

## **SUMMARY OF PRODUCT CHARACTERISTICS**

### **1. NAME OF THE VETERINARY MEDICINAL PRODUCT**

MEDRONE V Tablets 4mg

### **2. QUALITATIVE AND QUANTITATIVE COMPOSITION**

Each tablet contains:

Active substance:

Methylprednisolone            4mg

Excipients:

For the full list of excipients, see section 6.1.

### **3. PHARMACEUTICAL FORM**

Tablet

Half oval, elliptical, white tablets, debossed "Medrol 4" on one side and double scored on the other side.

The breaklines are present to ease the administration and not to divide the tablets into equal parts.

### **4. CLINICAL PARTICULARS**

#### **4.1 Target species**

Dogs and cats

#### **4.2 Indications for use, specifying the target species**

For the treatment of, or as part of a therapeutic regime for inflammatory and allergic conditions such as: allergic or non-specific inflammatory dermal conditions, musculo-skeletal conditions, ocular/otic inflammatory conditions and other inflammatory/allergic conditions that are likely to respond to corticosteroid therapy e.g. immune-mediated disorders.

#### **4.3 Contraindications**

Systemic corticosteroid therapy is generally contra-indicated in patients with renal disease and diabetes mellitus.

#### **4.4 Special warnings for each target species**

None.

#### **4.5 Special precautions for use**

##### **(i) Special precautions for use in animals**

See under 4.6.

##### **(ii) Special precautions to be taken by the person administering the veterinary medicinal product to animals**

Wash hands after use. In the event of accidental ingestion, seek medical advice and show the doctor what has been taken. Veterinary practitioners should use child resistant closure when dispensing this product.

#### **4.6 Adverse reactions (frequency and seriousness)**

Anti-inflammatory corticosteroids, such as methylprednisolone, are known to exert a wide range of side-effects. Whilst single high doses are generally well tolerated, they may induce severe side-effects in long term use and when esters possessing a long duration of action are administered. Dosage in medium to long term use should therefore generally be kept to the minimum necessary to control clinical signs.

Steroids themselves, during treatment, may cause Cushingoid symptoms involving significant alteration of fat, carbohydrate, protein and mineral metabolism, e.g. redistribution of body fat, muscle weakness and wastage and osteoporosis may result. During therapy, effective doses suppress the Hypothalamo-Pituitary-Adrenal axis.

Following cessation of treatment, signs of adrenal insufficiency extending to adrenocortical atrophy can arise and this may render the animal unable to deal adequately with stressful situations. Consideration should therefore be given to means of minimising problems of adrenal insufficiency following the withdrawal of treatment, e.g. dosing to coincide with the time of the endogenous cortisol peak (i.e. in the morning with regard to dogs and the evening with regard to cats) and a gradual reduction of dosage (for further discussion see standard texts).

Systemically administered corticosteroids may cause polyuria, polydipsia and polyphagia, particularly during the early stages of therapy. Some corticosteroids may cause sodium and water retention and hypokalaemia in longer term use.

Systemic corticosteroids have caused deposition of calcium in the skin (*calcinosis cutis*).

Corticosteroids may delay wound healing and the immunosuppressant actions may weaken resistance to or exacerbate existing infections. In the presence of bacterial infection, anti-bacterial drug cover is usually required when steroids are used. In the presence of viral infections, steroids may worsen or hasten the progress of the disease.

Gastrointestinal ulceration has been reported in animals treated with corticosteroids and g.i.t. ulceration may be exacerbated by steroids in patients given non-steroidal anti-inflammatory drugs and in animals with spinal cord trauma. Steroids may cause enlargement of the liver (hepatomegaly) with increased serum hepatic enzymes.

During a course of treatment the situation should be reviewed frequently by close veterinary supervision.

#### 4.7 Use during pregnancy, lactation or lay

Corticosteroids are not recommended for use in pregnant animals. Administration in early pregnancy is known to have caused foetal abnormalities in laboratory animals. Administration in late pregnancy may cause early parturition or abortion.

#### 4.8 Interaction with other medicinal products and other forms of interaction

Concurrent administration of barbiturates, phenylbutazone, phenytoin or rifampicin may enhance the metabolism and reduce the effect of corticosteroids. Response to anticoagulants may also be reduced by corticosteroids.

#### 4.9 Amounts to be administered and administration route

The dosage needed may vary according to individual clinical circumstances such as severity of the condition to be treated, the anticipated duration of therapy and even to take into account the individuals case history.

The following dosage recommendations are therefore initial guidelines and may require modification in the light of individual clinical circumstances.

Bodyweight	Average total daily dosage
1-5 kg	1 mg
5-9 kg	2 mg
9-18 kg	2 to 4 mg
18-36 kg	4 to 8 mg

The initial daily dose should be given in two equally divided doses.

In order to control clinical signs of certain autoimmune disorders e.g. *Pemphigus vulgaris*, the initial dosage may have to be higher than that suggested above.

As soon as a satisfactory clinical response is achieved, the daily dose should be reduced gradually, either to termination of treatment in the case of acute conditions or to the minimal effective maintenance dose level in the case of chronic conditions.

The veterinary surgeon may, at his/her discretion, use alternate day therapy in order to maintain minimal effective therapy of chronic conditions: dogs should be treated on every alternate morning and cats on every alternate evening.

#### 4.10 Overdose (symptoms, emergency procedures, antidotes), if necessary

Significant adverse effects are unlikely following a single accidental overdose. See under 4.6.

#### **4.11 Withdrawal period(s)**

Not applicable.

### **5. PHARMACOLOGICAL PROPERTIES**

Methylprednisolone is a synthetic glucocorticoid (1-dihydro-6-alpha-methylhydrocortisone). Its pharmacological effects are similar to those of hydrocortisone (cortisol). The methylation of the 6th carbon atom in the four-ring structure increases the anti-inflammatory potency by five times as compared to hydrocortisone, but practically eliminates mineralocorticoid activity.

### **6. PHARMACEUTICAL PARTICULARS**

#### **6.1 List of excipients**

Lactose Monohydrate  
Sucrose  
Maize Starch  
Calcium Stearate

#### **6.2 Major incompatibilities**

None known.

#### **6.3 Shelf life of veterinary medicinal product as packaged for sale**

Shelf life of the veterinary medicinal product as packaged for sale: 5 years

#### **6.4 Special precautions for storage**

This veterinary medicinal product does not require any special storage conditions.

#### **6.5 Nature and composition of immediate packaging**

White high density polyethylene bottle with a white propylene lid (squeeze and turn, screw-fit).  
Carton box with a bottle of 30 or 1000 tablets

#### **6.6 Special precautions for the disposal of unused veterinary medicinal product or waste materials derived from the use of such products, if appropriate**

Any unused veterinary medicinal product and waste materials derived from such veterinary medicinal products should be disposed of in accordance with local requirements.

**7. MARKETING AUTHORISATION HOLDER**

Zoetis UK Limited  
1st Floor, Birchwood Building  
Springfield Drive  
Leatherhead  
Surrey  
KT22 7LP  
United Kingdom

**8. MARKETING AUTHORISATION NUMBER**

Vm 42058/5226

**9. DATE OF FIRST AUTHORISATION**

29 November 1991

**10. DATE OF REVISION OF THE TEXT**

December 2025

*Gavin Hall*  
Approved: 18 December 2025