PrednisTab®
(Prednisolone, USP)

What makes PrednisTab unique among corticosteroid tablets?

Advantages
- PrednisTab is the only FDA (CVM) approved prednisolone tablet for canine use.
- Short-acting formula for low-level maintenance dosing.
- Ideal 5-mg and 20-mg strengths.
- Scored tablets for easy, accurate administration.
- Optimally bio-available oral anti-inflammatory and antipruritic agent.

Why give your canine patients an unapproved human substitute? Avoid the pitfalls of “off label” human prescriptions by using PrednisTab.

Millions of successful doses prove its effectiveness.

Security, Reliability, and Economy

1-800-831-0004
www.lloydinc.com
For Oral Use in Dogs Only

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

DESCRIPTION: Prednisolone, like methylprednisolone, is a potent anti-inflammatory steroid. Prednisolone, 11,17,21-trihydroxyprogesterone-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, cortisone and hydrocortisone. The relative anti-inflammatory potency for hydrocortisone is 1.0; cortisone is 0.8; prednisolone is 4 and methylprednisolone is 5. The relative sodium retaining potency for hydrocortisone is 4; prednisolone is 3 and methylprednisolone is 2.1.

INDICATIONS: PrednisTab is intended for use in dogs. The indications for PrednisTab are the same as those for other anti-inflammatory agents, such as aspirin, the various corticosteroids, sodium aminopyrine, phenylbutazone, and indomethacin. Corticosteroids are potent agents in the management of a variety of inflammatory and allergic conditions in dogs, including dermatitis, allergic rhinitis, eosinophilic gastroenteritis, and eczematous dermatitis.

CONTRAINDICATIONS: Do not use in animals with peptic ulcer, corneal ulcer, and Cushingoid syndrome.

ADVERSE REACTIONS: Prednisolone is similar to methylprednisolone 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 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, polyuria, and polydipsia have occurred following the use of synthetic corticosteroids in dogs. Vomiting and diarrhea (occasionally bloody) have also been observed. Cushion's syndrome in dogs has been reported in association with prolonged or repeated steroid therapy.

CAUTION: Because of its inhibitory effect on fibroplasia, prednisolone may mask the signs of infection and enhance dissemination of the infecting organism. Hence, all animal patients receiving prednisolone 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 prednisolone should be discontinued.

Administration: The dosage recommendations are based on 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 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 in the case of acute conditions (e.g., seasonal asthma, dermatitis, acute ocular inflammations) or to the minimal effective maintenance dose level in the case of chronic conditions (e.g., 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, prednisolone should be regarded as a highly valuable adjunct, to be used in conjunction with, but not as replacement for, standard therapeutic measures.