

ARTHRAMID[®]

START WITH THE SYNOVIUM. START WITH ARTHRAMID[®].

A VETERINARY TECHNICAL SUMMARY OF ARTHRAMID[®]

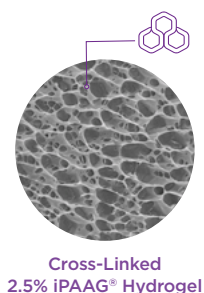
Managing Synovitis for Long-Term Equine Joint Health



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What is Arthramid®

Arthramid® is a unique patented 2.5% injectable polyacrylamide hydrogel (iPAAG). It is administered through intra-articular joint injection to manage arthritic joints in horses. 2.5% iPAAG® integrates into the synovium of the joint which results in improved joint function and resolution of lameness.^{1,2}



Cross-Linked
2.5% iPAAG® Hydrogel

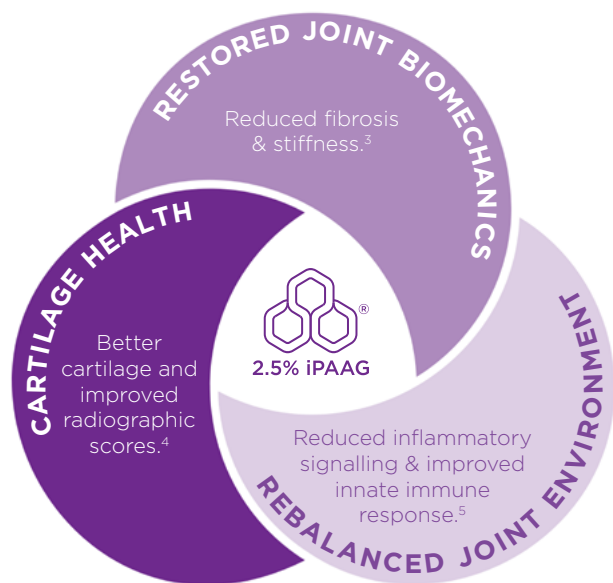
How Arthramid® Works

2.5% iPAAG® has a targeted action on the synovial membrane. Once injected into the joint, it integrates directly into the synovial membrane. Through its unique, patented technology, Arthramid®:

- Restores normal joint function
- Protects joint cartilage
- Rebalances joint biology

Treatment therefore interrupts the vicious cycle of OA and restores the joint to homeostasis, giving long-term benefits to the patient and their owner.

ARTHRAMID® AND JOINT HOMEOSTASIS



CLINICAL CONSIDERATIONS:

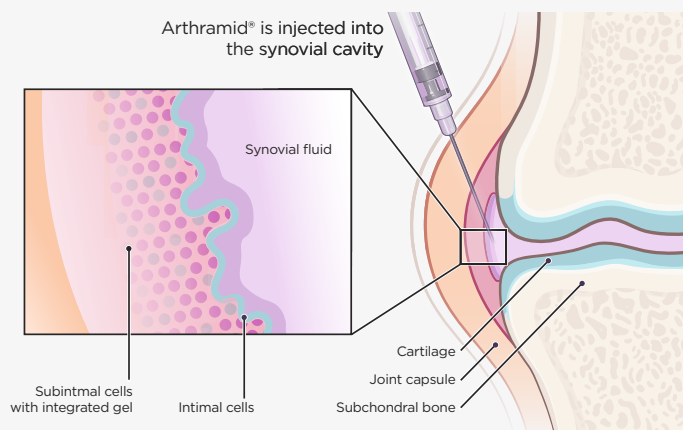
- Used in both acute and chronic joint lameness cases
- Considered for early intervention and in rehabilitation phases
- Targets the synovial membrane, a key contributor to joint pain
- Proven safety, including in horses with equine metabolic syndrome
- Can safely be used to treat multiple joints concurrently in the same animal
- Suitable as a foundational treatment for long-term joint health strategies

Case Selection

Arthramid® can be used in any synovial joint that is displaying clinical signs of lameness such as joint pain, synovitis, effusion, reaction to flexion, lameness that responds to intra-articular analgesia, and those with abnormal joint findings (osteoarthritis) detected using diagnostic imaging modalities such as radiology, ultrasonography, scintigraphy, CT, or MRI. It is recommended for use as early as possible in the OA disease process (e.g. synovitis and capsular stiffness), but is also highly effective in severe or chronic cases.

It is important to review the animal's medical history, including any sign of ongoing infection, concurrent medication, surgery or potential fracture prior to injection to prevent possible infections or use of the product for conditions other than for which it is indicated.

Intra-articular Administration of Arthramid®



The presence of 2.5% iPAAG® hydrogel within the synovial membrane restores synovial elasticity supporting normal joint biomechanics and breaking the vicious cycle of OA.

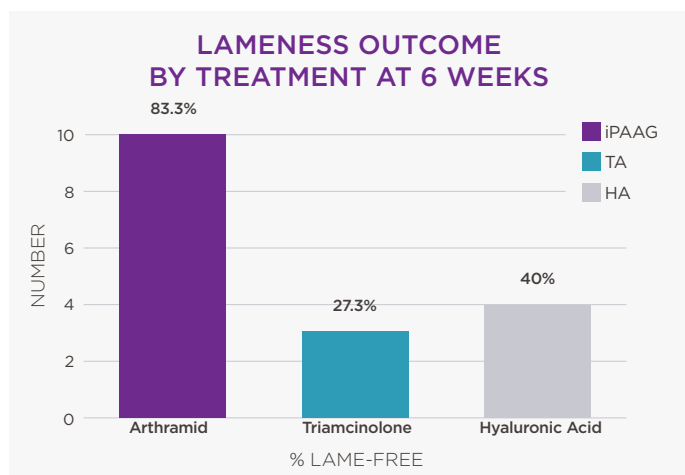


Clinical Evidence

Demonstrated efficacy across multiple clinical studies in multiple equine disciplines.

KEY POINTS:

- Unique and patented 2.5% iPAAG® technology for the treatment of joint lameness (including both early and late stages of OA)
- Biomechanical action: physical presence of the soft hydrogel reduces pain and lameness
- Sustained clinical improvement observed across follow-up periods
- No competition with-hold time (WHT)
- Supported by over two decades of published research in horses (and humans)



In a double-blinded positive control study, intra-articular 2.5% iPAAG® demonstrated higher rates of lameness resolution at 6, and out to 12 weeks, compared with TA or HA under study conditions.¹

Dosage Recommendations

Arthramid® is for intra-articular injection only. The dose may vary depending on the severity of disease, the size of the joint and duration of clinical signs. The following recommendations have been made based on observed clinical responses to treatment.⁶

Distal Interphalangeal:	1-2 mL
Proximal Interphalangeal:	1 mL
Metacarpo / Tarso-phalangeal:	2 mL
Carpus:	2-3 mL
Tarsometatarsal / Distal Intertarsal:	1 mL
Tarsocrural:	2-3 mL
Shoulder:	2-3 mL
Stifle: (per compartment)	2-3 mL

Administration

Arthramid® comes in prefilled sterile 1 mL syringes, sealed via Luer lock fitting. Arthramid® should be administered via a sterile 19-23G needle using aseptic injection technique protocols.

Storage

Arthramid® should be stored below 25°C (air conditioning) and protected from direct sunlight. Do not freeze. Do not store unsealed syringes for later use.

Arthramid® has a 3-year shelf life from date of manufacture; always check package expiration date before use.



Post-Injection Care

As with any intra-articular therapy it is recommended to rest the horse for 48 hours immediately after treatment.

Ideally plan a reduced impact workload for up to 2 weeks to allow full integration of the 2.5% iPAAG® to occur.

A follow-up examination is advised at 4 to 6 weeks to assess the response to treatment and a top-up dose can be administered at that time if clinically indicated.

Horses typically show a gradual reduction in lameness in the first week after treatment and this should continue to improve over the ensuing weeks.

Repeat doses of Arthramid® can be safely given at 6 to 12 month intervals, if clinically indicated.

Information to the Owner

The owner of the animal should be informed about indications, expected results, and potential complications associated with intra-articular injections.

The owner should be advised that in case of complications the veterinarian who performed the injections should be contacted immediately for necessary treatment.



ARTHRAMID®

For further information, including our White Paper, scan the QR code above or visit www.arthramid.com

References

1. de Clifford L.T., Lowe J.N., McKellar C.D., McGowan C., David F. A Double-Blinded Positive Control Study Comparing the Relative Efficacy of 2.5% Polyacrylamide Hydrogel (PAAG) Against Triamcinolone Acetonide (TA) and Sodium Hyaluronate (HA) in the Management of Middle Carpal Joint Lameness in Racing Thoroughbreds. *Journal Equine Vet Science*, Vol 107, 2021, 103780.
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5. L. Pezzanite. Synovial transcriptomic response to intra-articular 2.5% polyacrylamide hydrogel therapy in experimentally induced equine osteoarthritis. *Int. Cart. Regen. Society*, Boston, 11-14 October, 2025.
6. Tnibar, A. Intra-articular 2.5% polyacrylamide hydrogel, a new concept in the medication of equine osteoarthritis: A review. *Journal Equine Veterinary Science*, Vol 119, 2022, 104143

In Australia:

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