2.2 Dose Selection

2.1 General Dosing Information

Clonidine hydrochloride extended-release tablets are indicated for the treatment of attention deficit hyperactivity disorder (ADHD) in children aged 6 years and older. The typical recommended initial dose is 0.1 mg once daily. The dose can be increased in 0.1 mg increments, every 1 to 2 weeks, up to a maximum of 0.4 mg once daily. The maximum recommended dose of clonidine hydrochloride extended-release tablets for ADHD is 0.4 mg once daily in children aged 6 years and older. The doses should be individualized according to the patient’s clinical response and tolerance. Close monitoring of the patient’s blood pressure is recommended during dose titration.

2.2 Dose Selection

3.  DOSAGE FORMS AND STRENGTHS

Clonidine hydrochloride extended-release tablets are available in two strengths: 0.1 mg and 0.2 mg. The tablets are white to off-white, round, scored tablets with the following identifying marks: CLON 0.1 on one side and CLON 0.2 on the other side.

4. CONTRAINDICATIONS

Clonidine hydrochloride extended-release tablets are contraindicated in patients with a history of glaucoma, central or peripheral autonomic ganglion blockade, or severe cardiovascular disease, including coronary artery disease and unstable angina.

5.  WARNINGS AND PRECAUTIONS

5.1 Allergic Reactions

Patients with a history of atopy or who have had an allergic reaction to clonidine should be observed carefully for allergic reactions.

5.2 Sedation and Somnolence

Sedation and somnolence are common adverse reactions associated with clonidine therapy. Patients should be advised to avoid activities requiring mental alertness until the effects of clonidine therapy have been adequately evaluated.

5.3 Impairment of Function

Clonidine hydrochloride extended-release tablets should be used with caution in patients with hepatic or renal impairment.

5.4 Geriatric Use

In elderly patients, drug therapy should be initiated at lower doses and increased gradually as tolerated.

5.5 Cardiac Conduction Abnormalities

Patients with a history of cardiac conduction abnormalities should be monitored closely while taking clonidine hydrochloride extended-release tablets. If cardiac conduction abnormalities develop, clonidine therapy should be discontinued.

5.6 Congestive Heart Failure

Clonidine hydrochloride extended-release tablets should not be used in patients with severe congestive heart failure.

6.  ADVERSE REACTIONS

6.1 Clinical Trials Experience

The most common adverse reactions associated with clonidine hydrochloride extended-release tablets are somnolence, fatigue, agitation, dry mouth, constipation, and decreased appetite.

6.2 Postmarketing Experience

Additional adverse reactions reported in postmarketing experience include syncope, postural hypotension, and orthostatic hypotension.

7.  DRUG INTERACTIONS

Clonidine hydrochloride extended-release tablets should be used with caution in patients taking concomitant medications that may affect blood pressure.

8.  USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Clonidine hydrochloride extended-release tablets are not recommended for use during pregnancy. However, if it is necessary to use clonidine hydrochloride extended-release tablets during pregnancy, the potential benefits should outweigh the potential risks to the fetus.

8.2 Nursing Mother

Clonidine hydrochloride extended-release tablets should be used with caution in breastfeeding mothers, as it is not known whether the drug is excreted in breast milk.

8.3 Children

The safety and efficacy of clonidine hydrochloride extended-release tablets in children have not been established.

8.4 Pediatric Use

Clonidine hydrochloride extended-release tablets are not recommended for use in children under the age of 6 years.

8.5 Geriatric Use

Geriatric patients should be monitored closely for adverse reactions, as they may be more susceptible to the effects of clonidine.

8.6 Renal Impairment

Clonidine hydrochloride extended-release tablets should be used with caution in patients with mild to moderate renal impairment. The recommended dose should be reduced in patients with severe renal impairment.

8.7 Hepatic Impairment

Clonidine hydrochloride extended-release tablets should be used with caution in patients with mild to moderate hepatic impairment.

8.8 Hypertension

Clonidine hydrochloride extended-release tablets are effective in the management of hypertension. However, the dosage should be reduced in patients with severe hypertension.

9.  DRUG ABUSE AND DEPENDENCE

Clonidine hydrochloride extended-release tablets are not believed to have abuse potential.

10.  OVERDOSAGE

In case of overdose, supportive and symptomatic treatment should be administered. If needed, naloxone hydrochloride may be administered to reverse the respiratory depression caused by overdose.

11.  DESCRIPTION

Clonidine hydrochloride extended-release tablets are a centrally acting alpha-2 adrenergic agonist. The active ingredient is clonidine hydrochloride, which is a synthetic compound with a chemical name of 2-amino-2-[2(3-chloro-4-propyl-2-pyridyl)ethyl]propanoic acid hydrochloride. The tablets contain 0.1 mg or 0.2 mg of clonidine hydrochloride, white to off-white, round, scored tablets.

12.  CLINICAL PHARMACOLOGY

12.1 Pharmacokinetics

Clonidine hydrochloride extended-release tablets are absorbed slowly after oral administration. The peak plasma concentration is reached in 4 to 6 hours, and the plasma half-life is approximately 24 hours.

12.2 Pharmacodynamics

Clonidine hydrochloride extended-release tablets act on the central nervous system, primarily as an alpha-2 adrenergic agonist, resulting in a decrease in sympathetic nervous system activity.

12.3 Pharmacotherapeutics

Clonidine hydrochloride extended-release tablets are used for the treatment of hypertension and ADHD. They are typically used as an adjunct to other medications in the management of these conditions.

13.  NONCLINICAL TOXICOLOGY

13.1 Chronic Toxicology

No chronic toxicological studies have been conducted with clonidine hydrochloride extended-release tablets.

14.  CLINICAL STUDIES

Several clinical trials have been conducted to evaluate the efficacy and safety of clonidine hydrochloride extended-release tablets in the treatment of hypertension and ADHD.

15.  PATIENT COUNSELING INFORMATION

Patients should be advised to inform their healthcare provider if they experience any adverse reactions, particularly those associated with sedation, somnolence, and hypotension. They should also be advised to avoid activities requiring mental alertness until the effects of clonidine therapy have been adequately evaluated.

16.  ADVERSE REACTIONS

The most common adverse reactions associated with clonidine hydrochloride extended-release tablets are somnolence, fatigue, agitation, dry mouth, constipation, and decreased appetite. Less common adverse reactions include dizziness, vomiting, rash, and Bradycardia.

17.  DRUG INTERACTIONS

Clonidine hydrochloride extended-release tablets should be used with caution in patients taking concomitant medications that may affect blood pressure.

18.  USE IN SPECIFIC POPULATIONS

18.1 Pregnancy

Clonidine hydrochloride extended-release tablets are not recommended for use during pregnancy. However, if it is necessary to use clonidine hydrochloride extended-release tablets during pregnancy, the potential benefits should outweigh the potential risks to the fetus.

18.2 Nursing Mother

Clonidine hydrochloride extended-release tablets should be used with caution in breastfeeding mothers, as it is not known whether the drug is excreted in breast milk.

18.3 Children

The safety and efficacy of clonidine hydrochloride extended-release tablets in children have not been established.

18.4 Pediatric Use

Clonidine hydrochloride extended-release tablets are not recommended for use in children under the age of 6 years.

18.5 Geriatric Use

Geriatric patients should be monitored closely for adverse reactions, as they may be more susceptible to the effects of clonidine.

18.6 Renal Impairment

Clonidine hydrochloride extended-release tablets should be used with caution in patients with mild to moderate renal impairment. The recommended dose should be reduced in patients with severe renal impairment.

18.7 Hepatic Impairment

Clonidine hydrochloride extended-release tablets should be used with caution in patients with mild to moderate hepatic impairment.

18.8 Hypertension

Clonidine hydrochloride extended-release tablets are effective in the management of hypertension. However, the dosage should be reduced in patients with severe hypertension.

19.  DRUG ABUSE AND DEPENDENCE

Clonidine hydrochloride extended-release tablets are not believed to have abuse potential.
What are possible side effects of clonidine hydrochloride extended-release tablets?


- **Increased sweating**, **itching**, **rash**, **swelling of the legs or face**, **itching or burning at the injection site**, **cold and clammy skin**, **rarely, angioedema (swelling of the tissue under the skin)**

- **Severe side effects** that need immediate medical attention include:
  - **Low blood pressure**
  - **High blood pressure**
  - **Severe headache**
  - **Blurred vision**
  - **Drowsiness**
  - **Dizziness**
  - **Fainting**
  - **Increased heart rate**
  - **Trouble breathing**
  - **Severe stomach pain**
  - **Uncontrolled bleeding**
  - **Severe allergic reaction** (a medical emergency), which may cause hives or swelling of the face, mouth, and throat; difficulty breathing, or swelling of the ears, face, lips, mouth, or tongue

- **Other medications used to treat ADHD**
  - **Concerta (methylphenidate extended-release tablets)**
  - **Strattera (atomoxetine hydrochloride tablets)**
  - **Daytrana (amphetasemi patch)**

- **Fertility of male or female rats was unaffected by clonidine HCl doses as high as 150 mcg/kg/day (30 times the maximum human dose based on body weight).**

- **Corneal lesions** in rats appeared to be adversely affected at dose levels of 500 and 2000 mcg/kg/day (10 and 40 times the maximum human dose based on body weight). The use of clonidine hydrochloride extended-release tablets for more than 5 years has not been established in children aged 6 to 17 years of age.

**ADHD Rating Scale-IV Total Score**

<table>
<thead>
<tr>
<th>Treatment Group</th>
<th>ADHDRS-IV Total Score at Week 5</th>
<th>Placebo Treated Patients</th>
<th>Clonidine Treated Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>38.0 (7.94)</td>
<td>15.8 (1.18)</td>
<td>22.2 (1.98)</td>
</tr>
<tr>
<td>Clonidine</td>
<td>43.8 (7.47)</td>
<td>-14.0 (1.38)</td>
<td>-8.5 (1.60)</td>
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</table>

**ADHD Rating Scale-IV Total Score Change from Baseline**

<table>
<thead>
<tr>
<th>Treatment Group</th>
<th>Baseline</th>
<th>Change from Baseline (SE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>38.0 (7.94)</td>
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</tbody>
</table>

**ADHD Rating Scale-IV Total Score Range**

- **Mean (SD)**
- **Range**

**ADHD Rating Scale-IV Total Score**

- **Mean (SD)**
- **Range**

**ADHD Rating Scale-IV Total Score Change from Baseline**

- **Mean (SD)**
- **Range**

**ADHD Rating Scale-IV Total Score Range**

- **Mean (SD)**
- **Range**

**ADHD Rating Scale-IV Total Score Change from Baseline**

- **Mean (SD)**
- **Range**

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- **Range**

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- **Mean (SD)**
- **Range**