COMPOSITION :

Retryl 0.25 mg : Each tablet contains Clonazepam 0.25 mg USP.

RETRYL 0.5 mg : Each tablet contains Clonazepam 0.5 mg USP.

PHARMACOLOGY :

Clonazepam has pharmacological properties characteristic of the benzodiazepine class of drugs. Clonazepam has sedative, hypnotic and anticonvulsant properties. Its basic anticonvulsive properties are also similar to
those of other diazepines.

Clonazepam is an effective anticonvulsant. It raises the threshold for propagation of seizure activity and prevents generalisation of focal or local activity. Clinically, it improves focal epilepsy and generalised seizures. It is also believed to enhance the activity of GABA, and acts as anxiolytic.

Absorption: Well absorbed from the GI tract (oral); peak plasma concentrations after 4 hr.

Distribution: Crosses the placenta; enters breast milk. Protein-binding: 86%.

Metabolism: Extensively hepatic; converted to 7-aminoclonazepam.

Excretion: Urine (as free or conjugated metabolites); 20-40 hr (elimination half-life).

INDICATION :

Anxiety as well as panic disorder, with or without agoraphobia.

Epilepsy and other seizure disorders.

Alone or as an adjunct in the management of myoclonic and akinetic seizures and petit

mal variant (Lennox-Gastaut syndrome). May also be of some value in patients with

absence spells (petit mal) who have failed to respond to succinimides.

DOSAGE & ADMINISTRATION :

Dosage must be determined in each patient according to clinical response and tolerance.

Children:
The initial dose for infants and children (up to 10 years of age or 30 kg of body weight) should be between 0.01 and 0.03 mg/kg/day and should not exceed 0.05 mg/kg/day given in two or three divided doses.Dosage should be increased by no more than 0.25 to 0.50 mg every third day until a maintenance dose of 0.1 to 0.2 mg/kg of body weight has been reached, unless seizures are controlled or side effects preclude further increase. Whenever possible, the daily dose should be divided into three equal doses. If doses are not equally divided, the larger dose should be given before retiring.

Adults:
The initial dose for adults should not exceed 1.5 mg/day divided into three doses. Dosage may be increased in increments of 0.5 to 1 mg every three days until seizures are adequately controlled. Maintenance dosage must be individualized for each patient depending upon response. A recommended maintenance dose for adults is 8 to 10 mg/day in three divided doses. Dosages in excess of 20 mg/day should be administered with caution. The use of multiple anticonvulsants may result in an increase of depressant adverse effects. This should be borne in mind whenever Clonazepam is added to an already existing anticonvulsant regimen.

CONTRAINDICATION :

Significant liver disease, narrow angle glaucoma, sensitivity tobenzodiazepines.

PRECAUTIONS :

Although simultaneous administration of several anticonvulsants may be considered with clonazepam, such combined therapy may result in an increase of central depressant adverse effects. In addition, the dosage of each drug may be required to be adjusted to obtain the optimum effect.

Abrupt withdrawal of clonazepam particularly in those patients on long-term, high dose therapy, may precipitate status epilepticus. Therefore, as with any other anticonvulsants, gradual withdrawal is essential when discontinuing clonazepam. While clonazepam is being gradually withdrawn, the simultaneous substitution of incremental doses of another anticonvulsant may be indicated.

Aparadoxical increase in seizure activity or the appearance of new seizure types has occurred in a very few patients during clonazepam treatment. When used in patients in whom several different types of seizures co-exist, clonazepam may increase the incidence or precipitate the onset of generalized tonic-clonic seizures (grand mal). These phenomena may require the addition of appropriate anticonvulsants or an increase in their dosages. The concomitant use of valproic acid and clonazepam may produce absence status.

PREGNANCY :

Recent reports indicate an association between the use of anticonvulsant drugs and an elevated incidence of birth defects in children born to epileptic women taking such medication during pregnancy. The incidence of congenital malformations in the general population is regarded to be approximately 2%; in children of treated epileptic women this incidence may be increased 2 to 3 fold. The increase is largely due to specific defects, e.g., congenital malformations of the heart, and cleft lip and/or palate. Nevertheless, the great majority of mothers receiving anticonvulsant medications deliver normal infants.

Epileptic women of childbearing age should be encouraged to seek professional counsel and should report the onset of pregnancy promptly to their physician. Where the necessity for continuous use of antiepileptic medication is in doubt, appropriate consultation is to be indicated.

LACTATION :

Mothers receiving clonazepam should not breast feed their infants.

USE IN CHILDREN :

Because of the possibility that adverse effects on childhood physical or mental development could become apparent only after years, a risk-benefit consideration of the long-term use of clonazepam is important in pediatric patient.

SIDE EFFECT :

The most frequently occurring adverse reactions to clonazepam are referable to CNS depression. Drowsiness occurs in approximately 50% of patients and ataxia in approximately 30%. In some cases, these may diminish with time. Behaviour problems have been noted in approximately 25% of patients and increased salivation in 7%.

SIDE EFFECT :

The most frequently occurring adverse reactions to clonazepam are referable to CNS depression. Drowsiness occurs in approximately 50% of patients and ataxia in approximately 30%. In some cases, these may diminish with time. Behaviour problems have been noted in approximately 25% of patients and increased salivation in 7%.

INTERACTION WITH OTHER DRUGS :

RETRYL can be administered concurrently with one or more other anti-epileptic drugs, in which case the dosage of each drug must be adjusted to achieve the optimum effect. Interactions have been reported between some benzodiazepines and other anticonvulsants, with changes in the serum concentration of the benzodiazepine or anticonvulsant. It is recommended that patients be observed for altered responses when benzodiazepines and anticonvulsants are prescribed together and that serum level monitoring of the other anticonvulsant is performed more frequently.

OVERDOSE :

Symptoms:

The cardinal manifestations of overdosage are drowsiness and confusion, reduced reflexes and coma. There are minimal effects on respiration, pulse and blood pressure, unless the overdosage is extreme. Patients have recovered from dosages of up to 60 mg without special treatment. When the effects of the drug overdosage begin to wear off, the patient exhibits some jitteriness and over stimulation.

Treatment:

Gastric lavage may be beneficial if performed soon after ingestion of clonazepam. Supportive measures should be instituted as indicated: maintenance of an adequate airway, IV fluids and monitoring of pulse, blood pressure and respiration. CNS stimulants and vasopressors may be used if necessary. Dialysis appears to be of no value.

PACKAGING INFORMATION :

RETRYL TABLETS: Available in a strip of 10 Tablets.