Halcion (triazolam) - Drug Summary

Pharmacia and Upjohn Company

Related Drug Information ▼

Halcion (triazolam)

THERAPEUTIC CLASS

Benzodiazepine

DEA CLASS

CIV

ADULT DOSAGE & INDICATIONS

Insomnia

Short-Term Treatment (Generally 7-10 Days):
0.25mg qhs; 0.125mg may be sufficient for some patients (eg, low body weight)
Max: 0.5mg

DOSING CONSIDERATIONS

Elderly
Elderly/Debilitated:
Initial: 0.125mg
Max: 0.25mg

ADMINISTRATION

Oral route

HOW SUPPLIED

Tab: 0.25mg* *scored

CONTRAINDICATIONS

Known hypersensitivity to this drug or other benzodiazepines; pregnancy; concomitant use w/ medications that significantly impair the oxidative metabolism mediated by CYP3A (eg, ketoconazole, itraconazole, nefazodone, HIV protease inhibitors).

WARNINGS/PRECAUTIONS

Initiate only after careful evaluation; failure of insomnia to remit after 7-10 days of treatment may indicate presence of a primary psychiatric and/or medical illness. Use lowest effective dose, especially in elderly. Complex behaviors (eg, sleep-driving, preparing/eating food, making phone calls, having sex) reported; consider discontinuation if sleep-driving occurs. Severe anaphylactic and anaphylactoid reactions reported; do not rechallenge if angioedema develops. Increased daytime anxiety reported; may d/c if observed. Abnormal thinking, behavior changes, anterograde amnesia, paradoxical reactions, traveler's amnesia, and dose-related side effects (eg, drowsiness, dizziness, lightheadedness, amnesia) reported. Worsening of depression, including suicidal thinking, reported in primarily depressed patients. May impair mental/physical abilities. Respiratory depression and apnea reported in patients with compromised respiratory function. Caution in patients with signs or symptoms of depression that could be intensified by hypnotic drugs, renal/hepatic impairment, chronic pulmonary insufficiency, and sleep apnea. Dependence and tolerance to drug may develop; caution with history of alcoholism, drug abuse, or with marked personality disorders, due to increased risk of dependence. Withdrawal symptoms reported following abrupt discontinuation; avoid abrupt discontinuation, and taper dose gradually in any patient taking more than the lowest dose for more than a few weeks or with history of seizure.

ADVERSE REACTIONS

Drowsiness, dizziness, lightheadedness, headache, nervousness, coordination disorders/ataxia, N/V.

DRUG INTERACTIONS

See Contraindications. Avoid with very potent CYP3A inhibitors (eg, azole-type antifungals). Caution and consider triazolam dose reduction with drugs inhibiting CYP3A to a lesser but significant degree. Macrolide antibiotics (eg, erythromycin, clarithromycin) and cimetidine may increase levels; use with caution and consider triazolam dose reduction. Isoniazid, oral contraceptives, grapefruit juice, and ranitidine may increase levels; use with caution. Additive CNS depressant effects with psychotropic medications, anticonvulsants, antihistamines, ethanol, and other CNS depressants. Increased risk of complex behaviors with alcohol and other CNS depressants. Caution with fluvoxamine, diltiazem, verapamil, sertraline, paroxetine, ergotamine, cyclosporine, amiodarone, nicardipine, and nifedipine.

PREGNANCY AND LACTATION

Category X, not for use in nursing.

MECHANISM OF ACTION

Triazolobenzodiazepine hypnotic agent.

PHARMACOKINETICS

Absorption: C_{max}=1-6ng/mL; T_{max}=2 hrs. **Metabolism:** Hydroxylation via CYP3A. **Elimination:** Urine (79.9% metabolites); $T_{1/2}$=1.5-5.5 hrs.

ASSESSMENT

Assess for physical and/or psychiatric disorder, depression, compromised respiratory function, renal/hepatic impairment, chronic pulmonary insufficiency, sleep apnea, history of seizures, alcoholism or drug abuse, marked personality disorders, hypersensitivity to the drug, pregnancy/nursing status, and possible drug interactions.

MONITORING

Monitor for complex behaviors, anaphylactic/anaphylactoid reactions, increased daytime anxiety, emergence of any new behavioral signs/symptoms of concern, tolerance, dependence, withdrawal symptoms, and other adverse reactions.

PATIENT COUNSELING

Inform of the risks and benefits of therapy. Caution against engaging in hazardous activities requiring complete mental alertness (eg, operating machinery, driving). Instruct to immediately report to physician if any adverse reactions (eg, sleep-driving, other complex behaviors) develop. Caution about the concomitant ingestion of alcohol and other CNS depressant drugs during treatment. Instruct to notify physician if pregnant, planning to become pregnant, or if nursing.

STORAGE

20-25°C (68-77°F).

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