Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Tetagam P, prefilled syringeSolution for injection for intramuscular use

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Active ingredient: Human tetanus immunoglobulin
1 ml solution contains:
Human protein 100 – 170 mg thereof immunoglobulins at least 95 % with antibodies to tetanus toxin at least 250 IU
For a full list of excipients, see section 6.1

3 PHARMACEUTICAL FORM

Solution for injection for intramuscular use.

Tetagam P is a clear solution. The colour can vary from colourless to pale-yellow up to light brown during shelf life.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

Postexposure prophylaxis
Immediate prophylaxis after tetanus prone injuries in patients
- not adequately vaccinated
- whose immunisation status is not known with certainty
- with severe deficiency in antibody production

Therapy of clinically manifest tetanus
Tetanus immunoglobulin should always be administered in conjunction with an active tetanus vaccination unless there are contraindications or confirmation of adequate vaccination.
WHO guidelines and other official guidance regarding the use of human tetanus immunoglobulin for intramuscular use should be observed.

4.2 Posology and method of administration

Children and adults are to receive the same dose.

Posology
Prophylaxis of tetanus prone wounds
250 IU, unless the risk is thought to be extremely high.
The dose may be increased to 500 IU in case of:
– infected wounds where surgically appropriate treatment cannot be achieved within 24 hours
– deep or contaminated wounds with tissue damage and reduced oxygen supply, as well as foreign-body injury (e.g., bites, stings or shots)
– burns, congelations
– tissue necrosis
– septicaemic abortion
– adults weighing more than the average.

In case of extensive burns it is advisable to administer a second injection of 250 IU Tetagam P after the exsudative phase of the burn has subsided (about 36 hours after onset of the burn).

Therapy of clinically manifest tetanus
Single doses of 3,000 to 6,000 IU (in combination with other appropriate clinical procedures). Regarding frequency, interval of injection and duration of therapy repeated doses depend on the clinical picture.

Method of administration

Tetagam P should be administered via the intramuscular route. If comparatively large total volumes are required, it is advisable to administer them in divided doses at different sites. This applies in the case of doses above 2 ml for children up to 20 kg bw and doses above 5 ml for persons above 20 kg bw.

In case of simultaneous vaccination the immunoglobulin and the vaccine should be administered at contralateral sites of the body.

In the presence of a severe coagulation disorder, in the case of which intramuscular injections are contraindicated, Tetagam P may be given subcutaneously for prophylaxis.
Afterwards the injection site should be compressed with a swab. However, it should be noted that there are no clinical efficacy data to support administration by the subcutaneous route.

For acute therapy, if intramuscular administration is not clinically appropriate, an alternative intravenous product may be used. See section 6.6 "Special precautions for disposal and other handling" for further information regarding method of administration.

4.3 Contraindications

Known hypersensitivity to any of the components of the product.
Known hypersensitivity to human immunoglobulins.

4.4 Special warnings and precautions for use

Do not inject intravascularly! Ensure that Tetagam P is not administered into a blood vessel because of the risk of shock.

True hypersensitivity reactions are rare. Tetagam P contains a small quantity of IgA.
Individuals who are deficient in IgA have the potential for developing IgA antibodies and may have anaphylactic reactions after administration of blood components containing IgA.
The physician must therefore weigh the benefit of treatment with Tetagam P against the potential risks of hypersensitivity reactions.

Rarely human tetanus immunoglobulin can induce a fall in blood pressure with anaphylactic reactions, even in patients who had tolerated previous treatment with normal human immunoglobulin.

Therapeutic measures depend on the nature and severity of the event. The current medical standards for shock treatment are to be observed

Patients should be observed for at least 20 minutes after administration of Tetagam P.

Particularly in cases of inadvertent i.v. injection, patients should be observed for longer term (at least 1 hour) after administration.

Virus safety
Standard measures to prevent infections resulting from the use of medicinal products prepared from human blood or plasma include selection of donors, screening of individual donations and plasma pools for specific markers of infection and the inclusion of effective
manufacturing steps for the inactivation/removal of viruses. Despite this, when medicinal products prepared from human blood or plasma are administered, the possibility of transmitting infective agents cannot be totally excluded. This also applies to unknown or emerging viruses and other pathogens.
The measures taken are considered effective for enveloped viruses such as HIV, HBV and HCV, and for the non-enveloped viruses HAV and parvovirus B19.
There is reassuring clinical experience regarding the lack of hepatitis A or parvovirus B19 transmission with immunoglobulins and it is also assumed that the antibody content makes an important contribution to the viral safety.
It is strongly recommended that every time that Tetagam P is administered to a patient, the name and batch number of the product are recorded in order to maintain a link between the patient and the batch of the product.

4.5 Interaction with other medicinal products and other forms of interaction

Vaccinations with live attenuated virus vaccines

Immunoglobulin administration may impair the efficacy of live attenuated virus vaccines such as measles, rubella, mumps and varicella vaccines for a period of up to three months.
After administration of Tetagam P an interval of at least three months should elapse before vaccination with live attenuated virus vaccines. In the case of measles, this impairment may persist for up to five months. Therefore, patients receiving measles vaccine should have their antibody status checked.

Interference with serological testing
It has to be considered that when serological test results are interpreted, the transitory rise of passively transferred antibodies after immunoglobulin injection may result in misleading positive test results.
Passive transmission of antibodies to erythrocyte antigens, e.g., A, B and D may interfere with some serological tests for red cell allo-antibodies (e.g. Coombs test).

4.6 Fertility, pregnancy and lactation

The safety of Tetagam P for use in human pregnancy has not been established in controlled clinical trials. Long lasting clinical experience with immunoglobulins does indicate that no harmful effects on the course of pregnancy, on the foetus or the neonate are to be expected.

4.7 Effects on ability to drive and use machines

No effects on ability to drive and use maschines have been observed.

4.8 Undesirable effects

In rare cases (≥ 1/10,000 and < 1/1,000) the following adverse reactions may occur:
- ***Immune system disorders***
Allergic reactions including fall in blood pressure, dyspnoea, cutaneous reactions, in isolated cases reaching as far as anaphylactic shock, even when the patient has shown no hypersensitivity to previous administration of immunoglobulins.
- ***Generalized reactions***
Chills, fever, headache, malaise, nausea, vomiting, arthralgia and moderate back pain.]
- ***Heart and vascular disorders***
Cardiovascular reactions particularly if the product is inadvertently injected intravascularly.
- ***Local reactions at the injection site***
Local pain, tenderness or swelling

For safety with respect to transmissible agents, see section 4.4, subsection “Virus safety”.
Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via HPRA Pharmacovigilance, Earlsfort Terrace, IRL - Dublin 2; Tel: +353 1 6764971; Fax: +353 1 6762517. Website: http://www.hpra.ie/; E-mail:medsafety@hpra.ie.

4.9 Overdose

Consequences of an overdose are not known.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: immune sera and immunoglobulins, human tetanus immunoglobulin, ATC-code: J06B B02
Human tetanus immunoglobulin contains mainly immunoglobulin G (IgG) with a defined high content of specific antibodies against the toxin produced by the bacteria Clostridium tetani.

5.2 Pharmacokinetic properties

Human tetanus immunoglobulin for intramuscular administration is bioavailable in the recipient’s circulation after a delay of 2 to 3 days. Human tetanus immunoglobulin has a half-life of about 3 to 4 weeks. This half-life may vary from patient to patient. IgG and IgG-complexes are broken down in cells of the reticuloendothelial system.

5.3 Preclinical safety data

Tetagam P contains tetanus immunoglobulin as active ingredient which is derived from human plasma and acts like endogenous constituent of plasma. Single dose i.m. application of immunoglobulin to various animal species did not reveal toxic effects.
Preclinical studies with repeated dose applications (chronic toxicity, cancerogenicity and mutagenicity) cannot be reasonably performed in conventional animal models due to the development of antibodies following the application of heterologous human proteins.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Aminoacetic acid (glycine), sodium chloride, HCl or NaOH (in small amounts for pH adjustment), water for injections.

6.2 Incompatibilities

In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products, diluents or solvents.

6.3 Shelf life

3 years
Once the container has been opened the contents have to be used immediately.

6.4 Special precautions for storage

Tetagam P is to be stored at +2 ℃ to +8°C (refrigerator). Do not freeze!
Keep container in the outer carton in order to protect its contents from light.

6.5 Nature and contents of container

Immediate container

SCF syringe of colourless tube glass, glass type I according to Ph. Eur.
Presentations

Pack with 1 prefilled syringe with 1 ml
Pack with 10 prefilled syringes with 1 ml
Pack with 1 prefilled syringe with 2 ml
Not all pack sizes may be marketed

6.6 Special precautions for disposal and other handling

Do not use solutions which are cloudy or contain residues (deposits/particles).
Tetagam P is ready for use and should be administered at body temperature.
Any unused product or waste material should be disposed of in accordance with local requirements.

7 MARKETING AUTHORISATION HOLDER

CSL Behring GmbH
Emil-von-Behring-Strasse 76
35041 Marburg
Germany

8 MARKETING AUTHORISATION NUMBER

PA0800/009/002

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 17th October 2014
Date of last renewal: 16th October 2019

10 DATE OF REVISION OF THE TEXT

March 2019