Elanco

Increxxa™
(tulathromycin injection)

# IT'S ALL ABOUT BALANCE.


**Control and Treat BRD**
**With Lasting Confidence.**

Elanco™

# BRD:

# A COSTLY DISEASE FOR CATTLE & PRODUCERS.

Bovine respiratory disease (BRD) is a complex respiratory disease in cattle that costs producers across the industry an average of $3 billion annually.[1,2,3] It can be brought on by a variety of physical and physiological stressors. These include weaning, age, undernutrition, parasitism, handling, dust, acidosis, commingling, transportation, time, weather and vaccination status, which make it incredibly difficult to control and deadly.

With so much at stake, producers need an effective way to control BRD that helps them balance their bottom line.

## IT'S ALL ABOUT BALANCE.

Balance BRD and your budget with Increxxa™ (tulathromycin injection), an effective and affordable choice for BRD treatment that combines the performance of tulathromycin with the quality manufacturing from Elanco. With Increxxa, producers and veterinarians get a macrolide antibiotic they've depended on for more than 15 years, now at a better value.

**ONE DOSE OF INCREXXA:**

- Quickly targets the site of infection in the lungs for fast-acting performance where it's needed.*[4]
- Provides a long half-life, giving cattle more time to bolster an effective defense against BRD.*[4]
- Rapidly circulates to the lungs to control BRD early in the disease process.*[4]
- Helps economically decrease the negative effects of BRD, such as morbidity and retreatment, leading to more profits by avoiding return trips to the pen and getting healthy cattle back on feed.[4]

*Clinical relevance unknown

## IMPACT BY OPERATION.

**FEEDLOT:**

BRD is the most common disease in U.S. feedlot cattle with 16.2% of cattle effected annually. This translates to an estimated cost of $900 million/year.[1,2,3]

**STOCKER AND COW/CALF:**

In addition to mortality, calves that survive summer pneumonia typically have reduced weaning weights that equate to about 16 pounds for infected animals.[5,6]

**DAIRY:**

A national survey conducted by the National Animal Health Monitoring System attributed the highest cause-specific mortality to BRD in both preweaned and weaned calves with death losses of 2.3 and 1.3%, respectively.[8] Respiratory disease was reported by 60.5% of dairy operations, affecting 2.8% of dairy cows.[5]





# PRODUCED WITH YOUR BUSINESS IN MIND.

## THE HEALTH OF YOUR CATTLE AND BUSINESS ARE IMPORTANT TO US.

As with all Elanco products, you can breathe easier knowing Increxxa (tulathromycin injection) is held to the company's uncompromising standards for potency, uniformity and quality, and it's made in the USA.

## INCREXXA PROVIDES BALANCE TO BRD AND YOUR BUDGET WITH:

- Custom data analytics to support our brands on your operation.
- Veterinarian working sessions to develop the right solution for your herd.
- Access to a multifaceted plan to help you use antibiotics responsibly and ensure the long-term viability of antimicrobial products.

## BUT THAT'S ONLY PART OF THE STORY.

Elanco offers an extensive portfolio of BRD prevention and treatment solutions to optimize herd health, efficiency and profits.

**Contact your veterinarian or Elanco representative to determine if Increxxa is right for your operation.**

Learn more about our extensive BRD portfolio at ElancoLivestock.com.

Federal law restricts this drug to use by or on the order of a licensed veterinarian. Extra-label use of this drug in food-producing animals is prohibited. 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.

[1] Johnson, K., Pendell, D. 2017. "Market impacts of reducing the prevalence of bovine respiratory disease in United States beef cattle feedlots." Front. Vet. Sci. 2071(4):189-97.
[2] Griffin, D. 1997. "Economic impact associated with respiratory disease in beef cattle." Vet Clin North Am Food Anim Pract. 13(3):367-77.
[3] USDA. 2015. Death Loss in U.S. Cattle and Calves Due to Predator and Nonpredator Causes. USDA-APHIS-VS-CEAH. Fort Collins, CO #745.1217
[4] Villarino, N., Brown, S., Martin-Jimenez ,T. 2014. "Understanding the pharmacokinetics of tulathromycin: a pulmonary perspective." Vet Pharmacol Ther. 37(3):211-21.
[5] Peel, D. 2020. "The effect of market forces on bovine respiratory disease." Vet Clin North Am Food Anim Pract. 36(2):497-508.
[6] Snowder, G., Van Vleck. L., Cundiff, L., Bennett, G. 2005. "Influence of breed, heterozygosity, and disease incidence on estimates of variance components of respiratory disease in preweaned beef calves." J Anim Sci. 83(6):1247-1261.
[7] Karle, B., Maier, G., Love, W., Dubrovsky, S., Williams, D., Anderson, R. et al. 2012. "Regional management practices and prevalence of bovine respiratory disease in California's preweaned dairy calves." J Dairy Sci. 102(8):7583-7596.



Elanco
Increxxa™ (tulathromycin injection)™

**FULL PRESCRIBING INFORMATION FOR USE IN CATTLE ONLY**

# Elanco™ Increxxa™ (tulathromycin injection)

## Injectable Solution

**Antibiotic**

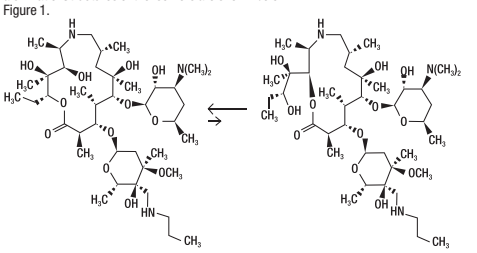
**100 mg of tulathromycin/mL**

For use in beef cattle (including suckling calves), non-lactating dairy cattle (including dairy calves), veal calves, and swine. 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**

Increxxa Injectable Solution is a ready-to-use sterile parenteral preparation containing tulathromycin, a semi-synthetic macrolide antibiotic of the subclass triamilide. Each mL of Increxxa contains 100 mg of tulathromycin, 500 mg propylene glycol, 19.2 mg citric acid and 5 mg monothioglycerol. Sodium hydroxide or hydrochloric acid may be added to adjust pH. Increxxa 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-hexopyrano-syl]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-ribo-hexopyrano-syl]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** – Increxxa 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** – Increxxa Injectable Solution is indicated for the treatment of infectious bovine keratoconjunctivitis (IBK) associated with *Moraxella bovis*.

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

**Suckling Calves, Dairy Calves, and Veal Calves**

**BRD** – Increxxa 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.** Increxxa 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 Increxxa 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 Increxxa 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 tulathromycin injection 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 additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or http://www.fda.gov/reportanimalae.

**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 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 tulathromycin injection 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 pre-treatment interdigital biopsies and swabs of cattle with clinical signs of foot rot enrolled in the tulathromycin injection 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 most susceptible isolates, respectively.

**EFFECTIVENESS**

**Cattle**

**BRD** – In a multi-location field study, 314 calves with naturally occurring BRD were treated with tulathromycin injection. 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 tulathromycin injection-treated calves (78%) compared to saline-treated calves (24%). There were two BRD-related deaths in the tulathromycin injection-treated calves compared to nine BRD-related deaths in the saline-treated calves. Fifty-two tulathromycin injection-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 tulathromycin injection-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 tulathromycin injection to the success rate in older calves (calves weighing more than 250 lbs and fed primarily a roughage and grain-based diet) treated with tulathromycin injection. The analysis included data from four BRD treatment effectiveness studies conducted for the approval of tulathromycin injection 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, tulathromycin injection 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 tulathromycin injection 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 tulathromycin injection-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 tulathromycin injection 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 tulathromycin injection (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 tulathromycin injection-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 tulathromycin injection 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 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 tulathromycin injection-treated calves compared to saline-treated calves. Additionally, time to improvement was significantly less ($P < 0.0001$) in both studies for tulathromycin injection-treated calves compared to saline-treated calves.

**Foot Rot** - The effectiveness of tulathromycin injection 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 tulathromycin injection (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 tulathromycin injection-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).

100 mL: Use within 2 months of first puncture and puncture a maximum of 67 times. If more than 67 punctures are anticipated, the use of multi-dosing equipment 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.

250 mL: Use within 2 months of first puncture and puncture a maximum of 100 times. If more than 100 punctures are anticipated, the use of multi-dosing equipment 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**

Increxxa (tulathromycin injection) Injectable Solution is available in the following package sizes:
100 mL vial
250 mL vial
500 mL vial

To report suspected adverse drug events, for technical assistance or to obtain a copy of the Safety Data Sheet, contact Elanco at 1-800-422-9874. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or http://www.fda.gov/reportanimalae.

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Product of China.

Manufactured by: Elanco US Inc, Shawnee, KS 66216

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TAKE TIME

OBSERVE LABEL DIRECTIONS

Elanco™

**90198370 LV2011**