

METHOCARBAMOL- methocarbamol tablet

Direct_rx

Methocarbamol

Methocarbamol Tablets, USP 500 mg

Rx only

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 methocarbamol 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.

[The chemical name of methocarbamol 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.

Each tablet, for oral administration, contains 500 mg of methocarbamol, USP. The inactive ingredients present are colloidal silicon dioxide, magnesium stearate, povidone, pregelatinized corn starch, purified water, sodium starch glycolate, and stearic acid.

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.

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.

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

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.

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 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

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.

Methocarbamol, 500 mg — Adults: Initial dosage: 3 tablets q.i.d.
Maintenance dosage: 2 tablets q.i.d.

Six grams a day are recommended for the first 48 to 72 hours of treatment. (For severe conditions 8 grams a day may be administered). Thereafter, the dosage can usually be reduced to approximately 4 grams a day.

Methocarbamol Tablets, USP 500 mg — white, round, convex face, debossed “611” over bisect and “O” below bisect on one side and plain on the reverse side. Available in: bottles of 100, NDC number 72189-665-30

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

Dispense in tight container.

For more information, please call 1-888-233-8220

Manufactured by:

OXFORD PHARMACEUTICALS

Birmingham, AL 35211

Manufactured for:

GENTEX PHARMA, LLC

Flowood, MS 39232

8200011

Rev 04/2025

R00

Size: N/A

NDC 72189-665-30

Methocarbamol

500mg **30 Tabs**

Generic For: **Robaxin**
Each tablet contains: Methocarbamol, USP 500 mg

Caution: Federal law prohibits transfer of this drug to any person other than the patient for whom it was prescribed.
Dosage: See package insert. Store between 68-77 degrees F.
For RX ONLY. Keep out of reach of children.

Lot# SAMPLE
Prod# 72189-665-30
Packaged and Distributed By: **DIRECT Rx**

Discard After: 2/29/2028
72189-665-30
SAMPLE Dawsonville, GA 30534
2/29/2028
CXCA

Mfg Lot: L250258
GX 316/2026 1049
Methocarbamol 500mg
NDC 72189-665-30 30 Tabs
Lot SAMPLE Exp 2/29/2028
Mfg NDC 15014-910-10

Methocarbamol 500mg
NDC 72189-665-30 30 Tabs
Lot SAMPLE Exp 2/29/2028
Mfg NDC 15014-910-10

Methocarbamol 500mg
NDC 72189-665-30 30 Tabs
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Methocarbamol 500mg
NDC 72189-665-30 30 Tabs
Lot SAMPLE Exp 2/29/2028
Mfg NDC 15014-910-10

Mfg For: Gentex
Flowood, MS 39232
NDC 15014-910-10

METHOCARBAMOL			
methocarbamol tablet			
Product Information			
Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:72189-665(NDC:15014-910)
Route of Administration	ORAL		
Active Ingredient/Active Moiety			
	Ingredient Name	Basis of Strength	Strength
	METHOCARBAMOL (UNII: 125OD7737X) (METHOCARBAMOL - UNII:125OD7737X)	METHOCARBAMOL	500 mg
Inactive Ingredients			
	Ingredient Name		Strength
	MAGNESIUM STEARATE (UNII: 70097M6I30)		
	POVIDONE K90 (UNII: RDH86HJV5Z)		
	STARCH, CORN (UNII: O8232NY3SJ)		
	SODIUM STARCH GLYCOLATE TYPE A POTATO (UNII: 5856J3G2A2)		
	WATER (UNII: 059QF0KO0R)		
	STEARIC ACID (UNII: 4ELV7Z65AP)		
	SILICON DIOXIDE (UNII: ETJ7Z6XBU4)		
Product Characteristics			
Color	white	Score	no score
Shape	ROUND	Size	19mm
Flavor		Imprint Code	611;O
Contains			

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:72189-665-30	30 in 1 BOTTLE; Type 0: Not a Combination Product	03/06/2026	

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA040489	03/06/2026	

Labeler - Direct_rx (079254320)

Registrant - Direct_rx (079254320)

Establishment

Name	Address	ID/FEI	Business Operations
Direct_Rx		079254320	repack(72189-665)

Revised: 3/2026

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