DOSAGE AND ADMINISTRATION

Recommended Dose

The recommended dose is 0.25 mg or 0.5 mg given two to three times daily. The dose may be gradually increased, if needed and tolerated, by increments of 0.25 mg or 0.5 mg at intervals of 3 to 4 days. The maximum recommended dose is 4 mg per day divided into four doses.

The following are other considerations:

- In general, benzodiazepines should be prescribed for short-term use only, except in unusual circumstances.
- Premature discontinuation of treatment of depressive disorders should be avoided.
- The choice of an initial dose should take into consideration the dose of benzodiazepine previously prescribed and the dosage form and route of administration of the new drug.
- The management of patients with comorbid depression and anxiety disorders who are taking benzodiazepines is complicated. See INSTRUCTIONS TO BE GIVEN TO PATIENTS FOR USE/HANDLING.

DOSAGE AND STRENGTHS

Alprazolam is available in 0.25 mg, 0.5 mg, 1.0 mg, and 2.0 mg scored orally disintegrating tablets.

CONTRAINdications

- Acute narrow-angle glaucoma
- Acute angle-closure glaucoma
- Concurrent use with VAZIPRIDE inhibitors (e.g., tolterodine and trospium) can increase the serum concentration of alprazolam.
- Use with other psychotropic medications, use psychoactive medications, use with other CNS depressants

WARNINGS AND PRECAUTIONS

- Suicide: As with other psychotropic medications, use prcaution when prescribing benzodiazepines to patients with a history of depression or recent grief.
- Status Epilepticus and Seizures: Can occur during discontinuation of benzodiazepines.
- Physical dependence: Alprazolam can occur even after relatively short-term use in some patients, especially those with a history of drug dependence.
- Elderly: Benzodiazepines can cause delirium in the elderly
- Geriatric Use: Alprazolam metabolites are long-acting, CNS depressant with sedative-hypnotic properties.

ADVERSE REACTIONS

- Central Nervous System: Sedation (alprazolam is generally efficacious in the treatment of anxiety disorders); impaired coordination; dysarthria; and other CNS depression effects; may include dizziness, somnolence, and fatigue.
- Dermatologic: Rash, pruritus, alopecia

INTERACTIONS

Alprazolam can interact with a variety of other drugs, including:

- Antipsychotics: Use with caution.
- Antidepressants: Use with caution.
- Antidopaminergic agents: Use with caution.
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ADDICTION AND ABUSE

- Addictive potential: When used as directed for anxiety, benzodiazepines are less addictive than other drugs, but they can cause withdrawal symptoms.
- Dependence: The risk of dependence is increased in patients with a history of drug dependence.
- Medication errors: Medication errors can occur when benzodiazepines are used with other drugs or in combination with other drugs.
- Drug interactions: Benzodiazepines can interact with a variety of other drugs, including:
- Antipsychotics: Use with caution.
- Antidepressants: Use with caution.
- Antidopaminergic agents: Use with caution.
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CORRELATION BETWEEN CLINICAL RESPONSE AND NEUROPHYSIOLOGICAL EFFECTS

- The clinical correlation of benzodiazepines with other drug classes has been evaluated.
- The relationship between the clinical effect and the degree of benzodiazepine-induced EEG effects.
- The benzodiazepines differ in their EEG effects, with some being more sedative than others.

CLINICAL STUDIES

- Anxiety Disorders
- Panic Disorders
- Social Anxiety Disorder
- Generalized Anxiety Disorder
- Major Depressive Disorder
- Depression
- Bipolar Disorder
- Obsessive-Compulsive Disorder
- Opioid Use Disorder
- Benzodiazepine Use

REFERENCES

- See prescribing information for alprazolam.
- See prescribing information for clonazepam.
- See prescribing information for diazepam.

Full prescribing information is available at: www.mckesson.com/prescribinginformation.
the DNA Damage/Alkaline Elution

Available data from clinical studies of benzodiazepines other than alprazolam suggest a possible drug interaction between alprazolam and other benzodiazepines, including lorazepam, clonazepam, and diazepam. In addition, benzodiazepines, including alprazolam, are metabolized by the same hepatic enzyme systems as other drugs, including carbamazepine, diazepam, and phenytoin.

2.5.2.5.1 Potential Drug-Drug Interactions

In addition to the adverse effects (see table 10) of benzodiazepines, the use of benzodiazepines is associated with a number of potential drug-drug interactions. These interactions can be due to the effects of benzodiazepines on hepatic enzyme systems, or to the effects of other drugs on hepatic enzyme systems. In either case, the potential for adverse drug interactions is increased when benzodiazepines are used concomitantly with other drugs that are metabolized by the same hepatic enzyme systems. In addition, the potential for adverse drug interactions is increased when benzodiazepines are used concomitantly with other drugs that are metabolized by the same hepatic enzyme systems.

Table 2: Summary of Potential Drug-Drug Interactions

The following table summarizes the potential drug-drug interactions that have been reported with benzodiazepines, including alprazolam:

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2.6.4.6.1 Potential Drug-Drug Interactions

The potential for adverse drug interactions is increased when benzodiazepines are used concomitantly with other drugs that are metabolized by the same hepatic enzyme systems. In either case, the potential for adverse drug interactions is increased when benzodiazepines are used concomitantly with other drugs that are metabolized by the same hepatic enzyme systems.

Table 3: Summary of Potential Drug-Drug Interactions

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2.6.4.6.2 Potential Drug-Drug Interactions

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Table 4: Summary of Potential Drug-Drug Interactions

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2.6.4.6.3 Potential Drug-Drug Interactions

The potential for adverse drug interactions is increased when benzodiazepines are used concomitantly with other drugs that are metabolized by the same hepatic enzyme systems. In either case, the potential for adverse drug interactions is increased when benzodiazepines are used concomitantly with other drugs that are metabolized by the same hepatic enzyme systems.

Table 5: Summary of Potential Drug-Drug Interactions

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3.0 Antipsychotic Effects

There is evidence that the use of benzodiazepines, including alprazolam, in combination with antipsychotics may decrease the likelihood of extrapyramidal symptoms. In addition, the use of benzodiazepines, including alprazolam, in combination with antipsychotics may decrease the likelihood of extrapyramidal symptoms.

4.2.2.4 Antipsychotic Effects

There is evidence that the use of benzodiazepines, including alprazolam, in combination with antipsychotics may decrease the likelihood of extrapyramidal symptoms. In addition, the use of benzodiazepines, including alprazolam, in combination with antipsychotics may decrease the likelihood of extrapyramidal symptoms.

4.2.2.5 Antipsychotic Effects

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