ONSIOR® (robenacoxib)  
6 mg Tablets for Cats  
For Oral Use in Cats Only  

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

DESCRIPTION:  ONSIOR (robenacoxib) is a non-narcotic, non-steroidal anti-inflammatory drug (NSAID) of the coxib class. Tablets are round, beige to brown in color, not scored, flavored and contain 6 mg robenacoxib. The molecular weight of robenacoxib is 327.28. The empirical formula is C16-H13-F4-N2-O2. Robenacoxib is [S-ethyl]-[2-(3,5,6-tetrafluoro-phenylamino)-phenyl]-acetic acid. The structural formula is:

[Chemical Structure Image]

O
H
N
F
F
F

Indications:  ONSIOR tablets are indicated for the control of postoperative pain and inflammation associated with orthopedic surgery, ovariohysterectomy and castration, in cats ≥ 5.5 lbs (2.5 kg) and ≥ 4 months of age; for up to a maximum of 3 days.

Dosage and Administration:  Always provide “Information for Cat Owners” Sheet with prescription. Carefully consider the potential benefits and risks of ONSIOR tablets and other treatment options before deciding to use ONSIOR tablets. The lowest effective dose should be used for the shortest duration consistent with individual response.

The dose of ONSIOR tablets is 0.45 mg/kg (1 mg/kg) orally once daily, for a maximum of 3 days. See dosing chart for dosage directions.

Dosing Directions:  For oral use in cats ≥ 5.5 lbs and ≥ 4 months of age; for up to a maximum of 3 days. Tablets are not scored and should not be broken.

<table>
<thead>
<tr>
<th>Body weight</th>
<th>6 mg ONSIOR (robenacib) Tablet</th>
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<tbody>
<tr>
<td>5.5 to 13.2 lbs (2.5 to 6 kg)</td>
<td>1 tablet once daily</td>
</tr>
<tr>
<td>13.3 to 26.4 lbs (6.1 to 12 kg)</td>
<td>2 tablets once daily</td>
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</table>

Do not use in cats weighing less than 5.5 lbs, as cats less than 5.5 lbs cannot be accurately dosed.

The first dose should be administered approximately 30 minutes prior to surgery, at the same time as the pre-anesthetic agents are given. ONSIOR tablets may be given with or without food.

In cats ≥ 5.5 lbs and ≥ 4 months of age, subsequent doses can be given via the oral tablet, or interchanged with subcutaneous injection for a maximum of 3 total ONSIOR doses over 3 days, not to exceed one dose per day (see Animal Safety and the ONSIOR injection package insert).

Note the dose of ONSIOR tablets and ONSIOR injection are different.

If a second and third dose tablet is dispensed to the client to administer at home, doses should be dispensed in the dispensing envelope with the attached Information for Owner Sheet intact. Do not remove Information for Cat Owner Sheet. Record when the first dose was administered on the dispensing envelope. Cats weighing ≥ 13.3 lbs may require two blister cards, each dispensed in an individual dispensing envelope.

Contraindications:  ONSIOR tablets should not be used in cats that have a hypersensitivity to robenacoxib or known intolerance to NSAIDs.

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 oral use in cats only.

All cats should undergo a thorough medical and physical examination before the initiation of NSAID therapy. Appropriate laboratory tests should be conducted to establish hematological and serum biochemical baseline data prior to administration of an NSAID. Owners should be advised to observe for signs of potential drug toxicity (see Animal Safety) and be given an “Information for Cat Owners” Sheet about ONSIOR tablets.

Do not administer ONSIOR tablets or injection in conjunction with any other oral or injectable NSAID or corticosteroid.

Precautions:  When using NSAIDs such as ONSIOR, the use of fluid therapy during surgery is recommended to decrease potential renal complications (see Adverse Reactions, Post-Approval Experience).

Appetite should be monitored in cats receiving ONSIOR.

Stop administration of ONSIOR if appetite decreases or if the cat becomes lethargic.

The use of ONSIOR tablets has not been evaluated in cats younger than 4 months of age and weighing less than 5.5 lbs, and cats used for breeding, or in pregnant or lactating cats. Cats receiving ONSIOR should weigh at least 5.5 lbs.

The use of ONSIOR in cats with cardiac disease has not been studied. ONSIOR has been shown to prolong the QT interval.

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. Cats that have experienced adverse reactions from one NSAID may experience adverse reactions from another NSAID.

Patients at greatest risk for adverse events are those that are dehydrated, on concomitant diuretic therapy, or those with existing renal, hepatic, cardiovascular, and/or gastrointestinal disease. Administering NSAIDs may affect renal perfusion, blood pressure, and bleeding time.

Anaphylaxis, including anaphylactic shock, has been reported in cats treated with ONSIOR. Anaphylaxis may range from mild skin reactions to severe systemic reactions, including anaphylactic shock, which can be rapidly fatal.

Adverse reactions to non-steroidal anti-inflammatory drugs (NSAIDs) have been reported with other NSAIDs. If an allergic reaction occurs, discontinue ONSIOR tablets or injection immediately.

Adverse Reactions:  Cats that have experienced adverse reactions from one NSAID may experience adverse reactions from another NSAID.

Adverse events have been reported in 12.3% (25/202) of cats treated with ONSIOR tablets and 12.3% (17/137) of cats treated with ONSIOR injection when compared to placebo, vehicle control during the postoperative pain field study. Cats may have experienced more than one of these adverse effects during the study.

The most commonly reported adverse reactions were surgical site bleeding, infected surgical sites, lethargy, vomiting and anappetite. Changes in the clinical pathology values were not considered clinically significant.

Post Approval Experience (2015) The adverse events were based on voluntary, post approval reporting. Not all adverse events are reported to FDA/CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using these data. The signs reported are listed in decreasing order of reporting frequency.

Anorexia, depression/lethargy, vomiting, elevated BUN, elevated creatinine, renal insufficiency/failure, diarrhea, weight loss, dehydration. In some cases, death has been reported. Some of these cases involved patients that developed renal failure/renal insufficiency.

To report suspected adverse drug events and for technical assistance, contact Elanco US Inc. at 1-888-545-5973.

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

Information for Cat Owners:  ONSIOR, 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 vomiting, diarrhea, decreased appetite, dark or tarry stools, increased water consumption, increased urination, inappetence, following 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 may result in death (see Warnings and Adverse Reactions).

Adverse reactions should be reported to discontinuing ONSIOR tablets 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.

Clinical Pharmacology:  In an inflammation model in cats, robenacoxib had analgesic, anti-inflammatory and anti-pyretic actions with a potency similar to that of diclofenac. This is consistent with a more selective cox-2 inhibitor. The clinical relevance of this data has not been shown. Robenacoxib is an analog of diclofenac.

Absorption:  After Administration of robenacoxib tablets at 1 mg/kg without food, peak blood concentrations are attained rapidly with a median T_{max} of 0.5 h, a mean C_{max} of 1159 ng/mL and a mean AUC of 1337 ng*h/mL. Co-administration of robenacoxib tablets with one third of the daily food ration produced no change in median T_{max} (0.5 h), mean C_{max} (1201 ng/mL) or mean AUC (1383 ng*h/mL). Co-administration of robenacoxib tablets with the entire daily food ration produced no delay in median T_{max} (0.5 h), but a lower mean C_{max} (891 ng/mL) and a lower mean AUC (1068 ng*h/mL). The systemic mean bioavailability of robenacoxib tablets was 49% without food. The pharmacokinetics of robenacoxib does not differ between male and female cats.

Distribution:  Robenacoxib has a relatively small volume of distribution (mean Vss = 190 ml/kg) and is highly bound to plasma proteins (>99%). Robenacoxib persists longer in the inflammatory exudate of a canine tissue needle than in plasma. The median robenacoxib elimination half-life in exudate was about 27 hours versus 2.5 hours for blood.

Metabolism:  Robenacoxib is extensively metabolized by the liver in cats. The systemic exposure of lactam metabolite is approximately 25% of robenacoxib exposure following oral administration to fed cats. Further, the systemic exposure to lactam appears to be two-fold greater in fed cats than fasted cats. Apart from one lactam metabolite, the identity of other metabolites is not known in cats.

Elimination:  Robenacoxib is rapidly cleared from blood (mean clearance [CL] = 0.44 L/kg) with an elimination mean half-life (t_{1/2}) of 1.1 hours after intravenous administration. After oral administration of tablets, the terminal mean t_{1/2} from blood was 1.7 hours. Elimination occurs predominantly through the biliary route (fetal and urinary excretion are 60 and 16.5%, respectively).
Acknowledgments

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Supporting information

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References


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