TI\80 VA Mfg. Rev. 11/16 Rx Only **Tizanidine Tablets, USP**

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Rx Only

Mfg. Rev. 11/16

AV 08/17

HIGHLIGHTS OF PRESCRIBING INFORMATION These highlights do not include all the information needed to use TIZANIDINE TABLETS safely and effectively. See full prescribing information for TIZANIDINE TABLETS. Initial U.S. Approval: 1996

Tizanidine tablet is a central alpha-2-adrenergic agonist indicated for the management of sposticity. Because of the short duration of therapeutic effect, treatment with fizanidine tablet should be reserved for those daily activities and times when relief of sposticity is most important. (1)

---- DOSAGE AND ADMINISTRATION

DOSAGE AND ADMINISTRATION

Recommended starting dose: 2 mg, dose can be repeated at 6 to 8 hour intervals, up to a maximum of 3 doses in 24 hours (2.1)
Dosage can be increased by 2 mg to 4 mg per dose, with 1 to 4 days between increases; total daily dose should not exceed 35 mg (2.1)
Tizanidine pharmacokinetics differs between tablets and capsules, and when taken with or without food. These differences could result in a change in tolerability and control of symptoms (21, 12.3)
To discontinue trizenidine tablet, decrease dose slowly to minimize the risk of withdrawal and rebound hypertension, tachycardia, and hypertonia (2.2)

---- DOSAGE FORMS AND STRENGTHS -----

Tablets 2 mg & 4 mg (3)¹

 Concomitant use with potent inhibitors of CYP1A2, such as fluvoxamine or aprofloxacin (4, 5.5, 7.1, 7.2) --- WARNINGS AND PRECAUTIONS ---

Hypotension: monitor for signs and symptoms of hypotension, in particular in patients receiving concurrent antihypertensives; fizanidine hydrochloride should not be used with other α_2 -adrenergic agonists (5.1, 7.7)

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FULL PRESCRIBING INFORMATION

Tizanidine tablet is a central alpha-2-adrenergic aganist indicated for the management of spasticity. Because o the short duration of therapeutic effect, treatment with fizanidine tablets should be reserved for those daily activities and times when relief of spasticity is most important [see **Dosage and Administration (2.1)**]. 2 DOSAGE AND ADMINISTRATION

2.1 Dosing Information

Tizanidine tablets may be prescribed with or without food. Once the formulation has been selected and the decision to take with or without food has been made, this regimen should not be altered. Food has complex effects on tizanidine pharmacokinetics, which differ with the different formulations.

sules and tizanidine tablets are bioequivalent to each other under fastina conditions (more than 3 iours after a meal) but not under fed conditions (within 30 minutes of a meal). These pharmacokinetic differences may result in clinically significant differences when switching administration of tablet and capsules and when switching administration between the fed or fasted state. These changes may result in increased adverse events, or delayed or more rapid onset of activity, depending upon the nature of the switch. For this reason, the prescriber should be thoroughly familiar with the changes in kinetics associated with these different conditions [see Clinical Pharmacology (12.3)].

Commission Spec Cambur Internationary (1227):
The recommended starting dose is 2 mg. Because the effect of tizonidine tablets peaks at approximately 1 to 2 hours post-dose and dissipates between 3 to 6 hours post-dose, treatment can be repeated at 6 to 8 hour intervals, as needed, to a maximum of three doses in 24 hours.

Dosage can be gradually increased by 2 mg to 4 mg at each dose, with 1 to 4 days between dosage increases, until a satisfactory reduction of muscle tone is achieved. The total daily dose should not exceed 36 mg. Single doses greater than 16 mg have not been studied.

2.2 Dosing in Patients with Renal Impairment

Fizanidine tablets should be used with caution in patients with renal insufficiency (creatinine clearance < 25 mL/min), as clearance is reduced by more than 50%. In these, patients, during titration, the individual doses should be reduced. If higher doses are required, individual doses rather than dosing frequency should be increased [see Warnings and Precautions (5.7)].</p>

2.3 Dosing in Patients with Hepatic Impairmen

Tizanidine tablets should be used with caution in patients with any hepatic impairment. In these patients, during titration, the individual doses should be reduced. If higher doses are required, individual doses rather than dosing frequency should be increased. Monitating of aminorantesfress levis is recommended for baseline and I month after maximum dose is achieved, or if hepatic injury is suspected. [see **Use in Specific Populations**

2.4 Drug Discontinuation

If therapy needs to be discontinued, particularly in patients who have been receiving high doses (20 mg to 36 mg daily) for long periods (9 weeks or more) or who may be on concomitant treatment with narcatics, the dose should be decreased slowly (2 mg to 4 mg per day) to minimize the risk of withdrawal and rebound hypertension, tachycardia, and hypertonia [see **Drug Abuse and Dependence (9.3)**]. 3 DOSAGE FORMS AND STRENGTHS

Tizanidine Tablets USP, 2 mg are white to off white, oval, flat, beveled edged tablets debossed with "R179" on one side and "bisecting score" on other side.

Tizanidine Tablets USP, 4 mg are white to off white, oval, flat, beveled edged tablets debossed with "R180" on 4 CONTRAINDICATIONS

Tizanidine hydrochloride is contraindicated in patients taking potent inhibitors of CYP1A2, such as fluvoxamine or ciprofloxacin [see Drug Interactions (7.1, 7.2)].

5 WARNINGS AND PRECAUTIONS

5.1 Hypotension

Tizanidine is an α_Z -adrenergic agonist that can produce hypotension. Syncope has been reported in the post marketing setting. The chance of significant hypotension may possibly be minimized by titration of the dose by focusing attention on signs and symptoms of hypotension prior to dose odwarement. In addition, patients moving from a supine to fixed upright position may be at increased risk for hypotension and orthostatic effects. Monitor for hypotension when tizanidine hydrochloride is used in patients receiving concurrent antihypertensive therapy. It is not recommended that tizanidine hydrochloride be used with other capadreneraic ago illerupy. It is not recurrent interest and interest in the control of the control hydrochloride. Therefore, concomitant use of tizanidine hydrochloride with flu

otent inhibitors of CYP1A2, is contraindicated [see Contraindications (4) and Drug Interactions (7.1)

Transidine hydrochloride may cause hepatocellular liver injury. Tizanidine hydrochloride should be used with caution in patients with any hepatic impairment. Monitoring of aminotransferase levels is recommended for baseline and 1 month after maximum dose is achieved, or if hepatic injury is suspected. [see Dosage and Administration (2.3) and Use in Specific Populations (8.7)]

3.3 Section

Tizonidine hydrochloride can cause sedation, which may interfere with everyday activity. In the multiple dose studies, the prevalence of patients with sedation peaked following the first week of titration and then remained stable for the duration of the maintenance phase of the study. The CNS depressant effects of tizonidine hydrochloride with alcohol and other CNS depressants (e.g., benzodiazepines, opioids, tricyclic antidepressants) may be additive. Monitor patients who take itzanidine hydrochloride with another CNS depressant for symptoms of excess sedation. [see Drug Interactions (7.5, 7.6.)]

· /Devchotic-Like Sympto

Tizanidine hydrochloride use has been associated with hallucinations. Formed, visual hallucinations or delusions give been reported in 5 of 170 patients (3%) in two North American controlled clinical studies. Most of the patients were aware that the events were unreal. One patient developed psychosis in association with the hallucinations. One patient among these 5 continued to have problems for at least 2 weeks following discontinuation of tizanidine. Consider discontinuing tizanidine hydrochloride in patients who develop

5.5 Interaction with CYP1A2 Inhibitors

3.5 Interaction with CYP1AZ Inhibitors
Recruss of potential drug interactions, transitine hydrochloride is contraindicated in patients taking potent
CYP1AZ inhibitors, such as fluvoxamine or ciprofloxacin. Adverse reactions such as hypotension, bradyxardia,
excessive drowsiness can occur when transitine hydrochloride is taken with other CYP1AZ inhibitors, such as
Zaleuton, fluoroquionloness other than qirofloxacin (which is contraindicated), antiarrythmics (amiodarone,
mexiletine, propofenone), cimetidine, framotidine, oral contraceptives, cryclovir, and ticlopidine). Concomitar
use should be woolded unless the necessity for tizandine hydrochloride therapty is clinically evident. In such case, use with caution. [see Drug Interactions (7.3) and Clinical Pharmacology (12.3)]

5.6 Hypersensitivity Reactions

Transinite hydrochloride can cuse anaphylaxis. Signs and symptoms including respiratory compromise, urticaria, and angioedema of the throat and tongue have been reported. Patients should be informed of the signs and symptoms of severe allergic reactions and instructed to discontinue transidine hydrochloride and see immediate medical care should these signs and symptoms occur. [see Contraindications [4]]

5.7 Increased Risk of Adverse Reactions in Patients with Renal Impairment Tizanidine hydrochloride should be used with caution in patients with renal insufficiency (creatinine clearance < 25 mL/min), as clearance is reduced by more than 50%. In these patients, during titration, the individual doses should be reduced. If higher doses are required, individual doses rather than dosing frequency sho increased. These patients should be monitored closely for the onset or increase in severity of the common

Dosage and Administration (2.2) and Use in Specific Populations (8.6) 5.8 Withdrawal Adverse Reactions

Withdrawal adverse reactions include rebound hypertension, tachycardia, and hypertonia. To minimize the risk of these reactions, particularly in patients who have been receiving high doses [20 to 28 mg daily] for long periods of time [9] weeks or more] or who may be on accomitant treatment with narrotics, the dose should be decreased slowly [2 to 4 mg per day]. [see Dosage and Administration [2.2]]

adverse events (dry mouth, somnolence, asthenia and dizziness) as indicators of potential overdose. [see

6 ADVERSE REACTIONS ADVEXE KEACLIONS
 The following adverse reactions are described elsewhere in other sections of the prescribing information:
 Hypotension [see Warnings and Precoutions (5.1)]
 Liver Injury [see Warnings and Precoutions (5.2)]
 Sedation [see Warnings and Precoutions (5.3)]
 Hollucinosis/Psychotic-Like Symptoms [see Warnings and Precoutions (5.4)]
 Hypersensitivity Reactions [see Warnings and Precoutions (5.6)]

6.1 Clinical Trials Experience

Because clinical studies are conducted under widely varying conditions, adverse reaction rates observed in the clinical studies of a drug cannot be directly compared to rates in the clinical studies of another drug and may not

reflect the rates observed in clinical practice. Three double-blind, randomized, placebo controlled -clinical studies were conducted to evaluate the effect of fizzanidine on spaticity control. Two studies were conducted in potients with multiple sclerosis and one in patients with spinal cord injury. Each study had a 13-week active treatment period which included a 3-week tritation phase to the maximum tolerated dose up to 36 mg/day in three divided doses, a 9-week plateou phase where the dose of tizanidine was held constant and a 1-week dose topering. In all, 264 patients received

tizanidine and 261 patients received placebo. Across the three studies patient ages ranged from 15 to 69 years and 51.4 percent were women. The median dose during the plateau phase ranged from 20 to 28 mg/day. The most frequent adverse reactions reported in multiple dose, placebo-controlled clinical studies involving Ad-patients with spacificity were dry mouth, somnolence/sodution, asthenia (weakness, fatigue and/or tiredness) and dizziness. Three-quarters of the patients rated the events as mild to moderate and one-quarter of the patients rated the events as being severe. These events appeared to be dose related.

esis, Impairment Of Fertility

ctions or subsections omitted from the full prescribing information are not listed

Risk of liver injury: monitor ALTs; discontinue tizanidine hydrochloride if liver injury occurs (5.2)

To report SUSPECTED ADVERSE REACTIONS, contact AvKARE, Inc., at 1-855-361-3993 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Pregnancy: Based on animal data, may cause fetal harm (8.1)
Geriatric use: tizanidine hydrochloride should be used with caution in elderly patients because clearance is decreased four-fold (8.5)

Table 1 lists signs and symptoms that were reported in greater than 2% of patients in three multiple dose, placebo-controlled studies who received tizanidine hydrochloride where the frequency in the tizanidine hydrochloride group was greater than the placebo group. For comparison purposes, the corresponding frequenc of the event (per 100 patients) among placebo treated patients is also provided.

Table 1: Multiple Dose, Placebo-Controlled Studies —Frequent (>2%) Adverse Reactions Reported for Which Tizanidine Tablets Incidence is Greater than Placebo

Event	Placebo N = 261 %	Tizanidine Tablet N = 264 %
Dry mouth	10	49
Somnolence	10	48
Asthenia*	16	41
Dizziness	4	16
UTI	7	10
Infection	5	6
Constipation	1	4
Liver test abnormality	2	6
Vomiting	0	3
Speech disorder	0	3
Amblyopia (blurred vision)	<1	3
Urinary frequency	2	3
Flu syndrome	2	3
Dyskinesia	0	3
Nervousness	<1	3
Pharyngitis	1	3
Rhinitis	2	3

(weakness, fatigue, and/or tiredness)

In the single dose, placebe-controlled study involving 142 patients with spositicity due to multiple sclerosis 1) [see Clinical Studies [14]], the patients were specifically asked if they had experienced any of the for most common adverse reactions: dry mouth, somnolence (drowsiness), asthenia (weakness, fatigue and/of intendenss) and diziness. In addition, hypotension and bardycardia were observed. The occurrence of these reactions is summarized in Table 2. Other events were, in general, reported at a rate of 2% or less.

Event	Placebo N = 48 %	Tizanidine Tablet, 8mg, N = 45 %	Tizanidine Tablet, 16 mg, N = 49 %
Somnolence	31	78	92
Dry mouth	35	76	88
Asthenia*	40	67	78
Dizziness	4	22	45
Hypotension	0	16	33
Bradycardia	0	2	10

6.2 Post-Marketing Experience

The following adverse reactions have been identified during post approval use of tizanidine hydrochloride Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Certain events, such as sommolence, dry mouth, hypotension, decreased blood pressure, brodycardia, dizziness weakness or asthenia, muscle spasms, hallucinations, fatigue, liver function test abnormality and hepatotoxici The following adverse reactions have been identified as occurring in the post marketing experience of tizanidine hydrochloride. Based on the information provided regarding these reactions, a causal relationship with tizanidine hydrochloride cannot be entirely excluded. The events are listed in order of decreasing clinical ignificance; severity in the post marketing setting is not reported

Anaphylactic Reaction

Exfoliative Dermatitis Ventricular

To report SUSPECTED ADVERSE REACTIONS contact AvKARE, Inc. at 1-855-drugsafety@avkare.com; or FDA at 1-800-FDA-1088 or www.fda.gov/mec 7 DRUG INTERACTIONS

7.1 Fluvoxamin

Concomitant use of fluvoxamine and tizanidine hydrochloride is contraindicated. Changes in pharmacokinetics of fizanidine when administered with fluvoxamine resulted in significantly decreased blood pressure, increased drowsiness, and increased psychomotor impairment. [see Contraindications (4) and Clinical Pharmacology (12.3)]

Concomitant use of ciprofloxacin and tizanidine hydrochloride is contraindixated. Changes in pharmacokinetics of tizanidine when administered with ciprofloxacin resulted in significantly decreased blood pressure, increased drowsiness, and increased psychomotor impairment [See Contraindications (4) and Clinical

Pharmacology (12.3)] 7.3 CYP1A2 Inhibitors other than Fluvoxamine and Ciprofloxacin Because of potential drug interactions, concomitant use of transidine hydrochloride with other CYP1A2 inhibitors, such as alleuton, fluoroquinolones other than strong CYP1A2 inhibitors (which are contraindicated), antirrythmics (amiodarone, mexiletine, propafenone, and verapamil), cimetidine, famotidine, oral contraceptives, acyclovir, and ficipolime) should be avoided. If their use is clinically necessary, therapy should be initiated with 2 mg dose and increased in 2 to 4 mg steps daily based on patient response to therapy. If otherse reactions such as hypotension, brodyrardin, or exessive drowniess occur, reduce or discontinue itanidine hydrochloride therapy. [see Warnings and Precautions (5.5) and Clinical Pharmacology (12.3)]

7.4 Oral Contraceptives 7.4 Oran Controceprives

Concomitant use of traindine hydrochloride with oral contraceptives is not recommended. However, if concomitant use is clinically necessary, initiate transidine hydrochloride with a single 2 mg dose and increase in 2 to 4 mg steps daily based on patient response to therapy. If adverse reactions such as hypotension, bradycardia, or exessive drowinenses occur, reduce or discontinue transidine hydrochloride therapy. [see Clinical Pharmacology (12.3)]

Alcohol increases the overall amount of drug in the bloodstream after a dose of tizanidine hydrochloride. This was associated with an increase in adverse reactions of tizanidine hydrochloride. The CNS depressant effects o tions of tizanidine hydrochloride. The CNS depressant effects of

tizanidine hydrochloride and alcohol are additive. [see Clinical Pharmacology (12.3)] 7.6 Other CNS Depressants

The sodative effects of tizanidine hydrochloride with CNS depressants (e.g., benzodiazepines, opioids, tricydic antidepressants) may be additive. Monitor patients who take tizanidine hydrochloride with another CNS depressant for symptoms of excess sedation. [see Clinical Pharmacology (12.3)] 7.7 α_{2} adrenergic agonists

Because hypotensive effects may be cumulative, it is not recommended that fizanidine hydrochloride be used with other α_2 -adrenergic agonists. [see **Warnings and Precautions (5.1)**]

8 USE IN SPECIFIC POPULATIONS 8.1 Pregnancy

Pregnancy Category C

Traindine hydrochloride has not been studied in pregnant women. Tizanidine hydrochloride should be given to pregnant women only if the benefit outweighs the risk to the unborn fetus. Reproduction studies performed in rats at a dose of 3 mg/Rg, equal to the maximum recommended human dose on a mg/m² basis, and nis robbit at 30 mg/Rg, 15 times the maximum recommended human dose on a mg/m² basis, dit nois how evidence of teratogenicity. Tizanidine at doses that are equal to and up to 8 times the maximum recommended human dos

on a mg/m^2 basis increased gestation duration in rats. Prenatal and postnatal pup loss was increased and developmental retardation occurred. Post-implantation loss was increased in rabbits at doses of 1 mg/kg or greater, equal to or greater than 0.5 times the maximum recommended human dose on a mg/m^2 basis.

nana or une miquy, mominar aux, auxomitious rizomatine myarcomordis it liver miquy occurs (3.2) Seadation: tizandine hydrochloride may interfere with everyday activities; sedative effects of fizantidine hydrochloride, alcohol, and other CNS depressants are additive (5.3, 7.5, 7.6) Hallucinations: consider discontinuation of tizantidine hydrochloride (5.4) Less potent inhibitors of CYP1A2: may cause hypotension, bradycardia, or excessive drowsiness, use caution if tizantidine hydrochloride is used with less potent inhibitors of CYP1A2, e.g., zileuton, other fluoroquinolones, antiarrythmics, cimetidine, famotidine, oral contraceptives, acyclovir, and ticlopidine (5.5, 7.2.1.2) It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when tizanidine hydrochloride is administered to a nursing woma

8.4 Pediatric Use

7.3.12.3.]
Renal impairment (creatinine clearance < 25 mL/min): use tizanidine hydrochloride with caution, and monitor closely for dry mouth, somnolence, asthenia and dizziness as indicators of potential overdose (5.7) Safety and effectiveness in pediatric patients have not been established. 8.5 Geriatric Use

Tizanidine hydrochloride is known to be substantially excreted by the kidney, and the risk of adverse reactions Traditional Psychologists is Johann to a Sussimilarly extended by the Radiacy and in a first kind values a scalably a form to this drug may be greater in potients with impaired and function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function. Clinical studies of tizonidine hydrochloride did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently than younger subjects. Cross-study composition of pharmacokinetic data following single dose administration of 6 mg tizonidine hydrochloride showed that younger subjects cleared the drug four times faster than the elderly subjects. In elderly patients with renal sufficiency (respirations becomes 25 ml /mil. titronible dearmore, is clauded by more than 50% compositions. younger supers treatment are using tool make stosen from the euleury superlist, in euleury puerlist with return insufficiency (recettinine clearance <25 mL/min), Itanidine clearance is reduced by more than 50% compared to healthy elderly subjects; this would be expected to lead to a longer duration of clinical effect. During titration, the individual doses should be reduced. If higher doses are required, individual doses rather than dosing frequency should be increased. Monitor elderly patients because they may have an increased risk for adverse reactions associated with tizanidine hydrochloride.

8.6 Impaired Renal Function

Revised: 08/2017 Tizanidine hydrochloride is known to be substantially excreted by the kidney, and the risk of adverse reactions Tradination injunctional original is shown to a Sussimilarly excited by the bulby of the first of under seven to this drug may be greater in pollients with impaired renal function. In planetins with renal insufficiency (creatinine dearrance < 25 mL/min) clearance was reduced by more than 50%. In these patients, during ittration, the individual doses should be reduced. If higher doses are required, individual doses rather than dosing frequency should be increased. These patients should be monitored dosely for the onset or increase in awaing requerity should be interessed. These parterns should be interested usery for the constraints of interested severity of the common adverse events (dry mouth, somnolence, asthenia and dizziness) as indicators of potential overdose. [see Dosage and Administration (2.2), Warnings and Precautions (5.7) and Clinical Pharmacology (12.3)]

8.7 Impaired Hepatic Function The influence of hepatic impairment on the pharmacokinetics of tizanidine has not been evaluated. Because tizanidine is extensively metabolized in the liver, hepatic impairment would be expected to have significant effects on pharmacokinetics of tizanidine. [see Dosing and Administration [2.3], Warnings and Precautions (5.2), and Clinical Pharmacology (12.3)].

9 DRUG ABUSE AND DEPENDENCE

Abuse potential was not evaluated in human studies. Rats were able to distinguish Tizanidine from saline in a standard discrimination paradigm, after training, but failed to generalize the effects of morphine, cocaine, diazepam, or phenobarbital to tizanidine.

9.3 Dependence

Tizonidine is dosely related to clonidine, which is often abused in combination with narcotics and is known to cause symptoms of rebound upon abrupt withdrawal. Three cases of rebound symptoms on sudden withdrawal of tizonidine have been reported. The case reports suggest that these patients were also missign parcolics. Withdrawal symptoms included hypertension, tachycardia, hypertonia, tremor, and anaxiey. Withdrawal symptoms are more likely to occur in cases where high doses are used, especially for prolonged periods, or with concomitant use of narcotics. If therapy needs to be discontinued, the dose should be decreased slowly to minimize the risk of withdrawal symptoms [see Dosage and Administration (2.21)].

Mankeys were shown to self-administer tizanidine in a dose-dependent manner, and abrupt cessation of tizanidine produced transient signs of withdrawal at doses > 35 times the maximum recommended hum on a mg/m² bais. These transient withdrawal signs, tincreased locomotion, body twitching, and aversive behavior toward the observer) were not reversed by naloxone administration.

10 OVERDOSAGE

A review of the safety surveillance database revealed cases of intentional and accidental tizanidine hydrochloride overdose. Some of the cases resulted in fatality and many of the intentional overdoses were with multiple drugs including QISC depressants. The clinical manifestations of tizanidine overdose were consistent with its known pharmacology. In the migrity of cross of decrease in ensoritive was observed including lethorgy, somnolence, confusion and come. Depressed cardiac function is also observed including most often bradycardia and broatension. Rescriptory description is consistent someone feature of tirestification and sections of the consistency and processing in consistence manufactures. and hypotension. Respiratory depression is another common feature of tizanidine overdose

and myotension. Respiratory appression is anomete common ensure or inzamanian everaouse.

Should overdose ocruz, basis esteps to ensure the adequacy of an airway and the monitoring of cardiovescular and respiratory systems should be undertaken. Tizanidine is a lipid-soluble drug, which is only slightly soluble in water and methanol. Therefore, dialysis is not likely to be an efficient method of removing drug from the body. In general, symptoms resolve within one to three days following discontinuation of fizzanidine and administration of appropriate therapy. Due to the similar mechanism of action, symptoms and management of fizzanidine overdose are similar to that following diamidine overdose. For the most recent information concerning the management of overdose, contact a poison control center.

11 DESCRIPTION

Tizanidine hydrochloride USP, is a central Cz₂-adrenergic agonist. Tizanidine hydrochloride USP is almost white to slightly yellow crystalline powder, which is slightly soluble in water and methanol. Its chemical name is Schlare-4 Zeinidezinie-2 yalmion; 2,3 shenzaholdizalce monohydrochloride. Tizanidine's molecular formula is C₄HgCNs_5.HCl, its molecular weight is 290.2 and its structural formula is:



Tizanidine tablets USP, are supplied as 2 mg and 4 mg tablets for oral administration. Tizanidine tablets USP, contain the active ingredient, tizanidine hydrachloride USP (2.288 mg equivalent to 2 mg tizanidine base and 4.316 mg equivalent to 4 mg tizanidine base), and the inactive ingredients, anhydrous lactose, microcrystalline cellulose, colloidal silicon dioxide and stearic acid. 12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Tizanidine is a central alphe-2-adrenergic receptor aganist and presumably reduces spasticity by increasing presynaptic inhibition of motor neurons. The effects of tizanidine are greatest on polysynaptic pathways. The overall effect of these actions is thought to reduce facilitation of spinal motor neurons. 12.3 Pharmacokinetics

Absorption and Distribution

Following oral administration, fizanidine is essentially completely absorbed. The absolute oral bioavailability of tizanidine is approximately 40% (CV = 24%), due to extensive first-pass hepatic metabolism. Tizanidine is extensively distributed throughout the body with a mean seady state valume of distribution of 2.4 L/kg (CV = 21%) following intravenous administration in healthy adult valunteers. Tizanidine is approximately 30% bound to plasma proteins Differences between Tizanidine Capsules and Tizanidine Tablets

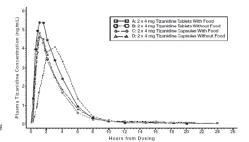
Tizanidine capsules and tizanidine tablets are bioequivalent to each other under fasting conditions, but not

Itzanidine capsules and Itzanidine tablets are bioequivalent to each ofher under fasting conditions, but not under fed conditions. A single dose of either two 4 mg tablets or two 4 mg capsules was administered under fed and fasting conditions in an open label, four period, randomized crossover study in 96 human volunteers, of whom 81 were elligible for the statistical analysis. Following and administration of either the tablet or capsule (in the fasted stebe), peak plasma concentrations of Itzanidine occurred I hours after dosing with a half-life of approximately 2 hours. When two 4 mg tablets were administered with food, the mean maximal plasma concentration was increased by approximately 30%, and the median time to peak plasma concentration was increased by 25 minutes, to I hour and 25 minutes. In contrast, when two 4 mg capsules were administered with food, the mean maximal plasma concentration was decreased by 20%, the median time to peak plasma concentration was increased 20 at Jours. concentration was increased 2 to 3 hours.

Consequently, the mean C_{max} for the capsule when administered with food is approximately 66% the C_{max} for the tablet when administered with food.

the tablet when administered with tood. Food also increased the extent of obsorption for both the tablets and capsules. The increase with the tablet (\sim 30%) was significantly greater than with the capsule (\sim 10%). Consequently when each was administered with food, the amount absorbed from the capsule was about 80% of the amount absorbed from the tablet. Administration of the capsule contents syntheled on applesauce was not biosequivalent to administration for intact capsule under fasting conditions. Administration of a branch accordance in complexation of the capsule contents on applesauce resulted in a 15' to 20% increase in from, and AUC of triandine and a 15 inmulse decrease in the median lag time and time to peak concentration compared to administration of an intact capsule while fasting.

Figure 1: Mean Tizanidine Concentration vs. Time Profiles For Tizanidine Tablets and Capsules (2 × 4 mg) Under Fasted and Fed Conditions



Metabolism and Excretion

Tizanidine has linear pharmacokinetics over the doses studied in clinical development (1 to 20 mg). Tizanidine has a half-life of approximately 2.5 hours ((V=33%). Approximately 95% of an administered dose is metabolized. He primary cytochrome P450 iseasuryme involved in Tizanidine metabolism is CYP1A2. Tizanidine metabolistes are not known to be active; their half-lives range from 20 to 40 hours.

Following single and multiple oral dosing of 14 C-tizanidine, an average of 60% and 20% of total radioactivity was recovered in the urine and feces, respectively.

Special Populations

Hepatic Impairment

No specific pharmacokinetic study was conducted to investigate age effects. Cross study comparison of pharmacokinetic data following single dose administration of 6 mg tizanidine hydrochloride showed that younger subjects chared the drug nour times faster than the elderly subjects. Tizanidine hydrochloride has not been evaluated in children. [see **Use in Specific Populations (8.4, 8.5)**]

The influence of hepatic impairment on the pharmacokinetics of tizanidine has not been evaluated. Because tizanidine is extensively metabolized in the liver, hepatic impairment would be expected to have significant effects on pharmacokinetics of tizanidine. Tizanidine hydrochloride is not recommended in this patient population [see Use in Specific Populations (8.7)]

Renal Impairment Tizanidine clearance is reduced by more than 50% in elderly patients with renal insufficiency (creatining Transminer ventions is revoiced by more from 20% in every profession with return instruction (clearance < 25 mL/min) compared to healthy elderly subjects; this would be expected to lead to a longer duration of clinical effect. Transmine hydrochloride should be used with coution in renally impaired patients [see Warnings and Precoutions (5.7) and Use in Specific Populations (8.6)].

No specific pharmacokinetic study was conducted to investigate gender effects. Retrospective analysis of pharmacokinetic data, however, following single and multiple dose administration of 4 mg tizanidine hydrochloride showed that gender had no effect on the pharmacokinetics of tizanidine.

Race Effects Pharmacokinetic differences due to race have not been studied

CYP1A2 Inhibitors

The interaction between tizanidine hydrochloride and either fluvoxamine or ciprofloxacin is most likely due to inhibition of CYP1A2 by fluvoxamine or ciprofloxacin. The effect of fluvoxamine on the pharmacokinetics of a single 4 mg dose of tizanidine hydrochloride was studied in 10 healthy subjects. The C_{max} AUC, and holl-life of tizanidine increased by 12-fold, 33-fold, and 34-fold, respectively. The effect of ciprofloxacin on the pharmacokinetics of a single 4 mg dose of tizanidine hydrochloride was studied in 10 healthy subjects. The C_{max} and AUC of tizanidine increased by 7-fold and 10-fold, respectively. [see Contraindications (4)] Although there have been no clinical studies evaluating the effects of other CYP1A2 inhibitors on fizanidine other CYP1A2 inhibitors, such as zileuton, other fluoroquinolones, antiarrythmics (amiodarone, mexiletine,

propafenone and verapamil), cimetidine, famotidine oral contraceptives, acyclovir and ticlopidine, may also lead to substantial increases in fizanidine blood concentrations [see Warnings and Precautions (5.5)]. In vitro studies of cytochrome P450 isoenzymes using human liver microsomes indicate that neither tizanidine nor the major metabolites are likely to affect the metabolism of other drugs metabolized by cytochrome P450

Oral Contraceptives

No specific pharmacokinetic study was conducted to investigate interaction between oral contraceptives and tizanidine hydrochloride. Retrospective analysis of population pharmacokinetic data following single and multiple dose administration of 4 mg izanidine hydrochloride, however, showed that women concurrently taking oral contraceptives had 5% lower clearance of tizanidine compared to women not on oral contraceptives [see Warnings and Precautions (5.5)].

Tizanidine delayed the T_{max} of acetaminophen by 16 minutes. Acetaminophen did not affect the

Alcohol increased the AUC of fizanidine by approximately 20%, while also increasing its C_{max} by approximately 15%. This was associated with an increase in side effects of fizanidine. The CNS depressant effects of fizanidine and alcohol are additive. 13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment Of Fertility

Tizanidine was administered to mice for 78 weeks at oral doses up to 16 mg/kg/day, which is 2 times the maximum recommended human dose (MRHD) on a mg/m² bosis. Tizanidine was administered to rats for 104 weeks at oral doses up to 9 mg/kg/day, which is 2.5 times the MRHD on a mg/m² basis. There was no increase

Mutagenesis Tizanidine was negative in in vitro (bacterial reverse mutation [Ames], mammalian gene mutation, and chromosomal aberration test in mammalian cells) and in vivo (bone marrow micronucleus, and cytogenetics)

Impairment of fertility

Oral administration of tizanidine resulted in reduced fertility in male and female rats following doses of 30 and 10 mg/kg/day, respectively. No effect on fertility was observed at doses of 10 (male) and 3 (female) mg/kg/day, which are approximately 8 and 3 times, respectively, the MRHD on a mg/m² basis). 14 CLINICAL STUDIES

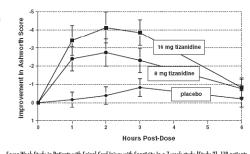
Tizanidine's capacity to reduce increased muscle tone associated with spasticity was demonstrated in two adequate and well controlled studies in patients with multiple sclerosis or spinal cord injury (Studies 1 and 2). Single-Dose Study in Patients with Multiple Sclerosis with Spasticity

In Study 1, polients with multiple screens were undomized to receive single oral doses of drug or placebo. Patients and assessors were blind to treatment assignment and efforts were made to reduce the likelihood that assessors would become aware indirectly of treatment assignment (e.g., they did not provide direct care to patients and were prohibited from assign questions about side effects). In all, 140 patients received placebo, 8 mg or 16 mg of tizanidine hydrochloride.

Response was assessed by physical examination; muscle tone was rated on a 5 point scale (Ashworth score), with a score of 0 used to describe normal muscle tone. A score of 1 indicated a slight spastic catch while a score of 2 indicated more marked muscle resistance. A score of 3 was used to describe considerable increase in tone, making passive movement difficult. A muscle immobilized by spasticity was given a score of 4. Spasm counts

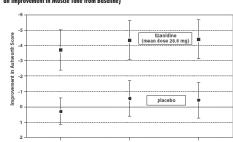
Assessments were made at 1, 2, 3 and 6 hours after treatment. A statistically significant reduction of the Ashworth score for tizanidine hydrochloride compared to placebo was detected at 1, 2 and 3 hours after treatment. Figure 2 below shows a comparison of the mean change in muscle tone from baseline as measure the baseline is measured. ry the Ashworth scale. The greatest reduction in muscle tone was 1 to 2 hours after treatment. By 6 hours after reatment, muscle tone in the 8 and 16 mg tizanidine hydrochloride groups was indistinguishable from muscle tone in placebo treated patients. Within a given patient, improvement in muscle tone was correlated with plasma concentration. Plasma concentrations were variable from patient to patient at a given dose. Although 16 mg produced a larger effect, odverse events including hypotension were more common and more severe than in the 8 mg group. There were no differences in the number of spasms occurring in each group.

Figure 2: Single Dose Study—Mean Change in Muscle Tone from Baseline as Measured by the Ashworth Scale ± 95% Confidence Interval (A Negative Ashworth Score Signifies an Improve



Seven-Week Study in Patients with Spinal Cord Injury with Spasticity In a 7-week study (Study 2), 118 patients with spasticity secondary to spinal cord injury were randomized to either placebo or tizanidine hydrochloride. Steps similar to those taken in the first study were employed to ensure the integrity of blinding. Patients were litrated over 3 weeks up to a maximum tolerated dose or 36 mg daily given in three unequal doses (e.g., 10 mg given in the morning and afternoon and 16 mg given at night). Patients were then maintained on their maximally tolerated dose for 4 additional weeks (i.e., maintenance phase). Throughout the maintenance phase, muscle tone was assessed on the Ashvorth scale within a period of 2.5 hours following either the morning or afternoon dose. The number of daytime spasms was recorded daily by patients. At endpoint (the protocal-specified time of outcome assessment), there was a statistically significant reduction in muscle tone and frequency of spasms in the tizonidine hydrochloride treated group compared to placebo. The reduction in muscle stone was not associated with a reduction in muscle strength (a desirable outcome) but also did not lead to any consistent advantage of tizonidine hydrochloride treated patients on measures of activities of daily lying. Figure 3 below shows a comparison of the mean change in muscle tone from baseline as measured by the Ashworth scale.

. Figure 3: Seven Week Study—Mean Change in Muscle Tone 0.5 to 2.5 Hours After Dosing as Measured by the Ashworth Scale ± 95% Confidence Interval (A Negative Ashworth Score Signifies ent in Muscle Tone from Baseline)



16 HOW SUPPLIED/STORAGE AND HANDLING

16.2 Tizanidine Tablets

Tizanidine Tablets USP, 2 mg are white to off white, oval, flat, beveled edged tablets debossed with "R179" on one side and "bisecting score" on other side. The tablets are available as follows: $50268\mbox{-}759\mbox{-}15$ (10 tablets per card, 5 cards per carton). Tizanidine Tablets USP, 4 mg are white to off white, oval, flat, beveled edged tablets debossed with "R180" on one side and "quadrisecting score" on other side. The tablets are available as follows:

50268-760-15 (10 tablets per card, 5 cards per carton).

Dispensed in Unit Dose Package. For Institutional Use Only Store at 25°C (77°F); excursions permitted to 15-30°C (59-86°F) [see USP Controlled Room Temperature].

Advise patients they should not take tizanidine hydrochloride if they are taking fluvoxamine or ciprofloxacin because of the increased risk of serious adverse reactions including severe lowering of blood pressure of sedicion. Instruct patients to inform their physicians or pharmacists when they start or stop taking any medication because of the risks associated with interaction between tizanidine hydrochloride and other

Tell patients to take tizanidine hydrochloride exactly as prescribed (consistently either with or without food) and not to switch between tablets and capsules. Inform patients that they should not take more tizanidine hydrochloride than prescribed because of the risk of adverse events at single doses greater than 8 mg or total daily doses greater than 36 mg. Tell patients that they should not suddenly discontinue tizanidine hydrochloride, Effects of Tizanidine Hydrochloride Warn patients that they may experience hypotension and to be careful when changing from a lying or sitting to a standing position. Tell patients that tizanidine hydrochloride may cause them to become sedated or somnolent

a standing position, iein patients that Trainidine hydrochiorde may cause them to become sedated or somnole and they should be careful when performing activities that require alentieness, such as driving a vehicle or operating machinery. Tell patients that the sedation may be additive when fizanidine hydrochloride is taken in conjunction with drugs (backfee, henzadiazepines) or substances (e.g., alchold) that act as CNS depressants. Remind patients that if they depend on their spassitivity to sustain posture and balances in locomotion, or whenever spositivity is utilized to obtain increased function, that Tizanidine hydrochloride decreases spassicity and earlier about he area? Rx Only AvKARE, Inc Pulaski, TN 38478

Mfg. Rev. 11/16 AV 08/17 ΔνΡΔΚ

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