RESET REALITY

Karrie's Story

At age 18, Karrie was ready for college and preparing for the next chapter in her life. But what should have been a time full of possibilities instead became the start of a decade-long addiction that changed the course of her life.

Karrie began taking opioid prescription painkillers to fit in with her peers. Soon thereafter, she developed an addiction that grew to consume every aspect of her life. Feeding her dependence was her top priority, and came before everything else, even basic survival.

Though Karrie's opioid prescription painkiller addiction continued for more than 10 years, she was able to maintain a steady job. But when she was asked to relocate, Karrie decided she would rather lose her job than move away from her drug connections. Unemployed and estranged from family and friends, Karrie spent two months living in her car. Her friends and family tried to help, but she was afraid of the withdrawal. What's more, she was afraid to be herself, as she had become so accustomed to the person she had become under the influence of drugs.

Karrie's boyfriend also struggled with this addiction and decided to seek help. After he started working with his doctor, Karrie noticed positive changes in him. Karrie realized she wanted to improve herself too. She recognized that if she remained addicted, she would never achieve anything that she wanted in her life. So she made the decision to reset her reality and become the person she wanted to be.

Through support groups and daily treatment with SUBOXONE® (buprenorphine and naloxone) Sublingual Film, Karrie began to turn her life around. Now, she has a career as a counselor and shares her personal journey with others to let them know there are options and tools to help with recovery. She feels she finally has a purpose in life, has healthy relationships and is in control of her life. As a Reset Reality ambassador, Karrie wants other to be encouraged and inspired by hearing that someone like them has found an maintained their recovery.

Indication

SUBOXONE® (buprenorphine and naloxone) Sublingual Film is indicated for maintenance treatment of opioid dependence as part of a complete treatment plan to include counseling and psychosocial support.

Treatment should be initiated under the direction of physicians qualified under the Drug Addiction Treatment Act.

Important Safety Information

SUBOXONE® (buprenorphine and naloxone) Sublingual Film should not be used by patients hypersensitive to buprenorphine or naloxone, as serious adverse reactions, including anaphylactic shock, have been reported.

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Important Safety Information (cont'd)

SUBOXONE (buprenorphine and naloxone) Sublingual Film can be abused in a manner similar to other opioids, legal or illicit. Clinical monitoring appropriate to the patient's level of stability is essential.

Chronic use of buprenorphine can cause physical dependence. A sudden or rapid decrease in dose may result in an opioid withdrawal syndrome that is typically milder than seen with full agonists and may be delayed in onset.

SUBOXONE Sublingual Film can cause serious life-threatening respiratory depression and death, particularly when taken by the intravenous (IV) route in combination with benzodiazepines or other central nervous system (CNS) depressants (ie, sedatives, tranquilizers, or alcohol). It is extremely dangerous to self-administer nonprescribed benzodiazepines or other CNS depressants while taking SUBOXONE Sublingual Film. Dose reduction of CNS depressants, SUBOXONE Sublingual Film, or both when both are being taken should be considered.

Liver function should be monitored before and during treatment.

Death has been reported in nontolerant, nondependent individuals, especially in the presence of CNS depressants.

Children who take SUBOXONE Sublingual Film can have severe, possibly fatal, respiratory depression. Emergency medical care is critical. Keep SUBOXONE Sublingual Film out of the sight and reach of children.

Intravenous misuse or taking SUBOXONE Sublingual Film before the effects of full-agonist opioids (eg, heroin, hydrocodone, methadone, morphine, oxycodone) have subsided is highly likely to cause opioid withdrawal symptoms.

Neonatal withdrawal has been reported.

Use of SUBOXONE Sublingual Film in pregnant women or during breast-feeding should only be considered if the potential benefit justifies the potential risk.

Caution should be exercised when driving vehicles or operating hazardous machinery, especially during dose adjustment.

Adverse events commonly observed with the sublingual administration of SUBOXONE Sublingual Film are oral hypoesthesia, glossodynia, oral mucosal erythema, headache, nausea, vomiting, hyperhidrosis, constipation, signs and symptoms of withdrawal, insomnia, pain, and peripheral edema.

Cytolytic hepatitis, jaundice, and allergic reactions, including anaphylactic shock, have been reported.

This is not a complete list of potential adverse events associated with SUBOXONE Sublingual Film. Please see full Prescribing Information for a complete list at www.suboxone.com/pdfs/SuboxonePI.pdf.

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Important Safety Information (cont'd)

To report an adverse event associated with taking SUBOXONE (buprenorphine and naloxone) Sublingual Film, pleasecall 1-877-782-6966. You are encouraged to report adverse events of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

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