## **Supplementary Data**

Probabilistic Physiologically Based Pharmacokinetic Model for Penicillin G in Milk from Dairy Cows following Intramammary or Intramuscular Administrations

Miao Li,\* Ronette Gehring,\*,<sup>†</sup> Jim E. Riviere,\* Zhoumeng Lin\*,<sup>1</sup>

\*Institute of Computational Comparative Medicine (ICCM), Department of Anatomy and Physiology, College of Veterinary Medicine, Kansas State University, Manhattan, KS 66506, United States

Miao Li: <u>miaoli@ksu.edu</u> Ronette Gehring: <u>r.gehring@uu.nl</u> Jim E. Riviere: <u>jriviere@ksu.edu</u> Zhoumeng Lin: <u>zhoumeng@ksu.edu</u>

<sup>1</sup>To whom correspondence should be addressed: zhoumeng@ksu.edu; Phone: +1-785-532-4087; Fax: +1-785-532-4953; Address: 1800 Denison Avenue, P200 Mosier Hall, Institute of Computational Comparative Medicine (ICCM), Department of Anatomy and Physiology, College of Veterinary Medicine, Kansas State University, Manhattan, KS 66506, United States. <sup>†</sup>Current affiliation: Institute for Risk Assessment Sciences, Division of Toxicology and Pharmacology, Utrecht University, Utrecht, The Netherlands.

## Contents

Equations and Codes for the PBPK Model3
1. Equations for Milking Intervals3
2. Equations for IMM Infusions4
3. Equations for lognormal transformation
Supplementary Figures7
Figure S17
Figure S28
Figure S39
Figure S410
Figure S511
Figure S612
Figure S713
Figure S814
Supplementary Tables15
Table S1
PBPK Model Code16
Population PBPK Model Code23
Supplementary References

#### **Equations and Codes for the PBPK Model**

### **1.** Equations for Milking Intervals

In pharmacokinetic studies and in actual practice, different milking intervals are used depending on the study designs and the individual farm's milking schedule, including 12+12 hour interval, 10+14 hour interval, and 15+9 hour interval. In order to better fit different experimental data sets, the two-dimensional array of size N×2 was created to customize each input of the milking intervals (N is the number of milkings). The first column of the array stands for the length of each milking interval (**Equation S1**), and the second column represents the total time elapsing at the ith milkings (**Equation S2**).

$$Tempus[i, 1] = Tmilking[i]$$
(S1)

$$Tempus[i, 2] = Tempus[i-1, 2] + Tmilking[i]$$
(S2)

where Tempus is the array created for milking intervals (h); Tempus[i, 1] represents the length of the ith milking interval (h); Tempus[i, 2] equals to the total time elapsing at the ith milking (h); Tmilking[i] is the length of the ith milking interval (h).

#### 2. Equations for IMM Infusions

The input doses for IMM administration are fixed amounts for each quarter of udder, which are different from IM injections with doses scaling to the body weight (**Equation S3**). The SCHEDULE equations were applied to simulate the multiple-dose scenarios for IMM infusions. Different control factors were used to simulate the IMM infusions (**Equation S4-S7**). In pharmacokinetic experiments, the IMM infusion is typically done closely followed by the previous milking process, and they may both be marked as performed at the same time. To avoid the interference with milking process, the IMM infusion was achieved by using SCHEDULE equation (**Equation S4**) and the DELAY function (**Equation S5**) to make sure that the infusion happens slightly after the previous milking. The DELAY function in Berkeley Madonna helps to achieve the time delayed by 1.1×milking\_time. The rate of change for the amount of penicillin G through IMM infusions was described in **Equation S7**.

$$Rimm = DOSEimm/Timm$$
(S3)

$$IMM1 = if MOD(time, Tinterval) < 1.1 \times milking_time Then 0 Else 1$$
 (S4)

$$IMM2 = if MOD(delay(time, 1.1 \times milking_time), Tinterval) >= Timm Then 0 Else 1 (S5)$$

$$IMMstop = if time > Tdoses \times Tinterval Then 0 Else 1$$
(S6)

$$Rinputimm = Rimm \times IMM1 \times IMM2 \times IMMstop$$
(S7)

where Rimm represents the rate of dosing through IMM infusion for each administration (mg/h); DOSEimm is the total dose of IMM infusion to the injected quarters (mg) (in practice only the affected quarters are injected with drug); Timm is the time duration for IMM infusion (h); IMM1 is the control factor to start IMM infusion after the preceding milking (unitless); Tinterval is the time interval for IMM infusion (h); milking\_time is the time duration for milking process (h); IMM2 is the control factor to stop each IMM infusion within the time limit of Timm (unitless); IMMstop represents the control factor to stop multiple dose scenarios of IMM infusions (unitless); Tdoses is the number of multiple infusions (unitless); Rinputimm is the actual input rate of penicillin G through IMM administration (mg/h).

#### 3. Equations for lognormal transformation

The lognormal distribution is a continuous probability distribution of a random variable whose logarithm is normally distributed, so the inverse natural logarithmic transformation of the 'NORMAL' function can be used to produce lognormally distributed random numbers (**Equation S10**). To use **Equation S10**, the mean and the variance in lognormal distribution should be transformed into model parameters in normal distribution (**Equations S8-S9**).

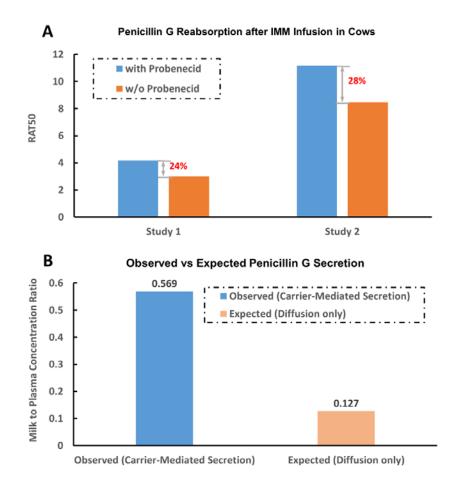
$$\mu_{lnx} = ln \left( \frac{\mu_x^2}{\sqrt{\sigma_x^2 + \mu_x^2}} \right) \tag{S8}$$

$$\sigma_{lnx} = \sqrt{ln\left(1 + \frac{\sigma_x^2}{\mu_x^2}\right)} \tag{S9}$$

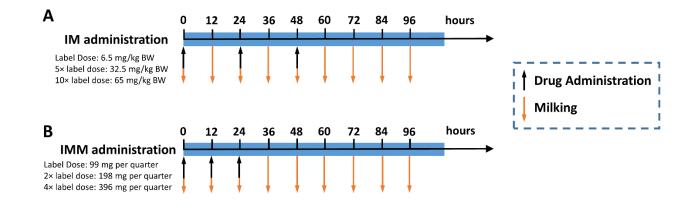
$$Lognormal(\mu_x, \sigma_x) = exp(Normal(\mu_{lnx}, \sigma_{lnx}))$$
(S10)

where  $\mu_x$  is the mean for lognormal distribution;  $\sigma_x$  is the standard deviation for lognormal distribution;  $\mu_{lnx}$  is the mean after the transformation to normal distribution;  $\sigma_{lnx}$  is the standard deviation after the transformation to normal distribution.

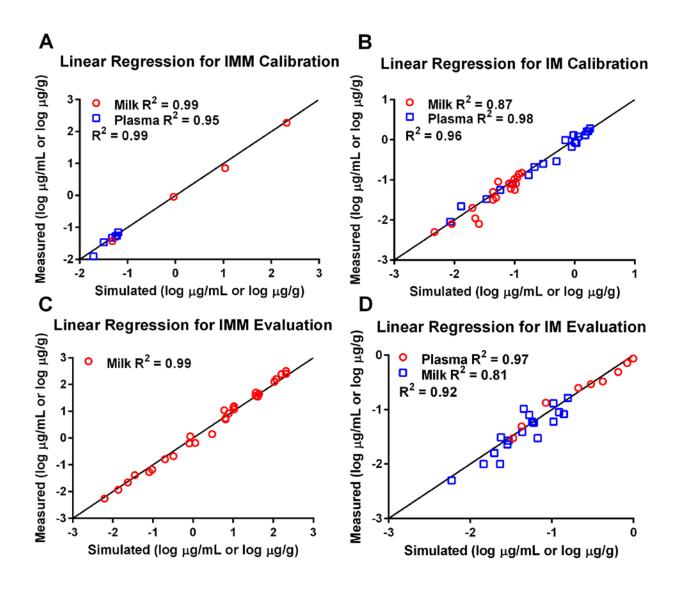
## **Supplementary Figures**



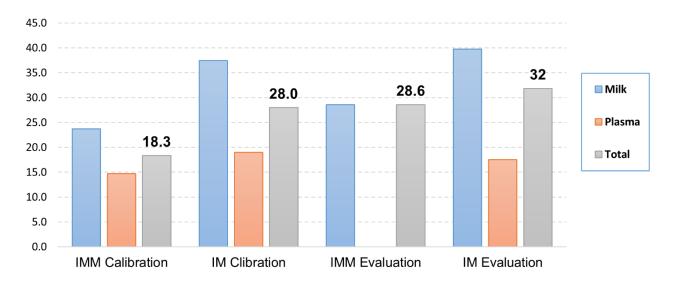
**Figure S1**. The passive diffusion and active carrier-mediated transport in the reabsorption and secretion of penicillin G in the mammary gland. The experimental data were extracted and adapted from the study reported by Schadewinkel-Scherkl et al. (1993). The carrier-mediated secretion could be inhibited by probenecid. In the panel A, 'RAT50' is the abbreviation of the ratio of the absorption half-lives, which represent the half-life for penicillin G reabsorption. The increase of RAT50 indicates that the rate of the reabsorption of penicillin G is decreased. In the panel B, the expected value was calculated based on passive diffusion only. Compared to the expected value, the observed value was much higher due to the active secretion. Based on these results, the passive diffusion was used as the mechanism for penicillin G absorption from milk to udder tissues, and carrier-mediated transport was considered as the mechanism for penicillin G secretion in the mammary gland.



**Figure S2.** Dosing regimens for applications of the model with IM and IMM administrations. Both administration routes are simulated with milking process with 12-hour intervals. To avoid drug administrations and milking process happen simultaneously, DELAY functions are applied. A. Dosing regimens for 3 repeated doses of IM administrations with 24-hour intervals at the label dose 6,000 IU/kg (6.5 mg/kg) and two commonly used extralabel doses (5× label dose, 32.5 mg/kg; 10× label dose, 65 mg/kg). B. Dosing regimens for 3 repeated doses of IMM infusions with 12-hour intervals at the label dose, 65 mg/kg). B. Dosing regimens for 3 repeated doses of IMM infusions with 12-hour intervals at the label dose, 65 mg/kg). B. Dosing regimens for 3 repeated doses of IMM infusions with 12-hour intervals at the label dose, 100,000 IU (99 mg per quarter of udders) and two commonly used extralabel doses (2× label dose, 198 mg per quarter; 4× label dose, 396 mg per quarter) to two of the four quarters.

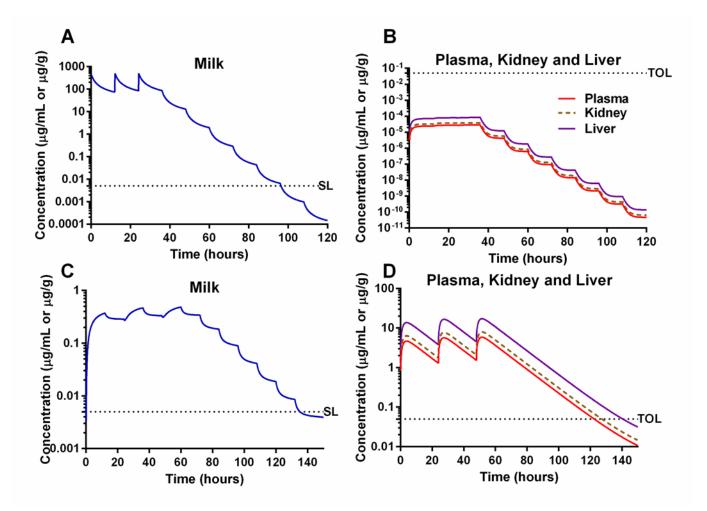


**Figure S3.** Linear regression analyses of the model calibration and evaluation results. Linear regression analyses were carried out for all the results of the calibration and evaluation via IM and IMM administrations. The results of a regression analysis between log-transformed values of model-simulated and measured penicillin G concentrations in the plasma and milk from dairy cows are shown on panels A, B, C and D. R<sup>2</sup> values for the milk, plasma and all together, and the lines of equality are shown in the panel.

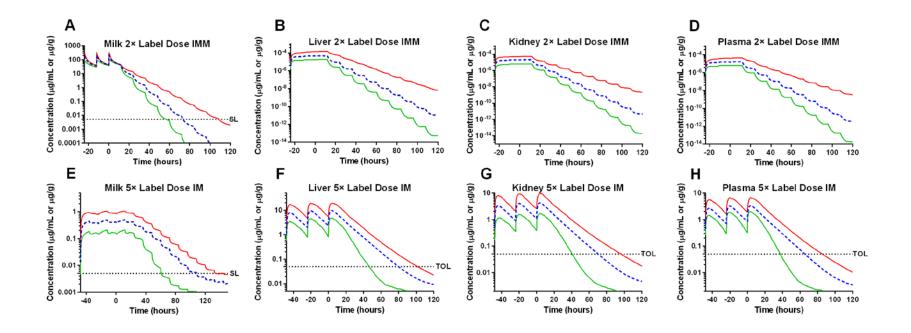


# **MAPE Analysis**

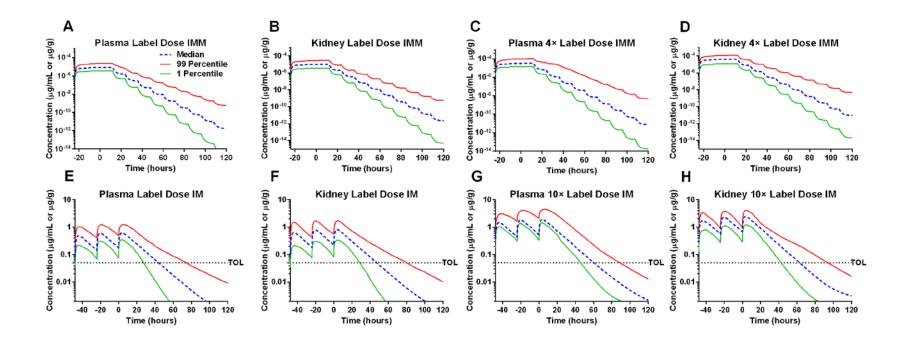
**Figure S4.** The mean absolute percentage error (MAPE) analysis for results of the model calibration and evaluation. MAPE values were calculated for all the results of the calibration and evaluation via IM and IMM administrations. The MAPE values for the milk, plasma and all together were shown respectively for each of the groups. All the values were lower than 40%.



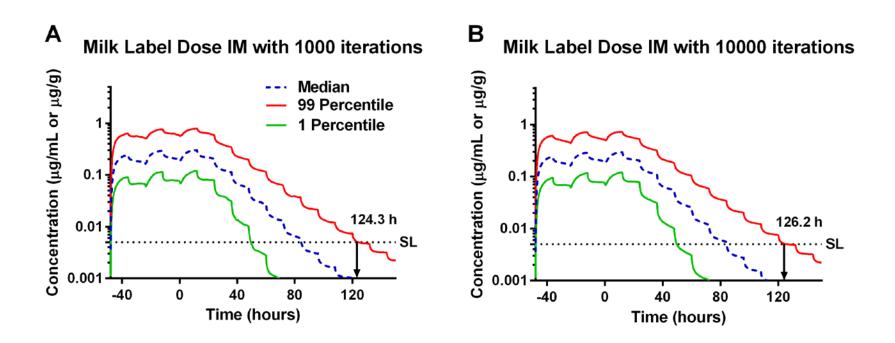
**Figure S5**. Application of the PBPK model for penicillin G in milk to predict milk and tissue residues. The simulations for concentrations of penicillin G in the milk and tissues of dairy cows exposed to procaine penicillin G via IMM infusions for repeated 3 doses with 12-hour intervals (4× label dose, 396 mg per quarter for two quarters) are shown on panels A and B. The simulations for concentrations of penicillin G in the milk and tissues of dairy cows by IM injections for repeated 3 doses with 24-hour intervals (10× label dose, 65 mg/kg BW) are shown on panels C and D. Though zero tolerance was established for penicillin G in milk, the safe level (SL) of 5 µg/kg was used by FDA in actual practice. Tolerances (TOL) for penicillin G in edible tissues are 50 µg/kg.



**Figure S6.** Probabilistic analysis for penicillin G concentrations in the milk, liver, kidney and plasma through IMM infusions with  $2\times$  label dose and IM administrations with  $5\times$  label dose. IMM infusions with  $2\times$  label dose (198 mg per quarter for two quarters) for 3 repeated doses were simulated as the therapeutic scenario for dairy cows (A-D). IM injections with commonly used extralabel dose ( $5\times$  label dose, 32.5 mg/kg) for 3 repeated doses were simulated as the therapeutic scenario for dairy cows (E-H). The milking intervals were 12 hours. Tolerances (TOL) of penicillin G in edible tissues are  $50 \mu \text{g/kg}$ , and the safe level (SL) of penicillin G in milk is  $5 \mu \text{g/kg}$ .



**Figure S7.** Probabilistic analysis for penicillin G concentrations in the plasma and kidney through IMM and IM administrations. IMM infusions with label dose (99 mg per quarter for two quarters) and  $4 \times$  label dose (396 mg per quarter for two quarters) for 3 repeated doses were simulated as the therapeutic scenario for dairy cows (A-D). IM injections with label dose (6.5 mg/kg) and 10× label dose (65 mg/kg) for 3 repeated doses were simulated as the therapeutic scenario for dairy cows (E-H). Tolerances (TOL) of Penicillin G in edible tissues are 50 µg/kg.



**Figure S8.** The comparison of probabilistic analysis for 1,000 iterations with 10,000 iterations. The three-repeated doses of IM administrations with label dose were used as an example to compare the differences of simulations between 1,000 and 10,000 iterations. A is the result of 1,000 iterations, and B is the result of 10,000 iterations. The safe level (SL) of 5  $\mu$ g/kg was used by FDA in actual practice.

## **Supplementary Tables**

Sensitive	Normalized sensitivity coefficients (NSCs)			
Parameter	AUCCV	AUCCL	AUCCK	AUCCmilk
BW	0.00	0.00	0.00	0.99
QCC	-0.37	-0.35	0.08	-0.25
QKC	-0.36	-0.37	0.09	-0.24
VMmilksp	0.00	0.00	0.00	-0.99
S	0.05	0.05	0.05	0.61
F	0.07	0.07	0.07	-0.24
KabC	0.98	0.98	0.98	-0.02
PL	0.00	1.00	0.00	0.00
PK	0.00	0.00	1.00	0.00
KmetC	-0.16	-0.18	-0.16	-0.10
KurineC	-0.44	-0.44	-0.90	0.00
Kim	0.41	0.41	0.41	0.34
Frac	-1.50	-1.50	-1.50	-1.06
VmaxC	0.00	0.00	0.00	1.00
Km	0.00	0.00	0.00	-0.70

**Table S1**. Normalized sensitivity coefficients of relatively sensitive parameters on the area under the concentrations (AUCs) of penicillin G in plasma, liver, kidney and milk.

Notes: Only parameters with at least one absolute value of NSC greater than 0.15 are shown in the table. We defined these parameters as relatively sensitive parameters on the selected key dose metrics. AUCCV, AUCCL, AUCCK, and AUCCmilk represent 24-hour area under concentration curves of penicillin G in plasma, liver, kidney and milk, respectively. Please refer to **Table 2** for definition of parameter abbreviations.

## **PBPK Model Code**

**Note**: The Berkeley Madonna model code below is a general physiologically based pharmacokinetic (PBPK) model for procaine penicillin G in dairy cows. Parameter values used in the model code are for procaine penicillin G via the IM administration. All parameter values in dairy cows are summarized in **Table 2.** 

{

Penicillin PBPK milk model in dairy cows (flow-limited model, linear metabolism equation, plasma protein binding, milking model with Hill-Langmuir Equation, and systematic absorption from mammary gland) The PBPK model code is based on the penicillin G model in cattle and swine by Li et al. (2017)

METHOD RK4

STARTTIME = 0	
STOPTIME= 100	
DT = 0.00025	
DTOUT = 0.1	

{Physiological parameters of cattle and swine reported in Lin et al. (2016) only had an average value in each species. Later on, in our subsequent paper (Li et al., 2017), in order to conduct population analysis, we need to have distributions of all parameters, so we conducted more extensive literature search on the physiological parameters of cattle and swine. As a result, some of the physiological parameters have been updated in the paper by Li et al. (2017) that describes a population PBPK model for penicillin G in cattle and swine. Overall, the value of each physiological parameter in Li et al. (2017) is still quite close to the value reported in Lin et al. (2016). Physiological parameters used in the present milk model is based on the updated values from Li et al. (2017).}

; h

; The physiological parameters involve som ; Blood Flow Rates	e parameters impacted by lactating status (VvenC, VartC)	
QCC = 5.97	; L/h/kg, Cardiac Output (Li et al. 2017; Doyle et al. 1960)	
; Fraction of blood flow to organs (unitless)		
QLC = 0.405	; Fraction of blood flow to the liver (Li et al. 2017; Lescoat et al. 1996;	
Doyle et al. 1960)		
QKC = 0.090	; Fraction of blood flow to the kidneys (Li et al. 2017; Lin et al. 2016)	
QMC = 0.180	; Fraction of blood flow to the muscle (Li et al. 2017; Lin et al. 2016)	
QFC = 0.080	; Fraction of blood flow to the fat (Li et al. 2017; Lin et al. 2016)	
QLuC = 1	; Fraction of blood flow to the lung (Li et al. 2017; Achenbach 2000)	
QUC = 0.081	; Fraction of blood flow to the udder (Campbell et al. 2016 Dairy	
Production and processing page 145)		
QrestC = 1-QLC-QKC-QFC-QMC-QUC	; Fraction of blood flow to the rest of body (total sum equals to 1)	
; Tissue Volumes		
, Tissue volumes BW = $299.96$	; Body Weight (kg)	
BW = 233.30	, body weight (kg)	
; Fractional organ tissue volumes (unitless)		
VLC = 0.014	; Fractional liver tissue (Li et al. 2017; Swett et al. 1933)	
VKC = 0.002	; Fractional kidney tissue (Li et al. 2017; Swett et al. 1933)	
VFC = 0.150	; Fractional fat tissue (Li et al. 2017; Lin et al. 2016)	
VMC = 0.270	; Fractional muscle tissue (Li et al. 2017; Lin et al. 2016)	
VLuC = 0.008	; Fractional lung tissue (Li et al. 2017; Lin et al. 2016)	
VvenC = 0.037	; 0.030 non-lactating; Venous blood volume, fraction of blood	
volume (Li et al. 2017; Lin et al. 2016) total blood increase from 3.8% to 4.9% of body weight (Campbell et al. 2016)		
Dairy Production and processing page 145)		
Durry 1 roduction and processing page 145)		

VartC = 0.012; 0.010 non-lactating ; Arterial blood volume, fraction of blood volume (Li et al. 2017; Lin et al. 2016) VUC = 0.008; Fractional udder tissue (Gionbelli et al. 2015 PMC4368534) VrestC = 1-VLC-VKC-VFC-VMC-VLuC-VvenC-VartC ; Fractional rest of body (total sum equals to 1) {Mass Transfer Parameters (Chemical-Specific Parameters)} ; Partition Coefficients (PC, tissue:plasma) PL = 3; Liver:plasma PC (Li et al. 2017) PM = 0.3; Muscle:plasma PC (Li et al. 2017) PF = 0.04; Fat:plasma PC (Li et al. 2017) PK = 2.5; Kidney:plasma PC (Li et al. 2017)) ; Lung:plasma PC (Li et al. 2017) PLu = 0.18PU = 0.2; Udder tissue:plasma PC (estimated) Prest = 0.479; Rest of body:plasma PC (Li et al. 2017) {Kinetic Constants} ; IM Absorption Rate Constants Kim = 0.070; /h, IM absorption rate constant Frac = 0.600; the fraction of procaine penicillin G stayed undissolved (unitless) Kdiss = 1e-5; /h ; Percentage Plasma Protein Binding unitless PB = 0.483; Percentage of drug bound to plasma proteins (Keen et al. 1965) Free = 1 - PB{Metabolic Rate Constant} KmetC = 0.0025; /h/kg (Li et al. 2017) ; Urinary Elimination Rate Constants KurineC = 0.45; L/h/kg (Li et al. 2017) {Parameters for Various Exposure Scenarios} PDOSEim = 10; mg/kg {Cardiac output and blood flow to tissues (L/h)} OC = OCC\*BW: Cardiac output QL = QLC \* QC: Liver QK = QKC \* QC; Kidney OF = OFC \* OC: Fat QM = QMC \* QC; Muscle QLu = QLuC\*QC; Lung QU = QUC \* QC: Udder Qrest = QrestC\*QC; Rest of body {Tissue volumes (L)} VL = VLC\*BW; Liver VK = VKC\*BW: Kidney VF = VFC\*BW: Fat VM = VMC\*BW; Muscle VLu = VLuC\*BW: Lung VU = VUC\*BW; Udder Vrest = VrestC\*BW ; Rest of body Vven = VvenC\*BW ; Venous Blood Vart = VartC\*BW ; Arterial Blood

; Urinary Glomerular Filtration Rate Constants

Kurine = KurineC*BW	; L/h
; Metabolism rate constants Kmet = KmetC*BW	; /h
{Dosing} ; Dosing calculation based on BW DOSEim = PDOSEim*BW DOSEimm = 0	; (mg) ; (mg) Label dose for two quarters
; Dosing, repeated doses Tinterval = 24 Tdoses = 1	; Varied dependent on the exposure paradigm (h) ; Number of multiple injections
dosingperiod = if time < Tdoses*T	interval-DT then 1 else 0
; Dosing, IM, intramuscular Rinputim = pulse(DOSEim,0,Tinte Rpenim = Rinputim*(1-Frac); Rppgim = Rinputim*Frac;	erval)*dosingperiod
Rim = Kim*Amtsiteim d/dt(Absorbim) = Rim init Absorbim = 0 d/dt(Amtsiteim) = Rpenim- Rim + init Amtsiteim = 0 d/dt(DOSEppgim) = Rppgim-Kdis init DOSEppgim = 0	
{Penicillin distribution in each com ; Penicillin in venous blood compa RV = (QL*CVL+QK*CVK+QF*C in the venous blood (mg/h)	
d/dt(AV) = RV init $AV = 0$	; AV the amount of the drug in the venous blood (mg)
CV = AV/Vven RA = QC*(CVLu-CAfree)	; CV drug concentration in the venous blood (mg/L) ; RA the rate of change in the arterial blood (mg/h)
d/dt(AA) = RA init $AA = 0$ CA = AA/Vart	; AA the amount of the drug in the arterial blood (mg)
CAfree = CA*Free d/dt(AUCCV) = CV init AUCCV = 0	; CAfree concentration of unbound drug in the arterial blood (mg/L) ; AUCCV AUC of drug concentration in the venous blood (mg*h/L)
ABlood = AA + AV	
; Penicillin in liver compartment, f RL = QL*(CAfree-CVL)-Rmet d/dt(AL) = RL init AL = 0 CL = AL/VL CVL= AL/(VL*PL)	low-limited model ; RL the rate of change of the amount of drug in liver (mg/h) ; AL amount of drug in liver (mg) ; CL drug concentration in liver (mg/L) ; CVL drug concentration in venous blood from liver (mg/L)
d/dt(AUCCL) = CL init AUCCL = 0	; AUCCL area under the curve of drug concentration in liver $(mg^*h/L)$

; Metabolism of Penicillin in liver compartment

Rmet = Kmet*CL*VL d/dt(Amet) = Rmet init Amet = 0	; Rmet the metabolic rate in liver (mg/h) ; Amet the amount of drug metabolized in liver (mg)		
; Penicillin in kidney compartment RK = QK*(CAfree-CVK)-Rurine d/dt(AK) = RK init AK = 0 CK = AK/VK	<ul> <li>flow-limited model</li> <li>; RK the rate of change of the amount of drug in kidney (mg/h)</li> <li>; AK amount of drug in kidney (mg)</li> <li>; CK drug concentration in kidney (mg/L)</li> </ul>		
CVK = AK/(VK*PK) d/dt(AUCCK) = CK init AUCCK = 0	; AUCCK AUC of drug concentration in kidney (mg*h/L)		
; Penicillin urinary excretion Rurine = Kurine*CVK d/dt(Aurine) = Rurine init Aurine = 0			
; Penicillin in muscle compartment RM = QM*(CAfree-CVM) d/dt(AM) = RM	t, flow-limited model ; RM the rate of change of the amount of drug in muscle (mg/h) ; AM amount of the drug in muscle (mg)		
init AM = 0 CM = AM/VM CVM = AM/(VM*PM) d/dt(AUCCM) = CM init AUCCM = 0	; CM drug concentration in muscle (mg/L)		
; Penicillin in fat compartment, flo			
$RF = QF^*(CAfree-CVF)$ d/dt(AF) = RF init $AF = 0$	; RF the rate of change of the amount of drug in fat (mg/h) ; AF amount of the drug in fat (mg)		
CF = AF/VF CVF = AF/(VF*PF)	; CF drug concentration in fat (mg/L)		
d/dt(AUCCF) = CF init AUCCF = 0	; AUCCF AUC of drug concentration in fat (mg*h/L)		
; Penicillin in the compartment of			
,	; Rrest the rate of change of the amount of drug in the rest of the body (mg/h) ; Arest amount of the drug in the rest of the body (mg)		
Crest = Arest/Vrest CVrest = Arest/(Vrest*Prest)	; Crest drug concentration in the rest of the body (mg/L)		
d/dt(AUCCrest) = Crest init AUCCrest = 0	; AUCCrest AUC of drug concentration in the rest of the body (mg*h/L)		
; Penicillin in lung compartment, flow-limited model			
RLu = QLu*(CV-CVLu) d/dt(ALu) = RLu	; RLu the rate of change of the amount of drug in the lung (mg/h) ; ALu amount of the drug in the lung (mg)		
init ALu = 0 CLu = ALu/VLu	; CLu drug concentration in the rest of the lung (mg/L)		
CVLu = ALu/(VLu*PLu) d/dt(AUCCLu) = CLu init AUCCLu = 0	; AUCCLu AUC of drug concentration in the lung (mg*h/L)		
;; Milk volume			

;; Milk volume ; Milking constants (Whittem et al. 2012) milking\_time = 0.1; h, Time for milking process (To milk a cow by hand takes 10 to 15 min; A<br/>milking machine can do in less than 5 min. {http://farmerdave.calgarystampede.com/farmer-dave-answers/dairy-<br/>cattle.html})Timm = 0.01; h, Time for IMM injection (estimated)<br/>; L, Total volume of milk space<br/>s = 23.2S = 23.2; h, Time to get half of the total volume of milk space<br/>; unitless, Milk residue ratio after milking<br/>t0 = 8to = 8; h, starting time for milking

n = 6 ; number of milkings

; milking time intervals and total time (h)

; n+1 by 2 (13 by 2 array in this code) array is created for milking time. Tempus[i, 1] stands for milking intervals, Tempus[i, 2] stands for total time at the ith milking

; Tempus[i,2] is created to help reset time (tm) for n	nilk secretion process
Tempus[1,1] = tO	; first milking after IMM injection
Tempus[1,2] = t0	; total time before first milking
Tempus[2n,2] = Tempus[i-1,2]+Tempus[i,1]	; total time before ith milking
Tempus[n+1, 2]=STOPTIME	; the total time before simulation stops
Tempus[2,1]=16	; milking interval between the first and second milking
Tempus[3,1]=8	; milking interval between the 2nd and 3rd milking
Tempus[4,1]=16	; milking interval between the 3rd and 4th milking
Tempus[5,1]=8	; milking interval between the 4th and 5th milking
Tempus[6,1]=16	; milking interval between the 5th and 6th milking
;Tempus[7,1]=8	; milking interval between the 6th and 7th milking
;Tempus[8,1]=8	; milking interval between the 7th and 8th milking
;Tempus[9,1]=8	; milking interval between the 8th and 9th milking
;Tempus[10,1]=8	; milking interval between the 9th and 10th milking
;Tempus[11,1]=8	; milking interval between the 10th and 11th milking
;Tempus[12,1]=8	; milking interval between the 11th and 12th milking
;Tempus[13,1]=8	; additional milking intervals for backup
;Tempus[14,1]=8	
;Tempus[15,1]=8	
Tempus[n+1, 1]=STOPTIME-Tempus[n,2]	; time after the last milking

; milk secretion after each preceding milking Control[2..n] = if time > Tempus[i.2] then 0 else 1; milk secretion stop factor for each milking interval after the first milking tm[2..(n+1)] = if time < Tempus[i-1,2] then 0 else time-Tempus[i-1,2]; milk secretion start factor for each milking interval after the first milking Vmilkinga[1] = if time <t0 then time\*VMmilksp/(time+s) else 0 ; L, volume of milk secreted before the first milking Vmilkinga[2..n] = if tm[i]>0 then Control[i]\*(tm[i]\*VMmilksp)/(tm[i]+s) else 0 ; L, volume of milk secreted before the ith milking Vmilkinga[n+1] = if time < Tempus[n,2] then 0 else (tm[i]\*VMmilksp)/(tm[i]+s); L, volume of milk secreted afterthe last milking Vmilking = arraysum(Vmilkinga[\*]) ; L, volume of milk secreted after the preceding milking, the sum of each milk secretion interval creates the volume of milking secreted Vresidue = VMmilksp\*F; L, volume of residue milk after preceding milking Vmilksp = arraysum(Vmilkinga[\*])+Vresidue ; L, volume of total milk in milk space

;; Penicillin G in milk

; milking using schedule (this is the important part where problems be), this part of code simulates the penicillin amount change in milk by episodic milking

; The amount of penicillin G eliminated by milking depends on the ratio of the volume of secreted milk and total milk in udders at each milking time point. The ratio is a confirmed number for the milking\_time. But the dynamic of milk volume change is simulated separated from the dynamic of penicillin G amount change. During the

milking\_time, the dynamic changes of secreted milk volume and total milk volume have impact on penicillin G eliminated by milking. So the MAX combined with DELAY function was used to make the milking ratio a confirmed number

Rmilkingex = (max(Amilk, delay(Amilk, milking_t		
; Rmilkingex stands for the rate of penicillin G eliminated by milking StartFM[2n+1] = if MOD(tm[i], Tempus[i,1]) >= milking_time then 0 else 1 ; Star		
factor for each milking process StopFM[2n+1] = if time-Tempus[i-1,2] > Tempus[i,1] then 0 else 1 ; Sto		
factor for each milking process after each milking interval		-
Stop[2n+1] = if time <tempus[i-1,2] 0="" 1="" ;="" else="" sto<br="" then="">factor for each milking process before each milking interval</tempus[i-1,2]>		
Rmilkinga[2n+1] = Rmilkingex*StopFM[i]*StartF ; Rmilkinga is the array of Rmilking	FM[i]*Stop[i]	
Rmilking = arraysum(Rmilkinga[*])		
; Rmilking, the rate of excretion of the amo ; Vmaxmilking = max(Vmilking,delay(Vmilking, m		
; It is OK to use only two numbers for gett	ing the Vmaxmilking, using more in delay function	is to reduce
the step length Vmaxmilking = max(Vmilking,delay(Vmilking, 0.1	*milking time) delay(Vmilking	
0.2*milking_time),delay(Vmilking, 0.3*milking_time)		lking,
0.5*milking_time),delay(Vmilking, 0.6*milking_time), delay(Vmilking, 0.0*milking_time), delay(Vmilking, 0.0*milking, time)		
0.8*milking_time),delay(Vmilking, 0.9*milking_tin confirmed number for Vmilking during milking_tin		aking a
Vmaxmilk = max(Vmilksp,delay(Vmilksp, 0.1*mil		
0.3*milking_time),delay(Vmilksp, 0.4*milking_tim 0.6*milking_time),delay(Vmilksp, 0.7*milking_tim		
0.9*milking_time),delay(Vmilksp, milking_time))	; making a co	
number for Vmilksp during milking_time		
; Penicillin in milk		
Rmilk = Rinputimm+Rmilkex-Kab*Amilk-Rmilkin drug in milk (mg/h)	g; Rmilk the rate of change of th	ne amount of
d/dt(Amilk) = Rmilk	; Amilk amount of the drug in	milk (mg)
<pre>init Amilk = 0 Cmilka[1] = if time&lt; t0 then Amilk/Vmaxmilk else</pre>	0	
Cmilka[2n+1] = if MOD(tm[i],Tempus[i,1]) <= m	ilking_time then Amilk/Vmaxmilk*Stop[i]*StopFM	M[i] else
Amilk/Vmilksp*Stop[i]*StopFM[i] Cmilk = arraysum(Cmilka[*])	; Cmilk drug concentration in milk (mg/L)	
d/dt(AUCCmilk) = Cmilk	; AUCCmilk AUC of drug concentration in milk	(mg*h/L)
init AUCCmilk = $0$ init Aab = $0$		
d/dt(Aab) = Kab*Amilk	; Aab amount of the drug absorbed from milk (m	lg)
; Penicillin in mammary gland		
RU = QU*(CAfree-CVU)-Rmilkex+Kab*Amilk	; RU the rate of change of the amount of drug in	the udder
(mg/h) d/dt(AU) = RU	; AU amount of the drug in the udder tissue	
init $AU = 0$	-	
CU = AU/VU $CVU = AU/(VU*PU)$	; CU drug concentration in the udder tissue (mg/	L)
d/dt(AUCCU) = CU	; AUCCU AUC of drug concentration in the udd	er tissue
$(mg^{*}h/L)$ init AUCCU = 0		
init Amilkex = 0		

init Amilkex = 0

d/dt(Amilkex) = Rmilkex ; Amilkex amount of the drug secreted to milk (mg) VmaxC = 0.0022; mg/L/kg BW, initiate based on Ziv et al. 1973 data from ewes, then calibrate with PK data Km = 0.7; mg/L, initiate based on Ziv et al. 1973 data from ewes, then calibrate with PK data Vmax = VmaxC\*BW Rmilkex = Vmax\*CVU/(CVU+Km) ; mg/h, Rate of penicillin secretion from udder tissue KabC = 1e-4; L/h/kg BW Kab = KabC\*BW; /h, Rate of penicillin absorption from milk ; dosing using schedule Rimm = DOSEimm/Timm ; the rate of dosing through IMM infusion for each administrations (mg/h) IMM1 = if MOD(time, Tinterval) < 1.1\*milking time then 0 else 1; IMM injection start after milking IMM2 = if MOD(delay(time, 1.1\*milking\_time), Tinterval)>=Timm Then 0 Else 1 ; IMM injection duration control factor, DELAY used here to create the scenario that IMM injection is after milking IMMstop = if time>Tdoses\*Tinterval Then 0 Else 1 ; IMM injection end control factor Rinputimm = Rimm\*IMM1\*IMM2\*IMMstop d/dt(AimmPen) = Rinputimminit AimmPen = 0{Mass balance equations} Qbal = QC-QM-Qrest-QF-QK-QL-QU Tmass = ABlood+AM+ALu+Arest+AF+AK+AL+Aurine+Amet+AU+Amilkex Input = Absorbim+Aab Bal = Input-Tmass { ;;Milk volume (two-compartment model) t0=6 ; Start time for the first milking (first milking after IMM injection) n = 10 ; Times of milking Tempus = 12; Milking time interval : Maximum volume of milk space VMmilksp = 26.8s = 23.2 ; Time to get half of the total volume of milk space F = 0.04; Milk residue ratio after milking (estimated) VMalv = 11.7: total volume of alveoli salv = 9.4; time to get half of the total volume of alveoli milking\_time = 0.1Timm = 0.01; h, Time for IMM injection ; Milk volume tm = time - t0 - (i-1)\*Tempus; tm, time after the preceding milking i = if int((time-t0)/Tempus) < n then int((time-t0)/Tempus)+1 else n ; the ith milking Vcisresidue = 0.2; L Vresidue = VMmilksp\*FValvresidue = Vresidue - Vcisresidue Vmilksp = Vmilking+Vresidue ; total milk volume in milk space Vmilking = (tm\*VMmilksp)/(tm+s); total volume of milk secreted after preceding milking Valv = Vmilkingalv+Valvresidue ; total milk volume in alveoli Vmilkingalv = (tm\*VMalv)/(tm+salv); volume of milk secreted and in alveoli after preceding milking Vcis = Vmilksp-Valv Vmilkingcis = Vcis-Vcisresidue }

#### **Population PBPK Model Code**

**Note:** The Berkeley Madonna model code below is a population physiologically based pharmacokinetic (PBPK) model for procaine penicillin G in dairy cows. Parameter values used in the model code are for procaine penicillin G via IM injections. All parameter values used for the population model are summarized in **Tables 2 and 3**.

{

Penicillin PBPK milk model in dairy cows (flow-limited model, linear metabolism equation, plasma protein binding, milking model with Hill-Langmuir Equation, and systematic absorption from mammary gland) The PBPK model code is based on the penicillin G model in cattle and swine by Li et al. (2017)

; h

METHOD RK4

STARTTIME = 0	
STOPTIME= 200	
DT = 0.00025	
DTOUT = 0.1	

{Physiological parameters of cattle and swine reported in Lin et al. (2016) only had an average value in each species. Later on, in our subsequent paper (Li et al., 2017), in order to conduct population analysis, we need to have distributions of all parameters, so we conducted more extensive literature search on the physiological parameters of cattle and swine. As a result, some of the physiological parameters have been updated in the paper by Li et al. (2017) that describes a population PBPK model for penicillin G in cattle and swine. Overall, the value of each physiological parameter in Li et al. (2017) is still quite close to the value reported in Lin et al. (2016). Physiological parameters used in the present milk model is based on the updated values from Li et al. (2017).} ; The physiological parameters involve some parameters impacted by lactating status (VvenC, VartC) ; Blood Flow Rates QCC = 5.97 ; L/h/kg, Cardiac Output (Li et al. 2017; Doyle et al. 1960) ; Fraction of blood flow to organs (unitless) init QLC = 0.405; Fraction of blood flow to the liver (Li et al. 2017; Lescoat et al. 1996; Doyle et al. 1960) QKC = 0.090; Fraction of blood flow to the kidneys (Li et al. 2017; Lin et al. 2016) init QMC = 0.180; Fraction of blood flow to the muscle (Li et al. 2017; Lin et al. 2016) init QFC = 0.080; Fraction of blood flow to the fat (Li et al. 2017; Lin et al. 2016) QLuC = 1; Fraction of blood flow to the lung (Li et al. 2017; Achenbach 2000) init QUC = 0.081; Fraction of blood flow to the udder (Campbell et al. 2016) init QrestC = 1-QLC-QKC-QFC-QMC-QUC ; Fraction of blood flow to the rest of body (total sum equals to 1) : Tissue Volumes BW =299.96 ; Body Weight (kg) ; Fractional organ tissue volumes (unitless) ; Fractional liver tissue (Li et al. 2017; Swett et al. 1933)

VLC = 0.014VKC = 0.002; Fractional kidney tissue (Li et al. 2017; Swett et al. 1933) VFC = 0.150; Fractional fat tissue (Li et al. 2017; Lin et al. 2016) VMC = 0.270; Fractional muscle tissue (Li et al. 2017; Lin et al. 2016) VLuC = 0.008; Fractional lung tissue (Li et al. 2017; Lin et al. 2016) VvenC = 0.037; 0.030 non-lactating; Venous blood volume, fraction of blood volume (Li et al. 2017; Lin et al. 2016) total blood increase from 3.8% to 4.9% of body weight (Campbell et al. 2016) VartC = 0.012; 0.010 non-lactating ; Arterial blood volume, fraction of blood volume (Li et al. 2017; Lin et al. 2016)

VUC = 0.008; Fractional udder tissue (Gionbelli et al. 2015) VrestC = 1-VLC-VKC-VFC-VMC-VLuC-VvenC-VartC ; Fractional rest of body (total sum equals to 1) {Mass Transfer Parameters (Chemical-Specific Parameters)} ; Partition Coefficients (PC, tissue:plasma) PL = 3; Liver:plasma PC (Li et al. 2017) PM = 0.3; Muscle:plasma PC (Li et al. 2017) PF = 0.04; Fat:plasma PC (Li et al. 2017) PK = 2.5; Kidney:plasma PC (Li et al. 2017) PLu = 0.18; Lung:plasma PC (Li et al. 2017) PU = 0.2; Udder:plasma PC (estimated) Prest = 0.479; Rest of body:plasma PC (Li et al. 2017) {Kinetic Constants} ; IM Absorption Rate Constants Kim = 0.070 ; /h, IM absorption rate constant Frac = 0.600; the fraction of procaine penicillin G stayed undissolved (unitless) Kdiss = 1e-5; /h ; Percentage Plasma Protein Binding unitless PB = 0.483; Percentage of drug bound to plasma proteins (Keen et al. 1965) Free = 1 - PB{Metabolic Rate Constant} KmetC = 0.0025; L/h/kg ; Urinary Elimination Rate Constants KurineC = 0.45; L/h/kg {Parameters for Various Exposure Scenarios} PDOSEim = 6.5; (mg/kg) {Variances of Parameters} limit BWm >=209.45 limit BWm <= 390.464 limit OCCm  $\geq 2.07$ limit QCCm <= 9.87 limit QKCm >= 0.037limit QKCm <= 0.143 limit PLm >= 1.824limit PLm <= 4.176 limit PKm >= 1.52limit PKm <= 3.48 limit Kimm >= 0.029limit Kimm <= 0.111 limit Fracm  $\geq 0.576$ limit Fracm <= 0.624 limit VmaxCm >=0.0014 limit VmaxCm <= 0.0026 limit Kmm >= 0.688 limit Kmm <= 0.712

limit KabCm >= 0.000053 limit KabCm <= 0.000147

limit KurineCm >= $0.185$ limit KurineCm <= $0.715$ limit VMmilkspm >= $11.042$ limit VMmilkspm <= $42.558$ limit sm >= $9.559$ limit sm <= $36.841$ limit Fm >= $0.016$ limit Fm <= $0.064$ limit KmetCm >= $0.001$ limit KmetCm <= $0.004$		
QCC_sd = 1.99	; Standard Devia	tion of OCC
$QKC_{sd} = 0.027$	; Standard Devia	
$BW_{sd} = 46.180$		tion of Body Weight
$PL_sd = 0.6$	; Standard Devia	
$PK_sd = 0.5$	; Standard Devia	tion of PK
$Kim_{sd} = 0.021$	; Standard Devia	tion of Kim
$Frac\_sd = 0.012$	; Standard Devia	tion of Frac
$VmaxC\_sd = 0.0003$	; Standard Devia	
$Km_sd = 0.006$	; Standard Devia	
$KabC_sd = 2.4e-5$	; Standard Devia	
$KurineC_{sd} = 0.135$	; Standard Devia	
$VMmilksp_sd = 8.04$		tion of VMmilksp
$s_sd = 6.96$ F $sd = 0.012$	; Standard Devia ; Standard Devia	
$K_{sd} = 0.012$ KmetC_sd = 7.5e-4	; Standard Devia	
{Generation of Parameters based of ; Generation of Parameters based of init QCCm = Normal(QCC, QCC_ init QKCm = Normal(QKC, QKC_ init BWm = Normal(BW, BW_sd)	on Normal Distribu _sd) _sd)	·
; Assignment of the Values to Para next QCCm = QCCm step QCCm will change at each int next BWm=BWm ;		; Assignment of the first created value to QCCm, without this
; Creation of Adjust Factor AdjustF = QLC+QKCm+QFC+Q!	MC+QUC+QrestC	; Adjust factor to keep the sum of blood flow fractions to 1
; Creation of Adjusted Parameters next QLC = QLC/AdjustF next QKCm = QKCm/AdjustF		; Adjustment of QLC based on the adjust factor ; Adjustment of QKCm
next $QFC = QFC/AdjustF$		; Adjustment of QFC
next $QMC = QMC/AdjustF$		; Adjustment of QMC
next QUC = QUC/AdjustF		; Adjustment of QUC
next QrestC = QrestC/AdjustF		; Adjustment of QrestC
(Learner al Transformation of De		
{Lognormal Transformation of Pa PL_ln = logn(PL^2/(PL_sd^2+PL)	,	; Lognormal transformation of PL values
$PL_{lnsd} = (logn(1+PL_sd^2/PL^2))$		, Lognormal transformation of the values
$PK_{ln} = logn(PK^2/(PK_{sd^2}+PK_{sd^2}))$		; Lognormal transformation of PK values
$PK_{lnsd} = (logn(1+PK_{sd}^2/PK^2))$		
$Kim_{ln} = logn(Kim^{2}/(Kim_{sd^{2}}))$	+Kim^2)^0.5)	; Lognormal transformation of Kim value
$Kim\_lnsd = (logn(1+Kim\_sd^2/Ki$	m^2))^0.5	
		25

	+Frac^2)^0.5)	; Lognormal tran	sformation of Frac value
$Frac_lnsd = (logn(1+Frac_sd^2/Frac^2))^{0.5}$ KurineC_ln = logn(KurineC^2/(KurineC_sd^2+KurineC^2)^{0.5}) KurineC_lnsd = (logn(1+KurineC_sd^2/KurineC^2))^{0.5}		; Lognormal tran	sformation of KurineC
$VmaxC_lnsd = (logn(1+KurmeC_sd^2/KurmeC^2))^{+}0.5$ $VmaxC_ln = logn(VmaxC^2/(VmaxC_sd^2+VmaxC^2))^{+}0.5$ $VmaxC_lnsd = (logn(1+VmaxC_sd^2/VmaxC^2))^{+}0.5$		; Lognormal transformation of VmaxC	
$Km_ln = logn(Km^2/(Km_sd^2+Km^2)^{0.5})$ $Km_lnsd = (logn(1+Km_sd^2/Km^2))^{0.5}$		; Lognormal transformation of Km	
KabC_ln = logn(KabC^2/(KabC_s KabC_lnsd = (logn(1+KabC_sd^2	sd^2+KabC^2)^0.5)	; Lognormal tran	sformation of KabC
VMmilksp_lnsd = (logn(1+VMmi			-
$s_{ln} = logn(s^2/(s_{sd^2+s^2})^{0.5})$		; Lognormal tran	sformation of s
$s\_lnsd = (logn(1+s\_sd^2/s^2))^{0.5}$		. Lo an omnol tran	oformation of E
$F_{ln} = logn(F^{2}/(F_{sd^{2}+F^{2}})^{0}).$ $F_{lnsd} = (logn(1+F_{sd^{2}/F^{2}}))^{0}$		; Lognormal tran	stormation of F
KmetC_ln = logn(1+KmetC^2/(KmetC_lnsd = (logn(1+KmetC_sc	tC_sd^2+KmetC^2)^0.5)	; Lognormal tran	sformation of KmetC
{Creation of Parameters based on	Lognormal Distribution		
init PLm = exp(Normal(PL_ln, PL distribution	e ,	; Generation of P	Lm based on lognormal
init PKm = exp(Normal(PK_ln, Pl	K_lnsd)) next PKm = PKm	; Generation of P	Km
<pre>init Kimm = exp(Normal(Kim_ln,</pre>		; Generation of K	
init Fracm = exp(Normal(Frac_ln,		; Generation of F	
	neC_ln, KurineC_lnsd)) next Kurin		
	xC_ln, VmaxC_lnsd)) next VmaxCr	n = v maxCm	; Generation of VmaxCm ; Generation of Kmm
		; Generation of VmaxCm	
	Mmilksp_ln, VMmilksp_lnsd)) next	VMmilkspm = VI	
init sm = exp(Normal(s_ln, s_lnsd	)) next sm = sm	,	; Generation of sm
init Fm = exp(Normal(F_ln, F_lns			; Generation of Fm
init KmetCm = exp(Normal(Kmet			
	C_ln, KmetC_lnsd)) next KmetCm =	= KmetCm	; Generation of KmetCm
		= KmetCm	; Generation of KmetCm
{Cardiac output and blood flow to	tissues (L/h)}	= KmetCm	; Generation of KmetCm
{Cardiac output and blood flow to QC = QCCm*BWm	tissues (L/h)} ; Cardiac output	= KmetCm	; Generation of KmetCm
{Cardiac output and blood flow to QC = QCCm*BWm QL = QLC*QC	tissues (L/h)} ; Cardiac output ; Liver	= KmetCm	; Generation of KmetCm
{Cardiac output and blood flow to QC = QCCm*BWm QL = QLC*QC QK = QKCm*QC	tissues (L/h)} ; Cardiac output	= KmetCm	; Generation of KmetCm
{Cardiac output and blood flow to QC = QCCm*BWm QL = QLC*QC	tissues (L/h)} ; Cardiac output ; Liver ; Kidney	= KmetCm	; Generation of KmetCm
{Cardiac output and blood flow to QC = QCCm*BWm QL = QLC*QC QK = QKCm*QC QF = QFC*QC QM = QMC*QC QLu = QLuC*QC	tissues (L/h)} ; Cardiac output ; Liver ; Kidney ; Fat ; Muscle ; Lung	= KmetCm	; Generation of KmetCm
{Cardiac output and blood flow to QC = QCCm*BWm QL = QLC*QC QK = QKCm*QC QF = QFC*QC QM = QMC*QC QLu = QLuC*QC QU = QUC*QC	tissues (L/h)} ; Cardiac output ; Liver ; Kidney ; Fat ; Muscle ; Lung ; Udder	= KmetCm	; Generation of KmetCm
{Cardiac output and blood flow to QC = QCCm*BWm QL = QLC*QC QK = QKCm*QC QF = QFC*QC QM = QMC*QC QLu = QLuC*QC	tissues (L/h)} ; Cardiac output ; Liver ; Kidney ; Fat ; Muscle ; Lung	= KmetCm	; Generation of KmetCm
{Cardiac output and blood flow to QC = QCCm*BWm QL = QLC*QC QK = QKCm*QC QF = QFC*QC QM = QMC*QC QLu = QLuC*QC QU = QUC*QC Qrest = QrestC*QC	tissues (L/h)} ; Cardiac output ; Liver ; Kidney ; Fat ; Muscle ; Lung ; Udder	= KmetCm	; Generation of KmetCm
{Cardiac output and blood flow to QC = QCCm*BWm QL = QLC*QC QK = QKCm*QC QF = QFC*QC QM = QMC*QC QLu = QLuC*QC QU = QUC*QC Qrest = QrestC*QC {Tissue volumes (L)}	tissues (L/h)} ; Cardiac output ; Liver ; Kidney ; Fat ; Muscle ; Lung ; Udder ; Rest of body	= KmetCm	; Generation of KmetCm
{Cardiac output and blood flow to QC = QCCm*BWm QL = QLC*QC QK = QKCm*QC QF = QFC*QC QM = QMC*QC QLu = QLuC*QC QU = QUC*QC Qrest = QrestC*QC	tissues (L/h)} ; Cardiac output ; Liver ; Kidney ; Fat ; Muscle ; Lung ; Udder	= KmetCm	; Generation of KmetCm
{Cardiac output and blood flow to QC = QCCm*BWm QL = QLC*QC QK = QKCm*QC QF = QFC*QC QM = QMC*QC QLu = QLuC*QC QU = QUC*QC Qrest = QrestC*QC {Tissue volumes (L)} VL = VLC*BWm	tissues (L/h)} ; Cardiac output ; Liver ; Kidney ; Fat ; Muscle ; Lung ; Udder ; Rest of body ; Liver	= KmetCm	; Generation of KmetCm
{Cardiac output and blood flow to QC = QCCm*BWm QL = QLC*QC QK = QKCm*QC QF = QFC*QC QM = QMC*QC QLu = QLuC*QC QU = QUC*QC Qrest = QrestC*QC {Tissue volumes (L)} VL = VLC*BWm VK = VKC*BWm VF = VFC*BWm VM = VMC*BWm	<pre>tissues (L/h)} ; Cardiac output ; Liver ; Kidney ; Fat ; Muscle ; Lung ; Udder ; Rest of body ; Liver ; Kidney ; Fat ; Muscle</pre>	= KmetCm	; Generation of KmetCm
{Cardiac output and blood flow to QC = QCCm*BWm QL = QLC*QC QK = QKCm*QC QF = QFC*QC QM = QMC*QC QLu = QLUC*QC QU = QUC*QC Qrest = QrestC*QC {Tissue volumes (L)} VL = VLC*BWm VK = VKC*BWm VF = VFC*BWm VM = VMC*BWm VLu = VLuC*BWm	<pre>tissues (L/h)} ; Cardiac output ; Liver ; Kidney ; Fat ; Muscle ; Lung ; Udder ; Rest of body ; Liver ; Kidney ; Fat ; Muscle ; Lung</pre>	= KmetCm	; Generation of KmetCm
{Cardiac output and blood flow to QC = QCCm*BWm QL = QLC*QC QK = QKCm*QC QF = QFC*QC QM = QMC*QC QLu = QLUC*QC QU = QUC*QC Qrest = QrestC*QC {Tissue volumes (L)} VL = VLC*BWm VK = VKC*BWm VF = VFC*BWm VM = VMC*BWm VLu = VLuC*BWm VU = VUC*BWm	<pre>tissues (L/h)} ; Cardiac output ; Liver ; Kidney ; Fat ; Muscle ; Lung ; Udder ; Rest of body ; Liver ; Kidney ; Fat ; Muscle ; Lung ; Udder</pre>	= KmetCm	; Generation of KmetCm
{Cardiac output and blood flow to QC = QCCm*BWm QL = QLC*QC QK = QKCm*QC QF = QFC*QC QM = QMC*QC QLu = QLuC*QC QU = QUC*QC Qrest = QrestC*QC {Tissue volumes (L)} VL = VLC*BWm VK = VKC*BWm VF = VFC*BWm VH = VHC*BWm VLu = VLuC*BWm VLu = VLuC*BWm VU = VUC*BWm Vrest = VrestC*BWm	tissues (L/h)} ; Cardiac output ; Liver ; Kidney ; Fat ; Muscle ; Lung ; Udder ; Rest of body ; Liver ; Kidney ; Fat ; Muscle ; Lung ; Udder ; Rest of body	= KmetCm	; Generation of KmetCm
{Cardiac output and blood flow to QC = QCCm*BWm QL = QLC*QC QK = QKCm*QC QF = QFC*QC QM = QMC*QC QLu = QLUC*QC QU = QUC*QC Qrest = QrestC*QC {Tissue volumes (L)} VL = VLC*BWm VK = VKC*BWm VF = VFC*BWm VM = VMC*BWm VLu = VLuC*BWm VU = VUC*BWm	<pre>tissues (L/h)} ; Cardiac output ; Liver ; Kidney ; Fat ; Muscle ; Lung ; Udder ; Rest of body ; Liver ; Kidney ; Fat ; Muscle ; Lung ; Udder</pre>	= KmetCm	; Generation of KmetCm

; Urinary Glomerular Filtration Rate Kurine = KurineCm\*BWm ; L/h : Metabolism rate constants Kmet = KmetCm\*BWm ; /h {Dosing} ; Dosing calculation based on BW DOSEim = PDOSEim\*BWm ; (mg) DOSEimm = 0; (mg) ; Dosing, repeated doses Tinterval = 24; Varied dependent on the exposure paradigm (h) Tdoses = 3: Number of injections for multiple administrations dosingperiod = if time < Tdoses\*Tinterval-DT then 1 else 0 ; Dosing, IM, intramuscular Rinputim = pulse(DOSEim,0,Tinterval)\*dosingperiod Rpenim = Rinputim\*(1-Fracm); Rppgim = Rinputim\*Fracm; Rim = Kimm\*Amtsiteim ; Kimm is the randomly sampled value of Kim d/dt(Absorbim) = Riminit Absorbim = 0d/dt(Amtsiteim) = Rpenim- Rim + Kdiss\* DOSEppgim init Amtsiteim = 0d/dt(DOSEppgim) = Rppgim-Kdiss\* DOSEppgim init DOSEppgim = 0{Penicillin distribution in each compartment} ; Penicillin in venous blood compartment RV = (QL\*CVL+QK\*CVK+QF\*CVF+QM\*CVM+Qrest\*CVrest+Rim+QU\*CVU)-QC\*CV; RV the rate of change in the amount of the drug in the venous blood (mg/h) d/dt(AV) = RV; AV the amount of the drug in the venous blood (mg) init AV = 0CV = AV/Vven; CV drug concentration in the venous blood (mg/L)  $RA = QC^{*}(CVLu\text{-}CAfree)$ ; RA the rate of change in the arterial blood (mg/h) d/dt(AA) = RAinit AA = 0; AA the amount of the drug in the arterial blood (mg) CA = AA/Vart; CAfree concentration of unbound drug in the arterial blood (mg/L) CAfree = CA\*Freed/dt(AUCCV) = CV; AUCCV AUC of drug concentration in the venous blood (mg\*h/L) init AUCCV = 0ABlood = AA + AV; Penicillin in liver compartment, flow-limited model  $RL = QL^{*}(CAfree-CVL)-Rmet$ ; RL the rate of change of the amount of drug in liver (mg/h) d/dt(AL) = RL; AL amount of drug in liver (mg) init AL = 0CL = AL/VL; CL drug concentration in liver (mg/L) ; CVL drug concentration in venous blood from liver (mg/L) CVL = AL/(VL\*PLm)d/dt(AUCCL) = CL; AUCCL area under the curve of drug concentration in liver (mg\*h/L) init AUCCL = 0

; Metabolism of Penicillin in liver Rmet = Kmet*CL*VL d/dt(Amet) = Rmet init Amet = 0	compartment ; Rmet the metabolic rate in liver (mg/h) ; Amet the amount of drug metabolized in liver (mg)
; Penicillin in kidney compartment RK = QK*(CAfree-CVK)-Rurine d/dt(AK) = RK init AK = 0 CK = AK/VK CVK = AK/(VK*PKm) d/dt(AUCCK) = CK	<ul> <li>i, flow-limited model</li> <li>; RK the rate of change of the amount of drug in kidney (mg/h)</li> <li>; AK amount of drug in kidney (mg)</li> <li>; CK drug concentration in kidney (mg/L)</li> <li>; AUCCK AUC of drug concentration in kidney (mg*h/L)</li> </ul>
<pre>init AUCCK = 0 ; Penicillin urinary excretion Rurine = Kurine*CVK d/dt(Aurine) = Rurine</pre>	, needer need of drug conconnution in kidney (ing in 2)
init Aurine = 0 ; Penicillin in muscle compartment RM = QM*(CAfree-CVM) d/dt(AM) = RM init AM = 0 CM = AM/VM CVM = AM/(VM*PM) d/dt(AUCCM) = CM	t, flow-limited model ; RM the rate of change of the amount of drug in muscle (mg/h) ; AM amount of the drug in muscle (mg) ; CM drug concentration in muscle (mg/L)
<pre>init AUCCM = 0 ; Penicillin in fat compartment, flo RF = QF*(CAfree-CVF) d/dt(AF) = RF init AF = 0 CF = AF/VF CVF = AF/(VF*PF)</pre>	w-limited model ; RF the rate of change of the amount of drug in fat (mg/h) ; AF amount of the drug in fat (mg) ; CF drug concentration in fat (mg/L)
d/dt(AUCCF) = CF init AUCCF = 0 ; Penicillin in the compartment of	; AUCCF AUC of drug concentration in fat (mg*h/L)
Rrest = Qrest*(CAfree-CVrest) d/dt(Arest) = Rrest init Arest = 0 Crest = Arest/Vrest	<ul> <li>; Rrest the rate of change of the amount of drug in the rest of the body (mg/h)</li> <li>; Arest amount of the drug in the rest of the body (mg)</li> <li>; Crest drug concentration in the rest of the body (mg/L)</li> </ul>
CVrest = Arest/(Vrest*Prest) d/dt(AUCCrest) = Crest init AUCCrest = 0	; AUCCrest AUC of drug concentration in the rest of the body (mg*h/L)
; Penicillin in lung compartment, f RLu = QLu*(CV-CVLu) d/dt(ALu) = RLu init ALu = 0	; RLu the rate of change of the amount of drug in the lung (mg/h) ; ALu amount of the drug in the lung (mg)
CLu = ALu/VLu CVLu = ALu/(VLu*PLu) d/dt(AUCCLu) = CLu init AUCCLu = 0	; CLu drug concentration in the rest of the lung (mg/L) ; AUCCLu AUC of drug concentration in the lung (mg*h/L)

;; Milk volume (one-compartment model)

; Milking constants (Whittem et al. 2012) milking time = 0.1; h, Time for milking process Timm = 0.01; h, Time for IMM injection VMmilksp = 26.8; L, maximum volume of milk space in udder ; h, Time to get half of the maximum volume of milk space s = 23.2F = 0.04; unitless, residual milk ratio after milking t0 = 0; h, starting time for milking n = 35 ; number of milkings, varied depending on the study design ; milking time intervals and total time (h) ; n+1 by 2 (13 by 2 array in this code) array is created for milking time. Tempus[i, 1] stands for milking intervals, Tempus[i, 2] stands for total time at the ith milking ; Tempus[i,2] is created to help reset time (tm) for milk secretion process Tempus[1,1] = t0; first milking time after IMM injection Tempus[1,2] = t0; total time before first milking Tempus[2..n,2] = Tempus[i-1,2]+Tempus[i,1]; total time before ith milking Tempus[n+1, 2]=STOPTIME ; the total time before simulation stops Tempus[2,1]=12 ; milking interval between the first and second milking Tempus[3,1]=12 ; milking interval between the 2nd and 3rd milking Tempus[4,1]=12 ; milking interval between the 3rd and 4th milking Tempus[5,1]=12 ; milking interval between the 4th and 5th milking Tempus[6,1]=12 ; milking interval between the 5th and 6th milking Tempus[7,1]=12 ; milking interval between the 6th and 7th milking Tempus[8,1]=12 ; milking interval between the 7th and 8th milking Tempus[9,1]=12 ; milking interval between the 8th and 9th milking Tempus[10,1]=12 ; milking interval between the 9th and 10th milking ; milking interval between the 10th and 11th milking Tempus[11,1]=12 Tempus[12,1]=12 ; milking interval between the 11th and 12th milking Tempus[13,1]=12 ; additional milking intervals for backup Tempus[14,1]=12 Tempus[15,1]=12 Tempus[16,1]=12 Tempus[17,1]=12 Tempus[18,1]=12 Tempus[19,1]=12 Tempus[20,1]=12 Tempus[21,1]=12 Tempus[22,1]=12 Tempus[23,1]=12 Tempus[24,1]=12 Tempus[25,1]=12 Tempus[26,1]=12 Tempus[27,1]=12 Tempus[28,1]=12 Tempus[29,1]=12 Tempus[30,1]=12 Tempus[31,1]=12 Tempus[32,1]=12 Tempus[33,1]=12 Tempus[34,1]=12 Tempus[35,1]=12 Tempus[n+1, 1]=STOPTIME-Tempus[n,2]; time after the last milking ; milk secretion after each preceding milking

Control[2...] = if time > Tempus[i,2] then 0 else 1 interval after the first milking

; milk secretion stop factor for each milking

tm[2..(n+1)] = if time < Tempus[i-1,2] then 0 else time-Tempus[i-1,2]; milk secretion start factor for each milking interval after the first milking Vmilkinga[1] = if time <t0 then time\*VMmilkspm/(time+sm) else 0; L, volume of milk secreted before the first milking Vmilkinga[2..n] = if tm[i]>0 then Control[i]\*(tm[i]\*VMmilkspm)/(tm[i]+sm) else 0 ; L, volume of milk secreted before the ith milking Vmilkinga[n+1] = if time < Tempus[n,2] then 0 else (tm[i]\*VMmilkspm)/(tm[i]+sm); L, volume of milk secreted after the last milking Vmilking = arraysum(Vmilkinga[\*]) ; L, the sum of each milk secretion interval creates the volume of milking secreted throughout the study duration Vresidue = VMmilkspm\*Fm ; L, volume of residual milk after preceding milking Vmilksp = arraysum(Vmilkinga[\*])+Vresidue ; L, volume of total milk in milk space ;; Penicillin G in milk ; milking using schedule (this is the important part where problems be), this part of code simulates the penicillin amount change in milk by episodic milking ; The amount of penicillin G eliminated by milking depends on the ratio of the volume of secreted milk and total milk in udders at each milking time point. But the dynamic of milk volume change is simulated separated from the dynamic of penicillin G amount change. During the milking time, the dynamic changes of secreted milk volume and total milk volume have impact on penicillin G eliminated by milking. So the MAX combined with DELAY function was used to make the milking ratio a confirmed number Rmilkingex = (max(Amilk, delay(Amilk, milking time))\*Vmaxmilking)/(milking time\*Vmaxmilk) ; Rmilkingex stands for the rate of penicillin G eliminated by milking  $StartFM[2..n+1] = if MOD(tm[i], Tempus[i,1]) >= milking_time then 0 else 1$ : Start factor for each milking process StopFM[2..n+1] = if time-Tempus[i-1,2] > Tempus[i,1] then 0 else 1; Stop factor for each milking process after each milking interval Stop[2..n+1] = if time < Tempus[i-1,2] then 0 else 1; Stop factor for each milking process before each milking interval Rmilkinga[2..n+1] = Rmilkingex\*StopFM[i]\*StartFM[i]\*Stop[i] ; Rmilkinga is the array of Rmilking Rmilking = arraysum(Rmilkinga[\*]) : Rmilking, the rate of change of the amount of drug via milk (mg/h) ; Vmaxmilking = max(Vmilking,delay(Vmilking, milking\_time)) ; It is OK to use only two numbers for getting the Vmaxmilking, using more in delay function is to reduce the step length Vmaxmilking = max(Vmilking,delay(Vmilking, 0.1\*milking\_time),delay(Vmilking, 0.2\*milking\_time),delay(Vmilking, 0.3\*milking\_time),delay(Vmilking, 0.4\*milking\_time),delay(Vmilking, 0.5\*milking time), delay(Vmilking, 0.6\*milking time), delay(Vmilking, 0.7\*milking time), delay(Vmilking, 0.8\*milking\_time),delay(Vmilking, 0.9\*milking\_time),delay(Vmilking, milking\_time)) ; making a confirmed number for Vmilking during milking\_time Vmaxmilk = max(Vmilksp,delay(Vmilksp, 0.1\*milking time),delay(Vmilksp, 0.2\*milking time),delay(Vmilksp, 0.3\*milking time), delay(Vmilksp, 0.4\*milking time), delay(Vmilksp, 0.5\*milking time), delay(Vmilksp, 0.6\*milking time), delay(Vmilksp, 0.7\*milking time), delay(Vmilksp, 0.8\*milking time), delay(Vmilksp, 0.9\*milking time), delay(Vmilksp, milking time)) ; making a confirmed number for Vmilk during milking\_time ; Penicillin in milk Rmilk = Rinputimm+Rmilkex-Kab\*Amilk-Rmilking ; Rmilk the rate of change of the amount of drug in milk (mg/h)

init Amilk = 0 Cmilka[1] = if time< t0 then Amilk/Vmaxmilk else 0

d/dt(Amilk) = Rmilk

; Amilk amount of the drug in milk (mg)

 $Cmilka[2..n+1] = if MOD(tm[i],Tempus[i,1]) \le milking_time then Amilk/Vmaxmilk*Stop[i]*StopFM[i] else$ Amilk/Vmilksp\*Stop[i]\*StopFM[i]; Cmilk drug concentration in milk (mg/L) Cmilk = arraysum(Cmilka[\*]) d/dt(AUCCmilk) = Cmilk; AUCCmilk AUC of drug concentration in milk (mg\*h/L) init AUCCmilk = 0init Aab = 0d/dt(Aab) = Kab\*Amilk; Aab amount of the drug absorpted in udder (mg) ; Penicillin in mammary gland RU = QU\*(CAfree-CVU)-Rmilkex+Kab\*Amilk ; RU the rate of change of the amount of drug in the udder (mg/h)d/dt(AU) = RU; AU amount of the drug in the udder tissue init AU = 0CU = AU/VU; CU drug concentration in the udder tissue (mg/L) CVU = AU/(VU\*PU)d/dt(AUCCU) = CU; AUCCU AUC of drug concentration in the udder tissue (mg\*h/L)init AUCCU = 0init Amilkex = 0d/dt(Amilkex) = Rmilkex; Amilkex amount of the drug secreted to milk (mg) VmaxC = 0.0022; mg/h/kg BW Km = 0.7; mg/L Vmax = VmaxCm\*BWm ; mg/h, Rate of penicillin secretion from udder tissue Rmilkex = Vmax\*CVU/(CVU+Kmm) KabC = 1e-4; L/h/kg BW Kab = KabCm\*BWm ; /h, Rate of penicillin absorption in udder tissue ; dosing using schedule Rimm= DOSEimm/Timm IMM1 = if MOD(time, Tinterval) < 1.1\*milking\_time then 0 else 1 ; IMM injection start after milking IMM2 = if MOD(delay(time, 1.1\*milking\_time), Tinterval)>=Timm Then 0 Else 1 ; IMM injection duration control factor, DELAY used here to create the scenario that IMM injection is after milking IMMstop = if time>Tdoses\*Tinterval Then 0 Else 1 ; IMM injection end control factor Rinputimm = Rimm\*IMM1\*IMM2\*IMMstop d/dt(AimmPen) = Rinputimminit AimmPen = 0{Mass balance equations} Qbal = QC-QM-Qrest-QF-QK-QL-QU Tmass = ABlood+AM+ALu+Arest+AF+AK+AL+Aurine+Amet+AU+Amilkex Input = Absorbim+Aab Bal = Input-Tmass { ;;Milk volume (two-compartment model) t0=6 ; Start time for the first milking (first milking after IMM injection) n = 10; Times of milking Tempus = 12; Milking time interval VMmilksp = 26.8 ; Maximum volume of milk space ; Time to get half of the total volume of milk space s = 23.2; Milk residue ratio after milking (estimated) F = 0.04; total volume of alveoli VMalv = 11.7salv = 9.4; time to get half of the total volume of alveoli

milking_time = 0.1 Timm = 0.01 ; Milk volume	; h, Time for IMM injection	
tm = time-t0-(i-1)*Tempus		; tm, time after the preceding milking
i = if int((time-t0)/Tempus) < n the	n int((time-t0)/Tempus)+1 else n	; the ith milking
Vcisresidue = 0.2	; L	
Vresidue = VMmilksp*F		
Valvresidue = Vresidue - Vcisresid	lue	
Vmilksp = Vmilking+Vresidue	; total milk volu	me in milk space
Vmilking = (tm*VMmilksp)/(tm+s	; total volume of	f milk secreted after preceding milking
Valv = Vmilkingalv+Valvresidue	; total milk volu	me in alveoli
Vmilkingalv = (tm*VMalv)/(tm+sa	alv) ; volume of mill	k secreted and in alveoli after preceding
milking		
Vcis = Vmilksp-Valv		
Vmilkingcis = Vcis-Vcisresidue		
}		

#### **Supplementary References**

- Achenbach, T. E. (2000). Physiological and classical pharmacokinetic models of oxytetracycline in cattle. Thesis, Simon Fraser University, British Columbia, Canada.
- Campbell, J.R., Marshall, R.T. (2016). Physiology of Lactation, Dairy Production and Processing: The Science of Milk and Milk Products. Waveland Press, Long Grove, Illinois.
- Doyle, J.T., Patterson, J.L., Warren, J.V., Detweiler, D.K. (1960). Observations on the circulation of domestic cattle. Circ. Res. 8, 4e15.
- Gionbelli, M.P., Duarte, M.S., Valadares Filho, S.C., Detmann, E., Chizzotti, M.L., Rodrigues, F.C., Zanetti, D., Gionbelli, T.R.S., Machado, M.G. (2015). Achieving Body Weight Adjustments for Feeding Status and Pregnant or Non-Pregnant Condition in Beef Cows. PLoS One 10, e0112111.
- Keen, P.M. (1965). The binding of three penicillins in the plasma of several mammalian species as studied by ultrafiltration at body temperature. Br. J. Pharmacol. Chemother. 25, 507e514.
- Lescoat, P., Sauvant, D., Danfaer, A. (1996). Quantitative aspects of blood and amino acid flows in cattle. Reprod. Nutr. Dev. 36, 137e174.
- Li, M., Gehring, R., Riviere, J.E., Lin, Z. (2017). Development and application of a population physiologically based pharmacokinetic model for penicillin G in swine and cattle for food safety assessment. Food Chem. Toxicol. 107, 74-87.
- Lin, Z., Vahl, C.I., Riviere, J.E. (2016). Human Food Safety Implications of Variation in Food Animal Drug Metabolism. Sci. Rep. 6, 27907.
- Schadewinkel-Scherkl, A.M., Rasmussen, F., Merck, C.C., Nielsen, P., Frey, H.H. (1993). Active transport of benzylpenicillin across the blood-milk barrier. Pharmacol. Toxicol. 73, 14-19.

- Swett WW, M.F., Graves, R.R., Matthews, C.A. (1933). Variations Recorded in the Study of the Conformation and Anatomy of 318 Dairy Cows Having Records of Production. Mimeo. Pub.
  BDIMe589. Bureau of Dairy Industry, Division of Dairy Cattle and Cattle Breeding, Feeding, and Management, Washington (DC): United States.
- Whittem, T., Whittem, J.H., Constable, P.D. (2012). Modelling the concentration-time relationship in milk from cattle administered an intramammary drug. J Vet Pharmacol Ther 35, 460-471.
- Ziv, G., Bogin, E., Shani (Mishkinsky), J., Sulman, F.G. (1973). Distribution and Blood-to-Milk Transfer of Labeled Antibiotics. Antimicrob. Agents Chemother. 3(5):607-613.