flexibility to be precise



Each tablet is divisible by 2 and 4 to enable precise dosing with just 3 presentations, making everyone's life easier

Trilotab® is the first chewable, flavoured and divisible trilostane tablet for dogs.











Cushing's syndrome, or hyperadrenocorticism (HAC), is one of the most common endocrine diseases seen in dogs:



1-2 dogs in every 1,000¹



Cushing's syndrome can be difficult to diagnose because the most common clinical signs are non-specific to the disease and there is no single, highly accurate test to diagnose it. Tests can also be over-used which can make results difficult to interpret.

As a result, the prevalence of

the disease is expected to be much higher than reported.



85% of spontaneous cases are pituitary-dependent hypercortisolism (PDH) caused by an adrenocorticotrophic hormone (ACTH)-secreting pituitary adenoma.

15% of spontaneous cases are adreno-dependent hyperadrenocorticism (ADH) caused by a cortisol-secreting adrenocortical tumour (ACT)²

Predisposing Factors



Age:

More common in middle-aged to senior dogs (≥ 7 years of age), although it can occur at any age¹



Bodyweight:

Dogs with a bodyweight higher than their breed-sex average are 1.44 times more likely to develop the disease than those within their breed-sex average¹



Sex:

Females have a higher risk compared to males and neutered dogs (male and female) have a higher risk than entire dogs³



Breed:

Certain breeds have a higher disposition including the: Standard & Miniature Schnauzer, Border Terrier, Staffordshire Bull Terrier, Bichon Frise, Lhasa Apso, Yorkshire Terrier, Jack Russell Terrier, Fox Terrier, Boxer and Cavalier King Charles Spaniel^{1,3}

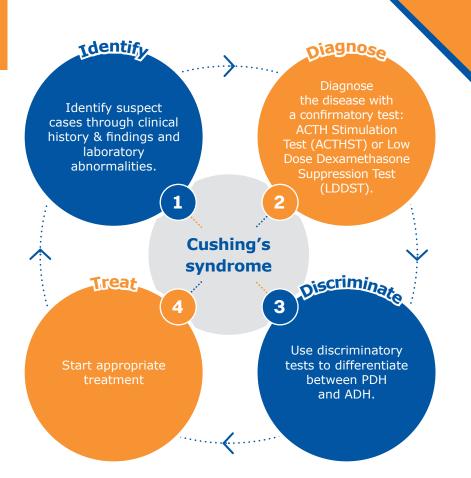


Catch Your Cases

Cushing's syndrome significantly reduces quality of life for dogs and left untreated can cause potentially life threatening conditions including⁴:

- · High blood pressure
- · Diabetes mellitus
- Urinary infections and uroliths
- Pulmonary thromboembolism

Early diagnosis and treatment are key to managing the disease and improving treatment outcomes.



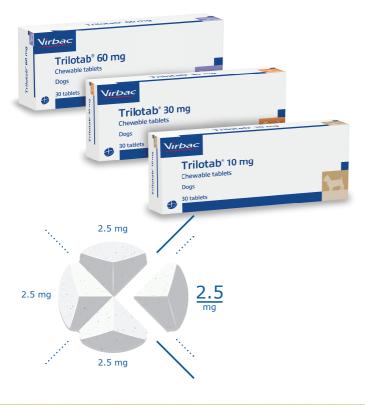
Clinical Signs

The most common clinical signs of Cushing's syndrome in dogs are⁴:



Introducing Trilotab®

Trilotab® - the first chewable, flavoured and divisible trilostane tablet for dogs





Tablets are easily divisible by 2 and 4 with "click tab" technology

- Facilitates flexible and precise dose adjustment to find the tailored dose for the individual pet
- Enables easy administration and simplified, cost-effective dosing protocols for pet owners
- Tablets are stable outside of the blister packaging until the next administration



Chewable, chicken flavoured tablets

- Designed to help improve treatment compliance
- Hydrolysed chicken flavouring to facilitate prescription in pets allergic to chicken



Precise dosing with just 3 presentations

- Trilotab® is available in 10mg, 30mg & 60mg presentations
- Reduces required stockholding in practice

Trilostane

- A synthetic, orally active steroid analog
- Selectively and reversibly inhibits the enzyme system 3 beta hydroxysteroid isomerase, blocking the production of cortisol, corticosterone and aldosterone
- Effective for both PDH & ADH⁵
- Clinical improvement usually seen within 2 weeks of starting treatment and in those dogs that respond to trilostane, adequate control is achieved within 30 days⁶
- Good safety profile and has been used in dogs with HAC for almost 20 years⁵



Dosing

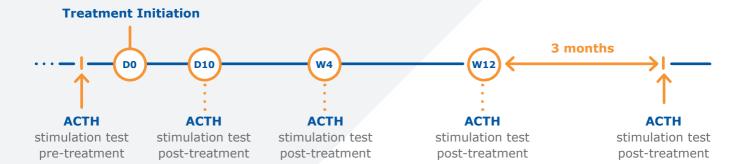
- · Administer once daily with food
- Morning administration is recommended to facilitate monitoring tests 4 - 6 hours post-dosing
- Starting dose: 2mg trilostane/kg bodyweight
- Titrate the dose according to individual response. If a dose increase is required, use combinations of divided tablet sizes to slowly increase the daily dose.
- A wide range of divisible tablet sizes enables optimum dosing for the individual dog. Administer the lowest dose necessary to control the clinical signs.

Switching

"My patient is already on trilostane, can I switch them on to Trilotab®?"

"Yes, bioequivalence with the reference product has been demonstrated, so it is possible to switch to Trilotab® without any restriction."

Monitoring



Start at Day 0 after each dose adjustment



Starting Dose (2mg/kg/day)

The dose should be adjusted to find the minimum effective dose

Dog's Weight (Kg)	Total Daily Dose (Mg)	Trilotab® 10mg	Trilotab® 30mg	Trilotab® 60mg
1.25	2.5	\Diamond		
2.50	5			
3.75	7.5	\otimes	\Diamond	
5	10	\otimes		
6.25	12.5	⊗ + ◇		
7.50	15	⊗ + <i>⊗</i>		\Diamond
8.75	17.5	+		
10	20	⊗ + ⊗		
11.25	22.5		\otimes	
15	30		\bigotimes	
18.75	37.5		⊗ + ◇	
22.50	45		⊗ + <i>⊗</i>	\otimes
26.25	52.5		(+ ()	
30	60		⊗ + ⊗	\otimes
37.50	75			⊗ + ◇
45	90			⊗ + <i>⊗</i>
52.5	105			+
60	120			⊗ + ⊗
67.5	135			⊗ + ⊗ + ⋄
75	150			⊗ + ⊗ + ⊘

References:

1. Schofield I, Brodbelt DC, Niessen SJM, Church DB, Geddes RF, O'Neill DG. Frequency and risk factors for naturally occurring Cushing's syndrome in dogs attending UK primary-care practices. J Small Anim Pract. 2022 Apr;63(4):265-274. doi: 10.1111/jsap.13450. Epub 2021 Dec 8. PMID: 34881823; PMCID: PMC9299886.

Trilotab chewable tablets for dogs contain trilostane POM-V.

Further information is available on the product SPCs or from: Virbac Ltd, Woolpit Business Park, Windmill Avenue, Woolpit, Bury St Edmunds, Suffolk IP30 9UP. Tel: 01359 243243 Email: enquiries@virbac.co.uk Web: uk.virbac.com

^{2.} Sanders, K., Kooistra, H.S. and Galac, S. (2018) Treating Canine Cushing's Syndrome: Current Options and Future Prospects. The Veterinary Journal, 241, 42-51.

3. Carotenuto G, Malerba E, Dolfini C, Brugnoli F, Giannuzzi P, Semprini G, Tosolini P, Fracassi F. Cushing's syndrome-an epidemiological study based on a canine population of 21,281 dogs. Open Vet J. 2019 Apr;9(1):27-32. 4. Schofield I, O'Neill DG, Brodbelt DC, Church DB, Geddes RF, Niessen SJM. Development and evaluation of a health-related quality-of-life tool for dogs with Cushing's syndrome. J Vet Intern Med. 2019 Nov;33(6):2595-2604. 5. Lemetayer J, Blois S. Update on the use of trilostane in dogs. Can Vet J. 2018 Apr;59(4):397-407. 6. Church, D. (2008) Drugs used in the treatment of adrenal dysfunction. In: Maddison, JE, Page, SW & Church. Small Animal Clinical Pharmacology: W.B. Saunders, pp.517-527.