PIG HEALTH TODAY™
NEW IDEAS FROM PIG RESEARCH
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discoveries

15 seconds

- **Draxxin® (tulathromycin), the first antimicrobial in the triamilides macrolide class, was developed by Zoetis scientists exclusively for veterinary use.**
- **After one intramuscular injection, Draxxin is rapidly released from the injection site and is extensively distributed and sustained in lung tissues.**
- **Draxxin accumulates in immune cells such as neutrophils and macrophages.**

Antimicrobial's unique attributes explain efficacy against key SRD pathogens

The efficacy of Draxxin® (tulathromycin) against key swine respiratory disease (SRD) pathogens is largely due to the antimicrobial's ability to reach and sustain high concentrations in lung tissue, says Lucina Galina, DVM, PhD, director of swine technical services, Zoetis.

Draxxin was the first antimicrobial in a macrolide class known as triamilides. It's a semisynthetic derivative of erythromycin developed by Zoetis scientists exclusively for veterinary use, Galina says.

This unique antimicrobial is administered as a single intramuscular (IM) injection for the treatment of SRD associated with *Actinobacillus pleuropneumoniae* (APP), *Pasteurella multocida* (PM), *Bordetella bronchiseptica*, *Haemophilus parasuis* and *Mycoplasma hyopneumoniae* (*M. hyo*). The dosage is 2.5 mg/kg bodyweight. It's also indicated at the same dosage for the control of SRD associated with APP, PM and *M. hyo* in groups of pigs where SRD has been diagnosed.

The antimicrobial's mode of activity is similar to other macrolides. It selectively binds to a large subunit of ribosomes known as 50S. Ribosomes build proteins, and the product's binding action inhibits bacterial protein synthesis.

Highly bioavailable

Draxxin has several beneficial attributes that have been demonstrated in studies, according to Galina.

The antimicrobial is rapidly released from the IM injection site. It takes only 15 minutes for Draxxin to reach maximum plasma concentrations. "Draxxin is also an impressive 88% bioavailable,"[1] she says.

continued

"One of the antimicrobial's most powerful attributes is its accumulation in immune cells. . ."

LUCINA GALINA, DVM, PHD

When investigators sampled lungs as well as blood after IM administration of Draxxin, they found it was extensively distributed to lung tissues. "In fact, the AUC was more than 61 times greater for the lung than for plasma. AUC stands for 'area under the curve' and is a measure of the drug in plasma based on drug concentration and time,"[2] Galina reports.

Accumulates in immune cells

"One of the antimicrobial's most powerful attributes is its accumulation in immune cells, specifically alveolar macrophages and neutrophils.[3] These are phagocytic white blood cells that are part of the immune system and fight off bacteria," she says.

Another important characteristic is the product's slow elimination. "The elimination half-life of Draxxin in the lungs is 6 days.[4] That means it takes 6 days for the amount of the drug in the body to be reduced by half. That's a very long half-life and helps prolong the drug at the site of infection," Galina says.

"These attributes explain the antimicrobial's efficacy against key SRD pathogens and why one injection of the antimicrobial enables pork producers to reduce mortality from SRD, reduce the need for re-treatment and improve weight gain among affected pigs,"[5] she says.

For more information, contact Dr. Galina (lucina.galina@zoetis.com) or your local Zoetis representative.

Important Safety Information for Swine: The pre-slaughter withdrawal time for DRAXXIN in swine is 5 days. DRAXXIN should not be used in animals known to be hypersensitive to the product.

[1] Benchaoui HA, et al. Pharmacokinetics and lung tissue concentrations of tulathromycin in swine. J Vet Pharmacol Ther. 2004;27:203-210.

[2] Ibid.

[3] Fischer CD, et al. Direct and Indirect Anti-Inflammatory Effects of Tulathromycin in Bovine Macrophages: Inhibition of CXCL-8 Secretion, Induction of Apoptosis, and Promotion of Efferocytosis. Antimicrob Agents Chemother. 2013 March ;57(3):1385-1393.

[4] Benchaoui HA, et al. Pharmacokinetics and lung tissue concentrations of tulathromycin in swine. J Vet Pharmacol Ther. 2004;27:203-210.

[5] Data on file, Report No. 12ORPORKAIF02, Zoetis LLC.

notes

"...one injection of the antimicrobial enables pork producers to reduce mortality from SRD, reduce the need for re-treatment and improve weight gain among affected pigs."

discoveries

Discoveries is a series of research news reports written by the editors of *Pig Health Today*™ on behalf of the US Pork Business of Zoetis.

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Draxxin®
(tulathromycin)
Injectable Solution

Antibiotic
100 mg of tulathromycin/mL

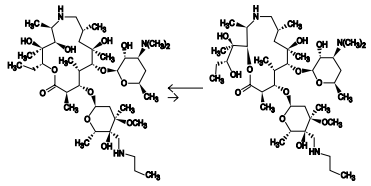
For subcutaneous injection in beef and non-lactating dairy cattle and intramuscular injection in swine only. Not for use in female dairy cattle 20 months of age or older or in calves to be processed for veal.

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 triamilide. Each mL of DRAXXIN contains 100 mg of tulathromycin as the free base in a 50% propylene glycol vehicle, monothioglycerol (5 mg/mL), with citric and hydrochloric acids 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-azacyclopentadecan-15-one and(2S,3S,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-xylo-hexopyranosyl]oxy]-1-oxa-4-azacyclotridecan-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 levii*.

Swine
DRAXXIN 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.

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

Swine
Inject intramuscularly as a single dose in the neck at a dosage of 2.5 mg/kg (0.25 mL/22 lb) BW. Do not inject more than 2.5 mL per injection site.

Table 2. DRAXXIN Swine Dosing Guide

Animal Weight (Pounds)	Dose Volume (mL)
15	0.2
30	0.3
50	0.6
70	0.8
90	1.0
110	1.3
130	1.5
150	1.7
170	1.9
190	2.2
210	2.4
230	2.6
250	2.8
270	3.1
290	3.3

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. Do not use in female dairy cattle 20 months of age or older. A withdrawal period has not been established for this product in pre-ruminating calves. Do not use in calves to be processed for veal.

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

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.

Swine
The effects of DRAXXIN 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.

ADVERSE REACTIONS
Cattle
In one 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.

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

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. Pharmacodynamics of macrolides, azalides, and streptogramins: effect on extracellular pathogens. *Clin Infect Dis* 1998;**27**:28-32.

2 Nightingale CJ. Pharmacokinetics and pharmacodynamics of newer macrolides. *Pediatr Infect Dis J* 1997;**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.

Swine
Following intramuscular administration to feeder pigs at a dosage of 2.5 mg/kg BW, tulathromycin is completely and rapidly absorbed (T_{max} ~0.25 hour). Subsequently, the drug rapidly distributes into body tissues, achieving a volume of distribution exceeding 15 L/kg. The free drug is rapidly cleared from the systemic circulation ($CL_{systemic}$ =187 mL/hr/kg). However, it has a long terminal elimination half-life (60 to 90 hours) owing to its extensive volume of distribution. Although pulmonary tulathromycin concentrations are substantially higher than concentrations observed in the plasma, the clinical significance of these findings is undetermined. There are no gender differences in swine tulathromycin pharmacokinetics.

MICROBIOLOGY
Cattle
Tulathromycin has demonstrated *in vitro* activity against *Mannheimia haemolytica*, *Pasteurella multocida*, *Histophilus somni*, and *Mycoplasma bovis*, four pathogens associated with BRD; for *Moraxella bovis* associated with IBK; and against *Fusobacterium necrophorum* and *Porphyromonas levii* 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 levii* obtained from cattle enrolled in foot rot field studies in the U.S. and Canada in 2007. Isolates were obtained from pretreatment 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)
Mannheimia haemolytica	1999	642	2	2	0.5 to 64
Pasteurella multocida	1999	221	0.5	1	0.25 to 64
Histophilus somni	1999	36	4	4	1 to 4
Mycoplasma bovis	1999	43	0.125	1	≤ 0.063 to > 64
Moraxella bovis	2004	55	0.5	0.5	0.25 to 1
Fusobacterium necrophorum	2007	116	2	64	≤ 0.25 to >128
Porphyromonas levii	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 isolates, respectively.

Swine
In vitro activity of tulathromycin has been demonstrated against *Actinobacillus pleuropneumoniae, Pasteurella multocida, Bordetella bronchiseptica, Haemophilus parasuis,* and *Mycoplasma hyopneumoniae.*

The MICs of tulathromycin against indicated SRD pathogens were determined using methods recommended by the Clinical and Laboratory Standards Institute (CLSI, M31-A and M31-A3). MICs for *Haemophilus parasuis* were determined using Veterinary Fastidious Medium and were incubated up to 48 hours at 35 to 37° C in a CO2-enriched atmosphere. All MIC values were determined using the 9:1 isomer ratio of this compound. Isolates obtained in 2000 and 2002 were from lung samples from saline-treated pigs and non-treated sentinel pigs enrolled in Treatment of SRD field studies in the U.S. and Canada. Isolates obtained in 2007 and 2008 were from lung samples from saline-treated and DRAXXIN-treated pigs enrolled in the Control of SRD field study in the U.S. and Canada. The results are shown in Table 4.

Table 4. 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)
Actinobacillus pleuropneumoniae	2000-2002 2007-2008	135 88	16 16	32 16	16 to 32 4 to 32
Haemophilus parasuis	2000-2002	31	1	2	0.25 to > 64
Pasteurella multocida	2000-2002 2007-2008	55 40	1 1	2 2	0.5 to > 64 ≤0.03 to 2
Bordetella bronchiseptica	2000-2002	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.

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 ($P \leq 0.05$) 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-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.

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 pyrexic 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 naturally-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 for 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).

Swine
In a multi-location field study to evaluate the treatment of naturally occurring SRD, 266 pigs were treated with DRAXXIN. Responses to treatment were compared to saline-treated controls. Success was defined as a pig with a normal attitude, normal respiration, and a 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 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 posttreatment. 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 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%).

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 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.

Swine
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. 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.

STORAGE CONDITIONS
Store at or below 25°C (77°F).

HOW SUPPLIED
DRAXXIN Injectable Solution is available in the following package sizes:
50 mL vial, 100 mL vial, 250 mL vial, 500 mL vial

U.S. Patents: See US 6,329,345; US 6,420,536; US 6,514,945; US 6,583,274; US 6,777,393
NADA 141-244, Approved by FDA

Distributed by:
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Division of Pfizer Inc, NY, NY 10017

To report a suspected adverse reaction call **1-800-366-5288.**
To request a material safety data sheet call **1-800-733-5500.**

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

TAKE TIME OBSERVE LABEL DIRECTIONS

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