BENZODIAZEPINES
alprazolam (Xanax®), chlordiazepoxide (Librium®), clorazepate (Tranxene®), diazepam (Valium®), lorazepam (Ativan®), Oxazepam (Serax®), temazepam (Restoril®), triazolam (Halcion®), Clonazepam (Klonopin®)

INDICATIONS

1) Anxiety disorders  
2) Panic disorder  
3) Anxiety associated with depression  
4) Short term use for the treatment of insomnia  
5) Sedative hypnotic withdrawal  
6) Akathisia  
7) Acute intervention for agitation/violent behavior  
8) Bipolar disorder, mania- adjunctive or second line therapy  
9) Alcohol/substance abuse withdrawal  
10) Catatonia

PRECAUTIONS TO CONSIDER

Contraindications

Absolute:  
1) History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed  
2) Concomitant use with potent CYP 3A inhibitors (itraconazole, ketoconazole, HIV protease inhibitors, delavirdine, efavirenz, or nefazodone) – triazolam  
3) Concomitant use with potent CYP 3A inhibitors (itraconazole, ketoconazole, or delavirdine) - alprazolam

Relative:  
1) Pregnancy/nursing mothers  
2) Myasthenia gravis  
3) Severe respiratory insufficiency  
4) Acute narrow angle glaucoma  
5) Severe hepatic insufficiency  
6) Sleep apnea

Precautions

1) Hepatic impairment  
2) Porphyria  
3) History of alcohol and drug abuse (Addiction potential)  
4) Concomitant use with potent CYP 3A inhibitor  
5) Sedative hypnotic intoxication/dependence  
6) Discontinuation or rapid dose reduction with use over 1 month  
7) Attention Deficit Hyperactivity Disorder (ADHD)  
8) Dementias/delirium  
9) Use with opioids  
10) Alcohol and CNS depressants  
11) Renal impairment

Pregnancy and Breast-Feeding

See relative contraindications.

<table>
<thead>
<tr>
<th>DRUG</th>
<th>PREGNANCY CATEGORY</th>
<th>LACTATION</th>
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<tbody>
<tr>
<td>Alprazolam</td>
<td>D</td>
<td>Infant risk has been demonstrated</td>
</tr>
<tr>
<td>Chlordiazepoxide</td>
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<td>Infant risk cannot be ruled out</td>
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<tr>
<td>Medication</td>
<td>Infant Risk</td>
<td>Notes</td>
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<td>------------</td>
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<td>Clonazepam</td>
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<td>Clorazepate</td>
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<tr>
<td>Diazepam</td>
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<tr>
<td>Lorazepam</td>
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<tr>
<td>Temazepam</td>
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</tr>
<tr>
<td>Triazolam</td>
<td>X</td>
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</tr>
</tbody>
</table>

**Drug Interactions of Major Significance**

1) Alcohol or CNS depressants
2) Clozapine (excessive sedation or respiratory depression)
3) Other drugs with respiratory depression
4) Potent CYP 3A inhibitors (alprazolam, diazepam, triazolam)
5) HIV protease inhibitors
6) Hepatic enzyme inducers (carbamazepine, phenytoin, phenobarbital, rifampin)
7) Opiates
8) Concomitant benzodiazepines

SEE TABLE A: **Cytochrome P450 Drug Metabolism/Inhibition**

**Age-Specific Considerations**

1) Lower doses should be used in children and elderly
2) Avoid long half-life drugs in elderly (causes falls)
3) May cause excitability in children, elderly and persons with developmental disabilities

**Side Effects Which Require Medical Attention**

1) Worsening agitation, disinhibition or aggression
2) Obtundation
3) Ataxia
4) Redness, swelling or pain at injection site
5) Falls
6) Delirium
7) Respiratory depression
8) Significant sedation
**BENZODIAZEPINES - continued**
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### PATIENT MONITORING

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1)  Pregnancy Test - as clinically indicated</td>
</tr>
</tbody>
</table>

**Dosing**

- See DSHS/DADS Drug Formulary for dosage guidelines.
- Exceptions to maximum dosage must be justified as per medication rule.