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.**
DESCRIPTION: Prednisolone, like methylprednisolone, is a potent anti-inflammatory steroid. Prednisolone, 11,17,21-trihydroxypregna-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 2.12

INDICATIONS: PrednisTab is intended for use in dogs. The indications for PrednisTab are the same as those for other anti-inflammatory steroids and comprise the various collagen, dermal, allergic, ocular, etc., 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 have had repeated confirmation in the veterinary literature are: (1) dermal conditions, such as nonspecific eczemas, 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, prednisolone 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, hydrocortisone sodium succinate, hydrocortisone, or cortisone should be used when salt retention is indicated.

CONTRAINDICATIONS: Do not use in viral infections. Prednisolone, like methylprednisolone, is contraindicated in animals with peptic ulcer, corneal ulcer, and secondary glaucoma. Since prednisolone, like methylprednisolone, suppresses endogenous adrenocortical activity, it is highly important that the animal patient receiving prednisolone be under close medical supervision. 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 general rule of thumb is usually 2 to 7 days in the case of muscular skeletal 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.

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

STORAGE: Store at controlled room temperature 20º-25ºC (68º - 77ºF), excursions permitted between 15º-30ºC (59º - 86ºF).

Manufactured by LLOYD, Inc.
Shenandoah, Iowa 51601 U.S.A.

References