Date of Approval: May 12, 2026

FREEDOM OF INFORMATION (FOI) SUMMARY

APPLICATION FOR CONDITIONAL APPROVAL

Application Number 141-606

LIAVIUM™-CA1

(pregabalin chewable tablets)

Dogs

LIAVIUM™-CA1 is indicated for the management of pain and clinical signs associated with Chiari-like malformation and syringomyelia in dogs.

Sponsored by:

TriviumVet

Executive Summary

LIAVIUM™-CA1 (pregabalin chewable tablets) is conditionally approved for the management of pain and clinical signs associated with Chiari-like malformation and syringomyelia in dogs. Pregabalin, the active ingredient in LIAVIUM™-CA1, is an analgesic and may be given concurrently with a non-steroidal anti-inflammatory drug (NSAID). LIAVIUM™-CA1 is available in three strengths of chewable tablets that should be given to dogs orally twice daily with food. Pregabalin is a Schedule V controlled substance.

Chiari-like malformation (CM) and syringomyelia are components of a structural central nervous system disease syndrome that mainly affects toy and small breed dogs. CM is a complex developmental malformation of the skull and craniocervical vertebrae characterized by a conformational change, overcrowding of the brain, and subsequent partial herniation of the cerebellum through the foramen magnum. This compresses the brainstem and cranial cervical spinal cord and results in obstruction of the cerebrospinal fluid (CSF) channels at the craniocervical junction. Syringomyelia describes fluid-filled cavities that develop within the parenchyma of the spinal cord. Its pathogenesis in CM is poorly understood, but it is hypothesized to be the accumulation of extracellular fluid secondary to the abnormal flow of CSF. The clinical signs of CM and syringomyelia are variable and vague and most often manifest as abnormal sensations or pain from normally nonpainful stimuli (allodynia). The pain is typically localized to the head and neck region and may be continuous or episodic (paroxysmal).[1]

An animal drug that addresses a serious or life-threatening disease, or addresses an unmet animal or human health need, for which demonstrating effectiveness would require a complex or particularly difficult study or studies is eligible for conditional approval. Morbidity associated with CM and syringomyelia substantially impacts day-to-day functioning in affected dogs. Therefore, the conditionally approved use of LIAVIUM™-CA1 addresses a serious disease or condition. The management of CM and syringomyelia in dogs is an unmet animal health need because there is no approved animal drug currently marketed in the United States for this use in dogs. Finally, demonstrating effectiveness would require a complex or particularly difficult study or studies because the diagnosis of CM and syringomyelia requires the use of advanced diagnostic tests (i.e., magnetic resonance imaging (MRI) or a computed tomography (CT) scan). In addition, before a drug can be shown to be effective for this use, an effectiveness endpoint, or endpoints, specific to the disease would first need to be developed and qualified. Based on the above, the Food and Drug Administration (FDA) determined that LIAVIUM™-CA1 met the eligibility criteria for conditional approval.

Safety and Reasonable Expectation of Effectiveness

Reasonable expectation of effectiveness for LIAVIUM™-CA1 was based on a publication in the scientific literature. The publication describes a clinical trial in nine client-owned Cavalier King Charles spaniels with symptomatic CM and syringomyelia. One dog did not complete the study due to diarrhea that was unrelated to treatment. Enrolled dogs were administered 5 mg/kg of pregabalin oral solution (not the final

[1] Carnes, M. B. (2019, June 7). Chiari-like malformation: An overview. *Today's Veterinary Practice*. https://todaysveterinarypractice.com/neurology/chiari-like-malformation-an-overview.

formulation) or placebo (vehicle control) twice daily for 14±4 days. The dogs were then given the opposite treatment twice daily for an additional 14±4 days. Dogs were concurrently administered an oral NSAID throughout the study. Based on daily assessments of pain by the owners and quantitative sensory testing by the investigators, pregabalin administered at a minimum dose of 5 mg/kg twice daily concurrently with a NSAID decreased the severity of pain and clinical signs that interfere with normal function in dogs with CM and syringomyelia. The only reported adverse reaction was sedation in two dogs.

The sponsor conducted a laboratory margin of safety study in healthy, juvenile to adult, intact male and female Beagle dogs. The dogs were administered LIAVIUM™-CA1 at 0X, 1X, 3X, or 5X the maximum label dose (0, 10, 30, or 50 mg/kg, respectively) orally twice daily for 90 days. The dogs were dosed after eating a small meal. Treatment was associated with glycosuria without hyperglycemia and a dose-dependent decrease in rectal temperature (hypothermia). The mechanism of action of the glycosuria is unknown. One dog in the 5X group had a dull mentation at one timepoint after dosing.

User Safety

Pregabalin is a Schedule V controlled substance. Therefore, the labeling for LIAVIUM™-CA1 contains information about drug abuse, addiction, and diversion. People exposed to pregabalin should seek medical advice and may experience the following symptoms: dizziness, sleepiness, balance problems, blurred vision, weakness, dry mouth, difficulty with concentration or attention, and headache.

The labeling for LIAVIUM™-CA1 also includes safety information for people who handle, administer, or are exposed to the drug. Women who are pregnant, who may become pregnant, or are breastfeeding should avoid contact with pregabalin. If a dog vomits after being administered LIAVIUM™-CA1, people should avoid skin contact with both the vomitus and any tablet remnants.

Conclusions

Based on the data submitted by the sponsor for the conditional approval of LIAVIUM™-CA1, the FDA determined that the drug is safe and has a reasonable expectation of effectiveness when used according to the labeling.

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I. GENERAL INFORMATION

A. File Number

Application Number 141-606

B. Sponsor

TriviumVet
Unit 3A, Cleaboy Business Park
Old Kilmeaden Road
Waterford, Waterford, X91 H5FE, Ireland

Drug Labeler Code: 086169

U.S. Agent Name and Address:

Bill Zollers, PhD
Argenta
12707 Shawnee Mission Parkway
Shawnee, KS 66216

C. Proprietary Name

LIAVIUM™-CA1

D. Drug Product Established Name

pregabalin chewable tablets

E. Pharmacological Category

Analgesic

F. Dosage Form

Chewable tablet

G. Amount of Active Ingredient

30mg, 90 mg, or 180 mg

H. How Supplied

LIAVIUM™-CA1 30 mg, 90 mg, and 180 mg chewable tablets are supplied in a white high density polyethylene container with a child resistant closure. Each bottle contains 60 tablets.

I. Dispensing Status

Prescription (Rx)

J. Dosage Regimen

Administer LIAVIUM™-CA1 chewable tablets at 5-10 mg/kg orally twice daily. LIAVIUM™-CA1 should be administered with food. The 90 mg tablet is scored and may be split in half along the break-line. The 30 mg and 180 mg tablets should not be split.

Dogs under 3 kg cannot be accurately dosed with LIAVIUM™-CA1.

Pregabalin may be administered concurrently with a non-steroidal anti-inflammatory drug (NSAID).

K. Route of Administration

Oral

L. Species

Dogs

M. Indication

LIAVIUM™-CA1 is indicated for the management of pain and clinical signs associated with Chiari-like malformation and syringomyelia in dogs.

II. EFFECTIVENESS

Conditional Dose: The conditional dose for the indication for the management of pain and clinical signs associated with Chiari-like malformation and syringomyelia in dogs is 5 to 10 mg/kg twice daily, administered orally with food. The safety data and the data to demonstrate reasonable expectation of effectiveness provide support for this conditional dose.

A. Dosage Characterization

The dose of LIAVIUM™-CA1 (pregabalin chewable tablets) administered orally at 5 to 10 mg/kg twice daily is based on two published clinical studies in dogs. The publication by Sanchis-Mora et al. supports the minimum dose of 5 mg/kg twice daily. The publication by Thoefner et al. supports the maximum dose of 10 mg/kg twice daily.

1. Sanchis-Mora, S., Chang, Y. M., Abeyesinghe, S. M., Fisher, A., Upton, N., Volk, H. A., & Pelligand, L. (2019). Pregabalin for the treatment of syringomyelia-associated neuropathic pain in dogs: A randomised, placebo-controlled, double-masked clinical trial. *Veterinary Journal*, *250*, 55–62.

   The publication was used to support a reasonable expectation of effectiveness and provided effectiveness information supporting dosage characterization. Refer to the Reasonable Expectation of Effectiveness section below for more information.

2. Thoefner, M. S., Skovgaard, L. T., McEvoy, F. J., Berendt, M., & Bjerrum, O. J. (2020). Pregabalin alleviates clinical signs of syringomyelia-related central neuropathic pain in Cavalier King Charles Spaniel dogs: a randomized controlled trial. *Veterinary Anaesthesia and Analgesia*, *47*(2), 238–248.

The publication describes a prospective, randomized, double-masked, placebo-controlled crossover study. Twelve client-owned Cavalier King Charles Spaniels (age range 1.1 to 7.4 years, bodyweight range 8 to 11.4 kg) with magnetic resonance imaging-confirmed syringomyelia and clinical signs associated with syringomyelia were enrolled in the study. Dogs were randomized to receive either pregabalin capsules or placebo capsules for 25 days followed by a 48-hour washout period before crossover to the alternate group for 25 days. Pregabalin was administered orally at 150 mg once daily for 2 days, then increased to 150 mg twice daily for 21 days and then tapered to 150 mg once daily for 2 days. This dosing regimen corresponded to a dose range of 13 to 19 mg/kg for each dose administration. Placebo was administered orally on the same schedule and with the same number of capsules as pregabalin. The primary outcome was defined as the number of scratching events during 10 minutes of video-recorded physical activity. The activity was recorded at baseline before pregabalin or placebo administration and on days 7, 21, 34, and 48 (two assessments per group). Treatment effect was estimated using a generalized estimation equation model. Benefit-risk and quality of life assessments were obtained through owner interviews focusing on potential adverse events. Administration of pregabalin resulted in a reduction of the mean number of scratching events compared to baseline and placebo administration. Owner assessed quality of life results revealed greater improvement with pregabalin compared to baseline and the placebo. One dog was withdrawn 7 days after starting pregabalin administration due to persistent ataxia and somnolence. None of the dogs required rescue analgesia. Adverse reactions that occurred more frequently in dogs receiving pregabalin compared to placebo were reduced activity, ataxia, increased appetite, somnolence, and increased water intake.

Because of the adverse reactions seen in this publication at doses of 13 to 19 mg/kg twice daily, a maximum dose of 10 mg/kg twice daily was chosen, based on input from veterinary neurology experts to balance treatment effect and adverse reactions.

B. Reasonable Expectation of Effectiveness

Reasonable expectation of effectiveness for the management of pain and clinical signs of Chiari-like malformation and syringomyelia in dogs is based on a publication in the scientific literature. The Sanchis-Mora et al. publication supports that pregabalin administered at a minimum dose of 5 mg/kg twice daily concurrently with a NSAID decreases the severity of pain and clinical signs that interfere with normal function in dogs with Chiari-like malformation and syringomyelia.

1. Sanchis-Mora, S., Chang, Y. M., Abeyesinghe, S. M., Fisher, A., Upton, N., Volk, H. A., & Pelligand, L. (2019). Pregabalin for the treatment of syringomyelia-associated neuropathic pain in dogs: A randomised, placebo-controlled, double-masked clinical trial. *Veterinary Journal*, *250*, 55–62.

The publication describes a prospective, randomized, double-masked, placebo-controlled crossover study in nine Cavalier King Charles Spaniels with symptomatic Chiari-like malformation and syringomyelia. The study was conducted from February to August 2016.

Study Design:

The study was a crossover study with two phases. Dogs were randomized to either the pregabalin-placebo or placebo-pregabalin group. Dogs were dosed orally with 5 mg/kg of pregabalin oral solution or placebo (vehicle control) once at the clinic on Visit 1 and then were dosed at home twice daily for 14±4 days.

Dogs then crossed over to the other treatment group at Visit 2 (Day 14), were dosed at the clinic once, and then dosed at home twice daily for an additional 14±4 days. Visit 3 occurred at the end of the second dosing phase (Day 28). Dogs were also administered an oral NSAID starting two days prior to Visit 1 through the end of the study.

Nine (four males and five females) client-owned Cavalier King Charles Spaniels (CKCS) with magnetic resonance imaging-confirmed Chiari-like malformation with or without syringomyelia were enrolled in the study. Eight dogs had both Chiari-like malformation and syringomyelia and one dog had only Chiari-like malformation. The median age was 6 years old (range, 1.1 to 9 years) and the median bodyweight was 9.6 kg (range, 6.6 to 13.8 kg). Dogs were examined by a veterinary neurologist and concurrent diseases such as myelopathy or otic disease were ruled out. All dogs presented with cervical hyperesthesia on palpation and five dogs showed scratching behavior, either phantom scratching or making contact with the skin without evidence of skin/ear disease. Six dogs had a heart murmur, and one dog had a benign second-degree atrioventricular block, Mobitz type II, with trivial mitral valve regurgitation and mild tricuspid regurgitation. None of the dogs had signs of heart failure. Baseline plasma creatinine, urinalysis, and urine specific gravity were within normal limits for all dogs. One dog was removed from the study due to diarrhea unrelated to treatment (the dog was on placebo); this dog was removed during the first phase.

Response to treatment was based on daily owner assessments of pain and quantitative sensory testing (QST) performed by the investigator at Visits 1, 2, and 3. The dog owners were instructed on how to assess pain and assessed the baseline pain scores at the clinic using a numerical rating scale (NRS). The NRS assessment included scoring of spontaneous vocalizations, phantom scratching episodes, and exercise impairment on a scale of 0 (no pain) to 10 (worst pain). The NRS assessment was also recorded daily at the end of each day.

The investigator performed a physical and neurological examination and QST on Visits 1, 2, and 3. Dogs stayed in the hospital for at least 24 hours for the QST. The somatosensory function was assessed with QST following the Sensory Threshold Examination Protocol (STEP). A square area of hair was clipped at six body sites (both sides of the neck, both humeri, and both tibia). The investigator applied the QST stimuli in a randomized order to the six clipped areas in unrestrained dogs. A

threshold was obtained when the dog responded according to established criteria,[2] with the addition of phantom scratching. The STEP consisted of the evaluation of tactile sensory threshold, tactile allodynia, mechanical threshold, heat threshold, and cool/cold latency. Von Frey filaments were used for tactile sensory thresholds and tactile allodynia. Mechanical stimulus was applied with an algometer and reported in Newtons. Heat stimulus was applied using a handheld thermal probe. Both the mechanical thresholds and heat thresholds were measured in triplicate for each body area. Cold (0 °C) and cool (15 °C) stimuli were applied using a handheld thermal probe. The latency (measured in seconds) between cold or cool application and the time at which the dog responded to the probe was recorded. The measurements were performed in triplicate for each body site and for each temperature.

Blood samples were collected at Visits 1, 2, and 3 for measurement of plasma pregabalin concentration and plasma creatinine. Samples for pregabalin were collected at baseline (before treatment) and at 90±9 minutes post-dose administration. Free catch urine samples were collected at each visit for urinary dipstick analysis and urine specific gravity.

Results:

The dog owner assessed daily NRS pain scores were lower during the pregabalin phase compared to baseline and the placebo phase, indicating that the dogs were less painful during the pregabalin phase.

Pregabalin administration resulted in higher mechanical thresholds compared to baseline and placebo. There was no difference in mechanical thresholds between baseline and the placebo phase.

Pregabalin administration resulted in an improvement in cold latency at 15 °C (i.e., longer time to reaction), especially at the humeri and neck compared to baseline and placebo. More dogs tolerated cold latency at 0 °C for >1 second during the pregabalin phase compared with baseline and placebo phase. There was no difference between baseline and placebo phase in cold and cool latency. There was no difference in tactile sensory threshold and heat threshold during pregabalin administration compared to the placebo phase and baseline.

The pharmacokinetic analysis of plasma pregabalin concentration demonstrated that drug accumulation did not occur with repeat dosing during the 14-day period.

Sedation was reported in two dogs. No other adverse reactions were reported.

Conclusions:

The study supports a reasonable expectation of effectiveness for the use of LIAVIUM™-CA1 (pregabalin chewable tablets) administered orally at a minimum

[2] Sanchis-Mora, S., Chang, Y. M., Abeyesinghe, S. M., Fisher, A., Volk, H. A., & Pelligand, L. (2017). Development and initial validation of a sensory threshold examination protocol (STEP) for phenotyping canine pain syndromes. *Veterinary Anaesthesia and Analgesia*, *44*(3), 600–614.

dose of 5 mg/kg twice daily concurrently with an NSAID for the management of pain and clinical signs associated with Chiari-like malformation and syringomyelia.

III. TARGET ANIMAL SAFETY

A. Laboratory Safety Study

Title: Target Animal Safety Study in Dogs When Administered Pregabalin Tablets in a Fed State Twice Daily for Ninety Consecutive Days. (Study No. TRIV-29)

Study Dates: October 2022 to August 2024

Study Location: Ballina, County Mayo, Ireland

Study Design:

Objective: To evaluate the safety of LIAVIUM™-CA1 (pregabalin chewable tablets) at 10, 30, and 50 mg/kg administered orally, twice daily for 90 days.

Study Animals: Thirty-six Beagle dogs aged 9 to 23 months old and weighing 6.3 to 16 kg at the start of acclimatization were included in the study.

Experimental Design: This was a controlled, prospective, masked, and randomized study. The laboratory study was conducted in accordance with Organization for Economic Co-operation and Development (OECD) Principles of Good Laboratory Practice (GLP).

Dogs were included if they were healthy based on physical examination and clinical pathology during the 14-day acclimation period. Dogs were pair-housed during the study except for dosing and post-dosing observations. There were four treatment groups, and all dogs were dosed orally twice daily with either a sham dose (control group) or LIAVIUM™-CA1 at 10 mg/kg (1X group), 30 mg/kg (3X group), or 50 mg/kg (5X group).

Table III.1. Treatment Groups and Dosages.

Group	Dose Multiple	Target Dose (mg/kg)	Actual Dose Range (mg/kg)	Number and Sex of Dogs
1	0X	0	0	4 females, 4 males
2	1X	10	5-10	4 females, 4 males
3	3X	30	24.3-30	4 females, 4 males
4	5X	50	43.5-50	4 females, 4 males

Drug Administration: Dogs were administered LIAVIUM™-CA1 orally, twice daily according to Table III.1 using the 90 mg tablet. Tablets were administered to dogs 15 minutes after consumption of a small portion of canned food.

Measurements and Observations: Food consumption was assessed daily. Body weights were measured, prior to feeding, on Study Days -14, -7, -1, 7, 14, 21, 28, 35, 42, 49, 56, 63, 70, 77, 84, and on the day of necropsy. General health observations

were conducted once daily from acclimation to study end (Days -14 to 91), except on the days that veterinarian physical examinations were conducted. Physical examinations were conducted by a veterinarian and included documentation of heart rate and rectal body temperature. Physical examinations were conducted on Days -14, -3, 14, 28, 42, 56, 70, 84, and 90. Clinical observations were conducted, on each dosing day, prior to morning treatment and at 15 minutes (±5 min), 2 hours (±30 min), 6 hours (±30 min), and 8 hours (±30 min) following the morning treatment and at 1 hour (±15 min) following the evening dosing. Clinical observations included documentation of the presence of vomit and feces, and evaluation of pupil size, mentation, sedation, and ataxia. In addition, a 15-minute (±5 min) vomit check was performed following the evening dosing. Blood samples for hematology, serum chemistry, and coagulation times were collected on Days -9, 11, 26, 54, and 89. Food consumption was measured daily for paired dogs and averaged over weekly intervals for evaluation.

Urine samples for urinalysis were collected on Days -9/-10, 10, 25, 53/54, and 88. Electrocardiogram (ECG) measurements were collected on Study Days -2 and 84. The dogs were euthanized on Day 91 or 92 and necropsy and histopathology were performed.

Statistical Methods: The pair housed room was the experimental unit for the descriptive statistics and graphics. Each of the continuous variables (bodyweight, hematology parameters, clinical chemistry parameters, coagulation) was averaged across the two animals in a room to obtain the room average. These room averages were summarized using descriptive statistics by treatment group and by treatment group over time (where the variable was evaluated at multiple time points).

For binary and categorical variables, frequency distributions were prepared by treatment group and by treatment group over time (where the variable was evaluated at multiple time points). For binary data, when an event occurred in one or both of the two animals in a room, it was counted as one event (event=”Yes”) for that room. In order to be considered as event=”No” for a room, neither of the animals in the room should have had the event. For categorical data, the worst categorical level of the two animals in a room was determined for the room for each variable.

Results:

Body Weight: There were no clinically relevant changes in the individual dog and group mean body weights. The individual dog and mean body weight for each group increased steadily as expected for juvenile dogs over a 90-day period.

Food Consumption: Weekly averaged food consumption was consistent for all groups for the duration of the study.

Physical Examination:

Some dogs in the 3X and 5X groups had higher heart rates compared to the control and 1X groups; however, heart rates remained within the normal range and did not exceed 140 beats/minute. The group mean heart rates were similar for the control, 1X,

3X, and 5X groups throughout the study. Therefore, there was no clear dose dependent effect of LIAVIUM™-CA1 on heart rate.

There was a dose dependent effect of LIAVIUM™-CA1 on rectal temperature in the 5X group. Dogs in the 5X group had more individual instances of rectal temperatures ≤99.9 °F, with the lowest observed temperature value of 98.1 °F. On Days 28 through 90, the 5X group mean rectal temperatures were lower compared to the baseline mean rectal temperatures were lower compared to the baseline mean rectal temperatures and the mean rectal temperatures of the control, 1X, and 3X groups during dosing.

General Health Observations: All general health observations were normal during the study.

Clinical Observations: Dull behavior was noted on Day 63 at the evening 1-hour post dose observation for one set of 5X group pair-housed dogs.

Salivation was noted on Day 1 in the morning, 2-hour post dose observation for one set of 5X pair-housed dogs.

Vomiting and diarrhea occurred infrequently during the study and did not occur more frequently in the dogs administered LIAVIUM™-CA1 compared to the control group.

Clinical Pathology: There were no clinically relevant differences in hematology variables, serum chemistry variables, activated prothrombin time (APTT), prothrombin time (PT), or fibrinogen in the 1X, 3X, and 5X groups compared to baseline and the control group.

Urine was collected in metabolic cages. Urinalysis abnormalities occurred in dogs from all groups and included proteinuria, ketonuria, bilirubinuria, urobiligenuria, hyposthenuria, and the presence of white blood cells, epithelial cells, and struvite crystals noted on microscopic examination. The presence of proteinuria and other urine abnormalities were similar among the control and the 1X, 3X, and 5X groups. Glycosuria without hyperglycemia occurred in five dogs administered LIAVIUM™-CA1 (one 1X dog, two 3X dogs, and two 5X dogs); the mechanism of action for this finding is unknown.

Electrocardiogram (ECG): A total of eight abnormal ECGs were identified from four individual dogs. There were no ECG abnormalities attributable to administration of LIAVIUM™-CA1.

Pathology: There were no effects of LIAVIUM™-CA1 administration on gross necropsy or histopathology, including bone marrow microscopic assessments.

Conclusions: The study supports the safe use of LIAVIUM™-CA1 when used according to the label directions. Treatment-related findings included low rectal temperature, glycosuria, and dull mentation.

IV. HUMAN FOOD SAFETY

This drug is intended for use in dogs. Because this new animal drug is not intended for use in food-producing animals, FDA did not require data pertaining to drug residues in food (i.e., human food safety) for approval of this NADA.

V. USER SAFETY

The product labeling contains the following information regarding safety to humans handling, administering, or exposed to LIAVIUM™-CA1:

Human User Safety Warnings:

Not for human use. Keep out of reach of children.

Take precautions to avoid accidental ingestion by children. Always store tablets in the original packaging and only remove the required number of tablets from the bottle at the time of dosing. Ensure that any tablets that are not eaten by the dog are disposed of immediately and carefully.

In case of accidental eye or mucosal contact, flush with water for 15 minutes. If wearing contact lenses, eyes should be rinsed first, then remove contact lenses and continue rinsing. In case of skin contact, wash with soap and water immediately.

Symptoms of exposure to pregabalin include dizziness, sleepiness, balance problems, blurred vision, weakness, dry mouth, difficulty with concentration or attention, and headache. Do not drive as sleepiness may occur.

In case of accidental ingestion, seek medical advice if symptoms occur. In case of ingestion by a child, seek medical attention immediately. Show the package insert or the label to the physician.

If the dog vomits after product administration, avoid skin contact with vomit and any tablet remnants, use impervious gloves during cleaning up and wash hands afterwards.

Women who are pregnant, who may become pregnant, or are breastfeeding should take particular care to avoid contact with pregabalin.

People with known hypersensitivity to pregabalin should administer LIAVIUM™-CA1 with caution.

Drug Abuse, Misuse, Addiction, and Diversion:

Controlled Substance: LIAVIUM™-CA1 contains pregabalin, a Schedule V controlled substance.

Abuse: Abuse is defined as the intentional, non-therapeutic use of a drug, even once, to achieve a desired psychological or physiological effect. Pregabalin is not known to be active at receptor sites associated with drugs of abuse. However, pregabalin is associated with drug liking and is known to be misused and abused in the community, particularly in combination with opioids. Consider the potential risks of misuse and abuse before

prescribing this product. Signs of pregabalin misuse or abuse include drug seeking behavior.

LIAVIUM™-CA1 should be handled appropriately to minimize the risk of diversion, including restriction of access, the use of accounting procedures, and proper disposal methods, as appropriate to the clinical setting and as required by law.

Storage and Disposal: LIAVIUM™-CA1 is a Schedule V drug. Store in a locked cabinet according to federal and state controlled substance requirements and guidelines. Any unused or expired bottles must be destroyed by a reverse distributor. For further information, contact your local DEA field office or call TriviumVet at 1-800-874-9764.

Information for Physician:

LIAVIUM™-CA1 contains pregabalin. In case of emergency, provide the treating physician with this package insert.

To obtain a copy of the Safety Data Sheet (SDS), contact TriviumVet at 1-800-874-9764.

VI. AGENCY CONCLUSIONS

The data submitted in support of this application satisfy the requirements of section 571(b) of the Federal Food, Drug, and Cosmetic Act (FD&C Act). The data demonstrate that LIAVIUM ™-CA1, when used according to the label, is safe and has a reasonable expectation of effectiveness for the conditions of use in the General Information Section above.

A. Conditional Approval Eligibility

In 2018, the legislation reauthorizing FDA's animal drug user fee program (Animal Drug User Fee Program, or ADUFA, IV) expanded the conditional approval pathway to allow certain additional new animal drugs that are not Minor Use/Minor Species (MUMS) drugs to be eligible for conditional approval. As provided in section 571(a)(1)(A)(ii) of the FD&C Act, as amended by ADUFA IV, to qualify for conditional approval, the non-MUMS new animal drug must meet the following two criteria:

1. The new animal drug is intended to treat a serious or life-threatening disease or condition OR addresses an unmet animal or human health need; AND

2. A demonstration of effectiveness would require a complex or particularly difficult study or studies.

LIAVIUM™-CA1 was determined to be eligible for conditional approval under these provisions because it controls a serious or life-threatening disease or condition, addresses an unmet animal health need, and the demonstration of effectiveness requires a complex or particularly difficult study or studies.

B. Marketing Status

LIAVIUM™-CA1 is conditionally approved for one year from the date of approval and is annually renewable for up to four additional one-year terms.

This product may be dispensed only by or on the order of a licensed veterinarian (Rx marketing status). Adequate directions for lay use cannot be written because professional expertise is required to properly diagnosis the condition, determine the appropriate dose, and to monitor the safe use of the product, including treatment of any adverse reactions.

C. Exclusive Marketing Rights

LIAVIUM™-CA1, as approved in our approval letter, does not qualify for exclusive marketing rights under section 573(c) of the FD&C Act because it is not a designated new animal drug under section 573(a) of the FD&C Act.

D. Patent Information

For current information on patents, see the Green Book Reports in the Animal Drugs @ FDA database.