DESCRIPTION
Methylergonovine maleate is a semi-synthetic ergot alkaloid used for the prevention and control of postpartum hemorrhage.

Methylergonovine maleate is available in tablets for oral ingestion containing 0.2 mg methylergonovine maleate. The tablets should be stored at controlled room temperature and away from excessive moisture.

Active ingredient: Methylergonovine maleate, USP.

CLINICAL PHARMACOLOGY
Methylergonovine maleate is directly on the smooth muscle of the uterus and increases the tone, rate, and amplitude of rhythmic contractions. This effect occurs within minutes and is presumably the effect which shortens the third stage of labor and reduces blood loss. The onset of action after i.V. administration is immediate; after i.M. administration, 2 to 5 minutes, and after oral administration, 5 to 10 minutes.

Bioavailability of tablets following an i.V. injection has shown that methylergonovine is rapidly distributed from plasma to peripheral tissues within 2 to 3 minutes. The bioavailability after oral administration was reported to be about 60% with no accumulation after repeated doses. During delivery, with intramuscular injection, administration was reported to be about 60% with no accumulation.

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Bioavailability studies conducted in fasting healthy female volunteers have shown that oral absorption of a 0.2 mg methylergonovine tablet is roughly equal with a bioavailability of 78%. Ergot alkaloids are mostly eliminated after repeated doses. During delivery, with intramuscular injection, administration was reported to be about 60% with no accumulation.

ADVERSE REACTIONS
The most common side effect is hypertension associated with other oxytocic agents.

INDICATIONS AND USAGE
Following delivery of the placenta, for routine management of uterine atony, hemorrhage and subinvolution of the uterus. For control of uterine hemostasis in the second stage of labor following delivery of the anterior shoulder.

TREATMENT OF OVERDOSE
No special treatment of overdosage is necessary. Wash out of stomach if given orally. Administration of i.V. fluids is indicated to prevent hypotension.

7. Control of convulsions with standard anticonvulsant agents.

DISPENSING INSTRUCTIONS
Dispense in a tight, light-resistant container as defined in the USP, with a child-resistant closure (as required).