

PARTICULARS TO APPEAR ON THE OUTER PACKAGE {CARTON}

1. NAME OF THE VETERINARY MEDICINAL PRODUCT

Vetoryl 20 mg Chewable Tablets

2. STATEMENT OF ACTIVE SUBSTANCES

Each tablet contains 20 mg trilostane

3. PACKAGE SIZE

10 tablets

30 tablets

50 tablets

60 tablets

100 tablets

4. TARGET SPECIES

Dog

5. INDICATIONS

6. ROUTES OF ADMINISTRATION

Oral use.

7. WITHDRAWAL PERIODS

8. EXPIRY DATE

Exp. {mm/yyyy}

9. SPECIAL STORAGE PRECAUTIONS

Do not store above 30°C.

Tablet fractions should be stored in the original blister and outer carton and should be used at the next administration.

10. THE WORDS “READ THE PACKAGE LEAFLET BEFORE USE”

Read the package leaflet before use.

11. THE WORDS “FOR ANIMAL TREATMENT ONLY”

For animal treatment only.

12. THE WORDS “KEEP OUT OF THE SIGHT AND REACH OF CHILDREN”

Keep out of the sight and reach of children.

13. NAME OF THE MARKETING AUTHORISATION HOLDER

Dechra Regulatory B.V.

14. MARKETING AUTHORISATION NUMBERS

Vm 50406/5005

15. BATCH NUMBER

Lot {number}

**MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING
UNITS {BLISTER}**

1. NAME OF THE VETERINARY MEDICINAL PRODUCT

Vetoryl



2. QUANTITATIVE PARTICULARS OF THE ACTIVE SUBSTANCES

20 mg/tablet

3. BATCH NUMBER

Lot {number}

4. EXPIRY DATE

Exp. {mm/yyyy}

Subsequent close monitoring during treatment should be carried out. Particular attention should be paid to liver enzymes, electrolytes, urea and creatinine.

The presence of diabetes mellitus and hyperadrenocorticism together requires specific monitoring. If a dog has previously been treated with mitotane, its adrenal function will have been reduced. Experience in the field suggests that an interval of at least a month should elapse between cessation of mitotane and the introduction of trilostane. Close monitoring of adrenal function is advised, as dogs may be more susceptible to the effects of trilostane.

The veterinary medicinal product should be used with extreme caution in dogs with pre-existing anaemia as further reductions in packed-cell volume and haemoglobin may occur. Dogs should be monitored at regular intervals for primary hepatic disease, renal disease, and for diabetes mellitus.

The tablets are flavoured. In order to avoid any accidental ingestion, store tablets out of reach of animals.

Special precautions to be taken by the person administering the veterinary medicinal product to animals:

Trilostane may decrease testosterone synthesis and has anti-progesterone properties. Women who are pregnant or are intending to become pregnant should avoid handling the veterinary medicinal product.

Wash hands after use. People with known hypersensitivity to trilostane or any of the excipients should avoid contact with the veterinary medicinal product.

To prevent children from having access to the tablets, used blister packs should be stored in the original carton out of sight and reach of children.

In case of accidental ingestion, seek medical advice immediately and show the package leaflet or label to the physician. Accidental ingestion may cause adverse effects including vomiting and diarrhoea.

Pregnancy and lactation:

Do not use in pregnant or lactating bitches.

Fertility:

Do not use in breeding animals.

Interaction with other medicinal products and other forms of interaction:

The possibility of interactions with other medicinal products has not been specifically studied. Given that hyperadrenocorticism tends to occur in older dogs, many will be receiving concurrent medication. In clinical studies, no interactions were observed. The risk of hyperkalaemia developing should be considered if trilostane is used in conjunction with potassium-sparing diuretics or angiotensin converting enzyme (ACE) inhibitors. The concurrent use of such drugs should be subject to a risk-benefit analysis by the veterinary surgeon, as death (including sudden death) has been reported in dogs when treated concurrently with trilostane and an ACE inhibitor.

Overdose:

If an overdose of the product is given, consult your veterinary surgeon immediately.

Overdose may lead to signs of hypoadrenocorticism (lethargy, anorexia, vomiting, diarrhoea, cardiovascular signs, collapse). There were no mortalities following chronic administration at 32 mg/kg to healthy dogs, however mortalities may be expected if higher doses are administered to dogs with hyperadrenocorticism.

There is no specific antidote for trilostane. Treatment should be withdrawn and supportive therapy, including corticosteroids, correction of electrolyte imbalances and fluid therapy may be indicated depending on the clinical signs.

In cases of acute overdosage, induction of emesis followed by administration of activated charcoal may be beneficial.

Any iatrogenic adrenocortical insufficiency is usually quickly reversed following cessation of treatment. However in a small percentage of dogs, effects may be prolonged. Following a one-week withdrawal of trilostane treatment, treatment should be reinstated at a reduced dose rate.

7. Adverse events

Dog:

Uncommon (1 to 10 animals / 1,000 animals treated):	Lethargy ^{a,b} , Anorexia ^{a,b} , Vomiting ^{a,b} , Diarrhoea ^{a,b}
Rare (1 to 10 animals / 10,000 animals treated):	Hypoadrenocorticism ^c , Hypersalivation ^d , Bloating ^d , Ataxia ^d , Muscle tremor ^d , Skin disorders ^d , Renal insufficiency ^e , Arthritis ^e , Weakness ^{a,b}
Very rare (<1 animal / 10,000 animals treated, including isolated reports):	Adrenal necrosis ^f , Sudden death

^a associated with iatrogenic hypoadrenocorticism, particularly if monitoring is not adequate (see section “Dosage for each species”); generally reversible within a variable period following withdrawal of treatment.

^b has been seen in dogs treated with trilostane in the absence of evidence of hypoadrenocorticism.

^c including Acute Addisonian Crisis (collapse) (see section “Overdose”).

^d mild.

^e unmasked by treatment with the product due to a reduction in endogenous corticosteroid levels.

^f may result in hypoadrenocorticism.

Corticosteroid withdrawal syndrome or hypocortisolaemia should be distinguished from hypoadrenocorticism by evaluation of serum electrolytes.

Reporting adverse events is important. It allows continuous safety monitoring of a product. If you notice any side effects, even those not already listed in this package leaflet, or you think that the medicine has not worked, please contact, in the first instance, your veterinarian. You can also report any adverse events to the marketing authorisation holder or the local representative of the marketing authorisation holder using the contact details at the end of this leaflet, or via your national reporting system at:

Website: <https://www.gov.uk/report-veterinary-medicine-problem/animal-reacts-medicine>

e-mail: adverse.events@vmd.gov.uk

8. Dosage for each species, routes and method of administration

For oral use.

The starting dose for treatment is approximately 2 mg/kg.
Administer once daily, with food.

To ensure a correct dosage, body weight should be determined as accurately as possible.

Titrate the dose according to individual response, as determined by monitoring (see below). If a dose increase is required, use the appropriate tablet strength and tablet part to slowly increase the once daily dose. A wide range of divisible tablet strengths enables optimum dosing for the individual dog. Administer the lowest dose necessary to control the clinical signs.

Ultimately, if symptoms are not adequately controlled for an entire 24 hour inter-dose period, consider increasing the total daily dose by up to 50 % and dividing it equally between morning and evening doses.

A small number of animals may require doses significantly in excess of 10 mg per kg body weight per day. In these situations appropriate additional monitoring should be implemented.

A dose adjustment may be necessary if the dog is swapped from Vetoryl hard capsules to Vetoryl chewable tablets, or vice versa, as a strict interchangeability between the two products cannot be assured, as some dogs may respond differently to the change in pharmaceutical form.

Monitoring:

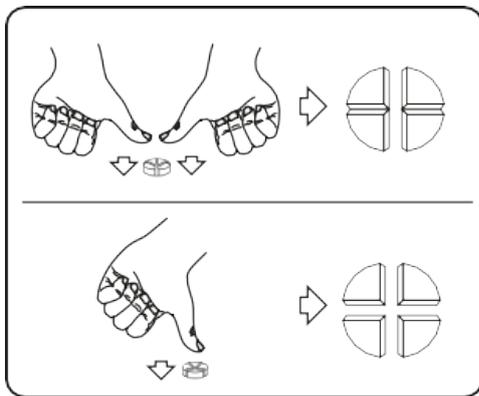
Samples should be taken for biochemistry (including electrolytes) and an adrenocorticotrophic hormone (ACTH) stimulation test pre-treatment following initial diagnosis, and then at 10 days, 4 weeks, 12 weeks, and thereafter every 3 months, for monitoring at regular intervals, after each dose adjustment, or if swapping from Vetoryl hard capsules to Vetoryl chewable tablets, or vice versa.

It is imperative that ACTH stimulation tests are performed 4-6 hours post-dosing to enable accurate interpretation of results. Dosing in the morning is preferable as this will allow your veterinary surgeon to perform monitoring tests 4-6 hours following administration of the dose. Regular assessment of the clinical progress of the disease should also be made at each of the above time points.

In the event of a non-stimulatory ACTH stimulation test during monitoring, treatment should be stopped for 7 days and then re-started at a lower dose. Repeat the ACTH stimulation test after a further 14 days. If the result is still non-stimulatory, stop treatment until clinical signs of hyperadrenocorticism recur. Repeat the ACTH stimulation test one month after re-starting treatment.

9. Advice on correct administration

Tablets can be divided into 2 or 4 equal parts to ensure accurate dosing. Place the tablet on a flat surface, with its scored side facing up and the convex (rounded) side facing the surface.



2 equal parts: press down with your thumbs on both sides of the tablet.

4 equal parts: press down with your thumb in the middle of the tablet.

10. Withdrawal periods

Not applicable.

11. Special storage precautions

Keep out of the sight and reach of children.

Do not store above 30°C.

Tablet fractions should be stored in the original blister and outer carton and should be used at the next administration.

Do not use this veterinary medicinal product after the expiry date which is stated on the blister after Exp. The expiry date refers to the last day of that month.

12. Special precautions for disposal

Medicines should not be disposed of via wastewater.

Use take-back schemes for the disposal of any unused veterinary medicinal product or waste materials derived thereof in accordance with local requirements and with any applicable national collection systems. These measures should help to protect the environment.

Ask your veterinary surgeon or pharmacist how to dispose of medicines no longer required.

13. Classification of veterinary medicinal products

Veterinary medicinal product subject to prescription.

14. MARKETING AUTHORISATION NUMBERS AND PACK SIZES

Marketing authorisation number:

Vm 50406/5005

Pack sizes:

Cardboard box of 1, 3, 5, 6 or 10 blisters. Each blister contains 10 tablets.

Not all pack sizes may be marketed.

15. PID LINK (Do not print heading)

[The following statement must be included where reference to the European Union Product Database is included on the product information. This statement is relevant to both UK(GB) and UK(NI) products:]

Find more product information by searching for the 'Product Information Database' on www.gov.uk.

16. Contact details

Marketing authorisation holder:

Dechra Regulatory B.V.
Handelsweg 25
5531 AE Bladel
The Netherlands

Manufacturer responsible for batch release:

LelyPharma B.V.
Zuiveringweg 42
8243 PZ Lelystad
The Netherlands

Local representatives and contact details to report suspected adverse reactions:

Dechra Veterinary Products Limited
Sansaw Business Park
Hadnall
Shrewsbury
Shropshire
SY4 4AS
United Kingdom
Tel: +44 (0) 1939 211200

For any information about this veterinary medicinal product, please contact the local representative of the marketing authorisation holder.

17. Other information

POM-V

Gavin Hall

Approved: 05 January 2026