

**LACHMAN CONSULTANT SERVICES, INC.**  
CONSULTANTS TO THE PHARMACEUTICAL AND ALLIED INDUSTRIES

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January 27, 2005

**OVERNIGHT COURIER 01/27/05**

Division of Dockets Management  
Food and Drug Administration (HFA-305)  
Department of Health and Human Services  
5630 Fishers Lane, Room 1061  
Rockville, MD 20852

**CITIZEN PETITION**

Dear Sir or Madam:

The undersigned submits this petition, in quadruplicate, pursuant to Section 505(j)(2)(C) of the Federal Food, Drug and Cosmetic Act, and in accordance with 21 CFR 10.30 on behalf of a client requesting the Commissioner of the Food and Drug Administration to declare that the drug product, Chlorzoxazone Tablets USP, 375 mg, is suitable for consideration in an abbreviated new drug application (ANDA).

**A. Action Requested**

The petitioner requests that the Commissioner of the Food and Drug Administration declare that Chlorzoxazone Tablets USP, 375 mg, is suitable for submission as an ANDA. The listed reference drug product (RLD), upon which this petition is based, is Parafon Forte DSC® Tablets (chlorzoxazone), 500 mg by Ortho-McNeil Pharmaceuticals, Inc. In addition, the petitioner also refers to the approved 250 mg strength of Chlorzoxazone Tablets listed in the Orange Book in support of this petition. Therefore, the petitioner seeks a change in strength (from 500 mg to 375 mg) from that of the listed drug product.

**B. Statement of Grounds**

The Federal Food, Drug and Cosmetic Act provides for the submission of an Abbreviated New Drug Application for a drug product that differs in dosage strength from that of the listed drug provided the FDA has approved a petition that proposed filing such an application.

The RLD, Parafon Forte DSC® Tablets by Ortho-McNeil Pharmaceuticals Inc., is a tablet product containing 500 mg of chlorzoxazone. See listing on page 3-83 of the 24<sup>th</sup> Edition of the Approved Drug Products with Therapeutic Equivalence Evaluations, which also lists the approval of the 250 mg strength (Attachment 1). The proposed drug product also represents a tablet dosage form but containing 375 mg of chlorzoxazone. The petition is thus seeking a change in strength (from 500 mg to 375 mg) from that of the RLD. Please note that the proposed change in strength represents a dosage strength midway between the two currently approved 250 mg and 500 mg strengths of chlorzoxazone.

2005 P.0044

CP2

The acceptability of the proposed 375 mg strength is contemplated in the labeling of the 500 mg RLD drug and the approved 250 mg tablet product. The current dosing instructions in the approved labeling of the 500 mg RLD are as follows:

“One [500 mg] caplet three or four times a day. If adequate response is not obtained with this dose, it may be increased to 1 1/2 caplets (750 mg) three or four times daily. As improvement occurs dosage can usually be reduced.”

The labeling of the approved 250 mg product that is supportive of this petition contains the following dosage recommendations:

“Usual Adult Dosage: 250 mg three or four times daily. Initial dosage for painful musculoskeletal conditions should be 500 mg three or four times daily. If adequate response is not obtained with this dose, it may be increased to 750 mg three or four times daily. As improvement occurs, dosage can usually be reduced.”

Both the labeling of the approved 250 mg Chlorzoxazone and the RLD's 500 mg labeling clearly describe the need to titrate the dose to effect based on the nature and duration of the therapy and the response of the patient. The 375 mg proposed product represents the natural titration regimen contemplated from that of the 250 mg approved product and provides the prescribing physician the flexibility in selecting and prescribing the appropriate dose for a specific patient based on their response. From the patient's perspective, the 375 mg tablet will provide a more convenient dosage strength tablet that will not involve the need to break the existing tablets to achieve this dosage level, if deemed appropriate by the physician for the individual patient.

A 375 mg tablet would permit administration of an intermediate dose for those patients that may require greater than 250 mg, but less than 500 mg for relief of symptoms. Because all drug products are not without the potential for significant adverse reactions, the intermediate strength product would also give the health care practitioner greater flexibility in selecting the most appropriate dose for the patient while minimizing potential adverse events.

There are no proposed changes in labeling with the exception of the obvious changes in strength sought in this petition. The uses, indications, warnings and directions for use will remain the same as that of the RLD. Draft labeling for the proposed product is included in Attachment 2. The 500 mg RLD's approved labeling along with the supportive labeling from the approved 250 mg product are provided in Attachment 3.

Therefore, the petitioner's request for the Commissioner to find that a change in strength from 500 mg to 375 mg, for Chlorzoxazone Tablets USP should raise no questions of safety or effectiveness, and the Agency should approve the petition.

### **C. Environmental Impact**

The petitioner claims a categorical exclusion under 21 CFR 25.31.

**D. Economic Impact**

The petitioner does not believe that this is applicable in this case, but will agree to provide such an analysis, if requested by the Agency.

**E. Certification**

The undersigned certifies, that to the best knowledge and belief of the undersigned, this petition includes all information and views on which the petition relies, and that it includes representative data and information known to the petitioner, which are unfavorable to the petition.

Respectfully submitted,

  
Robert W. Pollock   
Vice President

RWP/pk

Attachments:

1. Approved Drug Products with Therapeutic Equivalence Evaluations, 24<sup>th</sup> Edition, Page 3-83
2. Draft labeling for the proposed product
3. Approved labeling for the 500 mg RLD along with the supportive labeling from the approved 250 mg product

cc: Emily Thakur (OGD)

A43P5027

**ATTACHMENT 1**

PRESCRIPTION DRUG PRODUCT LIST

3-83

CHLORZOXAZONE

TABLET; ORAL  
CHLORZOXAZONE

<u>AA</u>	AMIDE PHARM	<u>500MG</u>
<u>AA</u>	BARR	<u>500MG</u>
<u>AA</u>	MUTUAL PHARM	<u>500MG</u>
<u>AA</u>	OHM LABS	<u>250MG</u>
<u>AA</u>		<u>500MG</u>
<u>AA</u>	PAR PHARM	<u>250MG</u>
<u>AA</u>	SANDOZ	<u>250MG</u>
<u>AA</u>		<u>500MG</u>
<u>AA</u>	TEVA	<u>500MG</u>
<u>AA</u>	WATSON LABS	<u>500MG</u>
<u>AA</u>		<u>500MG</u>
<u>AA</u>	<u>PARAFON FORTE DSC</u> + ORTHO MCNEIL PHARM	<u>500MG</u>
<u>AA</u>	<u>STRIFON FORTE DSC</u> FERNDALE LABS	<u>500MG</u>

CHOLECALCIFEROL; \*MULTIPLE\*

SEE ALPHA-TOCOPHEROL ACETATE; ASCORBIC ACID; BIOTIN;  
CHOLECALCIFEROL; CYANOCOBALAMIN; DEXPANTHENOL; FOLIC ACID;  
NIACINAMIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN  
PHOSPHATE SODIUM; THIAMINE HYDROCHLORIDE; VITAMIN A  
PALMITATE; VITAMIN K  
SEE ASCORBIC ACID; BIOTIN; CHOLECALCIFEROL; CYANOCOBALAMIN;  
DEXPANTHENOL; FOLIC ACID; NIACINAMIDE; PYRIDOXINE;  
RIBOFLAVIN; THIAMINE; TOCOPHEROL ACETATE; VITAMIN A;  
VITAMIN K

CHOLESTYRAMINE

POWDER; ORAL

CHOLESTYRAMINE

<u>AB</u>	COPLEY PHARM
<u>AB</u>	EON
<u>AB</u>	IVAX PHARMS
<u>AB</u>	TEVA
<u>AB</u>	
<u>AB</u>	<u>CHOLESTYRAMINE LIGHT</u> COPLEY PHARM
<u>AB</u>	EON
<u>AB</u>	TEVA
<u>AB</u>	
<u>AB</u>	<u>LOCHOLEST</u> EON
<u>AB</u>	
<u>AB</u>	<u>LOCHOLEST LIGHT</u> EON
<u>AB</u>	
<u>AB</u>	<u>PREVALITE</u> UPSHER SMITH
<u>AB</u>	
<u>AB</u>	<u>QUESTRAN</u> + BRISTOL MYERS
<u>AB</u>	

<u>EQ 4GM RESIN/PACKET</u>	<u>N74554 001</u> OCT 02, 1996
<u>EQ 4GM RESIN/SCOOPFUL</u>	<u>N74554 002</u> OCT 02, 1996
<u>EQ 4GM RESIN/PACKET</u>	<u>N74557 001</u> AUG 15, 1996
<u>EQ 4GM RESIN/SCOOPFUL</u>	<u>N74557 002</u> AUG 15, 1996
<u>EQ 4GM RESIN/PACKET</u>	<u>N74771 001</u> JUL 09, 1997
<u>EQ 4GM RESIN/SCOOPFUL</u>	<u>N74771 002</u> JUL 09, 1997
<u>EQ 4GM RESIN/PACKET</u>	<u>N74347 001</u> MAY 28, 1998
<u>EQ 4GM RESIN/SCOOPFUL</u>	<u>N74347 002</u> MAY 28, 1998
<u>EQ 4GM RESIN/PACKET</u>	<u>N74555 001</u> SEP 30, 1998
<u>EQ 4GM RESIN/SCOOPFUL</u>	<u>N74555 002</u> SEP 30, 1998
<u>EQ 4GM RESIN/PACKET</u>	<u>N74558 001</u> AUG 15, 1996
<u>EQ 4GM RESIN/SCOOPFUL</u>	<u>N74558 002</u> AUG 15, 1996
<u>EQ 4GM RESIN/PACKET</u>	<u>N74348 001</u> MAY 28, 1998
<u>EQ 4GM RESIN/SCOOPFUL</u>	<u>N74348 002</u> MAY 28, 1998
<u>EQ 4GM RESIN/PACKET</u>	<u>N74561 001</u> AUG 15, 1996
<u>EQ 4GM RESIN/SCOOPFUL</u>	<u>N74561 002</u> AUG 15, 1996
<u>EQ 4GM RESIN/PACKET</u>	<u>N74562 001</u> AUG 15, 1996
<u>EQ 4GM RESIN/SCOOPFUL</u>	<u>N74562 002</u> AUG 15, 1996
<u>EQ 4GM RESIN/PACKET</u>	<u>N73263 001</u> FEB 22, 1996
<u>EQ 4GM RESIN/PACKET</u>	<u>N16640 001</u>
<u>EQ 4GM RESIN/SCOOPFUL</u>	<u>N16640 003</u>

**ATTACHMENT 2**

# Chlorzoxazone

Tablets 375 mg

Tablets 500 mg

For Painful Musculoskeletal Conditions

## Prescribing Information

### DESCRIPTION

Each tablet contains either:

Chlorzoxazone\*.....375 mg

or

Chlorzoxazone\*.....500 mg

Inactive ingredients: *This information will be provided when the ANDA is submitted*

### ACTIONS

Chlorzoxazone is a centrally-acting agent for painful musculoskeletal conditions. Data available from animal experiments as well as human study indicate that chlorzoxazone acts primarily at the level of the spinal cord and subcortical areas of the brain where it inhibits multisynaptic reflex arcs involved in producing and maintaining skeletal muscle spasm of varied etiology. The clinical result is a reduction of the skeletal muscle spasm with relief of pain and increased mobility of the involved muscles. Blood levels of chlorzoxazone can be detected in people during the first 30 minutes and peak levels may be reached, in the majority of the subjects, in about 1 to 2 hours after oral administration of chlorzoxazone. Chlorzoxazone is rapidly metabolized and is excreted in the urine, primarily in a conjugated form as the glucuronide. Less than one percent of a dose of chlorzoxazone is excreted unchanged in the urine in 24 hours.

### INDICATIONS

Chlorzoxazone is indicated as an adjunct to rest, physical therapy, and other measures for the relief of discomfort associated with acute, painful musculoskeletal conditions. The mode of action of this drug has not been clearly identified, but may be related to its sedative properties.

Chlorzoxazone does not directly relax tense skeletal muscles in man.

### CONTRAINDICATIONS

Chlorzoxazone is contraindicated in patients with known intolerance to the drug.

### WARNINGS

Serious (including fatal) hepatocellular toxicity has been reported rarely in patients receiving chlorzoxazone. The mechanism is unknown but appears to be idiosyncratic and unpredictable. Factors predisposing patients to this rare event are not known. Patients should be instructed to report early signs and/or symptoms of hepatotoxicity such as fever, rash, anorexia, nausea, vomiting, fatigue, right upper quadrant pain, dark urine, or jaundice. Chlorzoxazone should be discontinued immediately and a physician consulted if any of these signs or symptoms develop. Chlorzoxazone use should also be discontinued if a patient develops abnormal liver enzymes (eg. AST, ALT, alkaline phosphatase and bilirubin.)

The concomitant use of alcohol or other central nervous system depressants may have an additive effect.

*Usage in Pregnancy:* The safe use of chlorzoxazone has not been established with respect to the possible adverse effects upon fetal development. Therefore, it should be used in women of childbearing potential only when, in the judgment of the physician, the potential benefits outweigh the possible risks.

### PRECAUTIONS

Chlorzoxazone should be used with caution in patients with known allergies or with a history of allergic reactions to drugs. If a sensitivity reaction occurs such as urticaria, redness, or itching of the skin, the drug should be stopped. If any symptoms suggestive of liver dysfunction are observed, the drug should be discontinued.

### ADVERSE REACTIONS

Chlorzoxazone containing products are usually well tolerated. It is possible in rare instances that chlorzoxazone may have been associated with gastrointestinal bleeding. Drowsiness, dizziness, lightheadedness, malaise, or overstimulation may be noted by an occasional patient. Rarely, allergic-type skin rashes, petechiae, or ecchymoses may develop during treatment. Angioneurotic edema or anaphylactic reactions are extremely rare. There is no evidence that the drug will cause renal damage. Rarely, a patient may note discoloration of the urine resulting from a phenolic metabolite of chlorzoxazone. This finding is of no known clinical significance.

#### **DOSAGE AND ADMINISTRATION**

*Usual Adult Dosage:* One tablet (375mg or 500mg) three or four times daily. If adequate response is not obtained with this dose, it may be increased to 750 mg (2 tablets 375mg or 1½ tablets 500mg) three or four times daily. As improvement occurs dosage can usually be reduced.

#### **OVERDOSAGE**

*Symptoms:* Initially, gastrointestinal disturbances such as nausea, vomiting, or diarrhea together with drowsiness, dizziness, lightheadedness or headache may occur. Early in the course there may be malaise or sluggishness followed by marked loss of muscle tone, making voluntary movement impossible. The deep tendon reflexes may be decreased or absent. The sensorium remains intact, and there is no peripheral loss of sensation. Respiratory depression may occur with rapid, irregular respiration and intercostal and substernal retraction. The blood pressure is lowered, but shock has not been observed.

*Treatment:* Gastric lavage or induction of emesis should be carried out, followed by administration of activated charcoal. Thereafter, treatment is entirely supportive. If respirations are depressed, oxygen and artificial respiration should be employed and a patent airway assured by use of an oropharyngeal airway or endotracheal tube. Hypotension may be counteracted by use of dextran, plasma, concentrated albumin or a vasopressor agent such as norepinephrine. Cholinergic drugs or analeptic drugs are of no value and should not be used.

#### **HOW SUPPLIED**

Chlorzoxazone 375 mg tablets, (color TBD, imprint TBD, unscored).

NDC XXXX-XXXX, bottle sizes TBD.

Chlorzoxazone 500 mg tablets, (color TBD, imprint TBD, scored).

NDC XXXX-XXXX, bottle sizes TBD.

Dispense in tight container as defined in the official compendium.

Store at controlled room temperature (15°-30°C, 59°-86°F)

**ATTACHMENT 3**

# PARAFON FORTE® DSC

(chlorzoxazone)

Caplets 500 mg

For Painful Musculoskeletal Conditions

## Prescribing Information

### DESCRIPTION

Each caplet (capsule shaped tablet) contains Chlorzoxazone\* 500 mg inactive ingredients FD&C Blue No. 1, microcrystalline cellulose, docusate sodium, lactose (hydrous), magnesium stearate, sodium benzoate, sodium starch glycolate, pregelatinized corn starch, D&C Yellow No. 10 \*5-cflorobenzoxazolinone

### ACTIONS

Chlorzoxazone is a centrally-acting agent for painful musculoskeletal conditions. Data available from animal experiments as well as human study indicate that chlorzoxazone acts primarily at the level of the spinal cord and subcortical areas of the brain where it inhibits multisynaptic reflex arcs involved in producing and maintaining skeletal muscle spasm of varied etiology. The clinical result is a reduction of the skeletal muscle spasm with relief of pain and increased mobility of the involved muscles. Blood levels of chlorzoxazone can be detected in people during the first 30 minutes and peak levels may be reached, in the majority of the subjects, in about 1 to 2 hours after oral administration of chlorzoxazone. Chlorzoxazone is rapidly metabolized and is excreted in the urine, primarily in a conjugated form as the glucuronide. Less than one percent of a dose of chlorzoxazone is excreted unchanged in the urine in 24 hours.

### INDICATIONS

PARAFON FORTE DSC chlorzoxazone is indicated as an adjunct to rest, physical therapy, and other measures for the relief of discomfort associated with acute, painful musculoskeletal conditions. The mode of action of this drug has not been clearly identified, but may be related to its sedative properties. Chlorzoxazone does not directly relax tense skeletal muscles in man.

### CONTRAINDICATIONS

PARAFON FORTE DSC chlorzoxazone is contraindicated in patients with known intolerance to the drug.

### WARNINGS

Serious (including fatal) hepatocellular toxicity has been reported rarely in patients receiving chlorzoxazone. The mechanism is unknown but appears to be idiosyncratic and unpredictable. Factors predisposing patients to this rare event are not known. Patients should be instructed to report early signs and/or symptoms of hepatotoxicity such as fever, rash, anorexia, nausea, vomiting, fatigue, right upper quadrant pain, dark urine, or jaundice. Chlorzoxazone should be discontinued immediately and a physician consulted if any of these signs or symptoms develop. Chlorzoxazone use should also be discontinued if a patient develops abnormal liver enzymes (eg. AST, ALT, alkaline phosphatase and bilirubin).

The concomitant use of alcohol or other central nervous system depressants may have an additive effect.

*Usage in Pregnancy:* The safe use of PARAFON FORTE DSC chlorzoxazone has not been established with respect to the possible adverse effects upon fetal development. Therefore, it should be used in women of childbearing potential only when, in the judgment of the physician, the potential benefits outweigh the possible risks.

### PRECAUTIONS

PARAFON FORTE DSC chlorzoxazone should be used with caution in patients with known allergies or with a history of allergic reactions to drugs. If a sensitivity reaction occurs such as urticaria, redness, or itching of the skin, the drug should be stopped.

If any symptoms suggestive of liver dysfunction are observed, the drug should be discontinued.

### ADVERSE REACTIONS

Chlorzoxazone containing products are usually well tolerated. It is possible in rare instances that chlorzoxazone may have been associated with gastrointestinal bleeding. Drowsiness, dizziness, lightheadedness, malaise, or overstimulation may be noted by an occasional patient. Rarely, allergic-type skin rashes, pelechia, or ecchymoses may develop during treatment. Angioneurotic edema or anaphylactic reactions are extremely rare. There is no evidence that the drug will cause renal damage. Rarely, a patient may note discoloration of the urine resulting from a phenolic metabolite of chlorzoxazone. This finding is of no known clinical significance.

### DOSAGE AND ADMINISTRATION

*Usual Adult Dosage:* One caplet three or four times daily. If adequate response is not obtained with this dose, it may be increased to 1 1/2 caplets (750 mg) three or four times daily. As improvement occurs dosage can usually be reduced.

### OVERDOSAGE

*Symptoms:* Initially, gastrointestinal disturbances such as nausea, vomiting, or diarrhea together with drowsiness, dizziness, lightheadedness or headache may occur. Early in the course there may be malaise or sluggishness followed by marked loss of muscle tone, making voluntary movement impossible. The deep tendon reflexes may be decreased or absent. The sensorium remains intact, and there is no peripheral loss of sensation. Respiratory depression may occur with rapid, irregular respiration and intercostal and substernal retraction. The blood pressure is lowered, but shock has not been observed.

*Treatment:* Gastric lavage or induction of emesis should be carried out, followed by administration of activated charcoal. Thereafter, treatment is entirely supportive. If respirations are depressed, oxygen and artificial respiration should be employed and a patent airway assured by use of an oropharyngeal airway or endotracheal tube. Hypotension may be counteracted by use of dextran, plasma, concentrated albumin or a vasopressor agent such as norepinephrine. Cholinergic drugs or analeptic drugs are of no value and should not be used.

### HOW SUPPLIED

PARAFON FORTE® DSC (chlorzoxazone) 500 mg caplets, (capsule shaped tablet, colored light green, imprinted "PARAFON FORTE DSC" and "McNEIL", scored)

NDC 0045-0325, bottles of 100, 500 and unit dose 100's

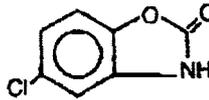
Dispense in tight container as defined in the official compendium

Store at controlled room temperature (15°-30°C, 59°-86°F)

McNeil Pharmaceutical, McNEILAB, INC., Spring House, PA 19477

Revised 03/01/95

**DESCRIPTION:** Each tablet for oral administration contains either 250 mg or 500 mg of chlorzoxazone.



$C_7H_4ClNO_2$  M.W. 169.57

### 5-Chloro-2-benzoxazolinone

Inactive ingredients include D & C Red Lake Blue (D & C Red #27, 0 & C Red #30), FD & C Yellow #6 Aluminum Lake, hydroxypropyl methylcellulose, lactose (monohydrate), magnesium stearate, microcrystalline cellulose, polyvinylpyrrolidone, pregelatinized starch (corn), and sodium starch glycolate.

**CLINICAL PHARMACOLOGY:** Chlorzoxazone is a centrally-acting agent for painful musculoskeletal conditions. Data available from animal experiments as well as human study indicate that chlorzoxazone acts primarily at the level of the spinal cord and subcortical areas of the brain where it inhibits multi-synaptic reflex arcs involved in producing and maintaining skeletal muscle spasm of varied etiology. The clinical result is a reduction of the skeletal muscle spasm with relief of pain and increased flexibility of the involved muscles. Blood levels of chlorzoxazone can be detected in people during the first thirty minutes and peak levels may be reached in the majority of subjects, in about 1 to 2 hours after oral administration of chlorzoxazone. Chlorzoxazone is chiefly metabolized and is excreted in the urine, primarily in a conjugated form as the glucuronide. Less than one percent of a dose of chlorzoxazone is excreted unchanged in the urine in 24 hours.

**INDICATIONS AND USAGE:** Chlorzoxazone tablets are indicated as an adjunct to rest, physical therapy, and other measures for the relief of discomfort associated with acute, painful musculoskeletal conditions. The mode of action of this drug has not been clearly identified, but may be related to its sedative properties. Chlorzoxazone does not directly relax tense skeletal muscles in man.

**CONTRAINDICATIONS:** Chlorzoxazone is contraindicated in patients with known intolerance to the drug.

**WARNINGS:** Serious (including fatal) hepatocellular toxicity has been reported rarely in patients receiving chlorzoxazone. The mechanism is unknown but appears to be idiosyncratic and unpredictable. Factors predisposing patients to this rare event are not known. Patients should be instructed to report early signs and/or symptoms of hepatotoxicity such as fever, rash, anorexia, nausea, vomiting, fatigue, right upper quadrant pain, dark urine, or jaundice. Chlorzoxazone should be discontinued immediately and a physician consulted if any of these signs or symptoms develop. Chlorzoxazone use should also be discontinued if a patient develops abnormal liver enzymes (e.g., AST, ALT, alkaline phosphatase and bilirubin).

The concomitant use of alcohol or other central nervous system depressants may have an additive effect.

**Usage in Pregnancy:** The safe use of chlorzoxazone has not been established with respect to the possible adverse effects upon fetal development. Therefore, it should be used in women of childbearing potential only when, in the judgment of the physician, the potential benefits outweigh the possible risks.

**PRECAUTIONS:** Chlorzoxazone should be used with caution in patients with known allergies or with a history of allergic reactions to drugs. If a sensitivity reaction occurs such as urticaria, redness, or itching of the skin, the drug should be stopped.

If any symptoms suggestive of liver dysfunction are observed, the drug should be discontinued.

**ADVERSE REACTIONS:** Chlorzoxazone-containing products are usually well tolerated. It is possible in rare instances that chlorzoxazone may have been associated with gastrointestinal bleeding, drowsiness, dizziness, lightheadedness, malaise, or over-stimulation may be noted by an occasional patient. Rarely, allergic-type skin rashes, hives, or eczemas may develop during treatment. Angioneurotic edema or anaphylactic reactions are extremely rare. There is no evidence that the drug will cause renal damage. Rarely, a patient may note discoloration of the urine resulting from a phenolic metabolite of chlorzoxazone. This finding is of no known clinical significance.

#### OVERDOSEAGE

**Symptoms:** Initially, gastrointestinal disturbances such as nausea, vomiting, or diarrhea together with drowsiness, dizziness, lightheadedness or headache may occur. Early in the course, there may be malaise or sleepiness followed by marked loss of muscle tone, making voluntary movement impossible. The deep tendon reflexes may be decreased or absent. The sensorium remains intact, and there is no peripheral loss of sensation. Respiratory depression may occur with rapid, irregular respiration and intercostal and abdominal retraction. The blood pressure is lowered, but shock has not been observed.

**Treatment:** Gastric lavage or induction of emesis should be carried out, followed by administration of activated charcoal. Thereafter, treatment is entirely supportive. If respirations are depressed, oxygen and artificial respiration should be employed and a gastric airway secured by use of an oropharyngeal airway or endotracheal tube. Intubation may be considered by use of gum elastic bougie, constrictor dilator or a ventilator agent such as succinylcholine. Cholinergic drugs or analeptic drugs are of no value and should not be used.

#### DOSEAGE AND ADMINISTRATION:

**Usual Adult Dosage:** 250 mg three or four times daily.

Initial dosage for painful musculoskeletal conditions should be 500 mg three or four times daily, if adequate response is not obtained with this dose, it may be increased to 750 mg three or four times daily. As improvement occurs, dosage can usually be reduced.

**HOW SUPPLIED:** Chlorzoxazone tablets, USP for oral administration are supplied as:

250 mg; round, orange tablets, scored debossed GG 421 on one side and plain on the reverse side, in bottles of 100, 500 and 1000.

500 mg; round, orange tablets, scored debossed GG 422 on one side and plain on the reverse side, in bottles of 100, 500 and 1000.

Store at controlled room temperature 15°-30°C (59°-86°F).

Dispense in a light, light-resistant container.

Caution: Federal law prohibits dispensing without prescription.

Rev. 96-1M

7045

Manufactured by  
Ranbax Pharmaceuticals, Inc.  
Bronxfield, CO 80020