Meloxicam

5 mg/mL Solution for Injection

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 injectable or oral meloxicam to cats. See Contraindications, Warnings, and Precautions for detailed information.

Description:
Meloxicam is a non-steroidal anti-inflammatory drug (NSAID) of the oxime class. Each mL of this sterile product for injection contains meloxicam 5.0 mg, alcohol 15%, glycerol 10%, polysorae 185.5%, sodium chloride 0.6%, glycine 0.5% and meglumine 0.3%, in water for injection, pH adjusted with sodium hydroxide and hydrochloric acid.

Indications:
Dogs: Meloxicam 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 Meloxicam and other treatment options before deciding to use Meloxicam. Use the lowest effective dose for the shortest duration consistent with individual response.

Dogs: Meloxicam injection should be administered initially as a single dose at 0.09 mg/kg (0.2 mg/kg) body weight intravenously (IV) or subcutaneously (SQ), followed, after 24 hours, by meloxicam oral suspension at the daily dose of 0.045 mg/kg (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 Meloxicam Injection.

Warnings:
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 IV or SQ injectable use in dogs.

Precautions:
The safe use of Meloxicam Injection in dogs younger than 6 months of age, dogs used for breeding, or on 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 inflammatory (IM) administration in dogs. When administering Meloxicam Injection, use a syringe of appropriate size to ensure ease of dosing. As a class, cyclooxygenase 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 experienced 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 effects may result in clinically significant disease in patients with underlying or preexisting disease that has not previously been 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 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 Meloxicam Injection has not been studied in dogs. Commonly used protein-bound drugs include concomitant anticonvulsant and behavioral medications. The influence of concomitant drugs that may inhibit metabolism of Meloxicam Injection has not been evaluated. Drug compatibility should be monitored in patients requiring adjunctive therapy. The effect of cyclooxygenase 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 inappetence) 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.

<table>
<thead>
<tr>
<th>Clinical Observation</th>
<th>Meloxicam (n = 109)</th>
<th>Placebo (n = 115)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vomiting</td>
<td>31</td>
<td>15</td>
</tr>
<tr>
<td>Diarrhea/Soft Stool</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>Inappetence</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Bloody Stool</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

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 categories 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: pruritus

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 SDs, contact Felix Pharmaceuticals Limited at 1-888-FDA-VETS or online at www.fda.gov/reportanimalae.

Information for Dog Owners:
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. Dogs 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 meloxicam 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 hours (+/- 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 elimination half-life prolongation when dogs are dosed for 45 days or longer.

Peak drug concentrations of 0.734 mcg/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 meloxicam volume of distribution in dogs (Vd) 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 significantly increased in one 1X dog and two of the 5X dogs. One dog in the 5X group had a steadily increasing GGT over 4 days, although the values remained within the reference range. Decreases in total protein and albumin 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 3X group and 2 of 6 dogs in the 5X group. Increased creatinine occurred in 2 dogs in the 5X group. Increased urine protein excretion was noted in 2 of 6 dogs in the control group, 2 of 6 dogs in the 1X group, 2 of 6 dogs in the 3X group, and 5 of 6 dogs in the 5X group. Two dogs in the 5X group developed acute renal failure by Day 4. Bicarbonate levels were at or above normal levels in 1 of the 3X dogs and 2 of the 5X dogs.

Histological examination revealed gastrointestinal lesions ranging from superficial mucosal hemorrhages 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 6 dogs in the 5X group. Renal changes ranged from dilated medullary and cortical tubules and inflammation of the interstitium, to necrosis of the tip of the papillae 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 subcutaneously 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 Bleeding Time (BMBT) - Meloxicam (0.2 mg/kg) and placebo (0.4 mL/kg) were administered as single intravenous injections to 6 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 20° to 25°C (68° to 77°F); excursions permitted between 15° and 30°C (59° and 86°F) [see USP Controlled Room Temperature]. Use contents within 6 months of first puncture.

How Supplied:
Meloxicam 5 mg/mL Solution for Injection: 10 mL vial
NDC no. 86101-027-41 – 10 mL
Approved by FDA under ANDA # 200-727
Distributed by:
Felixvet Inc.,
350 Springfield Avenue,
Suite 200, Summit, NJ 07901
Made in India
Neutral Code No. HP/Drugs/MBI/13859
Rev. July 2022
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. In studies used for the new food approval of meloxicam injection in cats, lethargy, vomiting, inappetence, and transient pain immediately after injection were noted. Diarrhea and fecal occult blood have also been reported.

Post-Approval Experience (Rev. 2009):
The following adverse reactions are based on post-approval adverse drug event reporting. The categories are listed in decreasing order of frequency by body system.

Gastrointestinal: anorexia, vomiting, diarrhea
Neurologic/Behavioral: lethargy, depression
Hematologic: anemia

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 SDS, contact Felix Pharmaceuticals Private Limited at 1-833-571-1525.

Information For Cat Owners:
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.

Cat owners should be advised when their pet has received a meloxicam injection. Cat owners should contact their veterinarian immediately if possible adverse reactions are observed.

Clinical Pharmacology:
Meloxicam has nearly 100% bioavailability after subcutaneous injection in cats. The terminal elimination half-life after a single dose is estimated to be approximately 15 hrs (6-100 in cats). Peak drug concentrations of 1.1 mcg/mL can be expected to occur within 1.5 hours following a 0.3 mg/kg subcutaneous injection in cats. The volume of distribution (Vd) in cats is approximately 0.27 L/kg, with an estimated total systemic clearance of 0.17 mL/kg/h. The drug is 97% bound to feline plasma proteins.

Effectiveness:
Cats: The effectiveness of meloxicam injection was demonstrated in a masked field study involving a total of 138 cats representing various breeds. This study used butorphanol as an active control. Cats received either a single subcutaneous injection of 0.05 mg/kg meloxicam injection or 0.4 mg/kg butorphanol prior to anesthetization, either alone or in conjunction with surgical neutering.

All cats were anesthetized with acepromazine, induced with propofol and maintained on isoflurane. Pain assessment variables evaluated by veterinarians included additional pain intervention therapy, gait/lameness score, analgesia score, sedation score, general impression score, recovery score, and visual analog score scale. Additionally, a cumulative pain score, which was the summation of the analgesia, sedation, heart rate and respiratory rate scores was evaluated. A palpometer was used to quantify the pain threshold.

As expected, a substantially number of cats required additional intervention in the 0-24 hour postoperative period, with the majority of these interventions taking place within the first hour. Therefore, the percentage of cats in each group that received one or more interventions was designated as the primary assessment variable. Approximately half of the cats in each group received a pain intervention as a result of the first time (T1) post-surgical evaluation, i.e., extubation. At this point, the need to provide a pain intervention was not statistically significant between the two groups (p=0.7215).

However, the median number of interventions per cat in the meloxicam group and the butorphanol group was 1 and 3, respectively (p=0.0019). The statistical evaluation supports the conclusion that the meloxicam last article is non-inferior to the butorphanol active control. Forty-eight of the 72 in the meloxicam group received one or more interventions (66.7%), and 67 of 68 in the butorphanol group received one or more interventions (11.2%). The number of interventions administered to the meloxicam group was less than the butorphanol group at 1, 3, 5, 8, 12, and 24 hours post-surgery.

Cats receiving meloxicam injection showed improvement in the pain assessment variables. Cats: 3 Day Target Animal Safety Study: – In a three-day safety study, subcutaneous meloxicam injection administration to healthy cats at up to 0.3 mg/kg (the recommended dose) resulted in vomiting in three cats (1 of 6 control cats and 2 of 6 cats in 5X) and loose stools in four cats (2 of 6 control cats and 2 of 6 cats in 5X). Fecal occult blood was detected in ten of the twenty four cats, including two cats in the control group. This was not a dose-related event.

Clinically significant hematology changes seen included increased PT and APTT in two cats (1 of 6 control cats and 1 of 6 cats in 5X) and elevated white blood cell counts in cats having renal or GI tract lesions. Serum chemistry changes observed included decreased total protein in four cats (2 of 6 cats in 1X, 2 of 6 cats in 3X and 1 of 6 cats in 5X), concomitant increases in blood urea nitrogen (BUN) and creatinine values in 2 of 6 cats in 5X.

Histological examination revealed gastrointestinal lesions ranging from inflammatory cell infiltration of the mucosa of the GI tract to erosions. Mesenteric lymphadenopathy was identified in 1 of 6 control cats in 5X. Renal changes ranged from interstitial myeloid (2 of 6 cats in 1X, 1 of 6 cats in 3X, and 1 of 6 cats in 5X) to tubular atrophy (2 of 6 cats in 1X, 2 of 6 cats in 5X, 2 of 6 cats in 5X or fibrosis (2 of 6 cats in 3X and 2 of 6 cats in 5X) of the interstitium to necrosis of the tip of the papilla (1 of 6 cats in 3X).

Subsequent oral dosing: In a nine day study with three treatment groups, meloxicam injection was given as a single subcutaneous injection using doses of 0.05 mg/kg (saline injection), 0.3 mg/kg and 0.6 mg/kg on Day 0. Meloxicam oral suspension, 1.5 mg/mL, or saline was then administered orally once daily at the same respective dose (0.3 or 0.6 mg/kg) for eight consecutive days. Clinical adverse reactions included vomiting, diarrhea, lethargy, and decreased food consumption in the treated groups, and one day of diarrhea in one control cat. The gross necropsy report included observation of edematous Gl mucosa in 3 of 4 cats in the 0.05 mg/kg group and 1 of 4 cats in the 0.3 mg/kg group. All saline-treated cats and the 0.05 mg/kg group died and another cat in the 0.3 mg/kg group was moribund. The cause of death for these cats could not be determined, although the pathology reported pyloric/duodenal ulceration in the cats in the 0.3 mg/kg group. The safety studies demonstrate a narrow margin of safety.

Injection Site Tolerance: Histopathology of the injection sites revealed hemorrhage and inflammation, myofiber atrophy, panacinar, fibroin deposition, and fibrolast proliferation. These findings were present in cats in all groups, with the 3X cats having the most prominent. No acute repeat dose has been established in cats.

Storage Information: Store at 20°C to 25°C (68°F to 77°F); excursions permitted between 15°C and 30°C (59°F and 86°F) [see USP Controlled Room Temperature].

Use contents within 6 months of first puncture.

How Supplied:
Meloxicam 5 mg/mL Solution for Injection: 10 mL vial NDC no. 86107-027-41 - 10 mL

Reference:

Approved by FDA under ANDA # 200 - 727

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