Important information for healthcare professionals

- The person carrying this card is being treated with weekly or monthly Buvidal.
- Buvidal is a depot formulation of buprenorphine that releases buprenorphine over a prolonged period of time.
 Before administering certain drugs to this person, such as opioid analogsics.
 - naltrexone/nalmefene, benzodiazepines, gabapentinoids, central nervous system depressants, CYP3A4 inhibitors, serotonergic medicinal products and monoamine oxidase inhibitors (MAOI), please consider that they may have buprenorphine in their body. Contact the treating doctor or an addiction medicine specialist.

 Adverse events should be reported. In the UK, reporting forms and information
 - can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. In ROI, reporting forms can be found at https://www.hpra.ie/homepage/about-us/report-an-issue/human-adverse-reaction-form. Adverse events can also be reported to Camurus AB by email: safety@camurus.com.
- For further details, please refer to the Summary of Product Characteristics available at https://www.ema.europa.eu/documents/product-information/buvidal-eparproduct-information_en.pdf or contact Camurus Medical Information by email at: medicalinfo@camurus.com.

This person is being treated with

weekly or monthly Buvidal

Citv/

country:

(Prolonged Release Buprenorphine solution for injection)

- If you get any side effects, talk to your doctor, pharmacist or nurse. By reporting side effects, you can help provide more information on the safety of this medicine. In the UK, you can report side effects directly via the Yellow Card Scheme at www. mhra.gov.uk/yellowcard. In ROI, reporting forms can be found at https://www. hpra.ie/homepage/about-us/report-an-issue/human-adverse-reaction-form
- Ask your doctor to answer any questions you may have.
- Present this card to healthcare professionals in an emergency or if you require medical treatment.

 Name:

 Address:

My appointment schedule		Emergency contact details
Date:	Time:	Doctor's name:
Date:	Time:	Doctor's phone number:
Date:	Time:	Next of kin's name:
Date:	Time:	Relationship:
Date:	Time:	Next of kin's phone number:
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