Sulfadimethoxine is a white, almost tasteless and odorless crystalline compound. Chemically, it is N1-(2,6-dimethoxy-4-pyrimidinyl) sulfanilamide. The structural formula is:

\[ \text{H}_2\text{N-} \text{OCH}_3 \text{C}_6\text{H}_4\text{N}=\text{CH} \text{OCH}_3 - \text{S} - \text{N}=\text{CH} \text{OCH}_3 \text{N} \]

**Sulfadimethoxine has been demonstrated clinically in the laboratory to be effective against a variety of organisms, such as streptococci, haemolytic streptococci, staphylococci, salmonella, klebsiella, proteus or shigella organisms sensitive to sulfadimethoxine.** These organisms have been demonstrated in respiratory, gastrointestinal, urinary, and soft-tissue infections of dogs and cats.

The systemic sulfonamides which include sulfadimethoxine are bactricidal agents. Sulfadimethoxine competitively inhibits bacterial synthesis of folic acid (interfering with folic acid) from para-aminobenzoic acid. Mammalian cells are capable of utilizing folic acid in the presence of sulfonamides.

The tissue distribution of sulfadimethoxine, as with all sulfonamides, is a function of plasma levels, degree of plasma protein binding, and subsequent passive distribution in the tissues of the lipid-soluble un-ionized form. The relative amounts are determined by both its pKa and by the pH of each tissue. Therefore, tissues tend to be higher in base acid than plasma, and the organs of acidosis tissues having high concentrations of bicarbonate.4

In the dog, sulfadimethoxine is not metabolized as in most other animals, and it is excreted predominately as the unchanged drug. Sulfadimethoxine has a relatively high solubility at the pH normally occurring in the kidney, precluding the possibility of precipitation and crystalluria. Slow renal excretion results from a high degree of tubular reabsorption, and absence of protein binding is extremely high, providing a broad reservoir of the drug. Thus, sulfadimethoxine maintains higher plasma levels than other long-acting sulfonamides. Single, comparatively low doses of Albon give rapid and sustained therapeutic blood levels.5

To ensure successful sulfonamide therapy,1 (1) the drug must be given early in the course of the disease, at the most sensitive stage of the causative microorganism. (2) Therapeutic effective sulfonamide levels must be maintained in the body throughout the treatment period. (3) Treatment should continue for a short period of time after the clinical signs have disappeared, and (4) the causative organisms must be sensitive to this class of drugs.

**INDICATIONS AND USAGE:** Albon is indicated for the treatment of respiratory, gastrointestinal, urinary, and soft-tissue infections of dogs and cats.

- **tensils**
- **pyoderma**
- **pharyngitis**
- **bronchitis**
- **arthritis**
- **urticaria**
- **cystitis**
- **bacillary enteritis**
- **urethritis**

When caused by streptococci, staphylococci, salmonella, klebsiella, proteus or shigella organisms sensitive to sulfadimethoxine.

**LIMITATIONS:** Sulfadimethoxine is not effective in oral or cutaneous infections and as with any antibacterial agent, occasional failures in therapy may occur due to resistant microorganisms. The usual precautions in sulfonamide therapy should be observed.

**WARNING:** Not for human use.

**PRECAUTIONS:** During treatment period, make certain that animals maintain adequate water intake. If animals show no improvement within 2 or 3 days, reinvestigate your diagnosis.

**DOSE AND ADMINISTRATION:** Initial dose: 25 mg/lb (55 mg/kg) of animal body weight. Subsequent daily dosage: 10 mg/lb (22 mg/kg) of animal body weight.

**DOSAGE IN SPECIES DIFFER:** The dosage of Albon Oral Suspension 5% in dogs should receive 1 teaspoonful of Albon Oral Suspension 5% per 10 lb (4.5 kg) of body weight (20 mg/kg or 55 mg/lb) as an initial dose, followed by 1/2 teaspoonful per 10 lb of body weight (11.25 mg/lb or 25.5 mg/kg) every 24 hours thereafter. Representative weights and doses are indicated in the following table:

<table>
<thead>
<tr>
<th>Animal Weight (lb)</th>
<th>Initial Dose (mg/kg)</th>
<th>Subsequent Dose (mg/kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 (2.2)</td>
<td>1 tsp (5 mL)</td>
<td>1/2 tsp (2.5 mL)</td>
</tr>
<tr>
<td>10 (4.5)</td>
<td>2 tsp (10 mL)</td>
<td>1 tsp (5 mL)</td>
</tr>
<tr>
<td>20 (9.1)</td>
<td>4 tsp (20 mL)</td>
<td>2 tsp (10 mL)</td>
</tr>
<tr>
<td>30 (13.6)</td>
<td>6 tsp (30 mL)</td>
<td>4 tsp (20 mL)</td>
</tr>
</tbody>
</table>

**DURATION OF TREATMENT:** Treatment may be initiated with Albon Injection 40% to obtain effective blood levels almost immediately or to facilitate treatment of the fraction animal.

**SAFETY AND TOXICITY:** Length of treatment depends on the clinical response. In most cases treatment for 3–5 days is adequate. Treatment should be continued until the animal is asymptomatic for 48 hours.

**HOW SUPPLIED:** Albon Oral Suspension is available in 20 and 473-mL bottles; each tsp (5 mL) contains 250 mg sulfadimethoxine in a custard-flavored carrier.

**BREEDING:**
5. NASA AHS-71-343, Approved by FDA

**zgetis**

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