
CLONAZEPAM (Klonopin) Fact Sheet [G]

BOTTOM LINE:

Due to the lack of large randomized controlled data to support its use and the potential for side effects, clonazepam should be avoided. If you decide to use it, keep it very short term and deploy it adjunctively in kids who exhibit only partial response to first-line therapies (SSRI, SNRI) or have severe anxiety.

PEDIATRIC FDA INDICATIONS:

Seizure disorders.

ADULT 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.

PEDIATRIC DOSAGE GUIDANCE:

- Minimal guidance on dosing in children and adolescents.
- Start 0.125–0.25 mg daily, increase by 0.125–0.25 mg/day increments as needed to response; max dose 2 mg/day.
- Dose varies based on patient characteristics (eg, age) and tolerance to benzodiazepines.

MONITORING: No specific monitoring of note.

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).

MECHANISM, PHARMACOKINETICS, AND DRUG INTERACTIONS:

- Binds to benzodiazepine receptors to enhance GABA effects.
- Metabolized primarily through CYP3A4; $t_{1/2}$: 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.

EVIDENCE AND CLINICAL PEARLS:

- Double-blind placebo-controlled data found no benefit over placebo in 15 kids (7–13 years) with GAD or social phobia. Common side effects included irritability, drowsiness, and oppositional behavior.
- C-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.
- 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.