METHOCARBAMOL- methocarbamol tablet, film coated Aphena Pharma Solutions - Tennessee, LLC

Methocarbamol tablet, film coated 500 mg

DESCRIPTION

Methocarbamol Tablets USP, 500 mg, a carbamate derivative of guaifenesin, is a central nervous system (CNS) depressant with sedative and musculoskeletal relaxant properties.

The chemical name of methocar-bamol is 3-(2-methoxyphenoxy)-1, 2-propanediol 1-carbamate and has the empirical formula $C_{11}H_{15}NO_5$. Its molecular weight is 241.24. The structural formula is shown below.

Methocarbamol is a white powder, sparingly soluble in water and chloroform, soluble in alcohol (only with heating) and propylene glycol, and insoluble in benzene and n-hexane.

Methocarbamol tablet, 500 mg is available as an orange, film coated, round convex tablet containing 500 mg of methocarbamol, USP for oral administration. The inactive ingredients present are microcrystalline cellulose, croscarmellose sodium, FD&C Yellow 6 aluminum lake, hydroxypropyl cellulose, hypromellose, magnesium stearate, polyethylene glycol, triacetin, titanium dioxide.

CLINICAL PHARMACOLOGY

The mechanism of action of methocarbamol in humans has not been established, but may be due to general central nervous system (CNS) depression. It has no direct action on the contractile mechanism of striated muscle, the motor end plate or the nerve fiber.

Pharmacokinetics

In healthy volunteers, the plasma clearance of methocarbamol ranges between 0.20 and 0.80 L/h/kg, the mean plasma elimination half-life ranges between 1 and 2 hours, and the plasma protein binding ranges between 46% and 50%.

Methocarbamol is metabolized via dealkylation and hydroxylation. Conjugation of methocarbamol also is likely. Essentially all methocarbamol metabolites are eliminated in the urine. Small amounts of unchanged methocarbamol also are excreted in the urine.

Special populations

Elderly

The mean (\pm SD) elimination half-life of methocarbamol in elderly healthy volunteers (mean (\pm SD) age, 69 (\pm 4) years) was slightly prolonged compared to a younger (mean (\pm SD) age, 53.3 (\pm 8.8) years), healthy population (1.5 (\pm 0.4) hours versus 1.1 (\pm 0.27) hours, respectively). The fraction of bound methocarbamol was slightly decreased in the elderly versus younger volunteers (41 to 43% versus 46 to 50%, respectively).

Renally impaired

The clearance of methocarbamol in 8 renally-impaired patients on maintenance hemodialysis was reduced about 40% compared to 17 normal subjects, although the mean (\pm SD) elimination half-life in these two groups was similar: 1.2 (\pm 0.6) versus 1.1 (\pm 0.3) hours, respectively.

Hepatically impaired

In 8 patients with cirrhosis secondary to alcohol abuse, the mean total clearance of methocarbamol was reduced approximately 70% compared to that obtained in 8 age- and weight-matched normal subjects. The mean (\pm SD) elimination half-life in the cirrhotic patients and the normal subjects was 3.38 (\pm 1.62) hours and 1.11 (\pm 0.27) hours, respectively. The percent of methocarbamol bound to plasma proteins was decreased to approximately 40 to 45% compared to 46 to 50% in the normal subjects.

INDICATIONS AND USAGE

Methocarbamol 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 methocarbamol has not been clearly identified, but may be related to its sedative properties. Methocarbamol does not directly relax tense skeletal muscles in man.

CONTRAINDICATIONS

Methocarbamol is contraindicated in patients hypersensitive to methocarbamol or to any of the tablet components.

WARNINGS

Since methocarbamol may possess a general CNS depressant effect, patients receiving methocarbamol tablets should be cautioned about combined effects with alcohol and other CNS depressants.

Safe use of methocarbamol has not been established with regard to possible adverse effects upon fetal development. There have been reports of fetal and congenital abnormalities following in utero exposure to methocarbamol. Therefore, methocarbamol tablets should not be used in women who are or may become pregnant and particularly during early pregnancy unless in the judgment of the physician the potential benefits outweigh the possible hazards (see **PRECAUTIONS**, **Pregnancy**).

Use In Activities Requiring Mental Alertness

Methocarbamol may impair mental and/or physical abilities required for performance of hazardous tasks, such as operating machinery or driving a motor vehicle. Patients should be cautioned about operating machinery, including automobiles, until they are reasonably certain that methocarbamol therapy does not adversely affect their ability to engage in such activities.

PRECAUTIONS

Information for Patients

Patients should be cautioned that methocarbamol may cause drowsiness or dizziness, which may impair their ability to operate motor vehicles or machinery.

Because methocarbamol may possess a general CNS-depressant effect, patients should be cautioned about combined effects with alcohol and other CNS depressants.

Drug Interactions

See **WARNINGS** and **PRECAUTIONS** for interaction with CNS drugs and alcohol.

Methocarbamol may inhibit the effect of pyridostigmine bromide. Therefore, methocarbamol should be used with caution in patients with myasthenia gravis receiving anticholinesterase agents.

Drug/Laboratory Test Interactions

Methocarbamol may cause a color interference in certain screening tests for 5-hydroxyindoleacetic acid (5-HIAA) using nitrosonaphthol reagent and in screening tests for urinary vanillylmandelic acid (VMA) using the Gitlow method.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term studies to evaluate the carcinogenic potential of methocarbamol have not been performed. No studies have been conducted to assess the effect of methocarbamol on mutagenesis or its potential to impair fertility.

Pregnancy

Teratogenic Effects

Pregnancy Category C

Animal reproduction studies have not been conducted with methocarbamol. It is also not known whether methocarbamol can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Methocarbamol should be given to a pregnant woman only if clearly needed.

Safe use of methocarbamol has not been established with regard to possible adverse effects upon fetal development. There have been reports of fetal and congenital abnormalities following in utero exposure to methocarbamol. Therefore, methocarbamol should not be used in women who are or may become pregnant and particularly during early pregnancy unless in the judgment of the physician the potential benefits outweigh the possible hazards (see **WARNINGS**).

Nursing Mothers

Methocarbamol and/or its metabolites are excreted in the milk of dogs; however, it is not known whether methocarbamol or its metabolites are excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when methocarbamol is administered to a nursing woman.

Pediatric Use

Safety and effectiveness of methocarbamol in pediatric patients below the age of 16 have not been established.

ADVERSE REACTIONS

Adverse reactions reported coincident with the administration of methocarbamol include:

Body as a whole: Anaphylactic reaction, angioneurotic edema, fever, headache

Cardiovascular system: Bradycardia, flushing, hypotension, syncope, thrombophlebitis

Digestive system: Dyspepsia, jaundice (including cholestatic jaundice), nausea and vomiting

Hemic and lymphatic system: Leukopenia

Immune system: Hypersensitivity reactions

Nervous system: Amnesia, confusion, diplopia, dizziness or lightheadedness, drowsiness, insomnia, mild

muscular incoordination, nystagmus, sedation, seizures (including grand mal), vertigo

Skin and special senses: Blurred vision, conjunctivitis, nasal congestion, metallic taste, pruritus, rash,

urticaria

OVERDOSAGE

Limited information is available on the acute toxicity of methocarbamol. Overdose of methocarbamol is frequently in conjunction with alcohol or other CNS depressants and includes the following symptoms: nausea, drowsiness, blurred vision, hypotension, seizures, and coma.

In post-marketing experience, deaths have been reported with an overdose of methocarbamol alone or in the presence of other CNS depressants, alcohol or psychotropic drugs.

Treatment

Management of overdose includes symptomatic and supportive treatment. Supportive measures include maintenance of an adequate airway, monitoring urinary output and vital signs, and administration of intravenous fluids if necessary. The usefulness of hemodialysis in managing overdose is unknown.

DOSAGE AND ADMINISTRATION

Methocarbamol, 500 mg – Adults:

Initial dosage: 3 tablets q.i.d.

Maintenance dosage: 2 tablets q.i.d.

HOW SUPPLIED

Methocarbamol Tablets USP, 500 mg — Orange, film coated, round convex tablets with one side debossed 'AP212', the other side bisected; available in bottles of 100 (NDC# 60429-118-01) and 500 (NDC# 60429-118-05).

Store at 20° to 25°C (68° to 77°F) [See USP Controlled Room Temperature].

Dispense in a tight container.

LBL112

REV082713

Revised: August 2013

Manufactured for:

AustarPharma LLC

18 Mayfield Ave,

Edison, NJ 08837, USA

Marketed/Packaged by:

GSMS, Inc.

Camarillo, CA 93012 USA

Repackaging Information

Please reference the *How Supplied* section listed above for a description of individual tablets. This drug product has been received by Aphena Pharma - TN in a manufacturer or distributor packaged configuration and repackaged in full compliance with all applicable cGMP regulations. The package configurations available from Aphena are listed below:

Count	500mg
30	43353-948-30
60	43353-948-53
90	43353-948-60
120	43353-948-70
180	43353-948-80
240	43353-948-90
270	43353-948-92
60 90 120 180 240	43353-948-53 43353-948-60 43353-948-70 43353-948-80 43353-948-90

Store between 20°-25°C (68°-77°F). See USP Controlled Room Temperature. Dispense in a tight light-resistant container as defined by USP. Keep this and all drugs out of the reach of children.

Repackaged by:



Cookeville, TN 38506

20160419MM

PRINCIPAL DISPLAY PANEL - 500mg

NDC 43353-948 - Methocarbamol 500mg - Rx Only



METHOCARBAMOL

methocarbamol tablet, film coated

P	ro	du	ct	Info	rma	tion

Product Type HUMAN PRESCRIPTION DRUG Item Code (Source) NDC:43353-948 (NDC:60429-118)

Route of Administration ORAL

Active Ingredient/Active Moiety

Ingredient Name Basis of Strength Strength

Inactive Ingredients			
Ingredient Name	Strength		
MICRO CRYSTALLINE CELLULO SE (UNII: OP1R32D61U)			
CROSCARMELLOSE SODIUM (UNII: M28 OL1HH48)			
FD&C YELLOW NO. 6 (UNII: H77VEI93A8)			
HYDROXYPROPYL CELLULOSE (1600000 WAMW) (UNII: RFW2ET671P)			
HYPROMELLOSE, UNSPECIFIED (UNII: 3NXW29 V3WO)			
MAGNESIUM STEARATE (UNII: 70097M6I30)			
POLYETHYLENE GLYCOL, UNSPECIFIED (UNII: 3WJQ0SDW1A)			
TRIACETIN (UNII: XHX3C3X673)			
TITANIUM DIO XIDE (UNII: 15FIX9 V2JP)			

Product Characteristics				
Color	ORANGE	Score	2 pieces	
Shape	ROUND	Size	13mm	
Flavor		Imprint Code	AP212	
Contains				

Packaging					
#	Item Code	Package Description	Marketing Start Date	Marketing End Date	
1	NDC:43353-948-30	30 in 1 BOTTLE; Type 0: Not a Combination Product	11/08/2014		
2	NDC:43353-948-53	60 in 1 BOTTLE; Type 0: Not a Combination Product	06/02/2014		
3	NDC:43353-948-60	90 in 1 BOTTLE; Type 0: Not a Combination Product	06/02/2014		
4	NDC:43353-948-70	120 in 1 BOTTLE; Type 0: Not a Combination Product	06/27/2014		
5	NDC:43353-948-80	180 in 1 BOTTLE; Type 0: Not a Combination Product	07/24/2014		
6	NDC:43353-948-90	240 in 1 BOTTLE; Type 0: Not a Combination Product	10/17/2014		
7	NDC:43353-948-92	270 in 1 BOTTLE; Type 0: Not a Combination Product	07/25/2014		

Marketing Information				
Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date	
ANDA	ANDA200958	02/20/2014		

${f Labeler}$ - Aphena Pharma Solutions - Tennessee, LLC (128385585)

Establishment					
Name	Address	ID/FEI	Business Operations		
Aphena Pharma Solutions - Tennessee, LLC		128385585	REPACK(43353-948)		