

Mycoplasma hyopneumoniae (Mhp): Costs, Classifications and Interventions

A personalized path from measurement to management

What is Mhp costing you?

Considered one of the “big three” respiratory diseases, *Mycoplasma hyopneumoniae* is a drain to U.S. pork producers on a number of fronts. Like porcine reproductive and respiratory syndrome virus (PRRSv) and influenza, its impact can be significant in the areas of health, performance, productivity and efficiency.¹

- **Decreased average daily gain – 0.08 lbs/day or 4.4%**
- **Decreased feed efficiency – 0.02 lbs F:G or 0.7%**
- **Increased medication costs – \$1.21/pig**
- Less carcass weight – 9.2 lbs lighter, based on 210-lb target carcass weight
- Increased mortality – decreased pigs/sow/year by 0.21
- Increased days to market – six additional days to reach market weight based on 4.4% decrease in ADG over a typical 130-day finishing feeding period

All of these factors contribute to significant economic losses. Often underestimated, producers should take both the Mhp-related performance losses and increased cost of management and medication into consideration. Average losses comparing infected vs. non-infected pigs can range \$2.00 to \$5.00/hd.¹ And when those herds are also infected with a secondary respiratory disease such as PRRSv or influenza or both, wean-to-finish production losses can easily exceed \$10.00/hd over the costs of feeding a non-infected pig.²



**Average losses with Mhp
\$2–\$5/infected pig**



**Mhp plus PRRSv or Influenza
\$10/pig loss**

Detecting Mhp and understanding herd status

How do you know if your herd is infected with Mhp? Clinical signs may include a dry cough, lethargy, fever, decreased appetite, and labored breathing. But these symptoms are not exclusive to Mhp, and other respiratory pathogens must be ruled out.

What is the extent and magnitude of Mhp infection in your herd? To deal with Mhp effectively you need to know if it is present in the population and actively causing disease — sick pigs and persistent losses. Significant advances in sampling techniques and diagnostic tests allow producers to detect Mhp and identify breeding herd status much more accurately than in the past.

Using a common language of disease status criteria, producers can determine a baseline and set appropriate goals to improve breeding **herd stability**. For practical purposes, herd stability is defined as producing litters that show a negative or low Mhp prevalence at weaning. Understanding the prevalence of Mhp in your breeding herd is critical, as its disease status directly impacts your downstream health and return on investment of your grow-finish pig populations.

Most breeding herds will fall within one of the four herd categories outlined on the next page.



Category 1

Positive uncontrolled: Breeding herds are either going through an Mhp outbreak, or the status is unknown.



Category 2

Positive controlled: Mhp is not present in the first parity (P1) or older parity sows, but the herd is serologically positive. This status should be considered the goal for producers who do not pursue elimination and decide to control Mhp.



Category 3

Provisionally negative: Mhp is not detected in the breeding herd, but the herd may be serologically positive. These herds have completed a whole-herd elimination program but can be further categorized based on vaccination (yes/no) protocol practices.



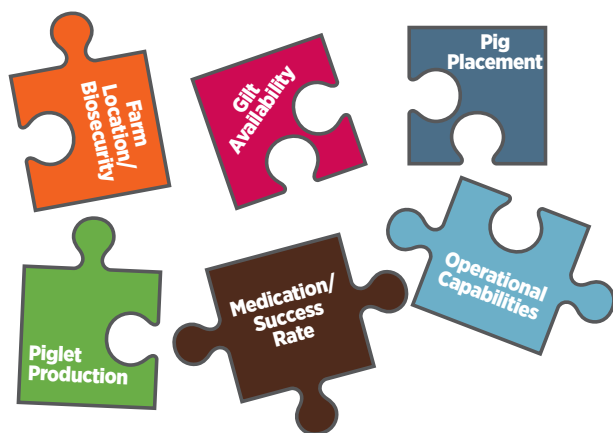
Category 4

Negative: Mhp is not detected in any type of sample, so the population is considered naive (serologically and molecular diagnostic testing negative).



Elimination or control: the path to herd stability

Moving a herd from Mhp status Category 1, 2 or 3 into Category 4 might seem intuitive. However, the decision to eliminate or to control Mhp can be challenging for producers, as there are significant operational and financial implications for both. The decision-making process should examine and evaluate six key areas: farm location/biosecurity, gilt availability, pig placement, piglet production, medication/success rate and operational capabilities.



Farm environment

1. If considering elimination, can the farm maintain its negative status after herd closure ends based on location and/or biosecurity compliance for a 2-3 year minimum? **Yes/No**
2. Does the farm have a source of Mhp-negative replacement gilts to bring to the farm when it reopens? **Yes/No**
3. Will the pigs from this farm be placed in a nursery or wean-to-finish barns that house only other Mhp-negative pigs? **Yes/No**

If the answer is “no” to any of these questions, a control program (defined as minimizing or stabilizing the impact of Mhp but not eliminating it) is recommended.

A “yes” answer to these initial three questions may mean that elimination (defined as a complete elimination of the disease confirmed by a continuous sampling program) is achievable. But first, the financial implications should also be considered.

Investment threshold

4. Can the system withstand the loss of piglet production during the extended herd closure (240 days) of an elimination program? **Yes/No**
5. Can the system support a robust elimination medication protocol to help ensure a higher success rate (or should they consider a more moderate [less expensive] medication protocol with lower expected success rate)? **Yes/No**
6. Does the farm have the operational capabilities and alignment to manage a strict elimination program? **Yes/No**

No matter what your Mhp goal is, you can get there from here.

Protect your pigs, your operation and your performance with a customized plan to achieve herd stability.

Comprehensive. Customized.



Mhp Guardian is the first comprehensive Mhp management program that helps move Mhp-positive herds into a negative or more stable status and keeps them there.

- **One seamless program tailored to your goals**

A step-by-step approach that guides your organization through a herd status identification process and delivers a customized road map for either a control or an elimination program, depending on your specific objectives.

- **The right tools**

Utilizing STOMP PLUS®, our comprehensive diagnostic solution, and a complete line of highly effective Mhp-specific vaccines and antibiotics.



- **Extensive Mhp experience and expertise**

Based on decades of collective Mhp-specific management and research experience, the Zoetis technical services team is ready to support you, along with our team of on-farm pork production specialists.

Four steps to stability

Step 1: Establishing herd status

Objectives

- Identify the cost and magnitude of Mhp on your operation
- Understand Mhp-specific status classifications and criteria
- Utilizing STOMP PLUS services, collaborate to develop a robust and tailored diagnostic plan
- Implement diagnostic plan and receive STOMP PLUS technical analysis, easy-to-understand reports and recommendations



Step 3: Implementing intervention strategies*

Objectives

- Develop detailed intervention implementation plan
- Communicate with and align all internal stakeholders, outlining milestones, timelines and responsibilities
- Work with a Zoetis representative to identify additional training and implementation support needs
- Conduct training, implement intervention strategy, track progress



Step 2: Assessing intervention options

Objectives

- Identify Mhp herd stabilization goals and evaluate intervention options based on farm environment and financial impact
- Compare and assess intervention options based on herd-closure length, medication requirements and cost, and expected success rates
- Finalize intervention strategy decision and understand resources available to you and your operation



Step 4: Monitoring intervention outcomes

Objectives

- Ensure continued stability or negative state over time
- Assess new or additional intervention outcomes
- Develop and implement a customized clinical disease monitoring plan for the downstream pig flow, followed by a targeted diagnostic testing plan if clinical signs are observed



*These strategies and plans contain general guidelines only. At all times, producers should consult with their veterinarian.

Take the first step to get from here to there with Mhp Guardian.

For more information contact your
Zoetis representative or visit zoetispork.com.



Mhp Guardian
Personalized Management Program

IMPORTANT SAFETY INFORMATION FOR DRAXXIN/DRAXXIN 25: Withdraw DRAXXIN/DRAXXIN 25 five (5) days prior to slaughter in swine. Do not use in animals known to be hypersensitive to the product. See full Prescribing Information, attached, or at www.draxxinpork.com/pi or www.draxxin25.com/pi.

LINCOMIX

Do not use in swine intended for breeding. Do not allow unapproved species access to feeds containing lincomycin.

Caution: Federal law restricts medicated feed containing this veterinary feed directive (VFD) drug to use by or on the order of a licensed veterinarian.

¹Yeske, 2016. Mycoplasma hyopneumoniae elimination, 2016 AASV Annual Meeting Proceedings, pg. 376-380. https://www.aasv.org/library/swineinfo/item.php?AASV/2016/376_Yeske.pdf

²Haden, C., T. Painter, T. Fangman, D. Holtkamp. 2012. Assessing production parameters and economic impact of swine influenza, PRRS and Mycoplasma hyopneumoniae on finishing pigs in a large production system. Proceedings of the 2012 AASV Annual Meeting. p 75-76.

Photos courtesy of the National Pork Board, Des Moines, Iowa.

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Draxxin[®] 25 (tulathromycin injection) Injectable Solution

Antibiotic

25 mg of tulathromycin/mL

For use in suckling calves, dairy calves, veal calves, and swine. Not for use in ruminating cattle.

CAUTION: Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

DESCRIPTION

DRAXXIN 25 Injectable Solution is a ready-to-use sterile parenteral preparation containing tulathromycin, a semi-synthetic macrolide antibiotic of the subclass triamidine. Each mL of DRAXXIN 25 contains 25 mg of tulathromycin as the free base in a 50% propylene glycol vehicle, monothio glycerol (5 mg/mL), citric acid (4.8 mg/mL) with hydrochloric acid and sodium hydroxide added to adjust pH. DRAXXIN 25 consists of an equilibrated mixture of two isomeric forms of tulathromycin in a 9:1 ratio.

The chemical names of the isomers are (2R,3S,4R,5R,8R,10R,11R,12S,13S,14R)-13-[[2,6-dideoxy-3-C-methyl-3-O-methyl-4-C-[(propylamino) methyl]- α -L-ribohexopyranosyl]oxy]-2-ethyl-3,4,10-trihydroxy-3,5,8,10,12,14-hexamethyl-11-[[3,4,6-trideoxy-3-(dimethylamino)- β -D-xylo-hexopyranosyl]-oxy]-1-oxa-6-azacyclopentadecan-15-one and (2R,3R,6R,8R,9R,10S,11S,12R)-11-[[2,6-dideoxy-3-C-methyl-3-O-methyl-4-C-[(propylamino) methyl]- α -L-ribohexopyranosyl]oxy]-2-[(1R,2R)-1,2-dihydroxy-1-methylbutyl]-8-hydroxy-3,6,8,10,12-pentamethyl-9-[[3,4,6-trideoxy-3-(dimethylamino)- β -D-xylohexopyranosyl]oxy]-1-oxa-4-azacyclotridecan-13-one, respectively.

INDICATIONS

Swine

DRAXXIN 25 Injectable Solution is indicated for the treatment of swine respiratory disease (SRD) associated with *Actinobacillus pleuropneumoniae*, *Pasteurella multocida*, *Bordetella bronchiseptica*, *Haemophilus parasuis*, and *Mycoplasma hyopneumoniae*; and for the control of SRD associated with *Actinobacillus pleuropneumoniae*, *Pasteurella multocida*, and *Mycoplasma hyopneumoniae* in groups of pigs where SRD has been diagnosed.

Suckling Calves, Dairy Calves, and Veal Calves

BRD - DRAXXIN 25 Injectable Solution is indicated for the treatment of bovine respiratory disease (BRD) associated with *Mannheimia haemolytica*, *Pasteurella multocida*, *Histophilus somni*, and *Mycoplasma bovis*.

DOSAGE AND ADMINISTRATION

Swine

Inject intramuscularly as a single dose in the neck at a dosage of 2.5 mg/kg (1 mL/22 lb) Body Weight (BW). Do not inject more than 4 mL per injection site.

Table 1. DRAXXIN 25 Swine Dosing Guide (25 mg/mL)

Animal Weight (Pounds)	Dose Volume (mL)
4	0.2
10	0.5
15	0.7
20	0.9
22	1.0
25	1.1
30	1.4
50	2.3
70	3.2
90	4.0

Calves

Inject subcutaneously as a single dose in the neck at a dosage of 2.5 mg/kg (1 mL/22 lb) body weight (BW). Do not inject more than 11.5 mL per injection site.

Table 2. DRAXXIN 25 Calf Dosing Guide (25 mg/mL)

Animal Weight (Pounds)	Dose Volume (mL)
50	2.3
75	3.4
100	4.5
150	7.0
200	9.0
250	11.5

CONTRAINDICATIONS

The use of DRAXXIN 25 Injectable Solution is contraindicated in animals previously found to be hypersensitive to the drug.

WARNINGS

FOR USE IN ANIMALS ONLY.

NOT FOR HUMAN USE. KEEP OUT OF REACH OF CHILDREN.

NOT FOR USE IN CHICKENS OR TURKEYS.

RESIDUE WARNINGS

Swine

Swine intended for human consumption must not be slaughtered within 5 days from the last treatment.

Calves

Calves intended for human consumption must not be slaughtered within 22 days from the last treatment with DRAXXIN 25 Injectable Solution. This drug is not for use in ruminating cattle.

PRECAUTIONS

Swine

The effects of Draxxin 25 Injectable Solution on porcine reproductive performance, pregnancy, and lactation have not been determined. Intramuscular injection can cause a transient local tissue reaction that may result in trim loss of edible tissue at slaughter.

Cattle

The effects of Draxxin 25 Injectable Solution on bovine reproductive performance, pregnancy, and lactation have not been determined. Subcutaneous injection can cause a transient local tissue reaction that may result in trim loss of edible tissue at slaughter.

ADVERSE REACTIONS

Swine

In one field study, one out of 40 pigs treated with DRAXXIN Injectable Solution (100 mg/mL) at 2.5 mg/kg BW exhibited mild salivation that resolved in less than four hours.

Calves

In one BRD field study, two calves treated with DRAXXIN Injectable Solution (100 mg/mL) at 2.5 mg/kg BW exhibited transient hypersalivation. One of these calves also exhibited transient dyspnea, which may have been related to pneumonia.

Post Approval Experience

The following adverse events are based on post approval adverse drug experience reporting for DRAXXIN Injectable Solution (100 mg/mL). Not all adverse events are reported to the FDA CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using these data. The following adverse events are listed in decreasing order of reporting frequency in cattle: Injection site reactions and anaphylaxis/anaphylactoid reactions. For a complete listing of adverse reactions for DRAXXIN Injectable Solution or DRAXXIN 25 Injectable Solution reported to the CVM see: www.fda.gov/reportanimalae.

CLINICAL PHARMACOLOGY

At physiological pH, tulathromycin (a weak base) is approximately 50 times more soluble in hydrophilic than lipophilic media. This solubility profile is consistent with the extracellular pathogen activity typically associated with the macrolides.¹ Markedly higher tulathromycin concentrations are observed in the lung parenchyma as compared to the plasma, and these elevated concentrations can remain in lung tissue for several days beyond that which can be measured in the plasma. However the clinical relevance of these elevated lung concentrations is undetermined.

As a class, macrolides tend to be primarily bacteriostatic, but may be bactericidal against some pathogens.² When acting as a cidal compound, they tend to exhibit concentration independent killing; the rate of bacterial eradication does not change once serum drug concentrations reach 2 to 3 times the minimum inhibitory concentration (MIC) of the targeted pathogen. Under these conditions, the time that serum concentrations remain above the MIC becomes the major determinant of antimicrobial activity. Macrolides also exhibit a post-antibiotic effect (PAE), the duration of which tends to be both drug and pathogen dependent. In general, by increasing the macrolide concentration and the exposure time, the PAE will increase to some maximal duration.³ Tulathromycin is eliminated from the body primarily unchanged via biliary excretion.

¹ Carbon, C. 1998. Pharmacodynamics of Macrolides, Azalides, and Streptogramins: Effect on Extracellular Pathogens. Clin. Infect. Dis., 27:28-32.

² Nightingale, C.J. 1997. Pharmacokinetics and Pharmacodynamics of Newer Macrolides. Pediatr. Infect. Dis. J., 16:438-443.

³ Andes D, Anon J, Jacobs MR, Craig WA. (2004). Application of pharmacokinetics and pharmacodynamics to antimicrobial therapy of respiratory tract infections. Clin Lab Med., 24:477-502.

Swine

Following intramuscular (IM) administration to feeder pigs at a dosage of 2.5 mg/kg BW, tulathromycin is nearly completely absorbed, with peak plasma concentrations achieved within ~0.25 hr. The volume of distribution exceeds 15 L/kg, which is consistent with extensive tissue binding. This large distribution volume results in a long terminal elimination half- life (60 to 90 hours) despite a rapid systemic free drug clearance (187 mL/kg/hr). There are no gender differences in swine tulathromycin pharmacokinetics.

Comparative Bioavailability Summary

Despite slightly lower peak concentrations with DRAXXIN 25 Injectable Solution, a single IM dose of 2.5 mg tulathromycin/kg BW of either DRAXXIN Injectable Solution (100 mg/mL) or DRAXXIN 25 Injectable Solution (25 mg/mL) resulted in comparable tulathromycin total systemic exposure. Therefore, DRAXXIN 25 Injectable Solution is considered to be therapeutically equivalent to DRAXXIN Injectable Solution when administered to swine by IM injection at a dose of 2.5 mg tulathromycin/kg BW.

Calves

Following subcutaneous (SC) administration into the neck of feeder calves at a dosage of 2.5 mg/kg BW, tulathromycin is nearly completely absorbed, with peak plasma concentrations achieved within ~0.25 hr. The volume of distribution exceeds 11 L/kg⁴, which is consistent with extensive tissue binding. This large distribution volume results in a long terminal elimination half- life of more than 100 hours, despite a rapid systemic free drug clearance (170 mL/kg/hr). No pharmacokinetic differences are observed in castrated male versus female calves.

Comparative Bioavailability Summary

Despite lower peak concentrations with DRAXXIN 25 Injectable Solution, a single SC dose of 2.5 mg tulathromycin/kg BW of either DRAXXIN Injectable Solution (100 mg/mL) or DRAXXIN 25 Injectable Solution (25 mg/mL) resulted in comparable total systemic tulathromycin exposure. Therefore, DRAXXIN 25 Injectable Solution is considered to be therapeutically equivalent to DRAXXIN Injectable Solution when administered to calves by SC injection at a dose of 2.5 mg tulathromycin/kg BW.

⁴ Clearance and volume estimates are based on intersubject comparisons of 2.5 mg/kg BW administered by either subcutaneous or intravenous injection.

MICROBIOLOGY

Swine

Tulathromycin has demonstrated *in vitro* activity against *A. pleuropneumoniae*, *P. multocida*, *B. bronchiseptica*, *H. parasuis*, and *M. hyopneumoniae*. The MICs of tulathromycin against indicated pathogens collected from field studies were determined using methods recommended by the Clinical and Laboratory Standards Institute (CLSI, M31-A and M31-A3). MICs for *H. parasuis* were determined using Veterinary Fastidious Medium and were incubated up to 48 hours at 35 to 37°C in a CO₂-enriched atmosphere. These values are represented in Table 3, below.

Table 3. Tulathromycin minimum inhibitory concentration (MIC) values* for indicated pathogens isolated from field studies evaluating SRD in the U.S. and Canada.

Indicated pathogen	Date isolated	No. of isolates	MIC ₅₀ ** (µg/mL)	MIC ₉₀ ** (µg/mL)	MIC range (µg/mL)
<i>Actinobacillus pleuropneumoniae</i>	2000-2002	135	16	32	16 to 32
	2007-2008	88	16	16	4 to 32
<i>Haemophilus parasuis</i>	2000-2002	31	1	2	0.25 to > 64
	2007-2008	40	1	2	0.5 to > 64
<i>Pasteurella multocida</i>	2000-2002	40	1	2	≤ 0.03 to 2
	2007-2008	42	4	8	2 to 8

* The correlation between *in vitro* susceptibility data and clinical effectiveness is unknown.

** The lowest MIC to encompass 50% and 90% of the most susceptible isolates, respectively.

Calves

Tulathromycin has demonstrated *in vitro* activity against *M. haemolytica*, *P. multocida*, *H. somni*, and *M. bovis*, four pathogens associated with BRD. The MICs of tulathromycin against indicated pathogens collected from field studies using DRAXXIN Injectable Solution (100 mg/mL) were determined using methods recommended by the CLSI (M31-A2). These values are represented in Table 4, below.

Table 4. Tulathromycin minimum inhibitory concentration (MIC) values* for indicated pathogens isolated from field studies evaluating BRD in the U.S.

Indicated pathogen	Date isolated	No. of isolates	MIC ₅₀ ** (µg/mL)	MIC ₉₀ ** (µg/mL)	MIC range (µg/mL)
<i>Mannheimia haemolytica</i>	1999	642	2	2	0.5 to 64
<i>Pasteurella multocida</i>	1999	221	0.5	1	0.25 to 64
<i>Histophilus somni</i>	1999	36	4	4	1 to 4
<i>Mycoplasma bovis</i>	1999	43	0.125	1	≤ 0.063 to > 64

* The correlation between *in vitro* susceptibility data and clinical effectiveness is unknown.

** The lowest MIC to encompass 50% and 90% of the most susceptible isolates, respectively.

EFFECTIVENESS

Swine

Plasma concentrations of tulathromycin administered as DRAXXIN Injectable Solution (100 mg/mL) or as DRAXXIN 25 Injectable Solution were demonstrated to be therapeutically equivalent (see CLINICAL PHARMACOLOGY, Comparative Bioavailability Summary). Therefore effectiveness studies conducted with DRAXXIN Injectable Solution (100 mg/mL) support the effectiveness for DRAXXIN 25 Injectable Solution.

In a multi-location field study to evaluate the treatment of naturally occurring SRD, 266 pigs were treated with DRAXXIN Injectable Solution (100 mg/mL). Responses to treatment were compared to saline-treated controls. Success was defined as a pig with normal attitude, normal respiration, and rectal temperature of < 104°F on Day 7. The treatment success rate was significantly greater ($P \leq 0.05$) in DRAXXIN-treated pigs (70.5%) compared to saline-treated pigs (46.1%). *M. hyopneumoniae* was isolated from 106 saline-treated and non-treated sentinel pigs in this study.

Two induced infection model studies were conducted to confirm the effectiveness of DRAXXIN Injectable Solution (100 mg/mL) against *M. hyopneumoniae*. Ten days after inoculation intranasally and intratracheally with a field strain of *M. hyopneumoniae*, 144 pigs were treated with either DRAXXIN (2.5 mg/kg BW) intramuscularly or an equivalent volume of saline. Pigs were euthanized and necropsied 10 days post-treatment. The mean percentage of gross pneumonic lung lesions was statistically significantly lower ($P < 0.0001$) for DRAXXIN-treated pigs than for saline-treated pigs in both studies (8.52% vs. 23.62% and 11.31% vs. 26.42%).

The effectiveness of DRAXXIN Injectable Solution (100 mg/mL) for the control of SRD was evaluated in a multi-location natural infection field study. When at least 15% of the study candidates showed clinical signs of SRD, all pigs were enrolled and treated with DRAXXIN (226 pigs) or saline (227 pigs). Responses to treatment were evaluated on Day 7. Success was defined as a pig with normal attitude, normal respiration, and rectal temperature of < 104°F. The treatment success rate was significantly greater ($P < 0.05$) in DRAXXIN-treated pigs compared to saline-treated pigs (59.2% vs. 41.2%).

Calves

Plasma concentrations of tulathromycin administered as DRAXXIN Injectable Solution (100 mg/mL) or as DRAXXIN 25 Injectable Solution were demonstrated to be therapeutically equivalent (see CLINICAL PHARMACOLOGY, Comparative Bioavailability Summary). Therefore effectiveness studies conducted with DRAXXIN Injectable Solution (100 mg/mL) support the effectiveness for DRAXXIN 25 Injectable Solution.

BRD - In a multi-location field study, 314 calves with naturally occurring BRD were treated with DRAXXIN Injectable Solution (100 mg/mL). Responses to treatment were compared to saline-treated controls. A cure was defined as a calf with normal attitude/activity, normal respiration, and a rectal temperature of $\leq 104^\circ\text{F}$ on Day 14. The cure rate was significantly higher ($P \leq 0.05$) in DRAXXIN-treated calves (78%) compared to saline-treated calves (24%). There were two BRD-related deaths in the DRAXXIN-treated calves compared to nine BRD-related deaths in the saline-treated calves.

Fifty-two DRAXXIN Injectable Solution (100 mg/mL)-treated calves and 27 saline-treated calves from the multi-location field BRD treatment study had *Mycoplasma bovis* identified in cultures from pre-treatment nasopharyngeal swabs. Of the 52 DRAXXIN-treated calves, 37 (71.2%) calves were categorized as cures and 15 (28.8%) calves were categorized as treatment failures. Of the 27 saline-treated calves, 4 (14.8%) calves were categorized as cures and 23 (85.2%) calves were treatment failures.

A Bayesian meta-analysis was conducted to compare the BRD treatment success rate in young calves (calves weighing 250 lbs or less and fed primarily a milk-based diet) treated with DRAXXIN Injectable Solution (100 mg/mL) to the success rate in older calves (calves weighing more than 250 lbs and fed primarily a roughage and grain-based diet) treated with DRAXXIN. The analysis included data from four BRD treatment effectiveness studies conducted for the approval of DRAXXIN Injectable Solution (100 mg/mL) in the U.S. and nine contemporaneous studies conducted in Europe. The analysis showed that the BRD treatment success rate in young calves was at least as good as the BRD treatment success rate in older calves. As a result, DRAXXIN Injectable Solution (100 mg/mL) was considered effective for the treatment of BRD associated with *M. haemolytica*, *P. multocida*, *H. somni*, and *M. bovis* in suckling calves, dairy calves, and veal calves.

Two induced infection model studies were conducted to confirm the effectiveness of DRAXXIN Injectable Solution (100 mg/mL) against *Mycoplasma bovis*. A total of 166 calves were inoculated intratracheally with field strains of *Mycoplasma bovis*. When calves became pyrexia and had abnormal respiration scores, they were treated with either DRAXXIN (2.5 mg/kg BW) subcutaneously or an equivalent volume of saline. Calves were observed for signs of BRD for 14 days post-treatment, then were euthanized and necropsied. In both studies, mean lung lesion percentages were statistically significantly lower in the DRAXXIN-treated calves compared with saline-treated calves (11.3% vs. 28.9%, $P = 0.0001$ and 15.0% vs. 30.7%, $P < 0.0001$).

ANIMAL SAFETY

Swine

Plasma concentrations of tulathromycin administered as DRAXXIN Injectable Solution (100 mg/mL) or as DRAXXIN 25 Injectable Solution were demonstrated to be therapeutically equivalent (see CLINICAL PHARMACOLOGY, Comparative Bioavailability Summary). Therefore systemic target animal safety studies conducted with DRAXXIN Injectable Solution support the systemic safety for DRAXXIN 25 Injectable Solution.

Safety studies were conducted in pigs receiving a single intramuscular dose of 25 mg/kg BW, or 3 weekly intramuscular doses of 2.5, 7.5, or 12.5 mg/kg BW (both studies utilized DRAXXIN Injectable Solution (100 mg/mL)). In all groups, transient indications of pain after injection were seen, including restlessness and excessive vocalization. Tremors occurred briefly in one animal receiving 7.5 mg/kg BW. Discoloration and edema of injection site tissues and corresponding histopathologic changes were seen in animals at all dosages and resolved over time. No other drug-related lesions were observed macroscopically or microscopically.

Sixteen growing pigs were injected with either saline or DRAXXIN 25 Injectable Solution as a single injection of 4 mL. Injection site observations included two instances of erythema in the DRAXXIN 25-treated group on Day 1 post-injection. No heat, sensitivity, firmness, necrosis, drainage, or swelling was observed at any injection sites in either treatment group. The gross and microscopic findings in the DRAXXIN 25-treated group were consistent with inflammatory changes induced by injections and were considered to be mild or moderate with progression to macroscopic resolution by Day 28 post-injection and microscopic resolution by Day 42 post-injection.

Calves

Plasma concentrations of tulathromycin administered as DRAXXIN Injectable Solution (100 mg/mL) or as DRAXXIN 25 Injectable Solution were demonstrated to be therapeutically equivalent (see CLINICAL PHARMACOLOGY, Comparative Bioavailability Summary). Therefore effectiveness studies conducted with DRAXXIN Injectable Solution support the systemic safety for DRAXXIN 25 Injectable Solution.

A safety study was conducted in feeder calves receiving DRAXXIN Injectable Solution (100 mg/mL) as a single subcutaneous dose of 25 mg/kg BW, or 3 weekly subcutaneous doses of 2.5, 7.5, or 12.5 mg/kg BW. In all groups, transient indications of pain after injection were seen, including head shaking and pawing at the ground. Injection site swelling, discoloration of the subcutaneous tissues at the injection site and corresponding histopathologic changes were seen in animals in all dosage groups. These lesions showed signs of resolving over time. No other drug-related lesions were observed macroscopically or microscopically.

An exploratory study was conducted in feeder calves receiving DRAXXIN Injectable Solution (100 mg/mL) as a single subcutaneous dose of 10, 12.5, or 15 mg/kg BW. Macroscopically, no lesions were observed. Microscopically, minimal to mild myocardial degeneration was seen in one of six calves administered 12.5 mg/kg BW and two of six calves administered 15 mg/kg BW.

A safety study was conducted in preruminant calves 13 to 27 days of age receiving DRAXXIN Injectable Solution (100 mg/mL) at 2.5 mg/kg BW or 7.5 mg/kg BW once subcutaneously. With the exception of minimal to mild injection site reactions, no drug-related clinical signs or other lesions were observed macroscopically or microscopically.

Sixteen growing cattle were injected with either saline (eight animals) as a single injection of 11.5 mL or DRAXXIN 25 Injectable Solution (eight animals) as a single injection of either 2.5 mg/kg BW or a dose volume of 11.5 mL (whichever volume was higher). One calf in the DRAXXIN 25-treated group was observed to have firmness at the injection site for a single day. Two DRAXXIN 25-treated calves exhibited injection site swelling. In one calf, the swelling resolved within 48 hours. In the other calf, the swelling was observed over a three-day period, after which the calf underwent a scheduled necropsy, preventing further injection site observations. No injection site swelling was observed in saline-treated animals. At necropsy, three of the saline-treated calves and five of the DRAXXIN 25-treated calves had altered tissue present at the injection site. The gross and microscopic findings in the DRAXXIN 25-treated group were consistent with inflammatory changes induced by injections, were considered to be mild to marked, and progressed to macroscopic resolution and microscopic resolution by Day 42 post-injection.

STORAGE CONDITIONS:

Store at or below 25°C (77°F). Use within 90 days of first vial puncture.

HOW SUPPLIED

DRAXXIN 25 Injectable Solution is available in the following package sizes:

50 mL vial
100 mL vial
250 mL vial

Approved by FDA under NADA # 141-349

zoetis

Distributed by:
Zoetis Inc.
Kalamazoo, MI 49007

To report a suspected adverse reaction or to request a safety data sheet call 1-888-963-8471. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or online at www.fda.gov/reportanimalae.

For additional DRAXXIN 25 product information call: 1-888-DRAXXIN or go to www.DRAXXIN.com



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Revised: September 2020



Antibiotic
100 mg of tulathromycin/mL

For use in beef cattle (including suckling calves), non-lactating dairy cattle (including dairy calves) and veal calves. Not for use in female dairy cattle 20 months of age or older.

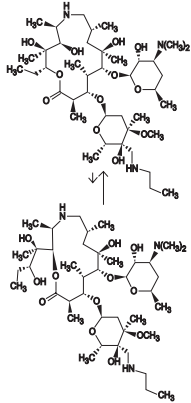
CAUTION: Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

DESCRIPTION

DRAXXIN Injectable Solution is a ready-to-use sterile parenteral preparation containing tulathromycin, a semi-synthetic macrolide antibiotic of the subclass triamline. Each mL of DRAXXIN contains 100 mg of tulathromycin, 500 mg propylene glycol, 19.2 mg citric acid and 5 mg monothio glycerol. Sodium hydroxide or hydrochloric acid may be added to adjust pH.

DRAXXIN consists of an equilibrated mixture of two isomeric forms of tulathromycin in a 9:1 ratio. Structures of the isomers are shown below.

Figure 1.



The chemical names of the isomers are (2R,3S,4R,5R,8R,10R,11R,12S,13S,14R)-13-[[[2,6-dideoxy-3-C-methyl-3-O-methyl-4-C-[(propylamino) methyl]-α-L-ribo-hexopyranosyl]oxy]-2-ethyl-3,4,10-trihydroxy-3,5,8,10,12,14-hexamethyl-11-[[[3,4,6-trideoxy-3-(dimethylamino)-β-D-xylo-hexopyranosyl]oxy]-1-oxa-6-azacyclo-pentadecan-15-one and (2R,3R,6R,8R,9R,10S,11S,12R)-11-[[[2,6-dideoxy-3-C-methyl-3-O-methyl-4-C-[(propylamino)methyl]-α-L-ribo-hexopyranosyl]oxy]-2-[(1R,2R)-1,2-dihydroxy-1-methylbutyl]-8-hydroxy-3,6,8,10,12-pentamethyl-9-[[[3,4,6-trideoxy-3-(dimethylamino)-β-D-xylo-hexopyranosyl]oxy]-1-oxa-4-azacyclo-tridecan-13-one, respectively.

INDICATIONS

Beef and Non-Lactating Dairy Cattle

BRD – DRAXXIN Injectable Solution is indicated for the treatment of bovine respiratory disease (BRD) associated with *Mannheimia haemolytica*, *Pasteurella multocida*, *Histophilus somni*, and *Mycoplasma bovis*; and for the control of respiratory disease in cattle at high risk of developing BRD associated with *Mannheimia haemolytica*, *Pasteurella multocida*, *Histophilus somni*, and *Mycoplasma bovis*.

IBK – DRAXXIN Injectable Solution is indicated for the treatment of infectious bovine keratoconjunctivitis (IBK) associated with *Moraxella bovis*.

Foot Rot – DRAXXIN Injectable Solution is indicated for the treatment of bovine foot rot (interdigital necrobacillosis) associated with *Fusobacterium necrophorum* and *Porphyromonas levis*.

Suckling Calves, Dairy Calves, and Veal Calves

BRD – DRAXXIN Injectable Solution is indicated for the treatment of BRD associated with *M. haemolytica*, *P. multocida*, *H. somni*, and *M. bovis*.

DOSAGE AND ADMINISTRATION

Cattle

Inject subcutaneously as a single dose in the neck at a dosage of 2.5 mg/kg (1.1 mL/100 lb) body weight (BW). Do not inject more than 10 mL per injection site.

Table 1. DRAXXIN Cattle Dosing Guide

Animal Weight (Pounds)	Dose Volume (mL)
100	1.1
200	2.3
300	3.4
400	4.5
500	5.7
600	6.8
700	8.0
800	9.1
900	10.2
1000	11.4

CONTRAINDICATIONS

The use of DRAXXIN Injectable Solution is contraindicated in animals previously found to be hypersensitive to the drug.

WARNINGS

FOR USE IN ANIMALS ONLY.

NOT FOR HUMAN USE.

KEEP OUT OF REACH OF CHILDREN.

NOT FOR USE IN CHICKENS OR TURKEYS.

RESIDUE WARNINGS

Cattle

Cattle intended for human consumption must not be slaughtered within 18 days from the last treatment. This drug is not approved for use in female dairy cattle 20 months of age or older, including dry dairy cows. Use in these cattle may cause drug residues in milk and/or in calves born to these cows.

PRECAUTIONS

Cattle

The effects of DRAXXIN on bovine reproductive performance, pregnancy, and lactation have not been determined. Subcutaneous injection can cause a transient local tissue reaction that may result in trim loss of edible tissue at slaughter.

ADVERSE REACTIONS

Cattle

In one BRD field study, two calves treated with DRAXXIN at 2.5 mg/kg BW exhibited transient hypersalivation. One of these calves also exhibited transient dyspnea, which may have been related to pneumonia.

POST APPROVAL EXPERIENCE

The following adverse events are based on post approval adverse drug experience reporting. Not all adverse events are reported to the FDA CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using these data. The following adverse events are listed in decreasing order of reporting frequency in cattle: Injection site reactions and anaphylaxis/anaphylactoid reactions. For a complete listing of adverse reactions for DRAXXIN (tulathromycin injection) Injectable Solution reported to the CVM see: <http://www.fda.gov/AnimalVeterinary>.

CLINICAL PHARMACOLOGY

At physiological pH, tulathromycin (a weak base) is approximately 50 times more soluble in hydrophilic than hydrophobic media. This solubility profile is consistent with the extracellular pathogen activity typically associated with the macrolides.¹ Markedly higher tulathromycin concentrations are observed in the lungs as compared to the plasma. The extent to which lung concentrations represent free (active) drug was not examined. Therefore, the clinical relevance of these elevated lung concentrations is undetermined.

Although the relationship between tulathromycin and the characteristics of its antimicrobial effects has not been characterized, as a class, macrolides tend to be primarily bacteriostatic, but may be bactericidal against some pathogens.² They also tend to exhibit concentration independent killing; the rate of bacterial eradication does not change once serum drug concentrations reach 2 to 3 times the minimum inhibitory concentration (MIC) of the targeted pathogen. Under these conditions, the time that serum concentrations remain above the MIC becomes the major determinant of antimicrobial activity. Macrolides also exhibit a post-antibiotic effect (PAE), the duration of which tends to be both drug and pathogen dependent. In general, by increasing the macrolide concentration and the exposure time, the PAE will increase to some maximal duration. Of the two variables, concentration and exposure time, drug concentration tends to be the most powerful determinant of the duration of PAE.

Tulathromycin is eliminated from the body primarily unchanged via biliary excretion.

¹ Carbon, C. 1998. Pharmacodynamics of Macrolides, Azalides, and Streptogramins: Effect on Extracellular Pathogens. Clin. Infect. Dis., 27:28-32.

² Nightingale, C.J. 1997. Pharmacokinetics and Pharmacodynamics of Newer Macrolides. Pediatr. Infect. Dis. J., 16:438-443.

Cattle

Following subcutaneous administration into the neck of feeder calves at a dosage of 2.5 mg/kg BW, tulathromycin is rapidly and nearly completely absorbed. Peak plasma concentrations generally occur within 15 minutes after dosing and product relative bioavailability exceeds 90%. Total systemic clearance is approximately 170 mL/hr/kg. Tulathromycin distributes extensively into body tissues, as evidenced by volume of distribution values of approximately 11 L/kg in healthy ruminating calves.³ This extensive volume of distribution is largely responsible for the long elimination half-life of this compound [approximately 2.75 days in the plasma (based on quantifiable terminal plasma drug concentrations)] versus 8.75 days for total lung concentrations (based on data from healthy animals). Linear pharmacokinetics are observed with subcutaneous doses ranging from 1.27 mg/kg BW to 5.0 mg/kg BW. No pharmacokinetic differences are observed in castrated male versus female calves.

³ Clearance and volume estimates are based on intersubject comparisons of 2.5 mg/kg BW administered by either subcutaneous or intravenous injection.

MICROBIOLOGY

Cattle

Tulathromycin has demonstrated *in vitro* activity against *Mannheimia haemolytica*, *Pasteurella multocida*, *Histophilus somni*, and *Mycoplasma bovis*, four pathogens associated with BRD; against *Moraxella bovis* associated with IBK; and against *Fusobacterium necrophorum* and *Porphyromonas levis* associated with bovine foot rot.

The MICs of tulathromycin against indicated BRD and IBK pathogens were determined using methods recommended by the Clinical and Laboratory Standards Institute (CLSI, M31-A2). The MICs against foot rot pathogens were also determined using methods recommended by the CLSI (M11-A6). All MIC values were determined using the 9:1 isomer ratio of this compound.

BRD – The MICs of tulathromycin were determined for BRD isolates obtained from calves enrolled in therapeutic and at-risk field studies in the U.S. in 1999. In the therapeutic studies, isolates were obtained from pre-treatment nasopharyngeal swabs from all study calves, and from lung swabs or lung tissue of saline-treated calves that died. In the at-risk studies, isolates were obtained from nasopharyngeal swabs of saline-treated non-responders, and from lung swabs or lung tissue of saline-treated calves that died. The results are shown in Table 3.

IBK – The MICs of tulathromycin were determined for *Moraxella bovis* isolates obtained from calves enrolled in IBK field studies in the U.S. in 2004. Isolates were obtained from pre-treatment conjunctival swabs of calves with clinical signs of IBK enrolled in the DRAXXIN and saline-treated groups. The results are shown in Table 3.

Foot Rot – The MICs of tulathromycin were determined for *Fusobacterium necrophorum* and *Porphyromonas levis* obtained from cattle enrolled in foot rot field studies in the U.S. and Canada in 2007. Isolates were obtained from pre-treatment interdigital biopsies and swabs of cattle with clinical signs of foot rot enrolled in the DRAXXIN and saline-treated groups. The results are shown in Table 3.

Table 3. Tulathromycin minimum inhibitory concentration (MIC) values* for indicated pathogens isolated from field studies evaluating BRD and IBK in the U.S. and from foot rot field studies in the U.S. and Canada.

Indicated pathogen	Date isolated	No. of isolates	MIC ₅₀ ** (µg/mL)	MIC ₉₀ ** (µg/mL)	MIC range (µg/mL)
<i>Mannheimia haemolytica</i>	1999	642	2	2	0.5 to 64
<i>Pasteurella multocida</i>	1999	221	0.5	1	0.25 to 64
<i>Histophilus somni</i>	1999	36	4	4	1 to 4
<i>Mycoplasma bovis</i>	1999	43	0.125	1	≤ 0.063 to > 64
<i>Moraxella bovis</i>	2004	55	0.5	0.5	0.25 to 1
<i>Fusobacterium necrophorum</i>	2007	116	2	64	≤ 0.25 to > 128
<i>Porphyromonas levis</i>	2007	103	8	128	≤ 0.25 to > 128

* The correlation between *in vitro* susceptibility data and clinical effectiveness is unknown.

** The lowest MIC to encompass 50% and 90% of the most susceptible isolates, respectively.

EFFECTIVENESS

Cattle

BRD – In a multi-location field study, 314 calves with naturally occurring BRD were treated with DRAXXIN. Responses to treatment were compared to saline-treated controls. A cure was defined as a calf with normal attitude/activity, normal respiration, and a rectal temperature of ≤ 104°F on Day 14. The cure rate was significantly higher (P < 0.05) in DRAXXIN-treated calves (78%) compared to saline-treated calves (24%). There were two BRD-related deaths in the DRAXXIN-treated calves compared to nine BRD-related deaths in the saline-treated calves. Fifty-two DRAXXIN-treated calves and 27 saline-treated calves from the multi-location field BRD treatment study had *Mycoplasma bovis* identified in cultures from pre-treatment nasopharyngeal swabs. Of the 52 DRAXXIN-treated calves, 37 (71.2%) calves were categorized as cures and 15 (28.8%) calves were categorized as treatment failures. Of the 27 saline-treated calves, 4 (14.8%) calves were categorized as cures and 23 (85.2%) calves were treatment failures.

A Bayesian meta-analysis was conducted to compare the BRD treatment success rate in young calves (calves weighing 250 lbs or less and fed primarily a milk-based diet) treated with DRAXXIN to the success rate in older calves (calves weighing more than 250 lbs and fed primarily a roughage and grain-based diet) treated with DRAXXIN. The analysis included data from four BRD treatment effectiveness studies conducted for the approval of DRAXXIN in the U.S. and nine contemporaneous studies conducted in Europe. The analysis showed that the BRD treatment success rate in young calves was at least as good as the BRD treatment success rate in older calves. As a result, DRAXXIN is considered effective for the treatment of BRD associated with *M. haemolytica*, *P. multocida*, *H. somni*, and *M. bovis* in suckling calves, dairy calves, and veal calves.

In another multi-location field study with 399 calves at high risk of developing BRD, administration of DRAXXIN resulted in a significantly reduced incidence of BRD (11%) compared to saline-treated calves (59%). Effectiveness evaluation was based on scored clinical signs of normal attitude/activity, normal respiration, and a rectal temperature of ≤ 104°F on Day 14. There were no BRD-related deaths in the DRAXXIN-treated calves compared to two BRD-related deaths in the saline-treated calves. Fifty saline-treated calves classified as non-responders in this study had *Mycoplasma bovis* identified in cultures of post-treatment nasopharyngeal swabs or lung tissue.

Two induced infection model studies were conducted to confirm the effectiveness of DRAXXIN against *Mycoplasma bovis*. A total of 166 calves were inoculated intratracheally with field strains of *Mycoplasma bovis*. When calves became pyrexial and had abnormal respiration scores, they were treated with either DRAXXIN (2.5 mg/kg BW) subcutaneously or an equivalent volume of saline. Calves were observed for signs of BRD for 14 days post-treatment, then were euthanized and necropsied. In both studies, mean lung lesion percentages were statistically significantly lower in the DRAXXIN-treated calves compared with saline-treated calves (11.3% vs. 28.9%, P = 0.0001 and 15.0% vs. 30.7%, P < 0.0001).

IBK – Two field studies were conducted evaluating DRAXXIN for the treatment of IBK associated with *Moraxella bovis* in 200 natural-infected calves. The primary clinical endpoint of these studies was cure rate, defined as a calf with no clinical signs of IBK and no corneal ulcer, assessed on Days 5, 9, 13, 17, and 21. Time to improvement, defined as the first day on which a calf had no clinical signs of IBK in both eyes, provided that those scores were maintained at the next day of observation, was assessed as a secondary variable. At all time points, in both studies, the cure rate was significantly higher (P < 0.05) for DRAXXIN-treated calves compared to saline-treated calves. Additionally, time to improvement was significantly less (P < 0.0001) in both studies for DRAXXIN-treated calves compared to saline-treated calves.

Foot Rot – The effectiveness of DRAXXIN for the treatment of bovine foot rot was evaluated in 170 cattle in two field studies. Cattle diagnosed with bovine foot rot were enrolled and treated with a single subcutaneous dose of DRAXXIN (2.5 mg/kg BW) or an equivalent volume of saline. Cattle were clinically evaluated 7 days after treatment for treatment success, which was based on defined decreases in lesion, swelling, and lameness scores. In both studies, the treatment success percentage was statistically significantly higher in DRAXXIN-treated calves compared with saline-treated calves (60% vs. 8%, P < 0.0001 and 83.3% vs. 50%, P = 0.0088).

ANIMAL SAFETY

Cattle

Safety studies were conducted in feeder calves receiving a single subcutaneous dose of 25 mg/kg BW, or 3 weekly subcutaneous doses of 2.5, 7.5, or 12.5 mg/kg BW. In all groups, transient indications of pain after injection were seen, including head shaking and pawing at the ground. Injection site swelling, discoloration of the subcutaneous tissues at the injection site and corresponding histopathologic changes were seen in animals in all dosage groups. These lesions showed signs of resolving over time. No other drug-related lesions were observed macroscopically or microscopically.

An exploratory study was conducted in feeder calves receiving a single subcutaneous dose of 10, 12.5, or 15 mg/kg BW. Macroscopically, no lesions were observed. Microscopically, minimal to mild myocardial degeneration was seen in one of six calves administered 12.5 mg/kg BW and two of six calves administered 15 mg/kg BW.

A safety study was conducted in preruminant calves 13 to 27 days of age receiving 2.5 mg/kg BW or 7.5 mg/kg BW once subcutaneously. With the exception of minimal to mild injection site reactions, no drug-related clinical signs or other lesions were observed macroscopically or microscopically.

STORAGE CONDITIONS

Store below 25°C (77°F), with excursions up to 40°C (104°F). Use this product within 45 days of the first puncture and puncture a maximum of 20 times. If more than 20 punctures are anticipated, the use of automatic injection equipment of a repater syringe is recommended. When using a draw-off spike or needle with bore diameter larger than 16 gauge, discard any product remaining in the vial immediately after use.

HOW SUPPLIED

DRAXXIN Injectable Solution is available in the following package sizes:
50 mL vial
100 mL vial
250 mL vial
500 mL vial
NADA 141-244, Approved by FDA



Distributed by:
Zoetis Inc.
Kalamazoo, MI 49007

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