Xyclon

Clonazepam USP

Composition
Xyclon 0.5 Tablet: Each tablet contains Clonazepam USP 0.5 mg.
Xyclon 1 Tablet: Each tablet contains Clonazepam USP 1 mg.
Xyclon 2 Tablet: Each tablet contains Clonazepam USP 2 mg.

Properties and effects
In animals, clonazepam has pronounced anticonvulsant properties. Animal experiment and electroencephalography studies in man have shown that clonazepam brings about the direct inhibition of the cortical and sub cortical epileptogenic focus and prevent generalization of convulsive activity. Clonazepam therefore has a beneficial effect on focal epilepsy and primary generalized seizures. Clonazepam potentiates the pre and postsynaptic inhibitory action of gamma amino butyric acid in the CNS. Over compensatory excitation process are thereby reduced via negative feedback without substantial disturbance of other physiological neuronal activity.

Indications
• Epilepsy: Most clinical forms of epilepsy in infants and children, in particular typical and atypical absences (Lennox syndrome), nodding spasms, primary or secondary generalized tonic-clonic spasms. Clonazepam may also be used in adult epilepsy and focal seizures.

• Panic Disorder: Clonazepam is indicated for the treatment of panic disorder, with or without agoraphobia, as defined in DSM-IV. Panic disorder is characterized by the occurrence of unexpected panic attacks and associated concern about having additional attacks, worry about the implications or consequences of the attacks, and/or a significant change in behavior related to the attacks. The efficacy of Clonazepam was established in two 6- to 9- week trials in panic disorder patients whose diagnoses corresponded to the DSMIIIR category of panic disorder. Panic disorder (DSM-IV) is characterized by recurrent unexpected panic attacks, i.e., a discrete period of intense fear or discomfort in which four (or more) of the following symptoms develop abruptly and reach a peak within 10 minutes: (1) palpitations, pounding heart or accelerated heart rate; (2) sweating; (3) trembling or shaking; (4) sensations of shortness of breath or smothering; (5) feeling of choking; (6) chest pain or discomfort; (7) nausea or abdominal distress; (8) feeling dizzy, unsteady, lightheaded or faint; (9) derealization (feelings of unreality) or depersonalization (being detached from oneself); (10) fear of losing control; (11) fear of dying; (12) paresthesias (numbness or tingling sensations); (13) chills or hot flushes. The effectiveness of clonazepam in long-term use, that is, for more than 9 weeks, has not been systematically studied in controlled clinical trials. The physician who elects to use clonazepam for extended periods should periodically reevaluate the long-term usefulness of the drug for the individual patient.

Dosage and administration
Standard dosage: The dosage of Clonazepam must be individually adjusted according to the patient's clinical response and tolerance of the drug. As a general rule, Clonazepam is given as low-dose, single-drug therapy in new, non-therapy-resistant cases.

Oral treatment in Epilepsy: To avoid adverse reactions at the beginning of therapy, it is essential to increase the daily dose progressively until the maintenance dose suited to the individual patient has been reached.

Patient Group	Starting dose daily	Maintenance dose daily
Infants & Children up to 10 years old (or up to 30 kg bodyweight)	0.01-0.03 mg/kg	0.05-0.1 mg/kg
Children over 10 years old (Over 30 kg body weight)	1-2 mg	1.5-3 mg
Adults	1-2 mg	2-4 mg

Once the maintenance dose level has been reached, the daily amount may be given in a single dose in the evening. Should several doses be necessary, the largest should be taken in the evening. The maintenance dose level is best attained after one to three weeks of treatment. The cross-scored 0.5-mg tablets facilitate the administration of lower daily doses to adults in the initial stages of treatment. The maximum therapeutic dose for adults is 20 mg daily.

Special dosage instructions: Clonazepam can be administered concurrently with one or several other antiepileptic agents, in which case the dosage of each drug must be adjusted to achieve the optimum effect. As with all antiepileptic agents, treatment with Clonazepam must not be stopped abruptly, but must be reduced in a stepwise fashion.

In Panic Disorder: Clonazepam provides twice-a-day dosing schedule in panic disorder, which is generally well tolerated.

Patient Group	Starting dose	Maintenance dose
Adults (18 years & above)	0.25 to 0.5 mg twice a day and gradually increased by 0.25 to 0.5 mg every three to five days	1 to 3 mg/day BID, although some patients may require higher dosage of 6 to 8 mg/ day

A three to four weeks period should be considered to reach the maximum tolerated dose. Gradual tapering is also necessary when discontinuing the drug, as abrupt cessation may result seizures, anxiety, headaches and insomnia. Clinicians are generally advised to taper the dosage of Clonazepam by approximately 0.25 to 0.5 mg a week. Tapering in even smaller decrements may be necessary in the final phases.

Duration: At least three months or according to the response. For some patients with panic disorder, six to eight months or even one - year treatment may be required.
Pediatric Patients: There is no clinical trial experience with Clonazepam in panic disorder patients under 18 years of age.

Contraindications
Clonazepam must not be used in patients with known hypersensitivity to clonazepam or any of the drug's excipients, in patients dependent on medication, drugs of abuse or alcohol, or in patients suffering from myasthenia gravis. Clonazepam may be used only with particular caution in patients with spinal or cerebellar ataxia, in the event of acute intoxication with alcohol, other antiepileptic drugs, hypnotics, analgesics, neuroleptic agents, antidepressants or lithium, in patients with severe liver damage (e.g., cirrhosis of the liver) or in patients suffering from sleep apnea.

Precautions
The dosage of Clonazepam must be carefully adjusted to individual requirements in elderly patients, patients with preexisting disease of the respiratory system (e.g., chronic obstructive pulmonary disease), liver or kidneys, and in patients undergoing treatment with other centrally acting medications or anticonvulsant (antiepileptic) agents (see Interactions). Like all drugs of this type, Clonazepam may, depending on dosage, administration and individual susceptibility, modify the patient's reactions (e.g. driving ability, behaviour in traffic).

Side effects
Side effects like tiredness, sleepiness, muscular hypotonia, dizziness, co-ordination disturbance, hyper salivation in infants, paradoxical aggression, irritability, light- headache & ataxia may occur. These effects are usually transients & generally disappear spontaneously in the course of treatment or on the reduction of dosage.

Drug Interactions
Narcotics, barbiturates, non-barbiturates, hypnotics, anti-anxiety agents, MAO inhibitors, tricyclic antidepressant & anticonvulsants drugs may potentiates the CNS-depressants action of clonazepam.

Use in Pregnancy & Lactation
The use of clonazepam during pregnancy should be avoided. The drug should only be administered to pregnant woman if the potentiates benefits of the patients outweigh the risk of fetus. Nursing mother must stop breast-feeding while taking clonazepam or vice-versa.

Overdosage
Symptoms: The symptoms of overdosage or intoxication vary greatly from person to person depending on age, bodyweight and individual response. They range from drowsiness and light-headedness to ataxia, somnolence and stupor, and finally to coma with respiratory depression and circulatory collapse. Serious sequelae are rare unless other medicines, drugs or alcohol have been taken concomitantly. Treatment: In the management of overdose it should be borne in mind that multiple agents may have been taken. In addition to monitoring of respiration, pulse rate and blood pressure, gastric lavage, i.v. fluid replacement with general supportive measures and the provision of emergency facilities to deal with possible airways obstruction are indicated. Hypotension may be treated with sympathomimetic agents. Warning: The benzodiazepine antagonist Anexate® (active ingredient: flumazenil) is not indicated in patients with epilepsy who have been treated with benzodiazepines. Antagonism of the benzodiazepine effect in such patients may provoke seizures.

Storage
Do not store above 25° C. Protect from light. Keep out of reach of children

Commercial Pack
Xyclon 0.5 Tablet: Each box contains 5x10's tablets in blister pack
Xyclon 1 Tablet: Each box contains 5x10's tablets in blister pack
Xyclon 2 Tablet: Each box contains 5x10's tablets in blister pack

Manufactured by
ZISKA PHARMA
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