



# THE TABLET: PALLIATIVE CARE PHARMACY TIPS

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## TODAY'S TOPIC: Benzodiazepine Class Review

### Background:

Benzodiazepines have been used for many years to treat anxiety. Generally, their mechanism is through GABA modulation. Many different guidelines do not suggest long-term use of benzodiazepines, given long-term dependence (black box warning) and other side effects such as: cognitive impairment, sleep disturbances, and depression. Benzodiazepines are often utilized in the palliative care population to help mitigate symptoms of anxiety, agitation, seizures, and insomnia to name a few.

### Importance:

We can utilize benzodiazepine pharmacokinetics to help guide our benzodiazepine selection, while also considering patient-specific factors. Palliative care clinicians should be aware of the individual benzodiazepine characteristics to help select the most appropriate benzodiazepine for each individual patient.

### The Literature:

Several resources exist that review benzodiazepine pharmacokinetics (PK). Table below can be utilized as a guide, as variability exists in the literature for PK. References accessed listed at the end of this issue.

- In general, short-acting benzodiazepines are alprazolam, temazepam, and midazolam
- Onset of action below indicates onset for sedation effect
- Would favor the use of lorazepam and temazepam in setting of liver impairment

| Benzodiazepine   | Onset of Action*                 | Time to Peak                  | Half Life  | Metabolism                       | Dosing Adjustments                       |
|------------------|----------------------------------|-------------------------------|------------|----------------------------------|------------------------------------------|
| Alprazolam       | PO: 1 hr                         | PO: 1-2 hrs                   | ~6-24 hrs  | Hepatic; CYP3A4                  | Dose adjust or avoid in liver impairment |
| Chlordiazepoxide | PO: 1 hr                         | PO: 0.5-2 hrs                 | ~24-84 hrs | Hepatic; CYP3A4                  | Dose adjust or avoid in liver impairment |
| Clonazepam       | PO: ~0.5-1 hr                    | PO: 1-2 hrs                   | ~18-50 hrs | Hepatic; CYP3A4, glucuronidation | Dose adjust or avoid in liver impairment |
| Diazepam         | IV: ~3-5 mins<br>PO: ~30-60 mins | IV: 8-15 mins<br>PO: 1-2 hrs  | ~20-80 hrs | Hepatic; CYP3A4, CYP2C19         | Dose adjust or avoid in liver impairment |
| Lorazepam        | IV: 15-20 mins<br>PO: ~30 mins   | IV: ~20 mins<br>PO: 1-4 hrs   | ~10-20 hrs | Glucuronidation                  | None                                     |
| Midazolam        | IV: ~5 mins<br>PO: 10-20 mins    | IV: 10-15 mins<br>PO: 1.5 hrs | ~6 hrs     | Hepatic; CYP3A4                  | Dose adjust in liver impairment          |
| Temazepam        | PO: ~0.5-1 hr                    | PO: ~1.5 hrs                  | ~8-15 hrs  | Glucuronidation                  | None                                     |

### Approximate Dose Equivalencies

| Benzodiazepine   | Dose (PO) |
|------------------|-----------|
| Alprazolam       | 0.5mg     |
| Chlordiazepoxide | 25mg      |
| Clonazepam       | 0.25mg    |
| Diazepam         | 5mg       |
| Lorazepam        | 1mg       |
| Midazolam        | 5mg       |
| Temazepam        | 10mg      |

### Formulations and Cost

From Lexicomp® Medication Database:

In general, IN solutions, rectal gels, and ER products are most expensive formulations

| Benzodiazepine   | Available Formulations in the U.S.                                                   | Cost      |
|------------------|--------------------------------------------------------------------------------------|-----------|
| Alprazolam       | PO concentrate (1mg/mL), PO tablet (IR/ER), ODT                                      | \$-\$\$\$ |
| Chlordiazepoxide | PO capsule                                                                           | \$\$      |
| Clonazepam       | PO tablet, ODT                                                                       | \$-\$\$   |
| Diazepam         | PO concentrate (5mg/mL), Rectal gel, IN liquid, IV injection, PO solution, PO tablet | \$-\$\$\$ |
| Lorazepam        | PO ER Capsule, PO concentrate (2mg/mL), IV injection, PO tablet                      | \$-\$\$   |
| Midazolam        | IV injection, IN solution, PO syrup                                                  | \$-\$\$\$ |
| Temazepam        | PO capsule                                                                           | \$\$      |

PO: oral, ER: extended release, IR: immediate release, ODT: oral disintegrating tablet, IN: intranasal, IV: Intravenous

### Bottom Line:

You can utilize pharmacokinetics, available formulations to help assist with your benzodiazepine Selection.

### References:

1. Howard P, Twycross R, Shuster J et al. Benzodiazepines. [J Pain Symptom Manage. 2014 May;47\(5\):955-64.](#)
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3. Greenblatt DJ, Shader RI, Divoll M et al. Benzodiazepines: a summary of pharmacokinetic properties. [Br J Clin Pharmacol. 1981;11 Suppl 1:11S-16S.](#)
4. Garzone PD, Kroboth PD. Pharmacokinetics of the newer benzodiazepines. [Clin Pharmacokinet. 1989 Jun;16\(6\):337-64.](#)
5. Geier C. Aliem Cards Benzodiazepine (and barbiturate) Comparison. Updated 1/15/20. Available at: <https://aliemcards.com/cards/benzodiazepine-and-barbiturate-comparison/>.
6. Griffin CE 3rd, Kaye AM, Bueno FR, Kaye AD. Benzodiazepine pharmacology and central nervous system mediated effects. [Ochsner J. 2013 Summer;13\(2\):214-223.](#)

**CLINICAL PEARL: Utilize pharmacokinetics, available formulations to help assist with your benzodiazepine selection**