



UNIPRIM®

TMP/SDZ Powder for Horses



Item No.	Description
AUP200	UNIPRIM Apple 200g Jar – 24/case R_x
UP200	UNIPRIM 200g Jar – 24/case R_x
AUP400	UNIPRIM Apple 400g Jar – 12/case R_x
UP400	UNIPRIM 400g Jar – 12/case R_x
AUP1200	UNIPRIM Apple 1200g Jar – 6/case R_x
AUP2000	UNIPRIM Apple 2000g Pail – 4/case R_x
UP2000	UNIPRIM 2000g Pail – 4/case R_x
AUP375	UNIPRIM Apple 37.5g Packets – 30/case R_x
UP375	UNIPRIM 37.5g Packets – 30/case R_x

Indications

UNIPRIM® is an FDA-approved trimethoprim and sulfadiazine oral antibiotic powder for horses. Indicated for use against systemic bacterial infections during the treatment of: respiratory tract infections, wounds and abscesses, acute urogenital infections, and acute strangles.

Available in Regular and Apple flavor.

Dosage and Administration

The recommended dosage is 3.75 g per 110 lbs (50 kg) body weight per day. Administer orally once a day in a small amount of palatable feed.

One 37.5 g packet is sufficient to treat 1100 lbs (500 kg) body weight daily.

Two level, loose-filled scoops contain 37.5 g and treat 1100 lbs (500 kg) body weight daily.

Adjusted dose is 1 teaspoon per 100 lbs.

The usual course of treatment is a single, daily dose for 5-10 days.

Water should be readily available during treatment.

Caution

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

Warning

Do not use in horses intended for human consumption.
Not for human use.
For animal use only.
Keep out of reach of children.

Storage

Store at or below 25°C (77°F).

ANADA# 200-033, Approved by FDA



UNIPRIM[®]

TMP/SDZ Powder for Horses

DESCRIPTION: UNIPRIM Powder contains 67 mg trimethoprim and 333 mg sulfadiazine per gram.

UNIPRIM Powder is a combination of trimethoprim and sulfadiazine in the ratio of 1 part to 5 parts by weight, which provides effective antibacterial activity against a wide range of bacterial infections in animals.

Trimethoprim is 2, 4 diamino-5-(3,4,5-trimethoxybenzyl) pyrimidine.



ACTIONS:

Microbiology: Trimethoprim blocks bacterial production of tetrahydrofolic acid from dihydrofolic acid by binding to and reversibly inhibiting the enzyme dihydrofolate reductase.

Sulfadiazine, in common with other sulfonamides, inhibits bacterial synthesis of dihydrofolic acid by competing with paraaminobenzoic acid.

Trimethoprim/sulfadiazine thus imposes a sequential double blockade on bacterial metabolism. This deprives bacteria of nucleic acids and proteins essential for survival and multiplication, and produces a high level of antibacterial activity which is usually bactericidal.

Although both sulfadiazine and trimethoprim are antifolate, neither affects the folate metabolism of animals. The reasons are: animals do not synthesize folic acid and cannot, therefore, be directly affected by sulfadiazine; and although animals must reduce their dietary folic acid to tetrahydrofolic acid, trimethoprim does not affect this reduction because its affinity for dihydrofolate reductase of mammals is significantly less than for the corresponding bacterial enzyme.

Trimethoprim/sulfadiazine is active against a wide spectrum of bacterial pathogens, both gram-negative and gram-positive. The following in vitro data are available, but their clinical significance is unknown. In general, species of the following genera are sensitive to trimethoprim/sulfadiazine:

Very Sensitive	Sensitive	Moderately Sensitive	Not Sensitive
Escherichia	Staphylococcus	Moraxella	Mycobacterium
Streptococcus	Neisseria	Nocardia	Leptospira
Proteus	Klebsiella	Brucella	Pseudomonas
Salmonella	Fusiformis		Erysipelothrix
Pasteurella	Corynebacterium		
Shigella	Clostridium		
Haemophilus	Bordetella		

As a result of the sequential double blockade of the metabolism of susceptible organisms by trimethoprim and sulfadiazine, the minimum inhibitory concentration (MIC) of trimethoprim/sulfadiazine is markedly less than that of either of the components used separately. Many strains of bacteria that are not susceptible to one of the components are susceptible to trimethoprim/sulfadiazine. A synergistic effect between trimethoprim and sulfadiazine in combination has been shown experimentally both in vitro and in vivo (in dogs).

Trimethoprim/sulfadiazine is bactericidal against susceptible strains and is often effective against sulfonamide-resistant organisms. In vitro sulfadiazine is usually only bacteriostatic.

The precise in vitro MIC of the combination varies with the ratio of the drugs present, but action of trimethoprim/sulfadiazine occurs over a wide range of ratios with an increase in the concentration of one of its components compensating for a decrease in the other. It is usual, however, to determine MICs using a constant ratio of 1 part trimethoprim in 20 parts of the combination.

The following table shows MICs, using the above ratio, of bacteria which were susceptible to both trimethoprim (TMP) and sulfadiazine (SDZ). The organisms are those most commonly involved in conditions for which trimethoprim/sulfadiazine is indicated:

Bacteria	AVERAGE MINIMUM INHIBITORY CONCENTRATION (MIC-mcg/mL)			
	TMP Alone	SDZ Alone	TMP/SDZ	
			TMP	SDZ
Escherichia coli	0.31	26.5	0.07	1.31
Proteus species	1.30	24.5	0.15	2.85
Staphylococcus aureus	0.60	17.6	0.13	2.47
Pasteurella species	0.06	20.1	0.03	0.56
Salmonella species	0.15	61.0	0.05	0.95
B Streptococcus	0.50	24.5	0.15	2.85

The following table demonstrates the marked effect of the trimethoprim and sulfadiazine combination against sulfadiazine-resistant strains of normally susceptible organisms:

Bacteria	AVERAGE MINIMUM INHIBITORY CONCENTRATION OF SULFADIAZINE-RESISTANT STRAINS (MIC-mcg/mL)			
	TMP Alone	SDZ Alone	TMP/SDZ	
			TMP	SDZ
Escherichia coli	0.32	>245	0.27	5.0
Proteus species	0.66	>245	0.32	6.2

Susceptibility Testing: In testing susceptibility to trimethoprim/sulfadiazine, it is essential that the medium used does not contain significant amounts of interfering substances which can bypass the metabolic blocking action, e.g., thymidine or thymine.

The standard SxT disc is appropriate for testing by the disc diffusion method.

Pharmacology: Following oral administration, trimethoprim/sulfadiazine is rapidly absorbed and widely distributed throughout body tissues. Concentrations of trimethoprim are usually higher in tissues than in blood. The levels of trimethoprim are high in lungs, kidney, and liver, as would be expected from its physical properties.

Serum trimethoprim concentration in horses following oral administration indicate rapid absorption of the drug; peak concentrations occur in 1.5 hours. The mean serum elimination half-life is 2 to 2.5 hours. Sulfadiazine absorption is slower, requiring 2.5 to 6 hours to reach peak concentrations. The mean serum elimination half-life for sulfadiazine is about 4 to 5.5 hours.

Usually, the concentration of an antibacterial in the blood and the in vitro MIC of the infecting organism indicate an appropriate period between doses of a drug. This does not hold entirely for trimethoprim/sulfadiazine because trimethoprim, in contrast to sulfadiazine, localizes in tissues and therefore, its concentration and ratio to sulfadiazine are higher there than in blood.

The following table shows the average concentration of trimethoprim and sulfadiazine, as measured in either serum or plasma, in twenty-four adult horses observed after a single dose of UNIPRIM Powder:

AVERAGE SERUM/PLASMA CONCENTRATION (mcg/mL)									
Trimethoprim (5 mg/kg)					Sulfadiazine (25 mg/kg)				
1h	3h	6h	10h	24h	1h	3h	6h	10h	24h
0.82	0.69	0.36	0.12	<.025	9.9	18.8	17.3	9.0	1.6

INDICATIONS AND USAGE: Trimethoprim/sulfadiazine is indicated in horses where potent systemic antibacterial action against sensitive organisms is required. Trimethoprim/sulfadiazine is indicated where control of bacterial infections is required during treatment of:

- Acute Strangles
- Acute Urogenital Infections
- Respiratory Tract Infections
- Wound Infections and Abscesses

Trimethoprim/sulfadiazine is well tolerated by foals.

CONTRAINDICATIONS: Trimethoprim/sulfadiazine should not be used in horses showing marked liver parenchymal damage, blood dyscrasias, or in those with a history of sulfonamide sensitivity.

WARNING: Do not use in horses intended for human consumption.

ADVERSE REACTIONS: During clinical trials, one case of anorexia and one case of loose feces following treatment with the drug were reported.

Individual animal hypersensitivity may result in local or generalized reactions, sometimes fatal. Anaphylactoid reactions, although rare, may also occur.

Antidote: Epinephrine.

Post Approval Experience: Horses have developed diarrhea during trimethoprim/sulfadiazine treatment, which could be fatal. If fecal consistency changes during trimethoprim/sulfadiazine therapy, discontinue treatment immediately and contact your veterinarian.

PRECAUTION: Water should be readily available to horses receiving sulfonamide therapy.

ANIMAL SAFETY: Toxicity is low. The acute toxicity (LD50) of trimethoprim/sulfadiazine is more than 5 g/kg orally in rats and mice. No significant changes were recorded in rats given doses of 600 mg/kg per day for 90 days.

Horses treated intravenously with trimethoprim/sulfadiazine 48% injection have tolerated up to five times the recommended daily dose for 7 days or on the recommended daily dose for 21 consecutive days without clinical effects or histopathological changes.

Lengthening of clotting time was seen in some of the horses on high or prolonged dosing in one of two trials. The effect, which may have been related to a resolving infection, was not seen in a second similar trial.

Slight to moderate reductions in hematopoietic activity following high, prolonged dosage in several species have been recorded. This is usually reversible by folic acid (eucovorin) administration or by stopping the drug. During long-term treatment of horses, periodic platelet counts and white and red blood cell counts are advisable.

TERATOLOGY: The effect of trimethoprim/sulfadiazine on pregnancy has not been determined. Studies to date show there is no detrimental effect on stallion spermatogenesis with or following the recommended dose of trimethoprim/sulfadiazine.

DOSAGE AND ADMINISTRATION: The recommended dosage is 3.75 g UNIPRIM Powder per 110 lbs (50 kg) body weight per day. Administer UNIPRIM Powder orally once a day in a small amount of palatable feed.

Dose Instructions: One 37.5 g packet is sufficient to treat 1100 lbs (500 kg) of body weight. For the 1125 g packets and 12 kg boxes, a level, loose-filled, 67 cc scoop contains 37.5 g, sufficient to treat 1100 lbs (500 kg) of body weight. For the 200 g, 400 g, and 1200 g jars, and 2000 g pail, two level, loose-filled, 32 cc scoops contain 37.5 g, sufficient to treat 1100 lbs (500 kg) of body weight. Since product contents may settle, gentle agitation during scooping is recommended.

The usual course of treatment is a single, daily dose for 5 to 7 days.

Continue acute infection therapy for 2 or 3 days after clinical signs have subsided.

If no improvement of acute infections is seen in 3 to 5 days, reevaluate the diagnosis.

UNIPRIM Powder may be used alone or in conjunction with intravenous dosing. Following treatment with trimethoprim/sulfadiazine 48% injection, therapy can be maintained using oral UNIPRIM Powder.

A complete blood count should be done periodically in patients receiving UNIPRIM Powder for prolonged periods. If significant reduction in the count of any formed blood element is noted, treatment with UNIPRIM Powder should be discontinued.

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

HOW SUPPLIED: UNIPRIM Powder is available in 37.5 g packets, 1125 g packets, 200 g jars, 400 g jars, 1200 g jars, 2000 g pails and 12 kg boxes. Apple Flavored UNIPRIM Powder is available in 37.5 g packets, 1125 g packets, 200 g jars, 400 g jars, 1200 g jars and 2000 g pails.

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

ANADA# 200-033, Approved by FDA



PROUDLY MADE IN THE USA



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