APOQUEL IMPORTANT SAFETY INFORMATION: Do not use APOQUEL (oclacitinib tablet) 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 infestations 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 cyclosporine. 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. For more information, please see the attached full Prescribing Information.

APOQUEL and CYTOPOINT may also be used to manage intermittent flares of pruritus due to fleas, food or seasonal factors.
Dosage and Administration

**Indications**

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

**Dosage and Administration**

The dose of APOQUEL (oclacitinib tablet) 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>
</thead>
<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>
</tr>
<tr>
<td>15.0</td>
<td>19.9</td>
<td>6.0</td>
</tr>
<tr>
<td>20.0</td>
<td>25.9</td>
<td>8.0</td>
</tr>
<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>175.9</td>
<td>55.0</td>
</tr>
</tbody>
</table>

**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 drugs out of reach of children. For use in dogs only. Wash hands immediately after handling the tablets. In case of accidental eye contact or ingestion, seek medical attention immediately.

**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.

**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 dogs in the placebo group withdrew from the 112-day study by Day 16. Adverse reactions reported (and percent of dogs affected) during Days 0-16 included diarrhea (4.8% APOQUEL, 3.4% placebo), vomiting (6.9% APOQUEL, 4.1% placebo), anorexia (2.6% APOQUEL, 5% 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 group means remained within the normal range. Mean lymphocyte counts were transiently increased at Day 14 in the APOQUEL group.

**Continuation Field Study**

After completing APOQUEL field studies, 239 dogs enrolled in an unmasked (no placebo control), continuation therapy study receiving APOQUEL for an unselected period of time. Mean time on this study was 372 days (range 1 to 610 days). Of these 239 dogs, one dog developed demodicosis following 273 days of APOQUEL administration. One dog developed dermal pigmented viral plaques following 266 days of APOQUEL administration. One dog developed a moderately severe bronchopneumonia after 272 days of APOQUEL administration. One dog was euthanized after developing abdominal ascites and pleural effusion of unknown etiology after 450 days of APOQUEL administration. Six dogs were euthanized because of suspected malignant neoplasms. One dog developed a low grade B-cell lymphoma after 392 days of APOQUEL administration. One dog developed a moderately severe bronchopneumonia after 272 days of APOQUEL administration. One dog developed a moderately severe bronchopneumonia after 272 days of APOQUEL administration. One dog developed a low grade B-cell lymphoma after 392 days of APOQUEL administration. One dog died of unknown etiology after 450 days of APOQUEL administration. One dog developed a dermal tumor after 392 days of APOQUEL administration. One dog developed generalized demodicosis after 28 days of APOQUEL administration. Between the masked and unmasked study, 283 dogs received at least one dose of APOQUEL. Of these 283 dogs, two dogs were withdrawn from study due to suspected treatment-related adverse reactions: one dog that had an intense flare-up of dermatitis and severe secondary pyoderma after 19 days of APOQUEL administration, and one dog that developed generalized demodicosis after 28 days of APOQUEL administration. Two other dogs on APOQUEL were withdrawn from study due to suspected or confirmed malignant neoplasia and subsequently euthanized, including one dog that developed signs associated with a heart base mass after 21 days of APOQUEL administration, and one dog that developed a Grade III mast cell tumor after 60 days of APOQUEL administration. One of the 147 dogs in the placebo group developed a Grade I mast cell tumor and was withdrawn from the masked study. Additional dogs receiving APOQUEL were hospitalized for diagnosis and treatment of pneumonia (one dog), transient bloody vomiting and stool (one dog), and cystitis with urolithiasis (one dog).

In the 238 dogs that received APOQUEL, the following additional clinical signs were reported after beginning APOQUEL (percentage of dogs and at least one report of the clinical sign as a non-pre-existing finding): pyoderma (12.0%), non-specific dermal lumps (12.0%), otitis (9.9%), vomiting (9.2%), diarrhea (8.0%), histiocytosis (9.3%), cystitis (3.5%), anorexia (3.2%), lethargy (3.8%), yeast skin infections (5.5%), pododermatitis (2.5%), lipoma (2.1%), polydipsia (1.4%), lymphopenia (1.1%), nausea (1.1%), increased appetite (1.1%), aggression (1.1%), and weight loss (0.7).

**Control of Pruritus Associated with Allergic Dermatitis**

In a masked field study to assess the effectiveness and safety of oclacitinib for the control of pruritus associated with allergic dermatitis in dogs, 216 dogs treated with APOQUEL and 220 dogs treated with placebo (vehicle control) were evaluated for safety. During the 30-day study, there were no fatalities and no adverse reactions requiring hospital care. Adverse reactions reported (and percent of dogs affected) during Days 0-7 included diarrhea (2.3% APOQUEL, 0.9% placebo), vomiting (2.3% APOQUEL, 1.8% placebo), lethargy (1.8% APOQUEL, 1.4% placebo), anorexia (1.4% APOQUEL, 0.3% placebo), and polydipsia (1.4% APOQUEL, 0.7% placebo). In most of these cases, signs spontaneously resolved with continued dosing. Five APOQUEL group dogs were withdrawn from study because of: darkening of areas of skin and fur (1 dog); diarrhea (1 dog); fever, lethargy and cystitis (1 dog); an infected footpad and vomiting (1 dog); and diarrhea, vomiting, and lethargy (1 dog). Dogs in the APOQUEL group had a slight decrease in mean white blood cell counts (neutrophil, eosinophil, and monocyte counts) that remained within the normal reference range. Mean lymphocyte count for dogs in the APOQUEL group increased at Day 7, but returned to pretreatment levels by study end without a break in APOQUEL administration. Serum cholesterol increased in 25% of APOQUEL group dogs, but mean cholesterol remained within the reference range.

**Mechanism of Action**

Oclacitinib inhibits the function of a variety of pruritogenic cytokines and pro-inflammatory cytokines, as well as cyclooxygenase 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 (t_{max}) of less than 1 hour. Following oral administration of 0.4-0.6 mg oclacitinib/kg to 24 dogs, the mean (80% confidence limits [CL]) maximum concentration (C_{max}) was 324 (281, 372) ng/mL and the mean area under the plasma concentration-time curve from 0 to extrapolated to infinity (AUC_{0-\infty}) was 18920 (1690, 2110) ng/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, 1041) mL/kg body weight.

Oclacitinib is metabolized in 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 (IC_{50}) are 50 fold greater than the observed C_{max} 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 t_{1/2} appeared similar with mean values of 3.9 (2.3, 4.7), and 4.1 (3.5, 5.2) hours, respectively.
Effectiveness:
Control of Atopic Dermatitis
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.

Estimated Proportion of Dogs with Treatment Success, Atopic Dermatitis

<table>
<thead>
<tr>
<th>Effectiveness Parameter</th>
<th>APOQUEL</th>
<th>Placebo</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner-Assessed Pruritus VAS</td>
<td>0.66 (n = 131)</td>
<td>0.04 (n = 133)</td>
<td>p&lt;0.0001</td>
</tr>
<tr>
<td>Veterinarian-Assessed CADESI</td>
<td>0.69 (n = 134)</td>
<td>0.04 (n = 134)</td>
<td>p&lt;0.0001</td>
</tr>
</tbody>
</table>

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% (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.

Control of 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, Allergic Dermatitis

<table>
<thead>
<tr>
<th>Effectiveness Parameter</th>
<th>APOQUEL</th>
<th>Placebo</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Proportion of Dogs with Treatment Success</td>
<td>0.67 (n = 203)</td>
<td>0.29 (n = 204)</td>
<td>p&lt;0.0001</td>
</tr>
</tbody>
</table>

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 piloerupions and a dose-dependent increase in the number and frequency of interdigital furunculosis (cytis) 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 intestinal 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 subset 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, 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 infection (CPV), <80% (6 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, cytis, 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 demodex 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

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Kalamazoo, MI 49007

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