ANAVIP™
Crotalidae Immune F(ab')$_2$ (Equine)

Dose ANAVIP quickly and achieve initial control[1,2]

A standardized dosing regimen eliminates the need for scheduled maintenance dosing[1]

ADMINISTER[1]

Reconstitute 10 vials for <1 minute each using 10 mL of sterile normal saline per vial

Combine all vials and dilute to a total volume of 250 mL sterile normal saline

Infuse at 25 to 50 mL/hr for 10 minutes. If tolerated, infuse at 250 mL/hr to completion

CONTROL[1]

Evaluate 60 min after infusion for the 3 components of initial control:

NO

1. Local injury not progressing
2. Coagulation parameters improving
3. Systemic effects resolved

YES

There is no known maximum dose of ANAVIP

OBSERVE[1]

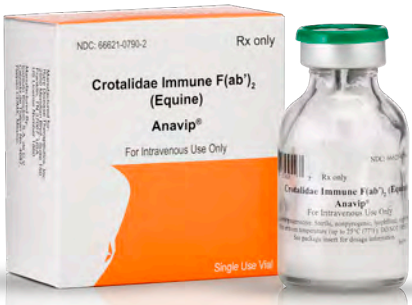
Observe for ≥18 hr after initial control

During this time, if symptoms re-emerge, administer a late dose of 4 vials in a total volume of 250 mL of sterile normal saline

See reverse side for complete dosage and administration instructions

Rapid reconstitution and room temperature storage allows ANAVIP to be stocked at the point of care[1]

- <1 minute per vial needed for reconstitution
  - ANAVIP is supplied as a sterile, lyophilized powder
- Store at room temperature up to 25°C (77°F)
- Brief temperature excursions are permitted up to 40°C (104°F)
- DO NOT FREEZE



Each carton NDC 66621-0790-2 contains 1 vial of ANAVIP NDC 66621-0790-1

Dosing instructions[1]

Administer ANAVIP as soon as possible after rattlesnake bite in patients who develop any signs of envenomation (eg, local injury, coagulation abnormality, or systemic signs of envenomation).

The amount of antivenin required to treat a snake bitten patient is highly variable owing in part to the venom burden, the potency of the venom, and the time to presentation. Use supportive measures to treat certain manifestations of rattlesnake envenomation, such as pain, swelling, hypotension, and wound infection. Contact the local poison control centers for additional individual treatment advice.

Prior to initiating treatment, perform laboratory analyses, including complete blood count, platelet count, PT, PTT, serum fibrinogen level, and routine serum chemistries. Repeat testing at regular intervals to gauge response to therapy and anticipate additional dosing.

www.ANAVIP-us.com

Please see back cover for full Important Safety Information and enclosed Full Prescribing Information for ANAVIP.

References: 1. ANAVIP [Crotalidae Immune F(ab')$_2$ (Equine)] Prescribing Information. Rare Disease Therapeutics, Inc.; Franklin, TN. June 2018. **2.** Bush SP, Ruha A-M, Seifert SA, et al. Comparison of F(ab')$_2$ versus Fab antivenom for pit viper envenomation: A prospective, blinded, multicenter, randomized clinical trial. *Clin Tox.* 2015;53(1):37-45.

RDT® RARE DISEASE THERAPEUTICS, INC.

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ANAVIP™

Crotalidae Immune F(ab')$_2$ (Equine)

Minimize time from decision to treatment[1]

Dose quickly with no maintenance dosing required[1,2]

Initial Dose: 10 vials[1]

- Reconstitute the contents of each vial with 10 milliliters (mL) of sterile normal saline (0.9% NaCl). Reconstitution time should be less than one minute when using continuous gentle swirling.
- Inspect the solution visually for particulate matter and discoloration prior to administration. The solution is expected to be clear to yellow/green and opalescent. Do not use if otherwise discolored or turbid.
- Combine the contents of the reconstituted vials promptly and further dilute to a total volume of 250 mL with sterile normal saline (0.9% NaCl). Fluid volumes may need to be adjusted for very small children or infants. Poison Control Centers are a helpful resource for individual treatment advice.
- Infuse intravenously over 60 minutes.
  - For the first 10 minutes infuse at a 25-50 mL/hour rate, carefully monitoring for any allergic reactions, including any anaphylactic reactions. Discontinue the infusion if any allergic reaction occurs and institute appropriate emergency treatment. Reassess the risk to benefit before continuing the infusion.
  - If no reactions occur, the infusion rate may be increased to the full 250 mL/hour rate until completion. If there is any allergic reaction at any time, stop the infusion, treat accordingly, and reassess the need to continue ANAVIP.
- Following the completion of infusion, monitor the patient for at least 60 minutes for any allergic reaction and to determine that local signs of envenomation are not progressing (leading edge of local injury not progressing), systemic symptoms are resolved and coagulation parameters have normalized or are trending toward normal.
- Discard partially or unused reconstituted and diluted product.

Additional Dosing to Achieve Initial Control[1]

- Administer additional 10 vial doses if needed to arrest the progressive symptoms and repeat every hour. There is no known maximum dose.
- Repeat above steps for initial dose as many times as needed until local signs of envenomation are not progressing, systemic symptoms are resolved, and coagulation parameters have normalized or are trending toward normal.
- Once initial control has been achieved, observe the patient to determine any need for further dosing, as described below.

Observation and Late Dosing[1]

- Monitor patients in a healthcare setting for at least 18 hours following initial control of signs and symptoms. Re-emerging symptoms including coagulopathies may be suppressed with additional 4 vial doses of ANAVIP as needed. Reconstitute each vial with 10 mL of sterile normal saline (0.9% NaCl). Combine and further dilute to a total of 250 mL. Infuse intravenously over 60 minutes.

Poison Control Center: 1-800-222-1222
To report suspected adverse reactions, call: 1-877-851-1902
To order ANAVIP, call: 1-866-830-7350

IMPORTANT SAFETY INFORMATION

INDICATION

ANAVIP® [Crotalidae Immune F(ab')$_2$ (Equine)] is an equine-derived antivenin indicated for the management of adult and pediatric patients with North American rattlesnake envenomation.

CONTRAINDICATIONS

None.

ADVERSE REACTIONS

The most common adverse reactions observed in more than 2 percent of patients in the clinical trials for ANAVIP were: pruritus, nausea, rash, arthralgia, peripheral edema, erythema, headache, myalgia, pain in extremity, and vomiting.

WARNINGS AND PRECAUTIONS

Hypersensitivity

ANAVIP may cause allergic reactions.

Patients with known allergies to horse protein are particularly at risk for an anaphylactic reaction. If signs or symptoms of anaphylaxis or hypersensitivity reactions (including urticaria, rash, tightness of the chest, wheezing, hypotension) occur, discontinue immediately and institute appropriate treatment.

Monitor patients with follow-up visits for signs and symptoms of delayed allergic reactions or serum sickness (rash, fever, myalgia, arthralgia, pruritus, urticarial rash) and treat appropriately if necessary.

Transmissible Infectious Agents

ANAVIP is made from equine (horse) plasma and may therefore carry a risk of transmitting infectious agents, e.g., viruses.

Reactions to Cresol

Trace amounts of cresol from the manufacturing process are contained in ANAVIP. Localized reactions and generalized myalgias have been reported with the use of cresol as an injectable excipient.

Please see accompanying Full Prescribing Information for additional safety information.

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