Rivastigmine Luye transdermal patches

INSTRUCTIONS FOR USE AND PATIENT DIARY

For patients and carers of patients who have been prescribed Rivastigmine Luye transdermal patches (rivastigmine transdermal system)

These Instructions for Use and Medication Record Sheets are essential to ensure the correct use of rivastigmine patch



INSTRUCTIONS FOR USE

- These Instructions for Use and Medication Record Sheets are essential to ensure the correct use of rivastigmine patch.
- If you have any questions or require more information, please read the package information leaflet that came with the medicine.
- If you are not sure about anything, please ask your doctor or pharmacist.

Important to remember

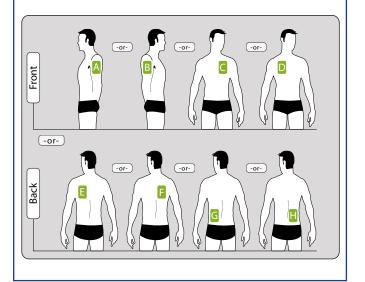
- Take off the previous patch before putting **one** new patch on.
- Only one patch per day.
- Do not cut the patch into pieces.
- Press the patch firmly in place for at least 30 seconds using the palm of the hand.

1. Carefully remove the existing patch before putting on one new patch. 2. Remove the new patch from the sachet. 3. Peel one side of the protective liner off the patch. 4. Stick the patch on the upper or lower back, upper arm, or chest and then peel off the second side of the protective liner. 5. Press the patch firmly in place for at least 30 seconds.

Where to apply

Take off the previous patch before putting **one** new patch on.

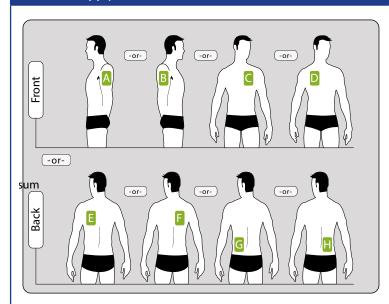
Apply **one** new patch in **one** of the following zones every day.



How to use this record sheet

- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions or require more information, please read the package information leaflet that came with the medicine.
- If you are not sure about anything, please ask your doctor or pharmacist.

Where to apply



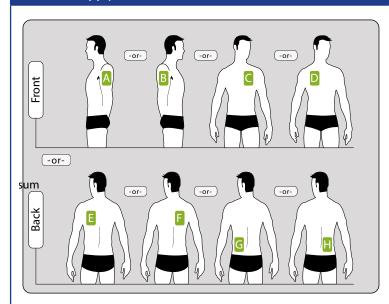
Apply **one** new patch in **one** of the zones to the left every day.

| Old patch removed? | Date of application of new patch | Day of application of new patch | Application zone of new patch (letter) |
|--------------------|---|--|---|
| ~ | 13. February 2024 | Sunday | A |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

How to use this record sheet

- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions or require more information, please read the package information leaflet that came with the medicine.
- If you are not sure about anything, please ask your doctor or pharmacist.

Where to apply



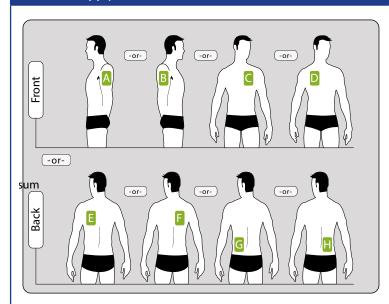
Apply **one** new patch in **one** of the zones to the left every day.

| Old patch removed? | Date of application of new patch | Day of application of new patch | Application zone of new patch (letter) |
|--------------------|---|--|---|
| ~ | 13. February 2024 | Sunday | A |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

How to use this record sheet

- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions or require more information, please read the package information leaflet that came with the medicine.
- If you are not sure about anything, please ask your doctor or pharmacist.

Where to apply



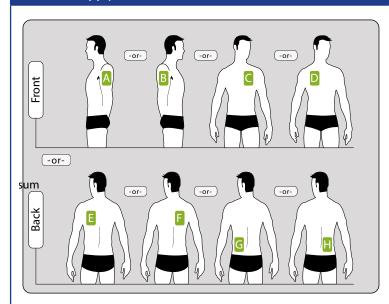
Apply **one** new patch in **one** of the zones to the left every day.

| Old patch removed? | Date of application of new patch | Day of application of new patch | Application zone of new patch (letter) |
|--------------------|---|--|---|
| ~ | 13. February 2024 | Sunday | A |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

How to use this record sheet

- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions or require more information, please read the package information leaflet that came with the medicine.
- If you are not sure about anything, please ask your doctor or pharmacist.

Where to apply



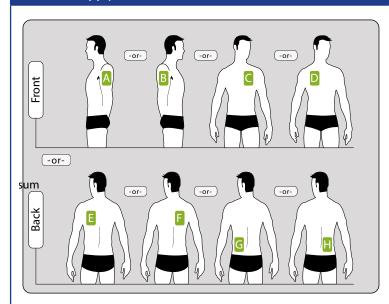
Apply **one** new patch in **one** of the zones to the left every day.

| Old patch removed? | Date of application of new patch | Day of application of new patch | Application zone of new patch (letter) |
|--------------------|---|--|---|
| ~ | 13. February 2024 | Sunday | A |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

How to use this record sheet

- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions or require more information, please read the package information leaflet that came with the medicine.
- If you are not sure about anything, please ask your doctor or pharmacist.

Where to apply



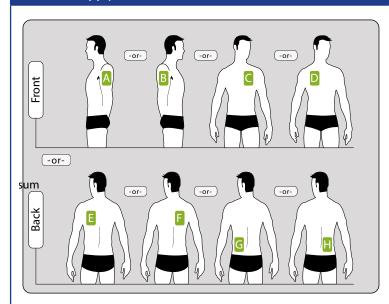
Apply **one** new patch in **one** of the zones to the left every day.

| Old patch removed? | Date of application of new patch | Day of application of new patch | Application zone of new patch (letter) |
|--------------------|---|--|---|
| ~ | 13. February 2024 | Sunday | A |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

How to use this record sheet

- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions or require more information, please read the package information leaflet that came with the medicine.
- If you are not sure about anything, please ask your doctor or pharmacist.

Where to apply



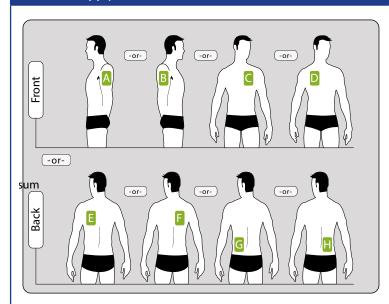
Apply **one** new patch in **one** of the zones to the left every day.

| Old patch removed? | Date of application of new patch | Day of application of new patch | Application zone of new patch (letter) |
|--------------------|---|--|---|
| ~ | 13. February 2024 | Sunday | A |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

How to use this record sheet

- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions or require more information, please read the package information leaflet that came with the medicine.
- If you are not sure about anything, please ask your doctor or pharmacist.

Where to apply



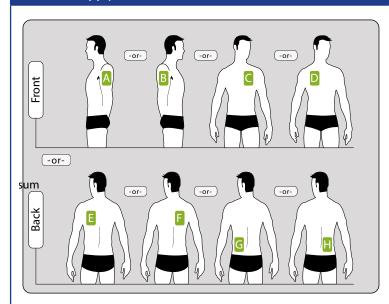
Apply **one** new patch in **one** of the zones to the left every day.

| Old patch removed? | Date of application of new patch | Day of application of new patch | Application zone of new patch (letter) |
|--------------------|---|--|---|
| ~ | 13. February 2024 | Sunday | A |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

How to use this record sheet

- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions or require more information, please read the package information leaflet that came with the medicine.
- If you are not sure about anything, please ask your doctor or pharmacist.

Where to apply



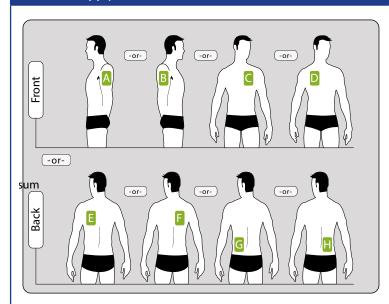
Apply **one** new patch in **one** of the zones to the left every day.

| Old patch removed? | Date of application of new patch | Day of application of new patch | Application zone of new patch (letter) |
|--------------------|---|--|---|
| ~ | 13. February 2024 | Sunday | A |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

How to use this record sheet

- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions or require more information, please read the package information leaflet that came with the medicine.
- If you are not sure about anything, please ask your doctor or pharmacist.

Where to apply



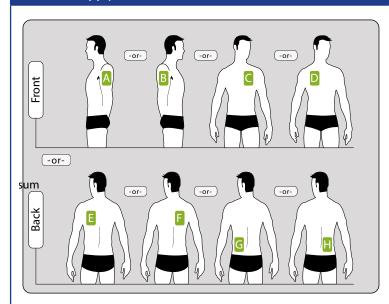
Apply **one** new patch in **one** of the zones to the left every day.

| Old patch removed? | Date of application of new patch | Day of application of new patch | Application zone of new patch (letter) |
|--------------------|---|--|---|
| ~ | 13. February 2024 | Sunday | A |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

How to use this record sheet

- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions or require more information, please read the package information leaflet that came with the medicine.
- If you are not sure about anything, please ask your doctor or pharmacist.

Where to apply



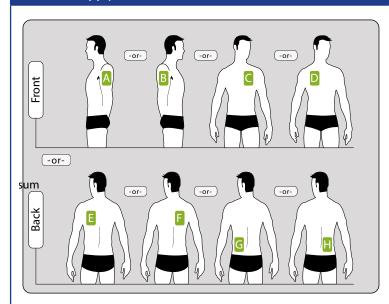
Apply **one** new patch in **one** of the zones to the left every day.

| Old patch removed? | Date of application of new patch | Day of application of new patch | Application zone of new patch (letter) |
|--------------------|---|--|---|
| ~ | 13. February 2024 | Sunday | A |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

How to use this record sheet

- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions or require more information, please read the package information leaflet that came with the medicine.
- If you are not sure about anything, please ask your doctor or pharmacist.

Where to apply



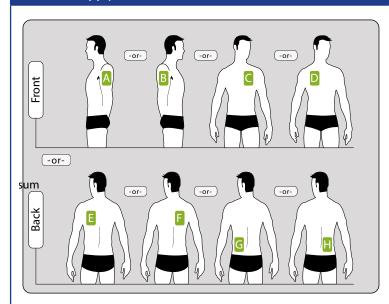
Apply **one** new patch in **one** of the zones to the left every day.

| Old patch removed? | Date of application of new patch | Day of application of new patch | Application zone of new patch (letter) |
|--------------------|---|--|---|
| ~ | 13. February 2024 | Sunday | A |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

How to use this record sheet

- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions or require more information, please read the package information leaflet that came with the medicine.
- If you are not sure about anything, please ask your doctor or pharmacist.

Where to apply



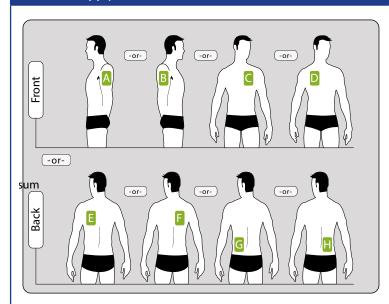
Apply **one** new patch in **one** of the zones to the left every day.

| Old patch removed? | Date of application of new patch | Day of application of new patch | Application zone of new patch (letter) |
|--------------------|---|--|---|
| ~ | 13. February 2024 | Sunday | A |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

How to use this record sheet

- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions or require more information, please read the package information leaflet that came with the medicine.
- If you are not sure about anything, please ask your doctor or pharmacist.

Where to apply



Apply **one** new patch in **one** of the zones to the left every day.

| Old patch removed? | Date of application of new patch | Day of application of new patch | Application zone of new patch (letter) |
|--------------------|---|--|---|
| ~ | 13. February 2024 | Sunday | A |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REPORTING OF SIDE EFFECTS

Please report side effects to the MHRA through the Yellow Card scheme. You can report via:

- the Yellow Card website www.mhra.gov.uk/yellowcard
- the free Yellow Card app available from the Apple App Store or Google Play Store

Alternatively you can report a side effect to the Yellow Card scheme by calling 0800 731 6789 for free, Monday to Friday between 9am and 5pm. You can leave a message outside of these hours.

When reporting please provide as much information as possible. By reporting side effects, you can help provide more information on the safety of this medicine.

If you have any questions regarding Rivastigmine Luye transdermal patch (rivastigmine skin patch) or would like to request further hard copies of this patient diary, please contact Luye Pharma Ltd:

LUYE PHARMA LIMITED

Surrey Technology Centre, 40 Occam Road Surrey Research Park Guildford, GU2 7YG

email: safety@luyepharma.co.uk

Tel: 0203 992 7900