since active metabolites will accumulate with continual use (versus PRN use). Wait several days before increasing dose if patient is taking clonazepam regularly.

Fun Fact:
Klonopin tablets (or "K-pins") have a street value of $2–$5 per tablet, depending on dose and geographic region.