

Librela[™]
(bedinvetmab injection)

Solensia[™]
(frunevetmab injection)

**Help give dogs
more days of play
and get cats back
where they belong**

Feature #1

Control OA pain in dogs and cats for an entire month with one injection.

Benefit #1

Reduce OA pain to help dogs and cats improve their mobility and quality of life.¹⁻⁵

Feature #2

Target nerve growth factor (NGF), a key driver in OA pain progression, using monoclonal antibodies (mAbs).

Benefit #2

Effective control with mAbs, which are metabolized like naturally occurring antibodies with minimal involvement of the liver or kidneys.⁶

Feature #3

One monthly dose administered in the veterinary clinic.

Benefit #3

Ensured compliance⁷ for one month so that a pet owner's daily focus is on their pet, not their pet's OA pain or trying to control that pain.

LibrelaVetTeam.com and **SolensiaVetTeam.com**; Veterinary Medical Information & Product Support: 1-888-963-8471.

IMPORTANT SAFETY INFORMATION FOR LIBRELA: For use in dogs only. Women who are pregnant, trying to conceive or breastfeeding should take extreme care to avoid self-injection. Hypersensitivity reactions, including anaphylaxis, could potentially occur with self-injection. Librela should not be used in breeding, pregnant or lactating dogs. Librela should not be administered to dogs with known hypersensitivity to bedinvetmab. The most common adverse events reported in a clinical study were urinary tract infections, bacterial skin infections and dermatitis. See full Prescribing Information.

IMPORTANT SAFETY INFORMATION FOR SOLENSIA: For use in cats only. Women who are pregnant, trying to conceive or breastfeeding should take extreme care to avoid self-injection. Hypersensitivity reactions, including anaphylaxis, could potentially occur with self-injection. Solensia should not be used in breeding cats or in pregnant or lactating queens. Solensia should not be administered to cats with known hypersensitivity to frunevetmab. The most common adverse events reported in a clinical study were vomiting and injection site pain. See full Prescribing Information.

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REFERENCES:

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³ Gruen ME, Myers JAE, Lascelles BD. Efficacy and safety of an anti-nerve growth factor antibody (frunevetmab) for the treatment of degenerative joint disease-associated chronic pain in cats: a multisite pilot field study. *Front Vet Sci*. 2021;8:610028. doi:10.3389/fvets.2021.610028

⁴ Brown DC, Boston RC, Coyne JC, Farrar JT. Development and psychometric testing of an instrument designed to measure chronic pain in dogs with osteoarthritis. *Am J Vet Res*. 2007;68(6):631-637. doi:10.2460/ajvr.68.6.631

⁵ Brown DC, Boston RC, Coyne JC, Farrar JT. Ability of the Canine Brief Pain Inventory to detect response to treatment in dogs with osteoarthritis. *J Am Vet Med Assoc*. 2008;233(8):1278-1283. doi:10.2460/javma.233.8.1278

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⁷ For Librela: Kynectec PetTrak, Data: GAH-539, Jul 2022 and FMR Global Health Report. Librela Awareness and Usage Patient Record Real Data. Market research conducted for Zoetis.

**sound
byte**

Control Osteoarthritis (OA) Pain in **Dogs** and **Cats**

Give dogs more days of play with **Librela**, and get cats back where they belong with **Solensia**—once-monthly injectable monoclonal antibody therapies that control OA pain



sound byte

CHECK-OFF &
ECHO NOTES

Be ready to talk with your clients about managing OA pain in dogs with Librela and cats with Solensia.

State the Issue

Ms. Jones, nearly 40% of dogs and cats exhibit signs of osteoarthritis (OA) pain.^{1,2} OA or arthritis, is a painful chronic condition of the joints. Pain from OA can severely affect the health and well-being of your dog or cat.³

State the Solution

- ▶ By reducing canine OA pain and helping to restore mobility, Scout can feel better and you can get back to the activities you both love.⁴⁻⁸
- ▶ By controlling feline OA pain we can help Leo return to his “normal” by improving mobility.⁹

Make Your Recommendation

- ▶ Ms. Jones, I believe once monthly Librela for control of OA pain in dogs can help Scout get more days of play
- ▶ Ms. Jones, I believe once monthly Solensia for control of OA pain in cats can help get Leo back where he belongs.

REFERENCES:

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- ² Enomoto, M, et al., Anti-nerve growth factor monoclonal antibodies for the control of pain in dogs and cats. Vet Rec, 2019; 184(1):23.
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- ⁴ Librela (bedinvetmab injection). Prescribing information. NADA 141-562. Zoetis Inc; March 2023.
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- ⁸ Michels GM et al. A prospective, randomized, double-blind, placebo-controlled multisite, parallel-group field study in dogs with osteoarthritis conducted in the United States of America evaluating bedinvetmab, a canine anti-nerve growth factor monoclonal antibody. Vet Anaesth Analg. 2023;50(5):446-458. doi:10.1016/j.vaa.2023.06.003
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Librela™

(bedinvetmab injection)

Canine anti-nerve growth factor monoclonal antibody for subcutaneous use in dogs only.

Single-Use Vial

CAUTION

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

INDICATION

LIBRELA is indicated for the control of pain associated with osteoarthritis in dogs.

DOSAGE AND ADMINISTRATION

The minimum target dose of LIBRELA is 0.23 mg/lb (0.5 mg/kg) body weight, administered subcutaneously once a month. Dogs should be dosed by weight range according to the specific dosing information below. The product does not contain a preservative. The full content of each vial is for single-use only. Once punctured, contents of the vial should be used immediately and any remaining solution should be discarded.

Dogs weighing ≥ 11 lb (≥ 5 kg):

Dogs should be dosed by weight range according to the Dosing Table below (Table 1). Dogs are given the full content of 1 or 2 vials of the appropriate concentration based on body weight. Aseptically withdraw the total dose into a single syringe and administer immediately.

Table 1. Dosing Table

Dog Body Weight in Pounds (lb)	Dog Body Weight in Kilograms (kg)	Number and Strength (mg/mL) of LIBRELA Vials to be Administered				
		5 mg/mL orange	10 mg/mL blue	15 mg/mL green	20 mg/mL gold	30 mg/mL purple
11-22.1	5-10	1 vial				
22.2-44.1	10.1-20		1 vial			
44.2-66.1	20.1-30			1 vial		
66.2-88.2	30.1-40				1 vial	
88.3-132.3	40.1-60					1 vial
132.4-176.4	60.1-80				2 vials	
176.5-220.5	80.1-100				1 vial	1 vial
220.6-264.6	100.1-120					2 vials

Dogs < 11 lb:

Aseptically withdraw 0.045 mL/lb (0.1 mL/kg) from a 5 mg/mL vial (orange vial) into a single syringe and administer immediately. Discard the vial after the dose has been withdrawn. Effectiveness may not be achieved until after the second dose (see EFFECTIVENESS).

CONTRAINDICATIONS

LIBRELA should not be administered to dogs with known hypersensitivity to bedinvetmab.

LIBRELA should not be used in breeding dogs or in pregnant or lactating dogs. Immunoglobulin G class antibodies such as LIBRELA can pass through the placental blood barrier and be excreted in milk. Fetal abnormalities, increased rates of stillbirths and increased postpartum fetal mortality were noted in rodents and primates receiving anti-NGF monoclonal antibodies.

WARNINGS

User Safety Warnings

Not for use in humans. Keep this and all drugs out of reach of children. For use in dogs only.

Hypersensitivity reactions, including anaphylaxis, could potentially occur in the case of accidental self-injection.

In case of accidental self-injection, seek medical advice immediately and show the package leaflet, vial or carton to the physician.

Pregnant women, women trying to conceive, and breastfeeding women should take extreme care to avoid accidental self-injection. The importance of Nerve Growth Factor in ensuring normal fetal nervous system development is well-established and laboratory studies conducted on nonhuman primates with human anti-NGF antibodies have shown evidence of reproductive and developmental toxicity.

PRECAUTIONS

Administration of monoclonal antibodies may be associated with hypersensitivity reactions and delayed hypersensitivity reactions. If anaphylaxis or other hypersensitivity reaction occurs, discontinue use and institute appropriate therapy.

The safe use of this product with other monoclonal antibodies has not been evaluated. Use with caution in dogs with known hypersensitivity to other immunoglobulin therapy.

Evaluations were not made to determine if interactions occurred between LIBRELA and veterinary vaccines.

Treatment with LIBRELA may result in the formation of anti-bedinvetmab antibodies and potentially the loss of product effectiveness (see IMMUNOGENICITY).

The safe use of anti-NGF monoclonal antibodies with concurrent non-steroidal anti-inflammatory drugs (NSAIDs) has not been established in dogs. In human clinical trials, rapidly progressing osteoarthritis (RPOA) has been reported in a small number of patients receiving humanized anti-NGF monoclonal antibody therapy. The incidence of these events increased in human patients receiving NSAID treatment long term in combination with an anti-NGF monoclonal antibody. RPOA has not been characterized or reported in dogs.

The safety and effectiveness of LIBRELA has not been evaluated in dogs less than 12 months of age.

LIBRELA has not been studied in dogs that have a history of cruciate ligament rupture within six months before initial product use as these cases were excluded from the field studies.

Long term effects which may occur more than 9 months after the use of LIBRELA have not been evaluated.

NGF is expressed within the heart and vasculature, and the long-term effects of reduced NGF in dogs with cardiac disease are unknown.

Primates receiving high doses of anti-NGF monoclonal antibodies had anatomical changes in postganglionic cell bodies (reduced size and number of neurons). The change in cell body size returned to normal after anti-NGF monoclonal antibody administration was discontinued. NGF is involved in the normal development of sensory and sympathetic nerve fibers in developing animals. This may be important with use of LIBRELA in young growing dogs.

ADVERSE REACTIONS

The safety of LIBRELA was assessed in a masked, controlled 84-day US field study evaluating the effectiveness of LIBRELA for the control of pain associated with osteoarthritis. Enrollment included 272 dogs, 135 dogs treated with LIBRELA and 137 dogs treated with a negative control (sterile saline). The enrolled dogs were at least 1 year of age (1 to 17 years old), weighed between 1.8 to 62.7 kg and were of various breeds or non-purebred. Dogs were dosed at 28-day intervals and received up to three injections. The most common adverse reactions reported during the study are summarized in Table 2 below.

Table 2. Number (%) of Dogs with Adverse Reactions Reported in the US Field Study

Adverse Reaction*	LIBRELA n (%) (Total N = 135)	Negative Control n (%) (Total N = 137)
Urinary tract infection	15 (11.1)	11 (8.0)
Bacterial skin infection	11 (8.1)	9 (6.6)
Dermatitis	10 (7.4)	8 (5.8)
Dermal mass	8 (5.9)	5 (3.6)
Erythema	6 (4.4)	5 (3.6)
Dermal cyst(s)	4 (3.0)	2 (1.5)
Pain on injection	4 (3.0)	2 (1.5)
Inappropriate urination**	4 (3.0)	1 (0.7)
Histiocytoma	3 (2.2)	0 (0.0)

*An adverse reaction may have occurred more than once in a dog; only the first occurrence was counted.

** Of these, two dogs treated with LIBRELA were among those reported with a urinary tract infection.

The safety of LIBRELA was also evaluated in a masked, controlled 84-day European field study evaluating the effectiveness of LIBRELA for the control of pain associated with osteoarthritis. Enrollment included 281 dogs, 138 dogs were treated with LIBRELA and 143 treated with a negative control (sterile saline). The enrolled dogs were at least 1 year of age (1 to 17.5 years old), weighed between 1.7 to 66 kg and were of various breeds or non-purebred. Dogs were dosed at 28-day intervals and received up to three injections. The most common adverse reactions reported during the study are summarized in Table 3 below.

Table 3. Number (%) of dogs with Adverse Reactions Reported in the European Field Study

Adverse Event Reported*	LIBRELA n (%) (Total N = 138)	Negative Control n (%) (Total N = 143)
Increased Blood Urea Nitrogen (BUN)**	19 (13.8)	7 (4.9)
Lethargy	5 (3.6)	0 (0.0)
Emesis	4 (2.9)	1 (0.7)
Anorexia	3 (2.2)	0 (0.0)
Lameness	3 (2.2)	1 (0.7)
Cough	3 (2.2)	1 (0.7)

*An adverse reaction may have occurred more than once in a dog; only the first occurrence was counted.

** Two dogs treated with LIBRELA suffered serious adverse events and were euthanized during or after study completion: A 13-year-old Bichon Frise had pre-existing increased urine protein-creatinine ratio and heart failure that worsened during study; the dog also had an increase in creatinine during the study and was diagnosed with renal failure and was euthanized 3 days after completing the study. An 8-year-old mixed breed dog had pancreatitis and was euthanized on Day 74. The remainder of the dogs that had elevations in the BUN did not have any obvious adverse events associated with this finding.

One dog in the LIBRELA group was diagnosed with pyelonephritis on Day 15; this dog had pre-existing increased serum BUN and creatinine and a recent history of urinary tract infection that was not confirmed resolved prior to enrollment. Non-steroidal anti-inflammatory drugs (NSAIDs) and acetaminophen were initiated on Day 7 for osteoarthritis-associated joint pain but NSAIDs were discontinued on Day 10 due to anorexia and gastroenteritis; azotemia worsened at Day 13 and the dog received no further LIBRELA treatment.

One dog in the LIBRELA group with a history of atopy, developed mild alopecia and mild erythema on the injection site on Days 5 and 23. Both episodes of alopecia and erythema resolved with treatment.

A total of 89 dogs were enrolled in a 6-month, single arm, open labeled, uncontrolled continuation of the EU field study and received monthly subcutaneous injections of LIBRELA. The study provided additional field safety information.

One dog experienced acute gastroenteritis and recovered following treatment for abdominal pain, fever, vomiting, and anorexia. One large breed dog enrolled for stiffl osteoarthritis developed acute forelimb lameness that was diagnosed as elbow dysplasia. Two dogs presented with rear limb paresis of unknown etiology, one of whom responded to ongoing NSAID treatment and one who did not.

CONTACT INFORMATION

To report suspected adverse drug events, for technical assistance or to obtain a copy of the Safety Data Sheet (SDS), contact Zoetis Inc. at 1-888-963-8471.

For additional information about reporting adverse drug experience for animal drugs, contact FDA at 1-888-FDA-VETS or www.fda.gov/reportanimalae.

TARGET ANIMAL SAFETY

6 Month Margin of Safety Study:

LIBRELA (bedinvetmab injection) 15 mg/mL and 30 mg/mL concentrations were administered subcutaneously to 11 to 12-month old, healthy Beagles (8 dogs per group) at doses of 1 mg/kg (1X), 3 mg/kg (3X), and 10 mg/kg (10X) every 28 days for seven consecutive doses. The control group (8 dogs) received sterile saline injections. Dogs weighed 5.6-11.7 kg at study initiation.

There were no clinically significant changes noted in neurological examinations, body temperature, heart and respiratory rate, blood pressure, electrocardiography, and organ weights. Detailed pathology evaluation of the shoulder, elbow, hip, and knee joints were conducted.

Vomiting and soft stool were noted across all groups throughout the study. Scabbing on the face, neck and thorax was seen across all groups except the 1 mg/kg group. Injection site redness was noted sporadically for 1 control dog, 2 dogs in the 1 mg/kg treatment group, 5 dogs in the 3 mg/kg treatment group, and 5 dogs in the 10 mg/kg treatment group. One dog in the 3 mg/kg treatment group had a temporary, mild swollen facial area 26 days after the first dose that resolved spontaneously. Two dogs in the 3 mg/kg treatment group had lymphadenopathy on the last study day with no related histopathology findings. One dog in the 10 mg/kg treatment group had an approximately 2.5 cm X 3.5 cm circular raised firm erythematous lesion with slight serosanguinous discharge and mild scabs of the shaved cervical area that resolved over 14 days.

One dog in the 1 mg/kg treatment group had an increasing ALP value over the course of the study that increased threefold above the high end of the reference range at study completion. There was no gross or histopathology correlate.

One dog in the 1 mg/kg treatment group had mild cartilage necrosis in the left ulna and an erosion in the cartilage of the right ulna. One dog in the 3 mg/kg treatment group had mild bilateral, femoral neck enthesophytes observed on radiographs pre-treatment. On end of study radiography and pathology evaluation, this dog had an osteophyte of the left acetabulum, mild left acetabulum remodeling and severe left femoral neck enthesophytes. Microscopically, mild to moderate cartilage degeneration with erosion and proteoglycan depletion was also noted in the left proximal femur and acetabulum. The mild right femoral neck enthesophytes were the same grade as pre-treatment. The findings may be progression of an underlying musculoskeletal condition; however, a potential relation to treatment cannot be ruled out.

None of the LIBRELA-treated dogs developed anti-drug antibodies due to bedinvetmab administration.

Additional Safety Studies:

In a two-week laboratory safety study, eight dogs concurrently received one subcutaneous injection of LIBRELA at the high end of the inherent dose band (1 mg/kg) and fourteen days of an injectable NSAID. This limited laboratory study did not provide sufficient data to support a conclusion on the safety of concurrent use of LIBRELA and NSAIDs.

In a 3-month exploratory laboratory safety study using a non-final formulation of bedinvetmab administered by subcutaneous injection monthly for four doses, a dog administered a 4 mg/kg dose had a reddened and/or swollen muzzle abrasion, with an elevated white blood cell count, and elevated globulin level and fibrinogen level. At one of the injection administrations, one dog administered a 4 mg/kg dose had a 4 cm X 2 cm injection site erythema with an eschar that resolved; and one dog administered a 1 mg/kg dose had 3 cm X 1 cm injection site erythema that resolved. Another dog administered a 1 mg/kg dose had injection site erythema, scabbing, and mucopurulent discharge for 18 days.

STORAGE CONDITIONS

LIBRELA (bedinvetmab injection) should be stored in a refrigerator, 2° – 8°C (36° – 46° F). Do not freeze. Store vials in their boxes to protect from prolonged exposure to light. Once punctured, contents of the vial should be used immediately and any remaining solution should be discarded.

HOW SUPPLIED

LIBRELA is available in 5 strengths packaged in 4 mL glass vials containing an extractable volume of 1 mL of clear solution. Each strength is available in cartons containing 2 or 6 vials.

Approved by FDA under NADA # 141-562



Distributed by:
Zoetis Inc.
Kalamazoo, MI 49007
March 2023

40042787A&P

Solensia™

(frunevetmab injection)

7 mg/mL

Feline anti-nerve growth factor monoclonal antibody for subcutaneous injection in cats only.
Single-Use Vial

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

INDICATION
SOLENSIA is indicated for the control of pain associated with osteoarthritis in cats.

DOSAGE AND ADMINISTRATION
Cats should be dosed by weight range according to the Dosing Chart (Table 1) below. Cats are given the full content of 1 or 2 vials based on body weight to target a minimum dosage of 0.45 mg/lb. (1 mg/kg) body weight, administered subcutaneously once a month. Aseptically withdraw the total dose into a single syringe and administer immediately.
The product does not contain a preservative. The full content of each vial is for single use only. Once punctured, contents of the vial should be used immediately and any remaining solution should be discarded.

Table 1. Dosing Chart

Weight of Cat (lb.)	Weight of Cat (kg)	Volume	Number of Vials*
5.5-15.4	2.5-7 kg	1 mL	1
15.5-30.8	7.1-14 kg	2 mL	2

*1 mL frunevetmab injection per vial

CONTRAINDICATIONS
SOLENSIA should not be administered to cats with known hypersensitivity to frunevetmab.
SOLENSIA should not be used in breeding cats or in pregnant or lactating queens because it may pass through the placental blood barrier and be excreted in milk. Fetal abnormalities, increased rates of stillbirths and increased postpartum fetal mortality were noted in rodents and primates receiving anti-NGF mAbs.

WARNINGS
User Safety Warnings
Not for use in humans. Keep out of reach of children.

Hypersensitivity reactions, including anaphylaxis, could potentially occur in the case of accidental self-injection.
In case of accidental self-injection, seek medical advice immediately and show the package leaflet or the label to the physician.
Pregnant women, women trying to conceive, and breastfeeding women should take extreme care to avoid accidental self-injection.
The importance of NGF in ensuring normal fetal nervous system development is well-established and laboratory studies conducted on nonhuman primates with human anti-NGF antibodies have shown evidence of reproductive and developmental toxicity.

PRECAUTIONS
Administration of mAbs may be associated with hypersensitivity reactions and delayed hypersensitivity reactions. If anaphylaxis or other hypersensitivity reaction occurs, discontinue use and institute appropriate therapy.
Administration of SOLENSIA may be associated with scabbing on the head and neck, dermatitis, and pruritus; however, pre-approval data suggest that these signs do not require cessation of SOLENSIA administration (see **ADVERSE REACTIONS** and **TARGET ANIMAL SAFETY**).
Evaluations were not made to determine if interactions occurred between SOLENSIA and veterinary vaccines.
Treatment with SOLENSIA may result in the formation of anti-frunevetmab antibodies and potentially the loss of product effectiveness (see **Immunogenicity**).
The safe use of SOLENSIA with concurrent non-steroidal anti-inflammatory drugs (NSAIDs) has not been established in cats. In human clinical trials, rapidly progressing osteoarthritis (RPOA) has been reported in a small number of patients receiving humanized anti-NGF mAb therapy. The incidence of these events increased in human patients receiving NSAID treatment long term in combination with an anti-NGF mAb. RPOA has not been characterized or reported in cats.
SOLENSIA has not been evaluated in cats less than 7 months or 5.5 lbs.

Long term effects, which may occur more than 6 months after the use of SOLENSIA, have not been evaluated. Primates receiving high doses of anti-NGF mAbs had reduced cell size in postganglionic neuronal cell bodies. The change in cell body size returned to normal after anti-NGF mAb administration was discontinued. NGF is involved in the normal development of sensory and sympathetic nerve fibers in developing animals. This may be important with use of SOLENSIA in young growing cats. The safe use of this product with other mAbs has not been evaluated.

ADVERSE REACTIONS
The safety of SOLENSIA was evaluated in a masked, controlled 112-day field study to evaluate the effectiveness of SOLENSIA for the control of pain associated with osteoarthritis in cats. Enrollment included 275 cats weighing 2.5-to 11.4 kg and 1.6-to 22.4 years old; 182 cats were treated with SOLENSIA and 93 cats were administered a vehicle control. Cats were dosed at 28-day intervals and received up to three injections. The most common adverse reactions reported during the field study are presented below.

Table 2. Adverse Reactions Reported in the Field Study¹

Adverse Reaction	Solensia N=182 (%)	Vehicle Control N=93 (%)
Vomiting	24 (13.2%)	10 (10.8%)
Injection site pain ²	20 (10.9%)	13 (14%)
Diarrhea	12 (6.6%)	5 (5.4%)
Abnormal behavior and behavioral disorders ³	12 (6.6%) ⁴	5 (5.4%) ⁵
Renal insufficiency ⁶	12 (6.6%)	4 (4.3%)
Anorexia	12 (6.6%)	4 (4.3%)
Lethargy	11 (6.0%)	3 (3.2%)
Dermatitis	11 (6.0%)	1 (1.1%)
Alopecia	10 (5.5%)	2 (2.2%)
Dehydration	8 (4.4%)	0 (0.0%)
Lameness ⁷	8 (4.4%)	2 (2.2%)
Pruritus	7 (3.8%)	0 (0.0%)
Weight loss	6 (3.3%)	5 (5.4%)
Scabbing on head/neck	6 (3.3%)	1 (1.1%)
Gingival disorder	5 (2.7%)	0 (0.0%)
Bacterial skin infection	4 (2.2%)	1 (1.1%)
Otitis externa	4 (2.2%)	0 (0.0%)

¹ If a cat experienced the same event more than once, only the first occurrence is reported
² The control product was the vehicle without active ingredient
³ Behavior abnormal for the individual cat
⁴ Individual cats had at least one of the following behavior changes: anxiety (1), hiding (1), hypersomnia (1), inappropriate urination (5), sleeping with owner (1), vocalization (3), increased aggressive behavior (1)
⁵ Individual cats had at least one of the following behavior changes: anxiety (2), disorientation (1), inappropriate urination (2), and vocalization (1)
⁶ Worsening of existing disease
⁷ New lameness or worsening of previous lameness

The safety of SOLENSIA was also evaluated in a masked, controlled 56-day exploratory field study to evaluate the effectiveness of SOLENSIA for the control of pain associated with osteoarthritis in cats. Enrollment included 126 cats; 85 cats were treated with frunevetmab injection manufactured similar to SOLENSIA and 41 cats were administered a vehicle control. Cats were dosed at 28-day intervals and received up to two injections. The most frequently reported adverse reactions were digestive tract disorders, including vomiting and diarrhea, and skin disorders, including dermatitis/eczema and alopecia that were mostly attributed to irritation by an activity monitor collar required for the study.

Immunogenicity
All therapeutic proteins, including monoclonal antibodies, have the potential for immunogenicity, including the production of antibodies that bind to the therapeutic protein and may decrease effectiveness. Such host-derived antibodies are termed anti-drug antibodies (ADA). SOLENSIA, therefore has the potential to cause the cat to produce ADAs against frunevetmab.
The presence of binding antibodies to frunevetmab in cats was assessed using a screening and confirmatory assay approach. In controlled field effectiveness studies in cats with osteoarthritis (see **EFFECTIVENESS**), four out of 259 cats that received SOLENSIA once monthly developed anti-drug antibodies (ADAs). One cat tested positive for ADAs on Days 0, 28, 56, and 84. This cat had non-detectable plasma drug concentration levels of SOLENSIA on Days 28 and 56, and was a treatment failure in the effectiveness analysis, suggesting that the ADAs may have clinical significance. No assessment for neutralizing antibodies was performed.

The observed incidence of antibody positivity in an assay is highly dependent on several factors including assay sensitivity and specificity, assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to SOLENSIA with the incidence of antibodies to other products may not be appropriate.

CONTACT INFORMATION
To report suspected adverse drug events, for technical assistance or to obtain a copy of the Safety Data Sheet (SDS), contact Zoetis Inc. at 1-888-963-8471.
For additional information about reporting adverse drug experiences for animal drugs, contact FDA at 1-888-FDA-VETS or <http://www.fda.gov/reportanimalae>.

STORAGE CONDITIONS
SOLENSIA should be stored upright in a refrigerator, between 35°– 46°F (2°– 8°C). Do not freeze. Protect from light. See in-use instructions provided in the **DOSAGE AND ADMINISTRATION** section.

HOW SUPPLIED
SOLENSIA is supplied as a sterile buffered solution of 7mg/mL of frunevetmab in single-use 4 mL glass vials containing an extractable volume of 1mL of clear solution with a butyl rubber stopper and aluminum overseal. Vials are available in cartons containing 2 or 6 vials.

Approved by FDA under NADA # 141-546



Distributed by:
Zoetis Inc.
Kalamazoo, MI 49007
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