

ANNEX III
LABELLING AND PACKAGE LEAFLET

A. LABELLING

PARTICULARS TO APPEAR ON THE OUTER PACKAGE

Outer carton

1. NAME OF THE VETERINARY MEDICINAL PRODUCT

Buprefelican Multidose 0.3 mg/ml Solution for Injection for Dogs and Cats
buprenorphine



2. STATEMENT OF ACTIVE SUBSTANCES

Each ml contains:

Active substance:

Buprenorphine 0.3 mg

(Equivalent to buprenorphine hydrochloride 0.324 mg)

3. PHARMACEUTICAL FORM

Solution for injection

4. PACKAGE SIZE

5 ml

10 ml

20 ml

50 ml

5. TARGET SPECIES

Dogs, cats

6. INDICATION(S)

7. METHOD AND ROUTE(S) OF ADMINISTRATION

For intravenous, intramuscular use.
Read the package leaflet before use.

8. WITHDRAWAL PERIOD(S)

9. SPECIAL WARNING(S), IF NECESSARY

Read the package leaflet before use.

10. EXPIRY DATE

EXP {month/year}
Shelf life after first opening the container: 28 days
Once broached use by...

11. SPECIAL STORAGE CONDITIONS

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12. SPECIAL PRECAUTIONS FOR THE DISPOSAL OF UNUSED PRODUCTS OR WASTE MATERIALS, IF ANY

Disposal: read package leaflet

13. THE WORDS “FOR ANIMAL TREATMENT ONLY” AND CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE, IF APPLICABLE

For animal treatment only. Supply / use: (National issue)

14. THE WORDS “KEEP OUT OF THE SIGHT AND REACH OF CHILDREN”

Keep out of the sight and reach of children.

15. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Le Vet Beheer B.V.
Wilgenweg 7
3421 TV Oudewater
The Netherlands

16. MARKETING AUTHORISATION NUMBER(S)

Vm 41821/4028

17. MANUFACTURER'S BATCH NUMBER

Lot {number}

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

Glass vials of 5, 10, 20 or 50 ml

1. NAME OF THE VETERINARY MEDICINAL PRODUCT

Buprefelican Multidose 0.3 mg/ml solution for injection
buprenorphine



2. QUANTITY OF THE ACTIVE SUBSTANCE(S)

0.3 mg/ml

3. CONTENTS BY WEIGHT, BY VOLUME OR BY NUMBER OF DOSES

5 ml
10 ml
20 ml
50 ml

4. ROUTE(S) OF ADMINISTRATION

IV, IM

5. WITHDRAWAL PERIOD(S)

6. BATCH NUMBER

Lot {number}

7. EXPIRY DATE

EXP {month/year}
Once broached use by

8. THE WORDS “FOR ANIMAL TREATMENT ONLY”

For animal treatment only.
Supply / use: (National issue)

B. PACKAGE LEAFLET

6. ADVERSE REACTIONS

Salivation, bradycardia, hypothermia, agitation, dehydration and miosis can occur in the dog, and rarely hypertension and tachycardia.

Mydriasis and signs of euphoria (excessive purring, pacing, rubbing) commonly occur in cats and will usually resolve within 24 hours.

Buprenorphine may cause respiratory depression (see section on special warnings). When used to provide analgesia, sedation is rarely seen, but may occur at dose levels higher than those recommended.

The frequency of adverse reactions is defined using the following convention:

- very common (more than 1 in 10 animals treated displaying adverse reaction(s))
- common (more than 1 but less than 10 animals in 100 animals treated)
- uncommon (more than 1 but less than 10 animals in 1,000 animals treated)
- rare (more than 1 but less than 10 animals in 10,000 animals treated)
- very rare (less than 1 animal in 10,000 animals treated, including isolated reports).

If you notice any side effects, even those not already listed in this package leaflet or you think that the medicine has not worked, please inform your veterinary surgeon.

7. TARGET SPECIES

Dogs and cats.

8. DOSAGE FOR EACH SPECIES, ROUTE(S) AND METHOD OF ADMINISTRATION

For intramuscular or intravenous injection.

DOG: Post-operative analgesia, potentiation of the sedation

10 - 20 µg/kg (0.3 - 0.6 ml per 10 kg)

CAT: Post-operative analgesia

10 - 20 µg/kg (0.3 - 0.6 ml per 10 kg)

For further pain relief the dose may be repeated if necessary:

DOG: either after 3 - 4 hours with 10 µg/kg (0.3 ml per 10 kg)

or after 5 - 6 hours with 20 µg/kg (0.6 ml per 10 kg)

CAT: once, after 1 - 2 hours with 10-20 µg/kg (0.3-0.6 ml per 10 kg)

While sedative effects are present by 15 minutes after administration, analgesic activity becomes apparent after approximately 30 minutes. To ensure that analgesia is present during surgery and immediately on recovery, the product should be administered preoperatively as part of premedication.

When administered for potentiation of sedation or as part of premedication, the dose of other centrally-acting agents, such as acepromazine or medetomidine, should be reduced. The reduction will depend on the degree of sedation required, the individual animal, the type of other agents included in premedication and how anaesthesia is to be induced and maintained. It may also be possible to reduce the amount of inhalational anaesthetic used.

9. ADVICE ON CORRECT ADMINISTRATION

Animals administered opioids possessing sedative and analgesic properties may show variable responses. Therefore, the response of individual animals should be monitored and subsequent doses should be adjusted accordingly. In some cases, repeat doses may fail to provide additional analgesia. In these cases, consideration should be given to using a suitable injectable NSAID.

An appropriately graduated syringe must be used to allow accurate dosing. The closure must not be punctured more than 100 times (with a 21G or 23G needle).

10. WITHDRAWAL PERIOD(S)

Not applicable

11. SPECIAL STORAGE PRECAUTIONS

Keep out of the sight and reach of children.

This veterinary medicinal product does not require any special storage conditions. Do not use this veterinary medicinal product after the expiry date which is stated on the carton after EXP. The expiry date refers to the last day of that month.

Shelf life after first opening the container: 28 days

12. SPECIAL WARNING(S)

Special precautions for use in animals:

Buprenorphine may cause respiratory depression and as with other opioid drugs, care should be taken when treating animals with impaired respiratory function or animals that are receiving drugs that can cause respiratory depression.

In case of renal, cardiac or hepatic dysfunction or shock, there may be greater risk associated with the use of the product.

Safety has not been fully evaluated in clinically compromised cats.

Buprenorphine should be used with caution in animals with impaired liver function, especially biliary tract disease, as the substance is metabolised by the liver and its intensity and duration of action may be affected in such animals.

The safety of buprenorphine has not been demonstrated in animals less than 7 weeks of age.

Repeat administration earlier than the recommended repeat interval suggested in the section on dosage for each species is not recommended.

Long-term safety of buprenorphine in cats has not been investigated beyond 5 consecutive days of administration.

The effect of an opioid on head injury is dependent on the type and severity of the injury and the respiratory support supplied.

Use of the product in the above circumstances should only be in accordance with the benefit/risk assessment by the responsible veterinarian.

Special precautions to be taken by the person administering the veterinary medicinal product to animals:

As buprenorphine has opioid-like activity, care should be taken to avoid self-injection. In case of accidental self-injection or ingestion, seek medical advice immediately and show the package leaflet or the label to the physician. Following eye contamination or skin contact, wash thoroughly with cold running water. Seek medical advice if irritation persists.

Naloxone should be available in case of accidental self-injection.

People with known hypersensitivity to the active substance or to the excipients should avoid contact with the veterinary medicinal product

Pregnancy and Lactation:

Pregnancy:

Laboratory studies in rats have not produced any evidence of a teratogenic effect. However, these studies have shown post-implantation losses and early foetal deaths. These may have resulted from a reduction in parental body condition during gestation and in post-natal care owing to sedation of the mothers.

As reproductive toxicity studies have not been conducted in the target species, use only according to the benefit/risk assessment by the responsible veterinarian.

The product should not be used pre-operatively in cases of Caesarean section, due to the risk of respiratory depression in the offspring periparturiently, and should only be used post-operatively with special care (see below).

Lactation:

Studies in lactating rats have shown that, after intramuscular administration of buprenorphine, concentrations of unchanged buprenorphine in the milk equalled or exceeded that in the plasma. As it is likely that buprenorphine will be excreted in the milk of other species, use is not recommended during lactation. Use only according benefit/risk assessment by the responsible veterinarian.

Interaction with other medicinal products and other forms of interaction:

Buprenorphine may cause some drowsiness, which may be potentiated by other centrally acting agents, including tranquillisers, sedatives and hypnotics.

There is evidence in humans to indicate that therapeutic doses of buprenorphine do not reduce the analgesic efficacy of standard doses of an opioid agonist, and that when buprenorphine is employed within the normal therapeutic range, standard doses of opioid agonist may be administered before the effects of the former have ended without compromising analgesia. However, it is recommended that buprenorphine is not used in conjunction with morphine or other opioid-type analgesics, e.g. etorphine, fentanyl, pethidine, methadone, papaveretum or butorphanol.

Buprenorphine has been used with acepromazine, alphaxalone/alphadalone, atropine, dexmedetomidine, halothane, isoflurane, ketamine, medetomidine, propofol, sevoflurane, thiopental and xylazine. When used in combination with sedatives, depressive effects on heart rate and respiration may be augmented.

Overdose (symptoms, emergency procedures, antidotes):

In cases of overdosage, supportive measures should be instituted, and, if appropriate, naloxone or respiratory stimulants may be used.

When administered at overdose to dogs, buprenorphine may cause lethargy. At very high doses, bradycardia and miosis may be observed.

Naloxone may be of benefit in reversing reduced respiratory rate and respiratory stimulants such as Doxapram are also effective in man. Because of the prolonged duration of effect of buprenorphine in comparison to such drugs, they may need to be administered repeatedly or by continuous infusion. Volunteer studies in man have indicated that opiate antagonists may not fully reverse the effects of buprenorphine.

In toxicological studies of buprenorphine hydrochloride in dogs, biliary hyperplasia was observed after oral administration for one year at dose levels of 3.5 mg/kg/day and above. Biliary hyperplasia was not observed following daily intramuscular injection of dose levels up to 2.5 mg/kg/day for 3 months. This is well in excess of any clinical dose regimen in the dog.

Please also see the section on special precautions for use in animals and the section on adverse reactions of this insert.

Incompatibilities:

In the absence of compatibility studies, this veterinary medicinal product must not be mixed with other veterinary medicinal products

13. SPECIAL PRECAUTIONS FOR THE DISPOSAL OF UNUSED PRODUCT OR WASTE MATERIALS, IF ANY

Any unused veterinary medicinal product or waste materials derived from such veterinary medicinal products should be disposed of in accordance with local requirements.

14. DATE ON WHICH THE PACKAGE LEAFLET WAS LAST APPROVED

November 2020

15. OTHER INFORMATION

Pack sizes: 5 ml, 10 ml, 20 ml and 50 ml.

Not all pack sizes may be marketed.

Supply / use: (National issue)

For any information about this veterinary medicinal product, please contact the local representative of the marketing authorisation holder.

Approved 03 December 2020

A handwritten signature in black ink, appearing to read "Hunter.", is positioned below the approval date.