RIMADYL® (carprofen) DOSING CHART

RIMADYL (carprofen) is indicated for the relief of pain and inflammation associated with osteoarthritis and for the control of postoperative pain associated with soft tissue and orthopedic surgeries in dogs. Target based on recommended dosage of 2.0 mg/lb once a day.

### Chewables & Caplets

<table>
<thead>
<tr>
<th>Weight (lbs)</th>
<th>Daily Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-10</td>
<td>1/2 Tab 25 mg</td>
</tr>
<tr>
<td>11-15</td>
<td>1 Tab 25 mg</td>
</tr>
<tr>
<td>16-20</td>
<td>1/2 Tab 75 mg</td>
</tr>
<tr>
<td>21-30</td>
<td>1/2 Tab 100 mg</td>
</tr>
<tr>
<td>31-40</td>
<td>1 Tab 75 mg</td>
</tr>
<tr>
<td>41-60</td>
<td>1 Tab 100 mg</td>
</tr>
<tr>
<td>61-90</td>
<td>1 ½ Tab 100 mg</td>
</tr>
<tr>
<td>91-120</td>
<td>2 Tabs 100 mg</td>
</tr>
</tbody>
</table>

### Injectable

<table>
<thead>
<tr>
<th>Weight (lbs)</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>0.2 mL</td>
</tr>
<tr>
<td>10</td>
<td>0.4 mL</td>
</tr>
<tr>
<td>15</td>
<td>0.6 mL</td>
</tr>
<tr>
<td>20</td>
<td>0.8 mL</td>
</tr>
<tr>
<td>25</td>
<td>1.0 mL</td>
</tr>
<tr>
<td>50</td>
<td>2.0 mL</td>
</tr>
<tr>
<td>75</td>
<td>3.0 mL</td>
</tr>
<tr>
<td>100</td>
<td>4.0 mL</td>
</tr>
</tbody>
</table>

**IMPORTANT SAFETY INFORMATION:** As a class, NSAIDS may be associated with gastrointestinal, kidney and liver side effects. These are usually mild, but may be serious. Pet owners should discontinue therapy and contact their veterinarian immediately if side effects occur. Evaluation for pre-existing conditions and regular monitoring are recommended for pets on any medication, including RIMADYL. Use with other NSAIDS or corticosteroids should be avoided.

See full [Prescribing Information](#) on the next page.

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Due to the palatable nature of Rimadyl chewable tablets, store out of reach of dogs in a secured location. Severe adverse reactions may occur if large quantities of tablets are ingested. If you suspect your dog has consumed Rimadyl chewable tablets above the labeled dose, please call your veterinarian for immediate assistance and note Zoetis at 1-888-963-9471.

INFORMATION FOR DOG OWNERS:
Rimadyl, like other drugs of its class, 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 drug intolerance. Adverse reactions may include decreased appetite, vomiting, diarrhea, dark or tarry stools, increased water consumption, increased urination, pale coat due to anemia, yellowing of gums, skin or white of the eye due to jaundice, lethargy, incoordination, seizure, or behavioral changes.

Serious adverse reactions associated with this drug class can occur without warning and in rare situations result in death (see Adverse Reactions). Owners should be advised to discontinue Rimadyl therapy and contact their veterinarian immediately if signs of intolerance are observed.

The vast majority of patients with drug related adverse reactions have recovered when the signs are recognized, the drug is withdrawn, and veterinary care, if appropriate, is initiated. Owners should be advised of the importance of periodic follow up for all dogs during administration of any NSAID.

ADVERSE REACTIONS:
During investigational studies for the caplet formulation with twice daily administration of 1 mg/kg, no clinically significant adverse reactions were reported. Some clinical signs were observed during field studies (30 mg/kg) which were similar for caplet formulation and placebo-treated dogs. Incidences of the following were observed in both groups: vomiting (4%), diarrhea (4%), changes in appetite (1%), diarrhea (1%), and behavioral changes (1%). The product vehicle served as control.

There were no serious adverse events reported during clinical field studies with once daily administration of 2 mg/kg. The following categories of abnormal health observations were reported. The product vehicle served as control.

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A controlled palatability study was conducted which demonstrated that Rimadyl chewable tablets were readily accepted and consumed when offered by a majority of dogs.

**Effectiveness:**
Confirmation of the effectiveness of Rimadyl for the relief of pain and inflammation associated with osteoarthritis, and for the control of postoperative pain associated with soft tissue and orthopedic surgeries, was demonstrated in placebo-controlled, masked studies examining the anti-inflammatory and analgesic effectiveness of Rimadyl chewable tablets, caplets and injectable in various breeds of dogs.

Separate placebo-controlled, masked, multicenter field studies confirmed the anti-inflammatory and analgesic effectiveness of Rimadyl caplets when dosed at 2 mg/lb once daily or when divided and administered as 1 mg/lb twice daily. In these two field studies, dogs diagnosed with osteoarthritis showed statistically significant overall improvement based on lameness evaluations by the veterinarian and owner observations when administered Rimadyl at labeled doses.

Based upon the blood level comparison between subcutaneous and oral administration, Rimadyl effectiveness for osteoarthritis after dososeupercaptable and oral administration should be similar, although there may be a slight delay in the onset of relief after subcutaneous injection.

Separate placebo-controlled, masked, multicenter field studies confirmed the effectiveness of Rimadyl caplets and injectable for the control of postoperative pain when dosed at 2 mg/lb once daily in various breeds of dogs. In these studies dogs presented for ovariohysterectomy, cruciate repair and aural surgeries were administered Rimadyl preoperatively and for a maximum of 3 days (soft tissue) or 4 days (orthopedic) postoperatively. In general, dogs administered Rimadyl showed statistically significant reduction in pain scores compared to controls.

**SAFETY:**
Laboratory studies in unanesthetized dogs and clinical field studies have demonstrated that Rimadyl is well tolerated in dogs after oral administration. In target animal safety studies, Rimadyl was administered orally to healthy Beagle dogs at 1, 3, and 5 mg/lb twice daily (1, 3, and 5 times the recommended total daily dose) for 42 consecutive days with no significant adverse reactions. The mean albumin level in dogs receiving 5 mg/lb twice daily after 2 weeks of treatment, returned to the pre-treatment value (2.6 g/dL) after 4 weeks of treatment, and was 2.3 g/dL at the final 6-week evaluation. Over the 6-week treatment period, black or bloody stools were observed in 1 dog (1 incident) treated with 1 mg/lb twice daily and in 1 dog (2 incidents) treated with 3 mg/lb twice daily. Redness of the colonic mucosa was observed in 1 male that received 3 mg/lb twice daily.

Two of 8 dogs receiving 10 mg/lb orally twice daily (10 times the recommended total daily dose) for 14 days exhibited hypoalbuminemia. The mean albumin level in the dogs receiving this dose was lower (2.38 g/dL) than at each of 2 placebo control groups (2.88 and 2.93 g/dL, respectively). Three incidents of black or bloody stool were observed in 1 dog. Five of 8 dogs exhibited reddened areas of duodenal mucosa on gross pathologic histologic. Histologic examination of these areas revealed no evidence of ulceration, but did show minimal conformation of the lamina propria in 2 of the 5 dogs.

In these safety studies lasting 13 and 52 weeks, respectively, dogs were administered orally up to 11.4 mg/lb/day (5.7 times the recommended total daily dose of 2 mg/lb of caprofen. In both studies, the drug was well tolerated clinically by all of the animals. No gross or histologic changes were seen in any of the treated animals. In both studies, dogs receiving the highest doses had average increases in serum L-alanineaminotransferase (ALT) of approximately 28 IU.

In the 52-week study, minor dermatologic changes occurred in dogs in each of the treatment groups but not in the control dogs. The changes were described as slight redness or rash and were diagnosed as non-specific dermatitis. The possibility exists that these mild lesions were treatment related, but no dose relationship was observed.

Clinical field studies were conducted with 549 dogs of different breeds at the recommended oral doses for 14 days (297 dogs were included in a study evaluating 1 mg/lb twice daily and 252 dogs were included in a separate study evaluating 2 mg/lb once daily). In both studies the drug was clinically well tolerated and the incidence of clinical adverse reactions for Rimadyl-treated animals was no higher than placebo-treated animals (placebo contained inactive ingredients found in Rimadyl). For animals receiving 1 mg/lb twice daily, the mean post-treatment serum ALT values were 11 IU greater and 9 IU less than pre-treatment values for dogs receiving Rimadyl and placebo, respectively. Differences were not statistically significant. For animals receiving 2 mg/lb once daily, the mean post-treatment serum ALT values were 4.5 IU greater and 9.9 IU less than pre-treatment values for dogs receiving Rimadyl and placebo, respectively. In the latter study, 3 Rimadyl-treated dogs developed a 3-fold or greater increase in ALT and/or AST during the course of therapy. One placebo-treated dog had a greater than 2-fold increase in ALT. None of these animals showed clinical signs associated with laboratory value changes. Changes in the clinical laboratory values (hematology and clinical chemistry) were not considered clinically significant. The 1 mg/lb twice daily course of therapy was repeated as needed at 2-week intervals in 248 dogs, for a total of 5 years.

Clinical field studies were conducted in 297 dogs of different breeds undergoing orthopedic or soft tissue surgery. Dogs were administered 2 mg/lb of Rimadyl 2 hours prior to surgery then once daily, as needed for 2 days (soft tissue surgery) or 3 days (orthopedic surgery). Rimadyl was well tolerated when used in conjunction with a variety of anesthetic-related drugs. The type and severity of abnormal health observations in Rimadyl- and placebo-treated animals were approximately equal and few in number (see Adverse Reactions). The most frequent abnormal health observation was vomiting and was associated with the same dose of Rimadyl- and placebo-treated animals. Changes in clinicopathologic indices of hematopoietic, renal, hepatic, and clotting function were not clinically significant. The mean post-treatment serum ALT values were 7.3 IU and 2.5 IU less than pre-treatment values for dogs receiving Rimadyl and placebo, respectively. In the latter study, 3 Rimadyl-treated dogs developed a 3-fold or greater increase in ALT and/or AST during the course of therapy. One placebo-treated dog had a greater than 2-fold increase in ALT. None of these animals showed clinical signs associated with laboratory value changes. Changes in the clinical laboratory values (hematology and clinical chemistry) were not considered clinically significant. The 1 mg/lb twice daily course of therapy was repeated as needed at 2-week intervals in 248 dogs, for a total of 5 years.

Clinical field studies were conducted in 311 dogs undergoing orthopedic or soft tissue surgery. Dogs were administered 2 mg/lb of Rimadyl subcutaneously 2 hours prior to surgery and once daily thereafter was needed, for 2 days (soft tissue surgery) or 3 days (orthopedic surgery). Rimadyl was well tolerated when used in conjunction with a variety of anesthetic-related drugs. The type and severity of abnormal health observations in Rimadyl- and placebo-treated animals were approximately equal and few in number (see Adverse Reactions). The most frequent abnormal health observation was vomiting and was associated with the same dose of Rimadyl- and placebo-treated animals. Changes in clinicopathologic indices of hematopoietic, renal, hepatic, and clotting function were not clinically significant. The mean post-treatment serum ALT values were 8.4 IU and 7.0 IU less than pre-treatment values for dogs receiving Rimadyl and placebo, respectively. The mean post-treatment AST values were 1.5 IU and 0.7 IU greater for dogs receiving Rimadyl and placebo, respectively.