PrednisTab®
(Prednisolone, USP)

Potent Anti-inflammatory and Antipruritic Agent for Oral Use in Dogs

Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian.

Formulation and Activity:
- Ideal 5 mg & 20 mg strengths
- Caplet shape for easy dosing
- Scored tablets for accurate, convenient administration
- NADA # 140-921, Approved by FDA

Efficacy Profile:
- Short-acting 12 - 36 hour duration
- Permits low-level maintenance dose
- Ideal for alternate day therapy

Safety Profile:
- One of the safest corticosteroids
- Reduces the risk of adrenal suppression seen with potent, longer acting steroids such as dexamethasone, betamethasone or flumethasone

How Supplied:
- 5 mg scored tablets in bottles of 1,000 tablets, List Number....2481
- 20 mg scored tablets in bottles of 500 tablets, List Number....2491

Ingredients: Each scored caplet contains: Prednisolone, USP...............5 mg or 20 mg

Indications: For oral use in dogs to aid in controlling collagen, dermal, allergic, ocular, otic, and musculoskeletal conditions known to be responsive to anti-inflammatory corticosteroids.

DOSAGE: 2.5 mg per 10 lb (4.5 kg) body weight per day. Average total daily oral doses for dogs as follows:
- 5 to 20 lb (2 to 9 kg) body weight.......1.25 to 5 mg
- 20 to 40 lb (9 to 18 kg) body weight.......5 to 10 mg
- 40 to 80 lb (18 to 36 kg) body weight....10 to 20 mg
- 80 to 160 lb (36 to 73 kg) body weight...20 to 40 mg

Contraindications, Warnings and Precautions: See the full disclosure on the reverse side.

KEEP OUT OF REACH OF CHILDREN

LLOYD, Inc. Shenandoah, Iowa 51601 U.S.A. www.lloydinc.com
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*(Prednisolone, USP)*

For Oral Use in Dogs Only

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**DESCRIPTION:** Prednisolone, like methylprednisolone, is a potent anti-inflammatory steroid. Prednisolone, 11,17,21-trihydroxyprogna-1,4-diene-3,20-dione, is a synthetic dehydrogenated analogue of cortisone. Prednisolone and methylprednisolone have a greater anti-inflammatory potency and less tendency to induce sodium and water retention than the older corticoids, cortisol and hydrocortisone. The relative anti-inflammatory potency for hydrocortisone is 1.0; cortisol is 0.8; prednisolone is 4 and methylprednisolone is 2.1-2.2.

**CONTRAINDICATIONS:** Do not use in viral infections. Prednisolone and other adrenocortical steroids, is a potent therapeutic agent influencing the biochemical behavior of most, if not all, tissues of the body. Because this anti-inflammatory steroid manifests little sodium-retaining activity, the usual early sign of cortisone or hydrocortisone overdosage (i.e., edema of body parts due to fluid retention) is not a reliable index of overdosage. Hence, recommended dose levels should not be exceeded, and all animal patients receiving prednisolone should be under close medical supervision. All precautions pertinent to the use of methylprednisolone apply to prednisolone. Moreover, the veterinarian should endeavor to keep informed of current studies of corticosteroids as they are reported in the veterinary literature.

**INDICATIONS:** Prednisolone tablets, as with other steroid predecessors, is a potent anti-inflammatory steroid. Use of corticosteroids, depending on dose, duration and specific steroid, may result in inhibition of endogenous steroid production following drug withdrawal. In patients presently receiving or recently withdrawn from high maintenance doses of corticosteroid therapy, a rapid-acting corticosteroid should be considered in unusual stressful situations.

**ADVERSE REACTIONS:** Prednisolone is similar to methylprednisolone in regard to side effects and metabolic alterations to be anticipated when treatment is intensive or prolonged. In animal patients with diabetes mellitus, use of prednisolone may be associated with an increase in the insulin requirement. Negative nitrogen balance may occur, particularly in animals that require protracted maintenance therapy; measures to counteract persistent nitrogen loss include a high protein intake and the administration, when indicated, of a suitable anabolic agent. Excessive loss of potassium, like excessive retention of sodium, is not likely to be induced by effective maintenance doses of prednisolone. However, these effects should be kept in mind and the usual regulatory measures employed as indicated. Ecchymotic manifestations in dogs may occur. If such reactions do occur, and are serious, reduction in dose or discontinuance of prednisolone therapy may be indicated.

Side effects, such as SAP and SALT enzyme elevations, weight loss, anorexia, polydipsia and polypya have occurred following the use of synthetic cortico-steroids in dogs. Vomiting and diarrhea (occasionally bloody) have also been observed. Cushing's syndrome in dogs has been reported in association with prolonged or repeated steroid therapy. Since prednisolone, like methylprednisolone, suppresses endogenous adrenocortical activity, it is highly important that the animal patient receiving prednisolone be under careful observation, not only during the course of therapy but for some time after treatment is terminated. Adequate adrenocortical support- ive therapy with cortisone or hydrocortisone, and including ACTH, must be employed promptly if the animal is subjected to any unusual stress such as surgery, trauma, or severe illness.

**ADMINISTRATION:** The dosage recommendations are suggested average total daily doses and are intended as guides. As with other orally administered corticosteroids, the total daily dose of prednisolone should be given in equally divided doses. The initial suppressive dose level is continued until a satisfactory clinical response is obtained, a period usually of 2 to 7 days in the case of musculoskeletal diseases, allergic conditions affecting the skin or respiratory tract, and ocular inflammatory diseases. If a satisfactory response is not obtained in 7 days, reevaluation of the case to confirm the original diagnosis should be made. As soon as a satisfactory clinical response is obtained, the daily dose should be reduced gradually, either to termination of treatment or at the end of a chronic condition. In chronic conditions, and in rheumatoid arthritis especially, it is important that the reduction in dosage from initial to maintenance dose levels be accomplished slowly. The maintenance dose level should be adjusted from time to time as required by fluctuation in the activity of the disease and the animal's general status. Accumulated experience has shown that the long-term benefits to be gained from continued steroid maintenance are probably greater the lower the maintenance level. In rheumatoid arthritis in particular, maintenance therapy should be at the lowest possible level.

**DOSAGE:**

- 5 to 20 mg (0.2 to 0.9 kg) body weight
- 20 to 40 mg (1 to 1.8 kg) body weight
- 40 to 80 mg (1.8 to 3.6 kg) body weight
- 80 to 160 mg (3.6 to 7.3 kg) body weight
- 160 to 320 mg (7.3 to 15 kg) body weight

The total daily dose should be given in divided doses, 6 to 10 hours apart.

**HOW SUPPLIED:** PrednisTab is available as 5 mg compressed quarter-scored tablets in bottles of 1000 and 20 mg compressed quarter-scored tablets in bottles of 500.

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

Manufactured by LLOYD, Inc.

**References**
