Clobazam (Frisium®)

Clobazam Products Available in Canada ¹				
Product Name	DIN	Manufacturer	Available on Sask Formulary? ²	
Apo-Clobazam	02244638	APX	Υ	
Clobazam-10	02248454	PRO DOC LImitee	N	
Dom-Clobazam	02247230	DOM	Υ	
Frisium	02221799	LUD	N	
Novo-Clobazam	02238334	NOP	Υ	
PMS-Clobazam	02244474	PMS	Υ	

In Canada, clobazam is approved for "adjunctive therapy in patients with epilepsy who are not adequately stabilized with their current anticonvulsant therapy."

It is considered an add-on for all seizure types: tonic-clonic; absence; myoclonic and atonic; and partial (simple or complex) with or without secondary generalization.^{4,5}

Considerations:

- There are no drugs available which will provide an antiepileptic substitution for clobazam in all patients. This shortage calls for highly **individualized assessment**.
- We have two concerns: **seizure control** afforded by clobazam as well as **benzodiazepine withdrawal** in the event of abrupt withdrawal.
- Generally, clobazam is used in patients who have been **refractory** to other antiepileptics so it is likely seizure control may be challenging and several options may already have been trialed; all previous antiepileptic use needs to be gathered and, if possible, the reason for discontinuation.

To address withdrawal:

- Benzodiazepine withdrawal can manifest as status epilepticus as well as insomnia, agitation, anxiety, dysphoria, headache, muscle aches, twitches, tremors and myriad other symptoms. Protocols vary but long-term users may expect discontinuation to take two to three months. Since most facilities and pharmacies will have a few days' therapy at most of clobazam, an appropriate taper will not take place.
- **Benzodiazepine substitution will be required** to prevent withdrawal. **Clonazepam** has the closest kinetic profile to clobazam so is a reasonable choice for benzodiazepine substitution.⁸
- Usual seizure dose range clobazam: 10 mg BID; 30 mg HS; (20-30 mg per day)⁵
 Usual seizure dose range clonazepam: 0.5 mg PO TID; 1 mg TID; 2 mg TID (1.5-8 mg/day)⁵

To address seizure:

- As mentioned above, the choice of antiepileptic will need to be made on an **individual patient**basis. Table 1 provides alternatives for the different seizure types.
- Rivotril's product monograph includes the following statement: Clonazepam is "useful alone or as an adjunct in the management of myoclonic and akinetic seizures and petit mal variant (Lennox-Gastaut syndrome). RIVOTRIL may be of some value in patients with absence spells (petit mal) who have failed to respond to succinimides." However, clonazepam does not appear in therapeutic references as an alternative for any type of seizure. (See Table 1)
- To minimize adverse effects, titrate new antiepileptic at recommended rate. 10
- Be cognizant of **drug interactions**.

Table 1. Effective Anti-Epileptic Agents by Seizure Type ^{4,7}			
Seizure Type	First Line Therapeutic Alternative *	Second Line Therapeutic Alternative	
Tonic-Clonic	carbamazepine, lamotrigine, VPA**	levetiracetam, topiramate	
	phenytoin, oxcarbazepine		
Partial	carbamazepine, lamotrigine,	gabapentin, lacosamide oxcarbazepine,	
(Simple or	levetiracetam	phenobarbital, primidone, topiramate, VPA,	
Complex)	oxcarbazepine, phenytoin, VPA	vigabatrin	
Absent	ethosuximide	lamotrigine, levetiracetam, topiramate, VPA	
	lamotrigine, VPA		
Myotonic	VPA	lamotrigine, levetiracetam, topiramate	
	levetiracetam, topiramate		
Atonic	VPA	lamotrigine, levetiracetam, topiramate	
*Use bolded a	gents preferentially followed by italicized	. **VPA = valproic acid/divalproex sodium	

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