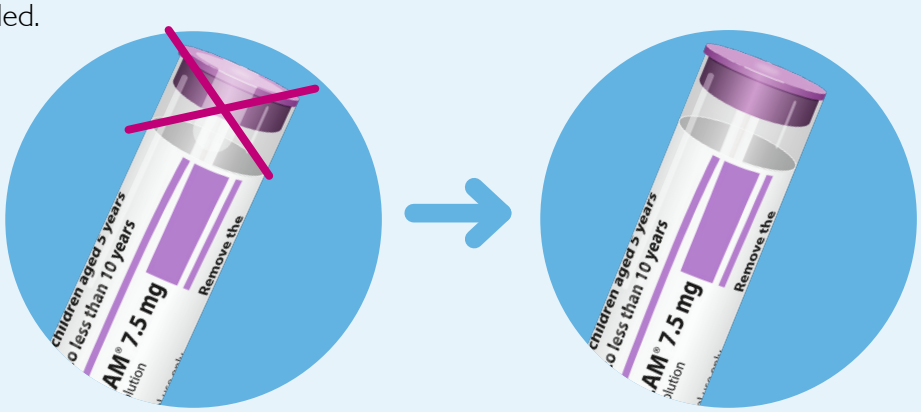
Prescribing Information and reference can be found on the last page of this document.

Important information about BUCCOLAM® (midazolam) oromucosal solution

Neuraxpharm UK has made some important changes to the BUCCOLAM® protective capped plastic tube. You will notice that the self-adhesive strap ('seal') on the tube has now been removed. BUCCOLAM® is now fitted with a new, more ridged cap, that is improved fit for the tube. The new cap has been shown to stay in place without the need for the seals whilst still allowing the cap to be removed quickly, when access to the oral syringe is needed.



The removal of the self-adhesive strap ('seal') on the tube does not affect the way BUCCOLAM® is prescribed. Please continue to prescribe BUCCOLAM® (midazolam) oromucosal solution as usual and consider updating your patients' care plan.

BUCCOLAM® is indicated for the treatment of prolonged, acute, convulsive seizures in infants, toddlers, children and adolescents (from 3 months to <18 years).[1]

BUCCOLAM® must only be used by parents/carers where the patient has been diagnosed to have epilepsy. For infants between 3–6 months of age, treatment should be in a hospital setting where monitoring is possible and resuscitation equipment is available.[1] Please consult the BUCCOLAM® Summary of Product Characteristics (SmPC) before prescribing.

UK: Adverse events should be reported to the Medicines and Healthcare products Regulatory Agency. Reporting forms and information can be found at: https://yellowcard.mhra.gov.uk or search for MHRA Yellow Card in the Google Play or Apple App Store.

Ireland: Adverse events should be reported to the Pharmacovigilance Unit at the Health Products Regulatory Authority (medsafety@hpra.ie). Information about Adverse Event reporting can be found on the HPRA website (www.hpra.ie).

UK & Ireland: Adverse events should also be reported and additional information on our products is available on request from Neuraxpharm UK Ltd pv-uk@neuraxpharm.com

NEURAXPHARM®
Your CNS Specialist

BUCCOLAM®
MIDAZOLAM OROMUCOSAL SOLUTION

Before you start giving this medicine, please read the BUCCOLAM® Package Leaflet for important information about using BUCCOLAM®, there is one inside each pack.

To request a hard copy of the most up-to-date 'How to administer pads', please scan the QR code and fill in your details.

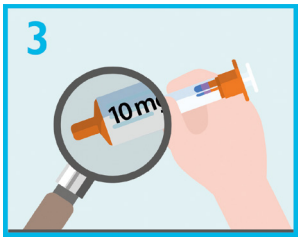
Before administering BUCCOLAM®

MIDAZOLAM OROMUCOSAL SOLUTION

If the child is having a seizure, allow their body to move freely, do not try to restrain them. Only move them if they are in danger from, for example, deep water, fire, or sharp objects.

Support your child's head with something soft, such as a cushion or your lap.

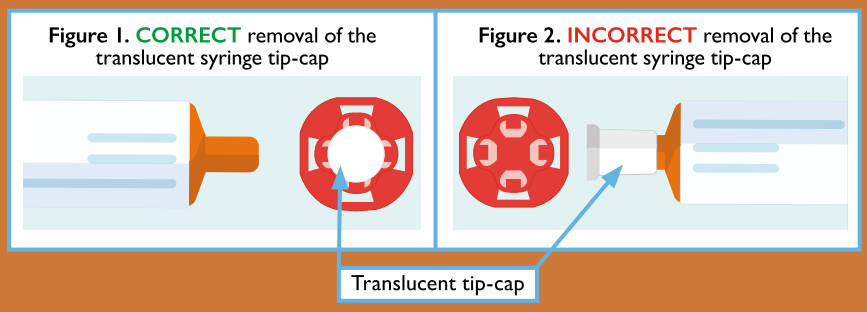
Check that the medicine is the correct dose for your child, according to their age.



Always give this medicine exactly as a doctor has told you. Ask a doctor, pharmacist or nurse to show you how to take or administer this medicine. Always check with them if you are not sure.

IMPORTANT

Please ensure the translucent tip is fully removed. If necessary, it must be manually removed BEFORE administration, to ensure it does not fall into the patient's mouth.



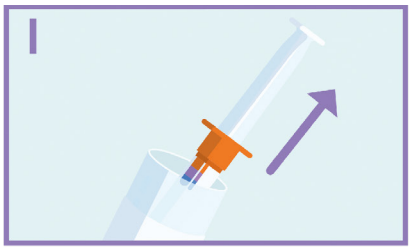
REPORTING OF SIDE EFFECTS: If you experience any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet.

You can also report side effects directly via the Yellow Card Scheme at **www.mhra.gov.uk/yellowcard**.

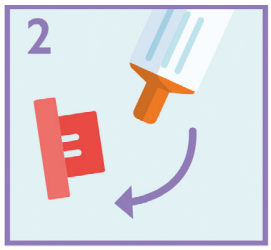
By reporting side effects you can help provide more information on the safety of this medicine.

To administer BUCCOLAM® correctly:

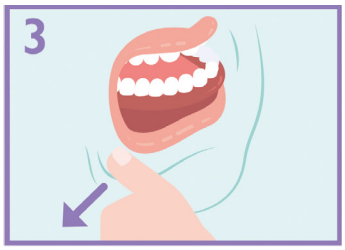
MIDAZOLAM OROMUCOSAL SOLUTION



Hold the plastic tube and remove the cap. Take the syringe out of the tube.



Remove the cap of the syringe and dispose of safely.

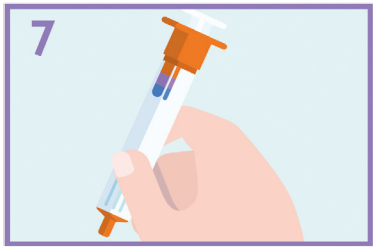


Gently hold the cheek away from the teeth.

Insert the tip of the syringe between the lower gum and the inside of the cheek.*

Slowly release the solution by gently pressing the plunger until it stops and the syringe is empty.

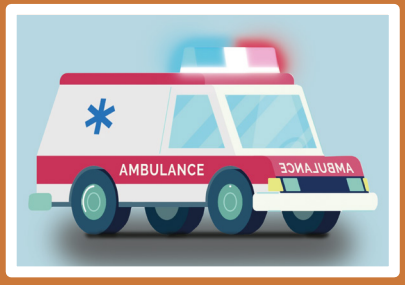
Stay with the patient until the seizure is over. Note the time BUCCOLAM® was given and how long the seizure lasted.



Keep the empty syringe to give it to the doctor or paramedic if they have been called.

*If prescribed by your doctor (for larger volumes and/or smaller patients), you can give approximately half the dose slowly into one side of the mouth, then into the other side of the child's mouth.

CALL AN AMBULANCE IMMEDIATELY IF:



- The seizure does not stop within 10 minutes of administering BUCCOLAM®
- You're unable to empty the syringe or you spill some of the contents
- The patient's breathing slows down or stops
- You observe signs of a heart attack which may include chest pain or pain that spreads to the neck and shoulders and down the left arm
- The patient is sick (vomits) and the seizure does not stop within 10 minutes
- You give too much BUCCOLAM® and there are signs of overdose (see patient information leaflet)

NEVER GIVE ANOTHER DOSE OF BUCCOLAM®:

- Even if seizure does not stop within 10 minutes
- If the patient vomits or salivates

Prescribing Information

BUCCOLAM® (midazolam) 2.5 mg, 5 mg, 7.5 mg & 10 mg oromucosal solution PRESCRIBING INFORMATION.

Refer to Summary of Product Characteristics (SmPC) before prescribing.

Presentation: Pre-filled oral syringes containing midazolam (as hydrochloride) 2.5 mg in 0.5 ml solution, 5 mg in 1 ml solution, 7.5 mg in 1.5 ml solution and 10 mg in 2 ml solution for oromucosal use. **Indication:** Treatment of prolonged, acute, convulsive seizures in infants, toddlers, children and adolescents (from 3 months to <18 years). BUCCOLAM must only be used by parents/carers where the patient has been diagnosed to have epilepsy. For infants between 3-6 months of age treatment should be in a hospital setting where monitoring is possible and resuscitation equipment is available. **Dosage and administration:** BUCCOLAM is for oromucosal use. The full amount of solution should be inserted slowly into the space between the gum and the cheek. If necessary, for larger volumes and/or smaller patients, approximately half the dose should be given slowly into one side of the mouth, then the other half given slowly into the other side. Carers should only administer a single dose of midazolam. If the seizure has not stopped within 10 minutes after administration of midazolam emergency medical assistance must be sought and the empty syringe given to the healthcare professional to provide information on the dose received by the patient. A second or repeat dose when seizures reoccur after an initial response should not be given without prior medical advice. The oral syringe cap should be removed before use to avoid risk of choking. Children under 3 months: The safety and efficacy in children aged 0-3 months has not been established. Patients with renal impairment: No dose adjustment is required (see SmPC), however, BUCCOLAM should be used with caution in patients with chronic renal failure as elimination of midazolam may be delayed and the effects prolonged. Patients with hepatic impairment: Hepatic impairment reduces the clearance of midazolam with a subsequent increase in terminal half-life. Careful monitoring is recommended (see SmPC). BUCCOLAM is contraindicated in patients with severe hepatic impairment. **Contraindications:** Hypersensitivity to the active substance, benzodiazepine or to any of the excipients. Patients suffering from myasthenia gravis, severe respiratory insufficiency, sleep apnoea syndrome and severe hepatic impairment. **Warnings and precautions:** Midazolam should be used with caution in patients with chronic respiratory insufficiency because midazolam may further depress respiration. Delayed respiratory depression as a result of high active metabolite concentrations in the 3–6 months age group cannot be excluded. The use of BUCCOLAM in this age group should be limited for use only under the supervision of a health care professional where resuscitation equipment is available. Midazolam should be used with caution in patients with chronic renal failure, impaired hepatic or cardiac function. Midazolam may accumulate in patients with chronic renal failure or impaired hepatic function whilst in patients with impaired cardiac function clearance of midazolam may be decreased. Debilitated patients are more prone to the central nervous system effects of benzodiazepines and, therefore, lower doses may be required. Midazolam should be avoided in patients with a medical history of alcohol or drug abuse. Midazolam may cause anterograde amnesia. **Interactions:** Midazolam is metabolised by CYP3A4. Medicinal products that inhibit or induce CYP3A4 have the potential to respectively increase and decrease the plasma concentrations of midazolam and, subsequently, the effects of midazolam, thus requiring dose adjustments accordingly. Pharmacokinetic interactions with CYP3A4 inhibitors or inducers are more pronounced for oral as compared to oromucosal or parenteral midazolam as CYP3A4 enzymes are also present in the upper gastrointestinal tract. Anaesthetics and narcotic analgesics: Fentanyl may reduce midazolam clearance; Antiepileptics: Co-administration may cause enhanced sedation or respiratory or cardiovascular depression. Midazolam may interact with other hepatically metabolised medicinal products, e.g. phenytoin, causing potentiation; Calcium-channel blockers: May either reduce clearance of midazolam and potentiate its action; Dopaminergic agents: Midazolam may cause inhibition of levodopa; Muscle relaxants: Midazolam may cause potentiation of muscle relaxants, with increased CNS depressant effects; Nabilone: Co-administration with midazolam may cause enhanced sedation or respiratory and cardiovascular depression; Ulcer-healing medicinal products: Cimetidine, ranitidine and omeprazole have been shown to reduce clearance of midazolam and may potentiate its action; Xanthines: Metabolism of midazolam is accelerated by xanthines. Grapefruit juice: Reduces the clearance of midazolam and potentiates its action. Please read the SmPC for further information on drug interactions. **Fertility, pregnancy and lactation:** Midazolam may be used during pregnancy if clearly necessary. The risk for newborn infants should be taken into account in the event of administration of midazolam in the third trimester of pregnancy. Breast Feeding: Midazolam passes in low quantities (0.6%) into breast milk and therefore it may not be necessary to stop breastfeeding following a single dose of midazolam. **Effects on ability to drive and use machines:** Midazolam has a major influence on the ability to drive and use machines. After receiving midazolam, the patient should be warned not to drive a vehicle or operate a machine until completely recovered. **Undesirable effects:** Common (≥1/100 to <1/10): sedation, somnolence, depressed levels of consciousness, respiratory depression, nausea and vomiting. Other serious undesirable effects: angioedema. **Refer to the SmPC for details on full side effect profile and interactions.**

UK Basic NHS price: Per pack of 4 oral syringes: 2.5 mg- £82.00, 5 mg- £85.50, 7.5 mg- £89.00, 10 mg- £91.50. **Legal Classification:** POM. **Marketing authorisation (MA):** PLGB 16869/0017-0020. **Name and address of MA holder:** Laboratorios Lesvi S.L. Avda Barcelona, 69, 08970 Sant Joan Despí, Barcelona, Spain. Email: pv-uk@neuraxpharm.com. **PI approval code:** BUCC 20A20214 **Date of preparation:** June 2021

Age range	Dose Label colour
3 to 6 months hospital setting	2.5 mg Yellow
>6 months to <1 year	2.5 mg Yellow
1 year to <5 years	5 mg Blue
5 years to <10 years	7.5 mg Purple
10 years to <18 years	10 mg Orange

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Reference: 1. BUCCOLAM® Summary of Product Characteristics. Available at: https://www.medicines.org.uk/emc/ (accessed July 2022).

NXUK/0622/07 DOP: July 2022

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BUCCOLAM® MIDAZOLAM OROMUCOSAL SOLUTION