
Product Information

NAME OF THE MEDICINE

TIGER SNAKE ANTIVENOM

AUST R 74895

DESCRIPTION

TIGER SNAKE ANTIVENOM is prepared from the plasma of horses immunised with the venom of the mainland tiger snake (*Notechis scutatus*). Each vial contains 3,000 units of antivenom which has been standardised to neutralise *in vitro* the average yield of venom from the tiger snake. The product also contains phenol, sodium chloride and other equine plasma proteins in an aqueous solution.

PHARMACOLOGY

The venom of the tiger snake contains neurotoxins which can cause respiratory paralysis and a procoagulant which converts prothrombin to thrombin, which in turn produces a secondary afibrinogenaemia with resultant haemorrhage. Tiger snake venom also contains a myolytic toxin which can cause renal failure. Although the amount of antivenom in each dose of TIGER SNAKE ANTIVENOM will neutralise the average yield of venom *in vitro* for the mainland tiger snake (*Notechis scutatus*), the actual amount needed in clinical practice may be considerably more, particularly if treatment is delayed, the effects of the venom are already evident or unusually large amounts of venom have been injected, for example by other snake species.

TIGER SNAKE ANTIVENOM is also active against the venom of the copperhead snakes (*Austrelaps* spp), the black snakes (*Pseudechis* spp), Collett's snake (*Pseudechis colletti*) and the rough scaled snake (*Tropidechis carinatus*). However, BLACK SNAKE ANTIVENOM is registered for the treatment of bites by a king brown or mulga snake. Specialist advice should be sought for treatment of bites by other members of the genus *Pseudechis*.

INDICATIONS

For the treatment of patients who exhibit manifestations of systemic envenoming following a bite by a tiger, copperhead or black snake.

CONTRAINDICATIONS

There are no absolute contraindications but the product should not be used unless there is clear evidence of systemic envenoming with the potential for serious toxic effects.

PRECAUTIONS

When medicinal products prepared from animal plasma are administered, infectious diseases due to the transmission of infective agents cannot be totally excluded. This applies to pathogens of hitherto unknown origin. This possibility must always be considered and should be conveyed, whenever possible, to patients who may receive the product. Historically there have been no known recorded cases of transmission of viruses by this product.

In many cases of snake bite, little venom is injected and significant systemic envenoming does not occur. If a significant amount of venom has been introduced, clinical or laboratory evidence of envenoming is usually present within 2 hours but can be delayed, particularly if efficient first aid has been instituted with immobilisation and a firm pressure bandage.

Removal of the bandage and splint will often precipitate the systemic effects of the venom in patients who have been bitten.

Suspected cases of snake bite should be observed for at least 12 hours after being bitten or after removal of the bandage, prior to discharge and preferably in an intensive care setting. Such patients must be regularly monitored for signs of neuromuscular impairment, coagulopathy, myolysis, renal impairment and other abnormalities.

A diagnosis of systemic envenoming should be based on clinical and, where possible, laboratory evidence.

The venom detection kits can be helpful in detecting and identifying specific venom at the bite site or in urine and can enable the selection of the appropriate monovalent antivenom. Tests of blood are less reliable.

As this product is prepared from animal serum, severe allergic reactions may follow, including anaphylactic shock. Adrenaline must be available during antivenom therapy and prepared ready for use prior to antivenom administration. Anaphylactoid reactions may be more likely to occur in those who are atopic or who have previously received equine serum. This would include patients who have previously received equine Tetanus Antitoxin (prior to 1974 in Australia). In the past, some authorities have advocated premedication with subcutaneous adrenaline and intravenous antihistamine, particularly in those patients who are known to be at risk, but such use is controversial.

The results of skin testing to determine patients who may have an allergic reaction are not satisfactory and should not be undertaken.

Antivenoms may bind complement and produce an anaphylactoid reaction in patients who have had no previous contact with equine protein. The risk of such a reaction can be reduced by adequate dilution of antivenom prior to infusion, although care should be taken to avoid fluid overload (also see DOSAGE AND ADMINISTRATION).

Should anaphylaxis occur, suspend administration of antivenom and implement treatment measures immediately, according to an appropriate protocol or guideline. Further administration of antivenom should be considered in the light of the relative problems of envenoming and anaphylaxis.

Severe cases of systemic envenoming should be managed in an intensive care unit.

Delayed serum sickness can occur following the use of animal derived antivenoms. The most common manifestations include fever, cutaneous eruptions, arthralgia, lymphadenopathy and albuminuria. Less commonly, arthritis, nephritis, neuropathy and vasculitis can occur. The condition can appear days or weeks after the use of antivenom but can occur as soon as 12 hours after a second injection of a similar animal protein. Patients should be advised of the symptoms of serum sickness and warned to seek urgent medical attention if such symptoms develop.

The incidence of serum sickness is greater with larger volumes of antivenom, but can be expected to occur in at least 5% of patients receiving horse serum for the first time.

Use in pregnancy

There is limited but inconclusive information on the safety of the product in pregnant women.

It is advisable to carefully weigh the risks of untreated envenoming against the expected benefits and potential risks of antivenom administration.

Use in lactation

No information is available on the use of the product during lactation. It is advisable to carefully weigh the risks of untreated envenoming against the expected benefits and potential risks of antivenom administration.

ADVERSE EFFECTS

The following adverse reactions, presented below according to System Organ Class and frequency, have been identified during post-approval use of all CSL snake antivenoms. Adverse event frequencies are defined as follows:

Very common: $\geq 1/10$; common: $\geq 1/100$ and $< 1/10$; uncommon: $\geq 1/1000$ and $< 1/100$; rare: $\geq 1/10,000$ and $< 1/1000$; and very rare: $< 1/10,000$.

Immune system disorders

Common: Allergic reactions including anaphylactic shock and delayed serum sickness

Nervous system disorders

Common: Headache

Gastrointestinal disorders

Uncommon: Abdominal pain, vomiting, nausea and diarrhoea

Skin and subcutaneous tissue disorders

Common: Urticaria, rash

Musculoskeletal and connective tissue disorders

Uncommon: Myalgia

General disorders and administration site conditions

Common: Pyrexia, chills

Uncommon: Local injection site reactions. chest pain

DOSAGE AND ADMINISTRATION

A proportion of people bitten by snakes have symptoms that are so mild that antivenom is not necessary. When there is evidence of systemic envenoming and it has been established that TIGER SNAKE ANTIVENOM is the appropriate treatment, the contents of a minimum of one vial (3,000 units) should be administered slowly by intravenous infusion after dilution with Hartmann's Solution or 0.9% w/v sodium chloride. However patients with severe systemic envenoming may require several vials of antivenom to control the effects, particularly if coagulopathy is present. Seek expert advice regarding appropriate dosage as required, especially for snake species where unusually large amounts of venom have been injected or severe systemic envenoming. Once diluted, TIGER SNAKE ANTIVENOM should be used immediately. Do not store diluted antivenom.

The dose is the same for adults and children.

The antivenom should be diluted 1 in 10, although a dilution of 1 in 5 may be more appropriate for patients at risk of fluid overload. Seek expert advice regarding dilution of antivenom to avoid fluid overload, as required. It should not be administered by the intramuscular route.

In the past, some authorities have advocated premedication with 0.25 mL of 1:1,000 adrenaline subcutaneously and intravenous antihistamine to reduce the chance of anaphylactic shock, particularly in those patients who are known to be at risk, but such use is controversial (see PRECAUTIONS).

The patient should receive the antivenom in an intensive care unit if possible and always in a setting where resuscitation facilities are immediately available.

If the patient has received adequate first aid treatment, the splint and pressure bandage should not be removed until antivenom is available for infusion, as removal can precipitate significant effects of systemic envenoming.

The aim of antivenom therapy is to neutralise the venom. Sufficient antivenom must be given to neutralise further venom migrating from the bite site. Deterioration in the patient's condition may indicate that treatment is inadequate and more may be required. Children may become critically ill sooner than adults and may need more antivenom. The patient must be monitored for at least six hours after antivenom is administered.

Before starting the infusion of antivenom, adrenaline should be prepared ready to use, as anaphylactic reactions can occur rapidly (see PRECAUTIONS).

Should an anaphylactic reaction occur, suspend administration of antivenom, and implement treatment measures immediately according to an appropriate protocol or guideline.

As delayed serum sickness is relatively common following the use of large volumes of horse serum, patients who have received antivenom should be advised of the symptoms of serum sickness and warned to seek urgent medical attention if such symptoms develop.

It may occasionally be necessary to treat both envenoming and anaphylaxis simultaneously.

TIGER SNAKE ANTIVENOM contains no antimicrobial preservative. Use once only and discard any residue.

OVERDOSAGE

No information is available on overdose. Contact the Poisons Information Centre on 131 126 for further advice on overdose management.

PRESENTATION AND STORAGE CONDITIONS

Presentation: TIGER SNAKE ANTIVENOM is a concentrated injection for intravenous use available as vials containing 3000 units of antivenom in of aqueous solution. The product volume is potency dependant thus it varies from batch to batch. Please refer to the product volume printed on the carton.

Storage Conditions: TIGER SNAKE ANTIVENOM should be protected from light and stored at 2-8°C. Do not freeze.

NAME AND ADDRESS OF THE SPONSOR

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POISON SCHEDULE OF THE MEDICINE

Prescription Only Medicine (S4)

Date of first inclusion in the Australian Register of Therapeutic Goods: 21 July 2000

Date of most recent amendment: 12 October 2016