Frequently Asked Questions

Q: What is APOQUEL used for?
A: APOQUEL can be used for dogs over 1 year of age to help lessen itch and inflammation due to allergic skin disease.

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References:

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APOQUEL®: Fast–Acting And Safe Itch Relief So Your Dog And You Can Return To Normal
You Just Want The Best Treatment For Your Dog.

You treat your dog like a part of the family. And when your dog is constantly itching, that affects him as well as you. So what is really going on with the itch?

Is this itch normal?

All dogs itch sometimes. This is a normal protective mechanism. But when itching causes your dog to damage its skin, or disrupt the household, it can be a problem.

What Causes Dogs To Itch?

Canine itch can be caused by several factors, including infections, parasites or allergies. Some common allergies are caused by fleas, food or environmental allergens such as pollens, molds or house-dust mites. The 4 most common allergies are:

- **Flea allergy**
- **Food allergy**
- **Contact allergy**
- **Atopic dermatitis** (itchy skin disease associated with environmental allergens)

Please see full Prescribing Information for APOQUEL® inside pocket.
What To Look For

Some important clues to look for if you suspect your dog is itchier than a normal dog:

- Excessive licking, chewing, biting or scratching
- Excessive rolling, rubbing or scooting
- Foot chewing
- Hair loss
- Recurrent ear problems
- Changes in the skin, like sores or darkened color
- Redness of the skin
- Body odor

If your dog exhibits any of the signs listed above, talk to your veterinarian about it today.
APOQUEL®: A Different Approach To Treating Itch

Unlike common therapies such as steroids, cyclosporines or antihistamines, APOQUEL is the only treatment specifically designed to go straight to the source of the itch. Since APOQUEL targets the cause of the itch, it has minimal effect on other parts of the dog’s body, unlike some other drugs.¹

APOQUEL Works—And Works Fast

APOQUEL works regardless of the type of allergy.

- APOQUEL starts to relieve the itch within 4 hours, comparable to steroids²
- APOQUEL effectively controls the itch within 24 hours³
- APOQUEL relieves itch in the long term⁴

APOQUEL Is Safe In The Short Term And Long Term

In studies, side effects from APOQUEL were mild and similar to those of dogs who took a sugar pill (placebo).

Most common side effects were vomiting and diarrhea. These occurred in only a small percentage of dogs treated with APOQUEL. These side effects usually stopped on their own.³ ⁵

With APOQUEL, there are fewer of the side effects commonly associated with steroid use, such as excessive panting and urinating³ ⁵ ⁶

With APOQUEL, you have less to worry about since it can be used safely with many other common therapies such as:

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-steroidal anti-inflammatory drugs (NSAIDs)</td>
<td>Carprofen</td>
</tr>
<tr>
<td>Vaccines</td>
<td>Vanguard High Titer®</td>
</tr>
<tr>
<td>Allergy shots</td>
<td>Allergen-specific immunotherapy</td>
</tr>
</tbody>
</table>

Indication

Control of pruritus (itch) associated with allergic dermatitis and control of atopic dermatitis in dogs at least 12 months of age.

IMPORTANT SAFETY INFORMATION

Do not use APOQUEL in dogs less than 12 months of age or those with serious infections. APOQUEL may increase the chances of developing serious infections, and may cause existing parasitic skin infections or pre-existing cancers to get worse. APOQUEL has not been tested in dogs receiving some medications including some commonly used to treat skin conditions such as corticosteroids and cyclosporines. Do not use in breeding, pregnant, or lactating dogs. Most common side effects are vomiting and diarrhea. APOQUEL has been used safely with many common medications including parasiticides, antibiotics and vaccines.

Please see full Prescribing Information for APOQUEL inside pocket.
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Please see full Prescribing Information for APOQUEL inside pocket.
How to give APOQUEL® to your dog

• APOQUEL comes in tablet form. You will need to give your dog 2 doses per day for up to 14 days. After 14 days, you will need to give your dog only 1 dose of APOQUEL per day.

• You can give APOQUEL to your dog with or without food.

Visit www.APOQUEL.com for more information or ask for APOQUEL on your next visit.
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**References**

**Dosage and Administration:**

The dose of APOQUEL (oclacitinib maleate) tablets is 0.18 to 0.27 mg oclacitinib/lb (0.4 to 0.6 mg oclacitinib/kg) body weight, administered orally, twice daily for up to 14 days, and then administered once daily for maintenance therapy. APOQUEL may be administered with or without food.

**Dosing Chart**

<table>
<thead>
<tr>
<th>Weight Range (in lb)</th>
<th>Weight Range (in Kg)</th>
<th>Number of Tablets to be Administered</th>
</tr>
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<tbody>
<tr>
<td>Low</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>6.6</td>
<td>9.9</td>
<td>3.0</td>
</tr>
<tr>
<td>10.0</td>
<td>14.5</td>
<td>4.5</td>
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<tr>
<td>15.0</td>
<td>19.9</td>
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<tr>
<td>20.0</td>
<td>25.9</td>
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<tr>
<td>30.0</td>
<td>44.3</td>
<td>13.5</td>
</tr>
<tr>
<td>45.0</td>
<td>59.9</td>
<td>20.0</td>
</tr>
<tr>
<td>60.0</td>
<td>89.9</td>
<td>27.0</td>
</tr>
<tr>
<td>90.0</td>
<td>129.9</td>
<td>40.0</td>
</tr>
<tr>
<td>130.0</td>
<td>179.9</td>
<td>55.0</td>
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**Warnings:**

APOQUEL is not for use in dogs less than 12 months of age (see Animal Safety). APOQUEL is not for use in dogs with serious infections. APOQUEL may increase susceptibility to infection, including demodicosis, and exacerbate neoplastic conditions (see Adverse Reactions and Animal Safety).

**Human Warnings:**

This product is not for human use. Keep this and all other drugs out of reach of children. For use in dogs only. Wash hands immediately after handling the tablets. In case of accidental eye contact, flush immediately with water or saline for at least 15 minutes and then seek medical attention. In case of accidental ingestion, wash hands immediately after handling the tablets. In case of accidental eye contact, flush immediately with water or saline for at least 15 minutes and then seek medical attention. In case of accidental ingestion, wash hands immediately after handling the tablets.

**Precautions:**

APOQUEL is not for use in breeding dogs, or pregnant or lactating bitches. The use of APOQUEL has not been evaluated in combination with glucocorticoids, cyclosporine, or other systemic immunosuppressive agents. Dogs receiving APOQUEL should be monitored for the development of infections, including demodicosis, and neoplasia.

**Adverse Reactions:**

Control of Atopic Dermatitis

In a masked field study to assess the effectiveness and safety of oclacitinib for the control of atopic dermatitis in dogs, 152 dogs treated with APOQUEL and 147 dogs treated with placebo (vehicle control) were evaluated for safety. The majority of the dogs in the placebo group withdrew from the 112-day study by Day 16. Adverse reactions reported (and percent of dogs affected) during Days 0-7 included diarrhea (4.3% APOQUEL, 4.1% placebo), anorexia (2.6% APOQUEL, 5.0% placebo), new cutaneous or subcutaneous lump (2.6% APOQUEL, 2.7% placebo), and lethargy (2.0% APOQUEL, 1.4% placebo). In most cases, diarrhea, vomiting, anorexia, and lethargy spontaneously resolved with continued dosing. Dogs on APOQUEL had decreased leukocytes (neutrophil, eosinophil, and monocyte counts) and serum globulin, and increased cholesterol and lipase compared to the placebo group but mean groups remained within the normal range. Mean lymphocyte counts were transiently increased at Day 16 in the APOQUEL group.

**Clinical Pharmacology:**

Mechanism of Action

Oclacitinib inhibits the function of a variety of pruritogenic cytokines and pro-inflammatory cytokines, as well as cytokines involved in allergy that are dependent on JAK1 or JAK3 enzyme activity. It has little effect on cytokines involved in hematopoiesis that are dependent on JAK2. Oclacitinib is not a corticosteroid or an antihistamine.

**Pharmacokinetics:**

In dogs, oclacitinib maleate is rapidly and well absorbed following oral administration, with mean time to peak plasma concentrations (tmax) of less than 1 hour. Following oral administration of 0.4-0.8 mg oclacitinib/kg to 24 dogs, the mean (80% confidence limits [CL]) maximum concentration (Cmax) was 324 (281, 372) mg/mL and the mean area under the plasma concentration-time curve from 0 to extrapolated to infinity (AUC0-∞) was 1890 (1680, 2110) ng·h/mL. The prandial state of dogs does not significantly affect the rate or extent of absorption. The absolute bioavailability of oclacitinib maleate was 89%.

Oclacitinib has low protein binding with 66.3-69.7% bound in fortified canine plasma at nominal concentrations ranging from 10-1000 ng/mL. The apparent mean (95% CL) volume of distribution at steady-state was 942 (870, 1014) mL/kg body weight.

Oclacitinib is metabolized to the dog to multiple metabolites and one major oxidative metabolite was identified in plasma and urine. Overall the major clearance route is metabolism with minor contributions from renal and biliary elimination. Inhibition of canine cytochrome P450 enzymes by oclacitinib is minimal; the inhibitory concentrations (IC50) are 50 fold greater than the observed Cmax values at the use dose.

Mean (95% CL) total body oclacitinib clearance from plasma was low - 316 (237, 396) mL/h/kg body weight (5.3 mL/min/kg body weight). Following IV and PO administration, the terminal t1/2 appeared similar with mean values of 3.5 (2.3, 4.7) and 4.1 (3.5, 5.2) hours, respectively.
A double-masked, 112-day, controlled study was conducted at 18 U.S. veterinary hospitals. The study enrolled 299 client-owned dogs with atopic dermatitis. Dogs were randomized to treatment with APOQUEL (152 dogs: tablets administered at a dose of 0.4-0.6 mg/kg per dose twice daily for 14 days and then once daily) or placebo (147 dogs: vehicle control, tablets administered on the same schedule). During the study, dogs could not be treated with other drugs that could affect the assessment of effectiveness, such as corticosteroids, anti-histamines, or cyclosporine. Treatment success for pruritus for each dog was defined as at least a 2 cm decrease from baseline on a 10 cm visual analog scale (VAS) in pruritus, assessed by the Owner, on Day 28. Treatment success for skin lesions was defined as a 50% decrease from the baseline Canine Atopic Dermatitis Extent and Severity Index (CADESI) score, assessed by the Veterinarian, on Day 28.

The estimated proportion of dogs with Treatment Success in Owner-assessed pruritus VAS score and in Veterinarian-assessed CADESI score was greater and significantly different for the APOQUEL group compared to the placebo group.

Compared to the placebo group, mean Owner-assessed pruritus VAS scores (on Days 1, 2, 7, 14, and 28) and Veterinarian-assessed CADESI scores (on Days 14 and 28) were lower (improved) in dogs in the APOQUEL group. By Day 30, 86.4% (127/147) of the placebo group dogs and 15% (23/152) of the APOQUEL group dogs withdrew from the masked study because of worsening clinical signs, and had the option to enroll in an unmasked study and receive APOQUEL. For dogs that continued APOQUEL treatment beyond one month, the mean Owner-assessed pruritus VAS scores and Veterinarian-assessed CADESI scores continued to improve through study end at Day 112.

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Controlled Pruritus Associated with Allergic Dermatitis

A double-masked, 30-day, controlled study was conducted at 26 U.S. veterinary hospitals. The study enrolled 436 client-owned dogs with a history of allergic dermatitis attributed to one or more of the following conditions: atopic dermatitis, flea allergy, food allergy, contact allergy, and other/unspecified allergic dermatitis. Dogs were randomized to treatment with APOQUEL (216 dogs: tablets administered at a dose of 0.4-0.6 mg/kg twice daily) or placebo (220 dogs: vehicle control, tablets administered twice daily). During the study, dogs could not be treated with other drugs that could affect the assessment of pruritus or dermal inflammation such as corticosteroids, anti-histamines, or cyclosporine. Treatment success for each dog was defined as at least a 2 cm decrease from baseline on a 10 cm visual analog scale (VAS) in pruritus, assessed by the Owner, on at least 5 of the 7 evaluation days. The estimated proportion of dogs with Treatment Success was greater and significantly different for the APOQUEL group compared to the placebo group.

Owner-Assessed Pruritus VAS Treatment Success, Atopic Dermatitis

After one week of treatment, 86.4% of APOQUEL group dogs compared with 42.5% of placebo group dogs had achieved a 2 cm reduction on the 10 cm Owner-assessed pruritus VAS. On each of the 7 days, mean Owner-assessed pruritus VAS scores were lower in dogs in the APOQUEL group (See Figure 1). Veterinarians used a 10 cm VAS scale to assess each dog’s dermatitis. After one week of treatment, the mean Veterinarian-assessed VAS dermatitis score for the dogs in the APOQUEL group was lower at 2.2 cm (improved from a baseline value of 6.2 cm) compared with the placebo group mean score of 4.9 cm (from a baseline value of 6.2 cm). For dogs that continued APOQUEL treatment beyond one week, the Veterinarian-assessed dermatitis scores continued to improve through study end at Day 30.

Animal Safety

Margin of Safety in 12 Month Old Dogs

Oclacitinib maleate was administered to healthy, one-year-old Beagle dogs twice daily for 6 weeks, followed by once daily for 20 weeks, at 0.6 mg/kg (1X maximum exposure dose, 8 dogs), 1.8 mg/kg (3X, 8 dogs), and 3.0 mg/kg (5X, 8 dogs) oclacitinib for 26 weeks. Eight dogs received placebo (empty gelatin capsule) at the same dosage schedule. Clinical observations that were considered likely to be related to oclacitinib maleate included papillomas and a dose-dependent increase in the number and frequency of interdigital furunculosis (cysts) on one or more feet during the study. Additional clinical observations were primarily related to the interdigital furunculosis and included dermatitis (local alopecia, erythema, abrasions, scabbing/ crusts, and edema of feet) and lymphadenopathy of peripheral nodes. Microscopic findings considered to be oclacitinib maleate-related included decreased cellularity (lymphoid) in Gut-Associated Lymphoid Tissue (GALT), spleen, thymus, cervical and mesenteric lymph node; and decreased cellularity of sternal and femoral bone marrow. Lymphoid hyperplasia and chronic active inflammation was seen in lymph nodes draining feet affected with interdigital furunculosis. Five oclacitinib maleate-treated dogs had microscopic evidence of mild interstitial pneumonia. Clinical pathology findings considered to be oclacitinib maleate-related included mild, dose-dependent reduction in hemoglobin, hematocrit, and reticulocyte counts during the twice daily dosing period with decreases in the leukocyte subsets of lymphocytes, eosinophils, and basophils. Total proteins were decreased over time primarily due to the albumin fraction.

Vaccine Response Study

An adequate immune response (serology) to killed rabies (RV), modified live canine distemper virus (CDV), and modified live canine parvovirus (CPV) vaccination was achieved in eight 16-week old vaccine naïve puppies that were administered oclacitinib maleate at 1.8 mg/kg oclacitinib (3X maximum exposure dose) twice daily for 84 days. For modified live canine parvovirus vaccine (CPV), < 80% (8 of 8) of the dogs achieved adequate serologic response. Clinical observations that were considered likely to be related to oclacitinib maleate treatment included enlarged lymph nodes, interdigital furunculosis, cysts, and pododermatitis. One oclacitinib maleate-treated dog (26-weeks-old) was euthanized on Day 74 after physical examination revealed the dog to be febrile, lethargic, with pale mucous membranes and frank blood in stool. Necropsy revealed pneumonia of short duration and evidence of chronic lymphadenitis of mesenteric lymph nodes. During the three month recovery phase to this study, one oclacitinib maleate-treated dog (52-weeks-old) was euthanized on Day 28 due to clinical signs which included enlarged prescapular lymph nodes, bilateral epiphora, lethargy, mild dyspnea, and fever. The dog showed an elevated white blood cell (WBC) count. Necropsy revealed lesions consistent with sepsis secondary to immunosuppression. Bone marrow hyperplasia was consistent with response to sepsis.

Margin of Safety in 6 Month Old Dogs

A margin of safety study in 6-month-old dogs was discontinued after four months due to the development of bacterial pneumonia and generalized demodec mange infections in dogs in the high dose (3X and 5X) treatment groups, dosed at 1.8 and 3.0 mg/kg oclacitinib twice daily, for the entire study.

Storage Conditions:

APOQUEL should be stored at controlled room temperature between 20° to 25°C (68° to 77°F) with excursions between 15° to 40°C (59° to 104°F).

How Supplied:

APOQUEL tablets contain 3.6 mg, 5.4 mg, or 16 mg of oclacitinib as oclacitinib maleate per tablet. Each strength tablets are packaged in 20 and 100 count bottles. Each tablet is scored and marked with AQ and either an S, M, or L that correspond to the different tablet strengths on both sides.

NADA #141-345, Approved by FDA

Made in Italy

February 2013

428007800A&P

Figure 1: Owner Assessed Pruritus VAS Scores by treatment for Days 0-7

Table: Effectiveness of Atopic Dermatitis

<table>
<thead>
<tr>
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<th>APOQUEL</th>
<th>Placebo</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner-Assessed Pruritus</td>
<td>0.66</td>
<td>0.04</td>
<td>0.0001</td>
</tr>
<tr>
<td>VAS (n = 131)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterinarian-Assessed</td>
<td>0.09</td>
<td>0.04</td>
<td>0.0001</td>
</tr>
<tr>
<td>CADESI (n = 134)</td>
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<td></td>
</tr>
</tbody>
</table>

Table: Estimated Proportion of Dogs with Treatment Success, Atopic Dermatitis

<table>
<thead>
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</tr>
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<tbody>
<tr>
<td>Estimated Proportion of</td>
<td>0.67</td>
<td>0.29</td>
<td>0.0001</td>
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<tr>
<td>Dogs with Treatment</td>
<td>(n = 203)</td>
<td>(n = 204)</td>
<td></td>
</tr>
<tr>
<td>Success</td>
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