# **Package Insert for Dogs**

Approved by FDA under ANADA # 200-491



Non-steroidal anti-inflammatory drug for use in dogs and cats only.

## Caution

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

Warning: Repeated use of meloxicam in cats has been associated with acute renal failure and death. Do not administer additional injectable or oral meloxicam to cats. See Contraindications, Warnings, and Precautions for detailed information

Meloxicam is a non-steroidal anti-inflammatory drug (NSAID) of the oxicam class, Each mL of this sterile product for injection contains meloxicam 5.0 mg, alcohol 15%, glycofurol 10%, poloxamer 188 5%, sodium chloride 0.6%, glycine 0.5% and meglumine 0.3%, in water for injection, pH adjusted with '∖₀ 0/ sodium hydroxide and hydrochloric acid.

Indications:
Dogs: Loxicom® (meloxicam) 5 mg/mL Solution for Injection is indicated in dogs for the control of pain and inflammation associated with osteoarthritis.

## Dosage and Administration:

Carefully consider the potential benefits and risk of Loxicom and other treatment options before deciding to use Loxicom. Use the lowest effective dose for the shortest duration consistent with individual response.

Dogs: Loxicom 5 mg/mL Solution for Injection should be administered initially as a single dose at 0.09 mg/lb (0.2 mg/kg) body weight intravenously (IV) or subcutaneously (SQ), followed, after 24 hours, by Loxicom Oral Suspension at the daily dose of 0.045 mg/lb (0.1 mg/kg) body weight, either mixed with food or placed directly in the mouth.

## **Contraindications**

Dogs with known hypersensitivity to meloxicam should not receive Loxicom 5 mg/mL Solution for Injection.

Not for use in humans. Keep this and all medications out of reach of children. Consult a physician in case of accidental ingestion by humans. For I/ or SQ injectable use in dogs. All dogs should undergo a through history and physical examination before administering any NSAID. Appropriate laboratory testing to establish hematological and serum biochemical baseline data is recommended prior to, and periodically during use of any NSAID in dogs.

Owner should be advised to observe their dogs for signs of potential drug toxicity.

The safe use of Loxicom 5 mg/mL Solution for Injection in dogs younger than 6 months of age, dogs used for breeding, or in pregnant or lactating bitches has not been evaluated. Meloxicam is not recommended for use in dogs with bleeding disorders, as safety has not been established in dogs with these disorders. Safety has not been established for intramuscular (IM) administration in dogs. When administering Loxicom 5 mg/ml. Solution for Injection, use a syringe of appropriate size to ensure precise dosing. As a class, cyclo-oxygenase inhibitory NSAIDs may be associated with gastrointestinal, renal and hepatic toxicity. Sensitivity to drug-associated adverse events varies with the individual patient. Dogs that have augy-associated autores events varies with rehability patient by a superior adverse reactions from one NSAID may experience adverse reactions from another NSAID. Patients at greatest risk for renal toxicity are those that are dehydrated, on concomitant diuretic therapy, or those with existing renal, cardiovascular, and/or hepatic dysfunction. Concurrent administration of potentially nephrotoxic drugs should be carefully approached. NSAIDs may inhibit the prostaglandins that maintain normal homeostatic function. Such anti-prostaglandin prosaganous and maintain normal nomeosate runcion. Such artic-prosaganous effects may result in clinically significant disease in patients with underlying or pre-existing disease that has not been previously diagnosed.

Since NSAIDs possess the potential to induce gastrointestinal ulcerations and/or perforations, concomitant use with other anti-inflammatory drugs, such as NSAIDs or corticosteroids, should be avoided. If additional pain medication is needed after the administration of the total daily dose of meloxicam oral suspension, a non-NSAID or noncorticosteroid class of analgesia should be considered. The use of another nohodrocusteriou cass of analgesia should be considered. The use of anomer NSAID is not recommended. Consider appropriate washout times when switching from corticosteroid use or from one NSAID to another in dogs. The use of concomitantly protein-bound drugs with Loxicom B mg/mL. Solution for Injection has not been studied in dogs. Commonly used protein-bound drugs include cardiac, anticonvulsant and behavioral medications. The influence of concomitant drugs that may inhibit metabolism of Loxicom 5 mg/mL. Solution for Injection has not been consistent for the protein the protein decident of the protein of the protein the protein the protein the protein the protein of the protein the protein of the prote evaluated. Drug compatibility should be monitored in patients requiring adjunctive therapy. The effect of cyclo-oxygenase inhibition and the potential for thromboembolic occurrence or a hypercoagulable state has not been studied.

## Adverse Reactions:

Dogs: A field study involving 224 dogs was conducted. Based on the results of this study, GI abnormalities (vomiting, soft stools, diarrhea, and inappetance) were the most common adverse reactions associated with the administration of meloxicam The following table lists adverse reactions and the numbers of dogs that experienced them during the study. Dogs may have experienced more than one episode of the adverse reaction during the study.

Adverse Reactions Observed During Field Study		
Clinical Observation	Meloxicam (n=109)	Placebo (n=115)
Vomiting	31	15
Diarrhea/Soft Stool	15	11
Inappetance	3	0
Bloody Stool	1	0

In foreign suspected adverse drug reaction (SADR) reporting, adverse reactions related to meloxicam administration included: auto-immune hemolytic anemia (1 dog), thrombocytopenia (1 dog), polyarthritis (1 dog), nursing puppy lethargy (1 dog), and pyoderma (1 dog)

Post-Approval Experience (Rev. 2009)
The following adverse reactions are based on post-approval adverse drug event reporting. The etagegies are listed in decreasing order of frequency by body system: Gastrointestinal vomiting, diarrhea, melena, gastrointestinal ulceration Urinary, azotemia, elevated creatinine, renal failure
Neurological/Behavioral lethargy, depression Hepatic: elevated liver enzymes Dermatologic: pruritis

Death has been reported as an outcome of the adverse events listed above. Acute renal failure and death have been associated with the use of meloxicam in cats, To report suspected adverse drug events, for technical assistance or to obtain a copy of the Safety Data Sheet (SDS), contact Norbrook at 1-866-591-5777. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or online at www.fda.gov/reportanimalae.

Meloxicam, like other NSAIDs, is not free from adverse reactions. Owners should be advised of the potential for adverse reactions and be informed of the clinical signs associated with NSAID intolerance. Adverse reactions may include vomiting, diarrhea, lethargy, decreased appetite and behavioral changes.

Dog owners should be advised when their pet has received a meloxicam injection. Dog

owners should contact their veterinarian immediately if possible adverse reactions are observed, and dog owners should be advised to discontinue Loxicom therapy.

Clinical Pharmacology: Meloxicam has nearly 100% bioavailability when administered orally or after subcutaneous injection in dogs. The terminal elimination half-life after a single dose is estimated to be approximately 24 hrs (+/30%) in dogs regardless of route of administration. Drug bioavailability, volume of distribution, and total systemic clearance remain constant up to 5 times the recommended dose for use in dogs. However, there is some evidence of enhanced drug accumulation and terminal nowever, their is some violence or instruction day a continuation and unimitar diminiation half-life profongation when dogs are dosed for 45 days or longer. Peak drug concentrations of 0.734 meg/ml. can be expected to occur within 2.5 hours following a 0.2 mg/kg subcutaneous injection in dogs. Based upon intravenous administration in Beagle dogs, the melboxicam volume of distribution in dogs (VdX) is approximately 0.32 L/kg and the total systemic clearance is 0.01 L/hr/kg. The drug is 97% bound to canine plasma proteins.

## Effectiveness

Dogs: The effectiveness of meloxicam injection was demonstrated in a field study involving a total of 224 dogs representing various breeds, all diagnosed with osteoarthritis. This placebo-controlled, masked study was conducted for 14 days. Dogs received a subcutaneous injection of 0.2 mg/kg meloxicam injection on day 1. The dogs were maintained on 0.1 mg/kg oral meloxicam from days 2 through 14. Variables evaluated by veterinarians included lameness, weight-bearing, pain on palpation, and overall improvement. Variables assessed by owners included mobility, ability to rise, limping, and overall improvement.

In this field study, dogs showed clinical improvement with statistical significance after 14 days of meloxicam treatment for all variables.

Animal Safety:
Dogs: 3 Day Target Animal Safety Study - In a three day safety study, meloxicam
injection was administered intravenously to Beagle dogs at 1,3, and 5 times the
recommended dose (0.2, 0.6 and 1.0 mg/kg) for three consecutive days. Vomiting occurred in 1 of 6 dogs in the 5X group. Fecal occult blood was detected in 3 of 6 dogs in the 5X group. No clinically significant hematologic changes were seen, but serum chemistry changes were observed. Serum alkaline phosphatase (ALP) was chemistry changes were observed. Serum alkaline phosphatase (ALP) was significantly increased in one 1X dog and wo of the XX dog. One dog in the SX group had a steadly increasing G6T over 4 days, although the values remained within the reference range. Decreases in total protein and abmin occurred in 2 of 6 dogs in the 3X group and 3 of 6 dogs in the 5X group. Increases in blood urea nitrogen (BUN) occurred in 3 of 6 dogs in the 1X group, 2 of 6 dogs in the 5X group horeased of the significance o unine protein excretion was noted in 2 of 6 dags in the control group, 2 of 6 dags in the 1X group, 2 of 6 dags in the XX group, 2 of 6 dags in the 5X group, 2 of 6 dags in the 5X group. Two dags in the 5X group developed acute renal failure by Day 4. Bicarboante levels were at or above normal levels in 1 of the 3X dags and 2 of the 5X dags. Histological examination Trevealed gastrointestinal lesions ranging from superficial mucosal hemorthages and congestion to erosions. Mesenteric lymphadenopathy was identified in 2 of 6 dogs in the 1X group, 4 of 6 dogs in the 3X group, and 5 of 6 dogs in the 5X group. Renal changes ranged from dileted medulary and control all tubules and inflammation of the interstitium, to necrosis of the tip of the papilla in 2 of 6 dogs in the 1X group, 2 of 6 dogs in the 3X group, and 4 of 6 dogs in the 5X group

Injection Site Tolerance - Meloxicam injection was administered once ibcutaneously to Beagle dogs at the recommended dose of 0.2 mg/kg and was well-tolerated by the dogs. Pain upon injection was observed in one of eight dogs treated with meloxicam. No pain or inflammation was observed post injection. Long term use of meloxicam injection in dogs has not been evaluated.

Effect on Buccal Mucosal BleedingTime (BMBT) - Meloxicam injection (0.2 mg/kg) and placebo (0.4 mL/kg) were administered as single intravenous injections to 8 female and 16 male Beagle dogs. There was no statistically significant difference (p>0.05) in the average BMBT between the two groups.

# Storage Information:

Store at controlled room temperature, 68-77°F (20-25°C). Use within 180 days of first puncture and puncture a maximum of 51 times.

# **How Supplied:**

Loxicom 5 mg/mL Solution for Injection: 10 mL and 20 mL vial

Made in the UK.

Norbrook Laboratories Limited Newry, BT35 6PU, Co. Down, Northern Ireland

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