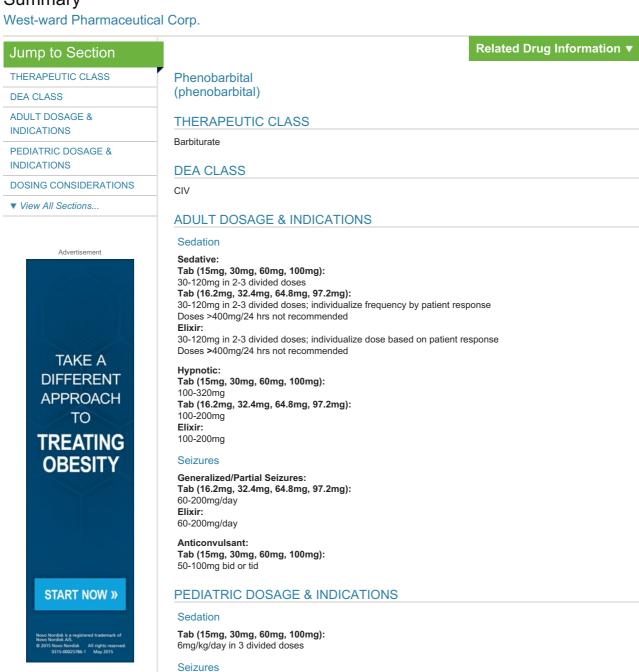


# Phenobarbital Tablets (15 mg, 30 mg, 60 mg, 100 mg) (phenobarbital) - Drug Summary



Generalized/Partial Seizures: Tab (16.2mg, 32.4mg, 64.8mg, 97.2mg):

Also used in the treatment/prophylaxis of febrile seizures

3-6mg/kg/day **Elixir:** 3-6mg/kg/day

Anticonvulsant: Tab (15mg, 30mg, 60mg, 100mg):

15-50mg bid or tid

#### DOSING CONSIDERATIONS

Renal Impairment

Reduce dose

**Hepatic Impairment** 

Reduce dose

Elderly

Elderly/Debilitated: Reduce dose

#### **ADMINISTRATION**

Oral route

#### **HOW SUPPLIED**

Elixir: 20mg/5mL [473mL]; Tab: 15mg, 16.2mg\*, 30mg\*, 32.4mg\*, 60mg, 64.8mg\*, 97.2mg\*, 100mg\*\*scored

#### CONTRAINDICATIONS

Marked impairment of liver function or respiratory disease in which dyspnea or obstruction is evident. (Elixir/16.2mg, 32.4mg, 64.8mg, 97.2mg Tab) History of manifest/latent porphyria. (15mg, 30mg, 60mg, 100mg Tab) Personal or familial history of acute intermittent porphyria, known previous addiction to sedative/hypnotic group.

#### WARNINGS/PRECAUTIONS

Caution w/ borderline hypoadrenal function and history of drug abuse or dependence. Caution in patients who are mentally depressed or w/ suicidal tendencies. Caution when prescribing large amounts to patients w/ a history of emotional disturbances. Elderly or debilitated patients may react w/ marked excitement, depression, or confusion. (15mg, 30mg, 60mg, 100mg Tab) May increase reaction to painful stimuli in small doses; cannot be relied upon to relieve pain or even produce sedation or sleep in the presence of severe pain if taken alone. Caution w/ decreased liver function. (Elixir/16.2mg, 32.4mg, 64.8mg, 97.2mg Tab) Caution w/ acute or chronic pain; may induce paradoxical excitement or mask important symptoms. Some persons, especially children, may repeatedly produce excitement rather than depression. Avoid in patients showing premonitory signs of hepatic coma. May cause fetal damage. Use during labor may result in respiratory depression in the newborn. Cognitive deficits reported in children taking drug for complicated febrile seizures. May be habit-forming; limit prescription and dispensing to amount required for the interval until the next appointment. Withdraw gradually in patients taking excessive doses over long periods of time.

## ADVERSE REACTIONS

Respiratory/CNS depression, apnea, circulatory collapse, hypersensitivity reactions, N/V, headache, somnolence.

## **DRUG INTERACTIONS**

May produce additive depressant effects w/ other CNS depressants (eg, other sedatives/hypnotics, antihistamines, tranquilizers, alcohol). May diminish systemic effects of exogenous corticosteroids (eg, hydrocortisone). Decreased anticoagulant response of oral anticoagulants (eg, warfarin, acenocoumarol, dicumarol, phenprocoumon); determine PT frequently. Dose adjustments of anticoagulants may be required if barbiturates are added to or withdrawn from the dosage regimen. (Elixir/16.2mg, 32.4mg, 64.8mg, 97.2mg Tab) Dose adjustments of corticosteroids may be required if barbiturates are added to or withdrawn from the dosage regimen. May decrease griseofulvin levels; avoid concomitant use. May shorten T<sub>1/2</sub> of doxycycline for as long as 2 weeks after barbiturate therapy is discontinued; monitor response to doxycycline closely if given concurrently. Monitor phenytoin and barbiturate blood levels frequently when given concurrently. Increased levels w/ sodium valproate and valproic acid; closely monitor barbiturate blood levels and adjust dose as indicated. MAOIs may prolong effects. May decrease effect of estradiol w/ pretreatment or w/ concurrent use. Pregnancy reported w/ oral contraceptives; may suggest use of alternative contraceptive method.

## PREGNANCY AND LACTATION

Category B (15mg, 30mg, 60mg, 100mg Tab) and D (Elixir/16.2mg, 32.4mg, 64.8mg, 97.2mg Tab), caution in nursing.

#### MECHANISM OF ACTION

Barbiturate; CNS depressant. Depresses sensory cortex, decreases motor activity, alters cerebellar function, and produces drowsiness, sedation, and hypnosis.

## **PHARMACOKINETICS**

**Distribution:** Crosses the placenta; found in breast milk. **Metabolism:** Hepatic. **Elimination:** Urine (25-50% unchanged), feces; T<sub>1/2</sub>=53-118 hrs (adults), 60-180 hrs (children and newborns <48 hrs old).

## **ASSESSMENT**

Assess for known barbiturate hypersensitivity, history of porphyria, respiratory disease w/ evident dyspnea or obstruction, hypoadrenal function, suicidal tendencies, history of drug abuse or dependence, mental depression, hepatic impairment, debilitation, pain, pregnancy/nursing status, and possible drug interactions. (Elixir/16.2mg, 32.4mg, 64.8mg, 97.2mg Tab) Assess for renal impairment.

## **MONITORING**

Monitor for marked excitement, depression, and confusion in elderly and debilitated patients. Monitor for tolerance, psychological and physical dependence, and withdrawal symptoms. Monitor PT frequently if used w/ coumarin anticoagulants. (Elixir/16.2mg, 32.4mg, 64.8mg, 97.2mg Tab) Monitor for paradoxical excitement and for masking of symptoms in patients w/ acute/chronic pain. Monitor for cognitive deficits in children w/ complicated febrile seizures. Perform periodic lab evaluation of hematopoietic, renal, and hepatic systems during prolonged therapy.

## PATIENT COUNSELING

Inform that medication may impair mental/physical abilities required for the performance of potentially hazardous tasks (eg, driving/operating machinery); advise to use caution. (Elixir/16.2mg, 32.4mg, 64.8mg, 97.2mg Tab) Inform of the risk of psychological and/or physical dependence; instruct not to increase dose w/o consulting physician. Instruct to avoid alcohol while on therapy; inform that use of other CNS depressants (eg, alcohol, narcotics, tranquilizers, antihistamines) may result in additional CNS depressant effects.

## **STORAGE**

20-25°C (68-77°F). (15mg, 30mg, 60mg, 100mg Tab) Protect from light and moisture.

Back to top

About Us | Help | Contact Us | Order Books | Report Adverse Events | Privacy Policy | Terms of Service

US-based MDs, DOs, NPs and PAs in full-time patient practice can register for free on PDR.net. PDR.net is to be used only as a reference aid. It is not intended to be a substitute for the exercise of professional judgment. You should confirm the information on the PDR.net site through independent sources and seek other professional guidance in all treatment and diagnosis decisions.

© 2015 PDR, LLC. All rights reserved.

