Ethotoin

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Dosage Uses Directions Interactions Side effects Warnings

Pronunciation

(ETH oh toyn)

Dosage Forms

Excipient information presented when available (limited, particularly for generics); consult specific product labeling.
[DSC] = Discontinued product

Tablet, Oral:

Peganone: 250 mg [DSC]

Peganone: 250 mg [scored]

Brand Names: U.S.

- Peganone

Pharmacologic Category

- Anticonvulsant, Hydantoin

Pharmacology

Stabilizes the seizure threshold and prevents the spread of seizure activity

Absorption

Rapid

Metabolism

Saturable, hepatic; forms metabolites; the relationship between dose and ethotoin and metabolite concentrations is non-linear.

Excretion

Urine (Naestoft 1976)

Half-Life Elimination

3 to 9 hours

Use: Labeled Indications

Seizures: Control of generalized tonic-clonic (grand mal) and complex-partial (psychomotor) seizures

Contraindications

Hepatic abnormalities; hematologic disorders

Documentation of allergenic cross-reactivity for hydantoins is limited. However, because of similarities in chemical structure and/or pharmacologic actions, the possibility of cross-sensitivity cannot be ruled out with certainty.

Dosing: Adult

Seizures: Oral: Initial: ≤1 g/day, in 4 to 6 divided doses; increase dose over a period of several days; usual maintenance: 2 to 3 g/day.

Dosage adjustment for concomitant therapy: Significant drug interactions exist, requiring dose/frequency adjustment or avoidance. Consult drug interactions database for more information.

Dosing: Geriatric

Refer to adult dosing; use with caution.

Dosing: Pediatric

Seizures: Children ≥1 year and Adolescents: Oral: Initial: ≤750 mg/day, in 4 to 6 divided doses; usual maintenance: 0.5 to 1 g/day; maximum: 3 g/day

Dosage adjustment for concomitant therapy: Significant drug interactions exist, requiring dose/frequency adjustment or avoidance. Consult drug interactions database for more information.

Administration

Administer after food to decrease GI distress.

Storage

Store at 20°C to 25°C (68°F to 77°F). Protect from light.

Drug Interactions

Alcohol (Ethyl): CNS Depressants may enhance the CNS depressant effect of Alcohol (Ethyl). *Monitor therapy*

Alizapride: May enhance the CNS depressant effect of CNS Depressants. *Monitor therapy*

Azelastine (Nasal): May enhance the CNS depressant effect of CNS Depressants. *Avoid combination*

Blonanserin: CNS Depressants may enhance the CNS depressant effect of Blonanserin. Management: Use caution if coadministering blonanserin and CNS depressants; dose reduction of the other CNS depressant may be required. Strong CNS depressants should not be coadministered with blonanserin. *Consider therapy modification*

Brexanolone: CNS Depressants may enhance the CNS depressant effect of Brexanolone. *Monitor therapy*

Brimonidine (Topical): May enhance the CNS depressant effect of CNS Depressants. *Monitor therapy*

Bromopride: May enhance the CNS depressant effect of CNS Depressants. *Monitor therapy*

Bromperidol: May enhance the CNS depressant effect of CNS Depressants. *Avoid combination*

Buprenorphine: CNS Depressants may enhance the CNS depressant effect of Buprenorphine. Management: Consider reduced doses of other CNS depressants, and avoiding such drugs in patients at high risk of buprenorphine overuse/self-injection. Initiate buprenorphine at lower doses in patients already receiving CNS depressants. *Consider therapy modification*

Cannabidiol: May enhance the CNS depressant effect of CNS Depressants. *Monitor therapy*

Cannabis: May enhance the CNS depressant effect of CNS Depressants. *Monitor therapy*

Chlormethiazole: May enhance the CNS depressant effect of CNS Depressants. Management: Monitor closely for evidence of excessive CNS depression. The chlormethiazole labeling states that an appropriately reduced dose should be used if such a combination must be used. *Consider therapy modification*

Chlorphenesin Carbamate: May enhance the adverse/toxic effect of CNS Depressants. *Monitor therapy*

CNS Depressants: May enhance the adverse/toxic effect of other CNS Depressants. *Monitor therapy*

Dimethindene (Topical): May enhance the CNS depressant effect of CNS Depressants. *Monitor therapy*

Doxylamine: May enhance the CNS depressant effect of CNS Depressants. Management: The manufacturer of Diclegis (doxylamine/pyridoxine), intended for use in pregnancy, specifically states that use with other CNS depressants is not recommended. *Monitor therapy*

Dronabinol: May enhance the CNS depressant effect of CNS Depressants. *Monitor therapy*

Droperidol: May enhance the CNS depressant effect of CNS Depressants. Management: Consider dose reductions of droperidol or of other CNS agents (eg, opioids, barbiturates) with concomitant use. *Consider therapy modification*

Esketamine: May enhance the CNS depressant effect of CNS Depressants. *Monitor therapy*

Flunitrazepam: CNS Depressants may enhance the CNS depressant effect of Flunitrazepam. Management: Reduce the dose of CNS depressants when combined with flunitrazepam and monitor patients for evidence of CNS depression (eg, sedation, respiratory depression). Use non-CNS depressant alternatives when available. *Consider therapy modification*

HydrOXYzine: May enhance the CNS depressant effect of CNS Depressants. *Monitor therapy*

Kava Kava: May enhance the adverse/toxic effect of CNS Depressants. *Monitor therapy*

Lemborexant: May enhance the CNS depressant effect of CNS Depressants. Management: Dosage adjustments of lemborexant and of concomitant CNS depressants may be necessary when administered together because of potentially additive CNS depressant effects. Close monitoring for CNS depressant effects is necessary. *Consider therapy modification*

Lisuride: May enhance the CNS depressant effect of CNS Depressants. *Monitor therapy*

Lofexidine: May enhance the CNS depressant effect of CNS Depressants. *Monitor therapy*

Magnesium Sulfate: May enhance the CNS depressant effect of CNS Depressants. *Monitor therapy*

Mefloquine: May diminish the therapeutic effect of Anticonvulsants. Mefloquine may decrease the serum concentration of Anticonvulsants. Management: Mefloquine is contraindicated for malaria prophylaxis in persons with a history of convulsions. If anticonvulsants are being used for another indication, monitor anticonvulsant concentrations and treatment response closely with concurrent use. *Consider therapy modification*

Methotrimeprazine: CNS Depressants may enhance the CNS depressant effect of Methotrimeprazine. Methotrimeprazine may enhance the CNS depressant effect of CNS Depressants. Management: Reduce the usual dose of CNS depressants by 50% if starting methotrimeprazine until the dose of methotrimeprazine is stable. Monitor patient closely for evidence of CNS depression. *Consider therapy modification*

Metoclopramide: May enhance the CNS depressant effect of CNS Depressants. *Monitor therapy*

MetyroSINE: CNS Depressants may enhance the sedative effect of MetyroSINE. *Monitor therapy*

Mianserin: May diminish the therapeutic effect of Anticonvulsants. *Monitor therapy*

Minocycline (Systemic): May enhance the CNS depressant effect of CNS Depressants. *Monitor therapy*

Nabilone: May enhance the CNS depressant effect of CNS Depressants. *Monitor therapy*

Opioid Agonists: CNS Depressants may enhance the CNS depressant effect of Opioid Agonists. Management: Avoid concomitant use of opioid agonists and benzodiazepines or other CNS depressants when possible. These agents should only be combined if alternative treatment options are inadequate. If combined, limit the dosages and duration of each drug. *Consider therapy modification*

Orlistat: May decrease the serum concentration of Anticonvulsants. *Monitor therapy*

Orphenadrine: CNS Depressants may enhance the CNS depressant effect of Orphenadrine. *Avoid combination*

Oxomemazine: May enhance the CNS depressant effect of CNS Depressants. *Avoid combination*

Oxybate Salt Products: CNS Depressants may enhance the CNS depressant effect of Oxybate Salt Products. Management: Consider alternatives to this combination when possible. If combined, dose reduction or discontinuation of one or more CNS depressants (including the oxybate salt product) should be considered. Interrupt oxybate salt treatment

during short-term opioid use *Consider therapy modification*

OxyCODONE: CNS Depressants may enhance the CNS depressant effect of OxyCODONE. Management: Avoid concomitant use of oxycodone and benzodiazepines or other CNS depressants when possible. These agents should only be combined if alternative treatment options are inadequate. If combined, limit the dosages and duration of each drug. *Consider therapy modification*

Paraldehyde: CNS Depressants may enhance the CNS depressant effect of Paraldehyde. *Avoid combination*

Perampanel: May enhance the CNS depressant effect of CNS Depressants. Management: Patients taking perampanel with any other drug that has CNS depressant activities should avoid complex and high-risk activities, particularly those such as driving that require alertness and coordination, until they have experience using the combination. *Consider therapy modification*

Piribedil: CNS Depressants may enhance the CNS depressant effect of Piribedil. *Monitor therapy*

Pramipexole: CNS Depressants may enhance the sedative effect of Pramipexole. *Monitor therapy*

ROPINIRole: CNS Depressants may enhance the sedative effect of ROPINIRole. *Monitor therapy*

Rotigotine: CNS Depressants may enhance the sedative effect of Rotigotine. *Monitor therapy*

Rufinamide: May enhance the adverse/toxic effect of CNS Depressants. Specifically, sleepiness and dizziness may be enhanced. *Monitor therapy*

Suvorexant: CNS Depressants may enhance the CNS depressant effect of Suvorexant. Management: Dose reduction of suvorexant and/or any other CNS depressant may be necessary. Use of suvorexant with alcohol is not recommended, and the use of suvorexant with any other drug to treat insomnia is not recommended. *Consider therapy modification*

Tetrahydrocannabinol: May enhance the CNS depressant effect of CNS Depressants. *Monitor therapy*

Tetrahydrocannabinol and Cannabidiol: May enhance the CNS depressant effect of CNS Depressants. *Monitor therapy*

Thalidomide: CNS Depressants may enhance the CNS depressant effect of Thalidomide. *Avoid combination*

Trimeprazine: May enhance the CNS depressant effect of CNS Depressants. *Monitor therapy*

Vitamin K Antagonists (eg, warfarin): Ethotoin may enhance the anticoagulant effect of Vitamin K Antagonists. Vitamin K Antagonists may increase the serum concentration of Ethotoin. Management: Anticoagulant dose adjustment will likely be necessary when ethotoin is initiated or discontinued. Monitor patients extra closely (INR and signs/symptoms of bleeding) when using this combination. *Consider therapy modification*

Zolpidem: CNS Depressants may enhance the CNS depressant effect of Zolpidem. Management: Reduce the Intermezzo brand sublingual zolpidem adult dose to 1.75 mg for men who are also receiving other CNS depressants. No such dose change is recommended for women. Avoid use with other CNS depressants at bedtime; avoid use with alcohol. *Consider therapy modification*

Ethotoin drug interactions (more detail)

Adverse Reactions

The following adverse drug reactions and incidences are derived from product labeling unless otherwise specified.

Frequency not defined.

Cardiovascular: Chest pain

Central nervous system: Ataxia, dizziness, fatigue, headache, insomnia, numbness

Dermatologic: Skin rash, Stevens-Johnson syndrome

Gastrointestinal: Diarrhea, gingival hyperplasia, nausea, vomiting

Hematologic & oncologic: Hematologic disease, lymphadenopathy

Neuromuscular & skeletal: Lupus-like syndrome

Ophthalmic: Diplopia, nystagmus

Miscellaneous: Fever

Ethotoin side effects (more detail)

Related/similar drugs

Keppra

Keppra is an anti-epileptic drug used to treat partial onset seizures in people with epilepsy ...

Reviews & ratings

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Klonopin

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Diazepam is used to treat anxiety disorders, alcohol withdrawal symptoms, or muscle spasms. Learn ...

Reviews & ratings

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8.4 / 10

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Lamictal

Lamictal is an anti-epileptic medication used treat seizures in adults and children over 2 years ...

Reviews & ratings

8.0 / 10

792 Reviews

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Warnings/Precautions

Concerns related to adverse effects:

• Blood dyscrasias: Have been reported with use; patients with a previous history of adverse hematologic reaction to any drug may be at increased risk. Early detection of hematologic change is important; advise patients of early signs and symptoms including fever, sore throat, mouth ulcers, infections, easy bruising, petechial or purpuric hemorrhage. Discontinue therapy in patients with decreased blood counts. Hydantoin-like compounds may interfere with folic acid metabolism precipitating megaloblastic anemia. Contraindicated in patients with hematologic disorders.

• Suicidal ideation: Pooled analysis of trials involving various antiepileptics (regardless of indication) showed an increased risk of suicidal thoughts/behavior (incidence rate: 0.43% treated patients compared to 0.24% of patients receiving placebo); risk observed as early as 1 week after initiation and continued through duration of trials (most trials ≤24 weeks). Monitor all patients for notable changes in behavior that might indicate suicidal thoughts or depression; notify healthcare provider immediately if symptoms occur.

Other warnings/precautions:

• Withdrawal: Do not discontinue anticonvulsants abruptly because of the possibility of increasing seizure frequency; withdraw therapy gradually to minimize the potential of increased seizure frequency, unless safety concerns require a more rapid withdrawal.

Monitoring Parameters

CBC and urinalysis (initiation of therapy and monthly for several months); liver function tests if signs of dysfunction; suicidality (eg, suicidal thoughts, depression, behavioral changes)

Pregnancy Considerations

Adverse fetal effects may occur following maternal use of ethotoin. Cleft lip and cleft palate observed with other hydantoins has also been reported following in utero exposure to ethotoin (Zablen 1977). Maternal ingestion of

antiepileptic agents has been associated with neonatal coagulation defects/bleeding usually within 24 hours of birth..

Patients exposed to ethotoin during pregnancy are encouraged to enroll themselves into the AED Pregnancy Registry by calling 1-888-233-2334. Additional information is available at www.aedpregnancyregistry.org.

Patient Education

What is this drug used for?

• It is used to help control certain kinds of seizures.

All drugs may cause side effects. However, many people have no side effects or only have minor side effects. Call your doctor or get medical help if any of these side effects or any other side effects bother you or do not go away:

• Dizziness

• Diarrhea

• Headache

• Trouble sleeping

• Vomiting

• Nausea

WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect:

• Infection

• Depression like thoughts of suicide, anxiety, emotional instability, or confusion.

• Liver problems like dark urine, fatigue, lack of appetite, nausea, abdominal pain, light-colored stools, vomiting, or yellow skin.

• Lupus like rash on the cheeks or other body parts, sunburn easy, muscle or joint pain, chest pain or shortness of breath, or swelling in the arms or legs.

• Change in balance

• Gingival pain or swelling

• Chest pain

• Involuntary eye movements

• Double vision

• Severe loss of strength and energy

• Burning or numbness feeling

• Enlarged lymph nodes

• Seizures

• Bruising

• Bleeding

• Agitation

• Irritability

• Panic attacks

• Mood changes

• Stevens-Johnson syndrome/toxic epidermal necrolysis like red, swollen, blistered, or peeling skin (with or without fever); red or irritated eyes; or sores in mouth, throat, nose, or eyes.

• Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.

Note: This is not a comprehensive list of all side effects. Talk to your doctor if you have questions.

More about ethotoin

- ethotoin consumer information
- Check interactions
- Compare alternatives
- Reviews (1)
- Side effects
- Drug class: hydantoin anticonvulsants

Patient resources

Other brands

Peganone

Professional resources

- Ethotoin monograph

Other brands

Peganone

Related treatment guides

- Epilepsy
- Seizure Prevention
- Seizures

Further information

Always consult your healthcare provider to ensure the information displayed on this page applies to your personal circumstances.

Medical Disclaimer

DRUG STATUS

Availability
Discontinued

CSA Schedule*
N/A Not a controlled drug

Approval History
Drug history at FDA

User Reviews & Ratings

Review this drug

Images

Peganone (ethotoin) 500 mg (Logo)

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