

T U R N T H E I T C H O F F

The power of itch relief is in your hands.



DEPO-MEDROL[®]
STERILE AQUEOUS SUSPENSION
(methylprednisolone acetate)

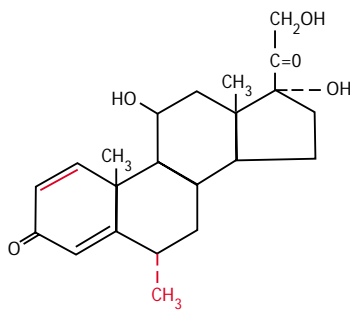


MEDROL[®]
T A B L E T S
(methylprednisolone)

TRUE RELIEF

everyone can feel good about.

Serious conditions
need serious medicine.



Skin problems make pets miserable and frustrate owner and veterinarian alike. Your clients and patients want fast, effective relief from itching, scratching, and inflammation. They can have it with **MEDROL**[®] Tablets* and **DEPO-MEDROL**[®] Sterile Aqueous Suspension*; itch relief treatments that offer more anti-inflammatory action than any other medications in their class and an unsurpassed side-effect profile.

- Methylprednisolone, the active ingredient in both **MEDROL** and **DEPO-MEDROL**, is widely used in the treatment of allergic and infectious skin disorders.
- Compared with prednisolone, methylation at the C₆ position improves anti-inflammatory action by 25%, with even less tendency to induce sodium and water retention.¹
- By achieving equal anti-inflammatory effect with lower doses, methylprednisolone helps to minimize annoying side effects.^{2,3}
- With recommended doses of methylprednisolone, side effects that require discontinuation of therapy occur in only about 10% of cases. That's a third as often as with prednisone or prednisolone.⁴

*Corticosteroids are contraindicated in animals with tuberculosis, hyperadrenocorticism, and peptic ulcers, and should be used with extreme caution in pregnant bitches. Because corticosteroids suppress inflammation, patients should be watched for evidence of concurrent infection.



DEPO-MEDROL® & MEDROL®

unmatched anti-inflammatory action.
better side-effect profile.

Every pet is different. That's why we offer the same great anti-inflammatory action two ways: tablets for short-acting relief and a long-lasting injectable.⁴ Same effective active ingredient. Same unsurpassed side-effect profile. You decide which is appropriate for your patient's needs.

WHEN YOU NEED FAST, SHORT-ACTING ITCH RELIEF,

count on **MEDROL**® Tablets.

An accurate diagnosis is essential to an optimal therapeutic response.



FAST ACTION. **MEDROL** Tablets achieve peak serum levels in 1 hour to 2 hours, to relieve itching quickly.

CONVENIENT. **MEDROL** Tablets are available in small, easy-to-swallow tablets that are scored for easy dose adjustment.

SAFE AND EFFECTIVE. **MEDROL** offers the same itch relief as prednisolone, but with less potential for side effects.

- With its enhanced potency, lower doses of **MEDROL** achieve results similar to prednisone and prednisolone, but reduce the risk of side effects such as polyuria and polydypsia.
- Even with a better side-effect profile and greater potency than generic prednisolone/prednisone, **MEDROL** Tablets still cost only pennies a day.
- The goal of therapy is to achieve satisfactory symptom control with a minimum effective daily dose.





Table 1. **AVERAGE TOTAL ORAL DAILY DOSES FOR DOGS AND CATS:**

	Total body weight (lbs)	Dosage (mg)
<i>Correct dosing is very important. Always use the minimum effective dose.</i>	5 - 15	2
	16 - 40	2 - 4
	41 - 80	4 - 8

The total daily dose should be given in divided doses, 6 to 10 hours apart.²

FOR LONGER-LASTING ITCH RELIEF,

turn to **DEPO-MEDROL®**
Sterile Aqueous Suspension.

Corticosteroids can be considered the treatment of choice for mild seasonal pruritis.⁵



EFFECTIVE. One injection of **DEPO-MEDROL** provides a slow, consistent release of effective itch-relief medication for up to 6 weeks.³

CONVENIENT. A single injection of **DEPO-MEDROL** is easy for pets and their owners: clients don't have to worry about pilling; pets don't have to deal with the stress.

BETTER COMPLIANCE. Because you administer the therapy, compliance is not an issue.

- Long-lasting acetate formulation of **DEPO-MEDROL** maintains gradually declining drug levels, to allay symptoms for weeks.³
- **DEPO-MEDROL** is especially beneficial in alleviating seasonal allergies.³
- In a multicenter, well-controlled, randomized and blinded study, a single injection of **DEPO-MEDROL** was significantly more effective in treating dermatitis in dogs than a placebo ($P < 0.001$, Table 2). **DEPO-MEDROL** was effective in 97% of dogs 9 to 11 days after treatment and was 90% effective over the duration of the study.⁶
- The goal of **DEPO-MEDROL** therapy is to achieve satisfactory symptom control with a minimum effective dose.





Table 2.

17 TO 22 DAYS OF SUSTAINED EFFICACY WITH DEPO-MEDROL®

A total of 106 dogs with pruritis were enrolled in this controlled and randomized field study conducted at 20 veterinary practices. Dogs received blinded sequential therapy with **DEPO-MEDROL** and saline. Group 1 received **DEPO-MEDROL** at 2 mg/kg intramuscularly on day 1, followed by saline on day 3. Group 2 received saline on day 1, followed by **DEPO-MEDROL** on day 3.

	Group	Success Percentage (n)
Efficacy – Day 3	1	60% (32)
	2	18% (9)
Duration – Day 10 (9–11 days after treatment with DEPO-MEDROL)	1	97% (28)
Overall Duration – 17–22 days	1 & 2	90% (64)

By day 3, 60% of the dogs treated with **DEPO-MEDROL** first experienced symptomatic relief, compared with only 18% of the saline-treated dogs. The success rate had improved to 97% by day 10. The overall sustained duration of effect for 17 to 22 days was seen in 90% of the dogs. The most common side effects were polyuria, polydypsia, polyphagia, and lethargy.

References

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2. MEDROL® Tablets. Package insert. Kalamazoo, Mich: Pharmacia Corp; Oct 1997.
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6. Data on file at Pharmacia & Upjohn, Puurs, Belgium. <Study report a0097206>



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www.PharmaciaAH.com

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MEDROL®

NDC 0009-3547-01

brand of methylprednisolone tablets

For Oral Use in Dogs and Cats

Methylprednisolone, a potent anti-inflammatory steroid synthesized and developed in the Research Laboratories of The Upjohn Company is the 6-methyl derivative of prednisolone. It has a greater anti-inflammatory potency than prednisolone and even less tendency than prednisolone to induce sodium and water retention. Its advantage over the older corticoids lies in its ability to achieve equal anti-inflammatory effect with lower dose, while at the same time enhancing the split between anti-inflammatory and mineralocorticoid activities.

INDICATIONS

The indications for MEDROL Tablets are the same as those for other anti-inflammatory steroids and comprise the various collagen, dermal, allergic, ocular, otic, and musculoskeletal conditions known to be responsive to the anti-inflammatory corticosteroids. Representative of the conditions in which the use of steroid therapy and the benefits to be derived therefrom have had repeated confirmation in the veterinary literature are: (1) dermal conditions, such as non-specific eczema, summer dermatitis, and burns; (2) allergic manifestations, such as acute urticaria, allergic dermatitis, drug and serum reactions, bronchial asthma, and pollen sensitivities; (3) ocular conditions, such as iritis, iridocyclitis, secondary glaucoma, uveitis, and chorioretinitis; (4) otic conditions, such as otitis externa; (5) musculoskeletal conditions, such as myositis, rheumatoid arthritis, osteoarthritis, and bursitis; (6) various chronic or recurrent diseases of unknown etiology such as ulcerative colitis and nephrosis.

In acute adrenal insufficiency, MEDROL may be effective because of its ability to correct the defect in carbohydrate metabolism and relieve the impaired diuretic response to water characteristic of primary or secondary adrenal insufficiency. However, because this agent lacks significant mineralocorticoid activity, the parent hormones, SOLU-CORTEF® containing hydrocortisone sodium succinate, CORTEF® containing hydrocortisone, or cortisone should be used when salt retention is indicated.

CONTRAINDICATIONS

MEDROL Tablets like prednisolone, are contraindicated in animals with arrested tuberculosis, peptic ulcer, acute psychoses, and Cushingoid syndrome. The presence of diabetes, osteoporosis, chronic psychotic reactions, predisposition to thrombophlebitis, hypertension, congestive heart failure, renal insufficiency, and active tuberculosis necessitates carefully controlled use. Some of the above conditions occur only rarely in dogs and cats but should be kept in mind.

CAUTIONS

Because of its inhibitory effect on fibroplasia, methylprednisolone may mask the signs of infection and enhance dissemination of the infecting organism. Hence, all animal patients receiving methylprednisolone should be watched for evidence of intercurrent infection. Should infection occur, it must be brought under control by use of appropriate antibacterial measures, or administration of methylprednisolone should be discontinued.

Warning: Not for human use. Clinical and experimental data have demonstrated that corticosteroids administered orally or parenterally to animals may induce the first stage of parturition when administered during the last trimester of pregnancy and may precipitate premature parturition followed by dystocia, fetal death, retained placenta, and metritis.

Additionally, corticosteroids administered to dogs, rabbits and rodents during pregnancy have resulted in cleft palate in offspring. Corticosteroids administered to dogs during pregnancy have also resulted in other congenital anomalies including deformed forelegs, phocomelia, and anasarca.

PRECAUTIONS

MEDROL Tablets, like 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 (ie, increase in body weight due to fluid retention) is not a reliable index of overdosage. Hence, recommended dose levels should not be exceeded, and all animal patients receiving MEDROL should be under close medical supervision. All precautions pertinent to the use of prednisolone apply to methylprednisolone. Moreover, the veterinarian should endeavor to keep informed of current studies with MEDROL as they are reported in the veterinary literature.

ADVERSE REACTIONS

With therapeutically equivalent doses, the likelihood of occurrence of troublesome side effects is less with methylprednisolone than with prednisolone; moreover, side effects actually have been conspicuously absent during clinical trials with MEDROL Tablets in dogs and cats. However, methylprednisolone is similar to prednisolone in regard to kinds of side effects and metabolic alterations to be anticipated when treatment is intensive or prolonged. In animal patients with diabetes mellitus, use

of methylprednisolone 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 MEDROL. However, these effects should be kept in mind and the usual regulatory measures employed as indicated. Ecchymotic manifestations, *while not noted during the clinical evaluation* in dogs and cats, may occur. If such reactions do occur and are serious, reduction in dosage or discontinuance of methylprednisolone therapy may be indicated. Concurrent use of daily oral supplements of ascorbic acid may be of value in helping to control ecchymotic tendencies.

Since methylprednisolone, like prednisolone, suppresses endogenous adrenocortical activity, *it is highly important that the animal patient receiving MEDROL be under careful observation, not only during the course of treatment but for some time after treatment is terminated. Adequate adrenocortical supportive 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 infection.*

ADMINISTRATION

The keystone of satisfactory therapeutic management with MEDROL Tablets, as with its steroid predecessors, is individualization of dosage in reference to the severity of the disease, the anticipated duration of steroid therapy, and the animal patient's threshold or tolerance for steroid excess. The prime objective of steroid therapy should be to achieve a satisfactory degree of control with a minimum effective daily dose.

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 MEDROL 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 in the case of acute conditions (eg, seasonal asthma, dermatitis, acute ocular inflammations) or to the minimal effective maintenance dose level in the case of chronic conditions (eg, rheumatoid arthritis). 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 dose level. In rheumatoid arthritis in particular, maintenance steroid therapy should be at the lowest possible level.

Important: In the therapeutic management of animal patients with chronic diseases such as rheumatoid arthritis, methylprednisolone should be regarded as a highly valuable adjunct, to be used in conjunction with but *not as replacement* for standard therapeutic measures.

DOSAGE

Average total daily oral doses for dogs and cats are as follows:

5 to 15 lb body wt	2 mg
15 to 40 lb body wt	2 to 4 mg
40 to 80 lb body wt	4 to 8 mg

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

HOW SUPPLIED

Veterinary MEDROL Tablets are compressed cross-scored tablets available in the following strength:

Bottles of 500 **NDC 0009-3547-01**

Each 4 mg tablet contains 4 mg methylprednisolone.

Store at controlled room temperature 20° to 25° C (68° to 77° F) [see USP].

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

Pharmacia & Upjohn Company

Kalamazoo, Michigan 49001, USA

Revised October 1997

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DEPO-MEDROL®

NDC 0009-0613-02, NDC 0009-0613-04, NDC 0009-0614-01

brand of methylprednisolone acetate sterile aqueous suspension

20 mg per mL and 40 mg per mL

For Use in Animals Only

DESCRIPTION

These preparations are recommended for intramuscular and intrasynovial injection in horses and dogs, and intramuscular injection in cats. DEPO-MEDROL Sterile Aqueous Suspension is available in two concentrations, 20 mg per mL and 40 mg per mL. Each mL of these preparations contains:

	20 mg	40 mg
Methylprednisolone acetate	20 mg	40 mg
Polyethylene glycol 3350	29.6 mg	29 mg
Sodium chloride	8.9 mg	8.7 mg
Myristyl-gamma-picolinium chloride added as preservative	0.198 mg	0.195 mg

When necessary, pH was adjusted with sodium hydroxide and/or hydrochloric acid.

METABOLIC AND HORMONAL EFFECTS

Methylprednisolone, an anti-inflammatory steroid synthesized and developed in the Research Laboratories of The Upjohn Company, is the 6-methyl derivative of prednisolone. Exceeding prednisolone in anti-inflammatory potency and having even less tendency than prednisolone to induce sodium and water retention, methylprednisolone offers the advantage over older corticosteroids of affording equally satisfactory anti-inflammatory effect with the use of lower doses and with an enhanced split between anti-inflammatory and mineralocorticoid activities. Estimates of the relative potencies of methylprednisolone and prednisolone range from 1.13 to 2.1, with an average of 1.5. In anti-inflammatory activity, as measured by the granuloma pouch assay, methylprednisolone is twice as active as prednisolone. In mineralocorticoid activity (ie, the capacity to induce retention of sodium and water in the adrenalectomized rat) methylprednisolone is slightly less active than prednisolone. The duration of plasma steroid levels following rapid intravenous injection in intact dogs is appreciably longer for methylprednisolone than for prednisolone, the respective "half-life" value for the two steroids being 80.9±7.5 minutes for methylprednisolone and 71.3±1.7 minutes for prednisolone.

While the effect of parenterally administered DEPO-MEDROL is prolonged, it has the same metabolic and anti-inflammatory actions as orally administered methylprednisolone acetate.

INDICATIONS

Musculoskeletal Conditions. As with other adrenal steroids, DEPO-MEDROL Sterile Aqueous Suspension has been found useful in alleviating the pain and lameness associated with acute localized arthritic conditions and generalized arthritic conditions. It has been used successfully to treat rheumatoid arthritis, traumatic arthritis, osteoarthritis, periostitis, tendinitis, synovitis, tenosynovitis, bursitis, and myositis of horses; traumatic arthritis, osteoarthritis, and generalized arthritic conditions of dogs. Remission of musculoskeletal conditions may be permanent, or symptoms may recur, depending on the cause and extent of structural degeneration.

Allergic Conditions. This preparation is especially beneficial in relieving pruritus and inflammation of allergic dermatitis, acute moist dermatitis, dry eczema, urticaria, bronchial asthma, pollen sensitivities and otitis externa in dogs; allergic dermatitis and moist and dry eczema in cats. Onset of relief may begin within a few hours to a few days following injection and may persist for a few days to six weeks. Symptoms may be expected to recur if the cause of the allergic reaction is still present, in which case retreatment may be indicated. In treating acute hypersensitivity reactions, such as anaphylactic shock, intravenous SOLU-DELTA-CORTEF® Sterile Powder containing prednisolone sodium succinate, as well as other appropriate treatments, should be used.

Overwhelming Infections with Severe Toxicity. In dogs and cats moribund from overwhelmingly severe infections for which antibacterial therapy is available (eg, critical pneumonia, pyometritis), DEPO-MEDROL may be lifesaving, acting to inhibit the inflammatory reaction, which itself may be lethal; preventing vascular collapse and preserving the integrity of the blood vessels; modifying the patient's reaction to drugs; and preventing or reducing the exudative reaction which often complicates certain infections. As supportive therapy, it improves the general attitude of the animal being treated. All necessary procedures for the establishment of a bacterial diagnosis should be carried out whenever possible before institution of therapy. Corticosteroid therapy in the presence of infection should be administered for the shortest possible time compatible with maintenance of an adequate response, and antibacterial therapy should be continued for at least three days after the hormone has been withdrawn. Combined hormone and antibacterial therapy does not obviate the need for indicated surgical treatment.

Other Conditions. In certain conditions where it is desired to reduce inflammation, vascularization, fibroblastic infiltration, and scar tissue, the use of DEPO-MEDROL should be considered. Snakebite of dogs also is an indication for the use of this suspension because of its anti-toxicemic, anti-shock, and anti-inflammatory activity. It is particularly effective in reducing swelling and preventing sloughing. Its employment in the treatment of such conditions is recommended as a supportive measure to standard procedures and time-honored treatments and will give comfort to the animal and hasten complete recovery.

CONTRAINDICATIONS

Systemic therapy with methylprednisolone acetate, as with other corticoids, is contraindicated in animals with arrested tuberculosis, peptic ulcer, and Cushing's syndrome. The presence of active tuberculosis, diabetes mellitus, osteoporosis, renal insufficiency, predisposition to thrombophlebitis, hypertension, or congestive heart failure necessitates carefully controlled use of corticosteroids. Intrasynovial, intratendinous, or other injections of corticosteroids for local effect are contraindicated in the presence of acute infectious conditions. Exacerbation of pain, further loss of joint motion, with fever and malaise following injection may indicate that the condition has become septic. Appropriate antibacterial therapy should be instituted immediately.

WARNING

Clinical and experimental data have demonstrated that corticosteroids administered orally or parenterally to animals may induce the first stage of parturition when administered during the last trimester of pregnancy and may precipitate premature parturition followed by dystocia, fetal death, retained placenta and metritis.

Additionally, corticosteroids administered to dogs, rabbits, and rodents during pregnancy have resulted in cleft palate in offspring. Corticosteroids administered to dogs during pregnancy have also resulted in other congenital anomalies, including deformed forelegs, phocomelia, and anasarca.

Not for human use.

PRECAUTIONS

DEPO-MEDROL Sterile Aqueous Suspension exerts an inhibitory influence on the mechanisms and the tissue changes associated with inflammation. Vascular permeability is decreased, exudation diminished, and migration of the inflammatory cells markedly inhibited. In addition, systemic manifestations such as fever and signs of toxemia may also be suppressed. While certain aspects of this alteration of the inflammatory reaction may be beneficial, the suppression of inflammation may mask the signs of infection and tend to facilitate spread of microorganisms. Hence, all patients receiving this drug should be watched for evidence of intercurrent infection. Should infection occur, it must be brought under

control by the use of appropriate antibacterial measures, or administration of this preparation should be discontinued. However, in infections characterized by overwhelming toxicity, methylprednisolone acetate therapy in conjunction with appropriate antibacterial therapy is effective in reducing mortality and morbidity. Without conjoint use of an antibiotic to which the invader-organism is sensitive, injudicious use of the adrenal hormones in animals with infections can be hazardous. As with other corticoids, continued or prolonged use is discouraged.

While no sodium retention or potassium depletion has been observed at the doses recommended, animals receiving methylprednisolone acetate, as with all corticoids, should be under close observation for possible untoward effects. If symptoms of hyponatremia (hyponatremia) should occur, corticoid therapy should be discontinued and potassium chloride administered by continuous intravenous drip.

Since this drug lacks significant mineralocorticoid activity in usual therapeutic doses, it is not likely to afford adequate support in states of acute adrenocortical insufficiency. For treatment of the latter, the parent adrenocortical steroids, hydrocortisone or cortisone, should be used.

INTRAMUSCULAR ADMINISTRATION AND DOSAGE

Following intramuscular injection of methylprednisolone acetate, a prolonged systemic effect results. The dose varies with the size of the animal patient, the severity of the condition under treatment, and the animal's response to therapy.

Dogs and Cats. The average intramuscular dose for dogs is 20 mg. In accordance with the size of the dog and severity of the condition under treatment, the dose may range from 2 mg in miniature breeds to 40 mg in medium breeds, and even as high as 120 mg in extremely large breeds or dogs with severe involvement.

The average intramuscular dose for cats is 10 mg with a range up to 20 mg.

Injections may be made at weekly intervals or in accordance with the severity of the condition and clinical response.

Horses. The usual intramuscular dose for horses is 200 mg repeated as necessary.

For maintenance therapy in chronic conditions, initial doses should be reduced gradually until the smallest effective (ie, individualized) dose is established. MEDROL® Tablets containing methylprednisolone may also be used for maintenance in dogs and cats, administered according to the recommended dose.

When treatment is to be withdrawn after prolonged and intensive therapy, the dose should be reduced gradually.

If signs of stress are associated with the condition being treated, the dose should be increased. If a rapid hormonal effect of maximum intensity is required, as in anaphylactic shock, the intravenous administration of highly soluble SOLU-DELTA-CORTEF® Sterile Powder containing prednisolone sodium succinate is indicated.

INTRASYNOVIAL ADMINISTRATION AND DOSAGE

Methylprednisolone acetate, a slightly soluble ester of methylprednisolone, is capable of producing a more prolonged local anti-inflammatory effect than equimolar doses of hydrocortisone acetate. Following intrasynovial injection, relief from pain may be experienced within 12 to 24 hours. The duration of relief varies, but averages three to four weeks, with a range of one to five or more weeks. Injections of methylprednisolone acetate have been well tolerated. *Intrasynovial (intra-articular) injections may occasionally result in an increased localized inflammatory response.*

Intrasynovial injection is recommended as an adjuvant to general therapeutic measures to effect suppression of inflammation in one or a few peripheral structures when (1) the disease is limited to one or a few peripheral structures; (2) the disease is widespread with one or a few peripheral structures actively inflamed; (3) systemic therapy with other corticoids or corticotropin controls all but a few of the more actively involved structures; (4) systemic therapy with cortisone, hydrocortisone, or corticotropin is contraindicated; (5) joints show early but actively progressing deformity (to enhance the effect of physiotherapy and corrective procedures); and (6) surgical or other orthopedic corrective measures are to be or have been done.

The action of DEPO-MEDROL Sterile Aqueous Suspension injected intrasynovially appears to be well localized since significant metabolic effects characteristic of systemic administration of adrenal steroids have not been observed. In a few instances mild and transient improvement of structures other than those injected have been reported. No other systemic effects have been noted. However, it is possible that mild systemic effects may occur following intrasynovial administration, and this possibility is greater the larger the number of structures injected and the higher the total dose employed.

Procedure for Intrasynovial Injection. The anatomy of the area to be injected should be reviewed in order to assure that the suspension is properly placed and to determine that large blood vessels or nerves are avoided. The injection site is located where the synovial cavity is most superficial. The area is prepared for aseptic injection of the medication by the removal of hair and cleansing of the skin with alcohol or Mercresin® tincture. A sterile 18- to 21-gauge needle for horses, 20- to 22-gauge needle for dogs, on a dry syringe is quickly inserted into the synovial space and a small amount of synovial fluid withdrawn. If there is an excess of synovia and more than 1 mL of suspension is to be injected, it is well to aspirate a volume of fluid comparable to that which is to be injected. With the needle in place, the aspirating syringe is removed and replaced by a second syringe containing the proper amount of suspension which is then injected. In some animals a transient pain is elicited immediately upon injection into the affected cavity. This pain varies from mild to severe and may last for a few minutes up to 12 hours. After injection, the structure may be moved gently a few times to aid mixing of the synovial fluid and the suspension. The site may be covered with a small sterile dressing.

Areas not suitable for injection are those that are anatomically inaccessible such as spinal joints and those like the sacroiliac joints, which are devoid of synovial space. Treatment failures are most frequently the result of failure to enter the synovial space. If failures occur when injections into the synovial spaces are certain, as determined by aspiration of fluid, repeated injections are usually futile. Local therapy does not alter the underlying disease process, and whenever possible comprehensive therapy including physiotherapy and orthopedic correction should be employed.

The single intrasynovial dose depends on the size of the part, which corresponds to the size of the animal. The interval between repeated injections depends on the duration of relief obtained.

Horses. The average initial dose for a large synovial space in horses is 120 mg with a range from 40 to 240 mg. Smaller spaces will require a correspondingly lesser dose.

Dogs. The average initial dose for a large synovial space in dogs is 20 mg. Smaller spaces will require a correspondingly lesser dose.

HOW SUPPLIED

DEPO-MEDROL Sterile Aqueous Suspension, 20 mg/mL, is available in 10 mL and 20 mL vials, and 40 mg/mL is available in 5 mL vials.

Store at controlled room temperature 20° to 25°C (68° to 77°F) [see USP].

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

Pharmacia & Upjohn Company

Kalamazoo, Michigan 49001, USA

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