

# RIVASTIGMINE PATCH

## **INSTRUCTIONS FOR USE AND PATIENT DIARY**

---

To be provided to patients that have been prescribed Exelon<sup>®</sup> Patch or Prometax<sup>®</sup> Patch (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.

## How to apply

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 peel off the protective liner. 
5. Press the patch firmly in place for at least 30 seconds. 

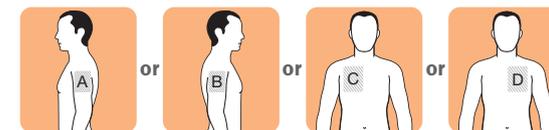
## Where to apply

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

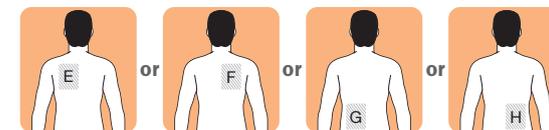
Apply **one** new patch in **one** of the following zones every day.

You can use the same zone (A or B or C or D or E or F or G or H), but do not use the same exact spot within the same zone.

### Front:



### Back:



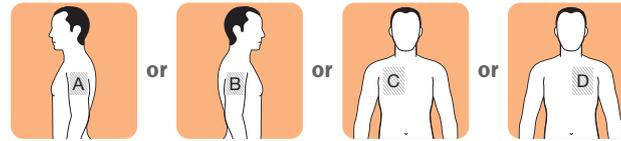
# MEDICATION RECORD SHEET

## How to use this record sheet

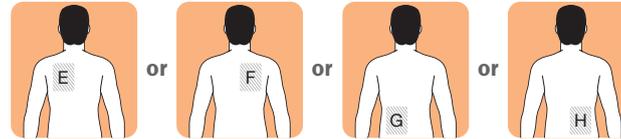
- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions 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.

## Application zones

### Front:



### Back:



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

You can use the same zone (A or B or C or D or E or F or G or H), but do not use the same exact spot within the same zone.

Old patch removed?	Date of application of new patch	Day of application of new patch	Application zone of new patch (letter)
<input checked="" type="checkbox"/>	9 March 20	Monday	A
<input type="checkbox"/>			

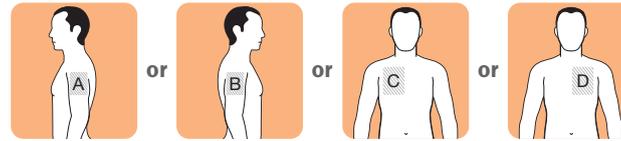
# MEDICATION RECORD SHEET

## How to use this record sheet

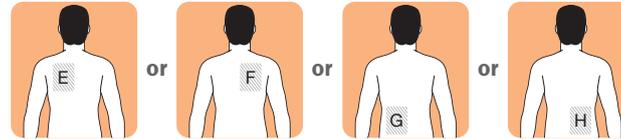
- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions 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.

## Application zones

### Front:



### Back:



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

You can use the same zone (A or B or C or D or E or F or G or H), but do not use the same exact spot within the same zone.

Old patch removed?	Date of application of new patch	Day of application of new patch	Application zone of new patch (letter)
<input checked="" type="checkbox"/>	9 March 20	Monday	A
<input type="checkbox"/>			

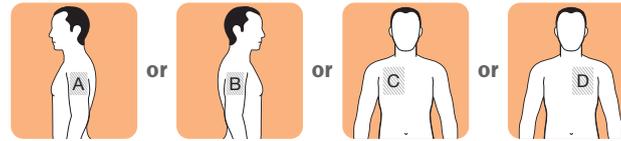
# MEDICATION RECORD SHEET

## How to use this record sheet

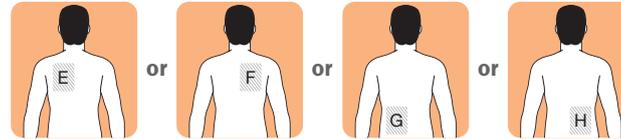
- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions 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.

## Application zones

### Front:



### Back:



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

You can use the same zone (A or B or C or D or E or F or G or H), but do not use the same exact spot within the same zone.

Old patch removed?	Date of application of new patch	Day of application of new patch	Application zone of new patch (letter)
<input checked="" type="checkbox"/>	9 March 20	Monday	A
<input type="checkbox"/>			

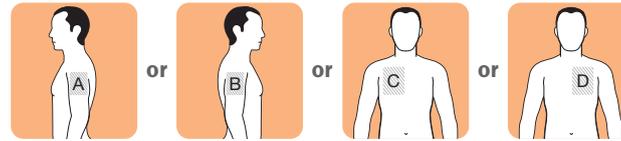
# MEDICATION RECORD SHEET

## How to use this record sheet

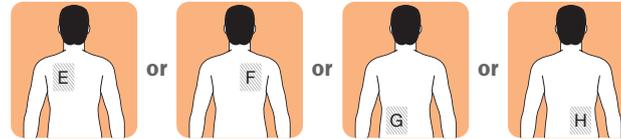
- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions 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.

## Application zones

### Front:



### Back:



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

You can use the same zone (A or B or C or D or E or F or G or H), but do not use the same exact spot within the same zone.

Old patch removed?	Date of application of new patch	Day of application of new patch	Application zone of new patch (letter)
<input checked="" type="checkbox"/>	9 March 20	Monday	A
<input type="checkbox"/>			

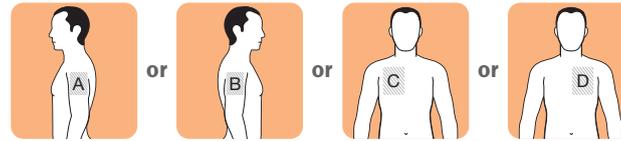
# MEDICATION RECORD SHEET

## How to use this record sheet

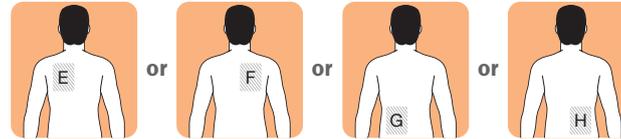
- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions 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.

## Application zones

### Front:



### Back:



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

You can use the same zone (A or B or C or D or E or F or G or H), but do not use the same exact spot within the same zone.

Old patch removed?	Date of application of new patch	Day of application of new patch	Application zone of new patch (letter)
<input checked="" type="checkbox"/>	9 March 20	Monday	A
<input type="checkbox"/>			

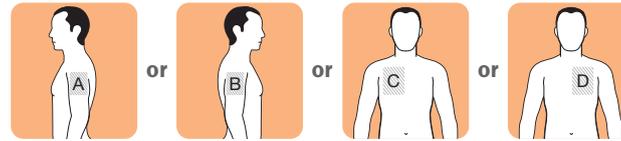
# MEDICATION RECORD SHEET

## How to use this record sheet

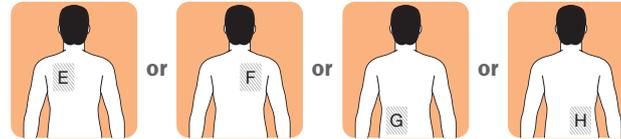
- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions 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.

## Application zones

### Front:



### Back:



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

You can use the same zone (A or B or C or D or E or F or G or H), but do not use the same exact spot within the same zone.

Old patch removed?	Date of application of new patch	Day of application of new patch	Application zone of new patch (letter)
<input checked="" type="checkbox"/>	9 March 20	Monday	A
<input type="checkbox"/>			

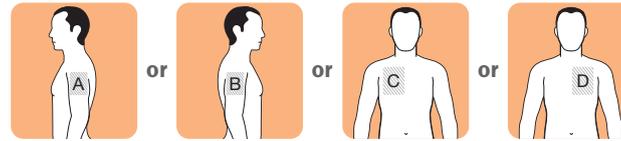
# MEDICATION RECORD SHEET

## How to use this record sheet

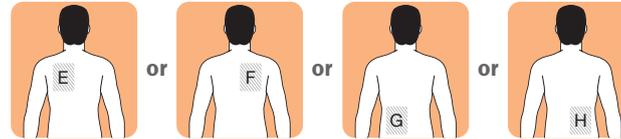
- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions 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.

## Application zones

### Front:



### Back:



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

You can use the same zone (A or B or C or D or E or F or G or H), but do not use the same exact spot within the same zone.

Old patch removed?	Date of application of new patch	Day of application of new patch	Application zone of new patch (letter)
<input checked="" type="checkbox"/>	9 March 20	Monday	A
<input type="checkbox"/>			

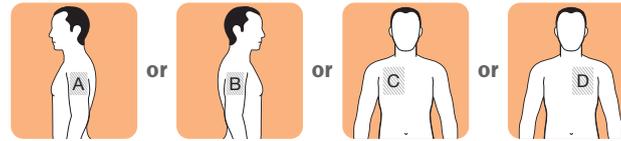
# MEDICATION RECORD SHEET

## How to use this record sheet

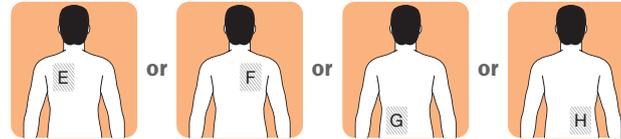
- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions 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.

## Application zones

### Front:



### Back:



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

You can use the same zone (A or B or C or D or E or F or G or H), but do not use the same exact spot within the same zone.

Old patch removed?	Date of application of new patch	Day of application of new patch	Application zone of new patch (letter)
<input checked="" type="checkbox"/>	9 March 20	Monday	A
<input type="checkbox"/>			

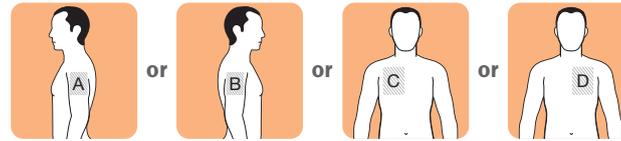
# MEDICATION RECORD SHEET

## How to use this record sheet

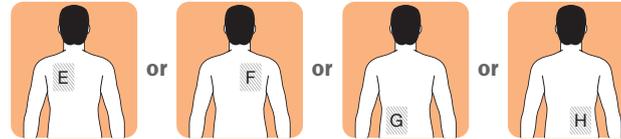
- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions 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.

## Application zones

### Front:



### Back:



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

You can use the same zone (A or B or C or D or E or F or G or H), but do not use the same exact spot within the same zone.

Old patch removed?	Date of application of new patch	Day of application of new patch	Application zone of new patch (letter)
<input checked="" type="checkbox"/>	9 March 20	Monday	A
<input type="checkbox"/>			

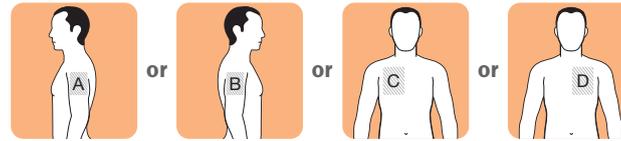
# MEDICATION RECORD SHEET

## How to use this record sheet

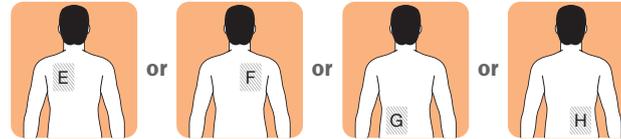
- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions 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.

## Application zones

### Front:



### Back:



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

You can use the same zone (A or B or C or D or E or F or G or H), but do not use the same exact spot within the same zone.

Old patch removed?	Date of application of new patch	Day of application of new patch	Application zone of new patch (letter)
<input checked="" type="checkbox"/>	9 March 20	Monday	A
<input type="checkbox"/>			

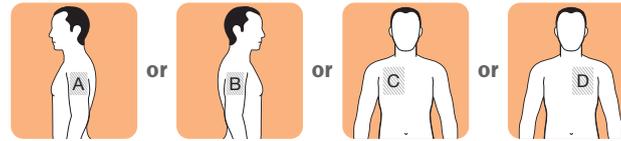
# MEDICATION RECORD SHEET

## How to use this record sheet

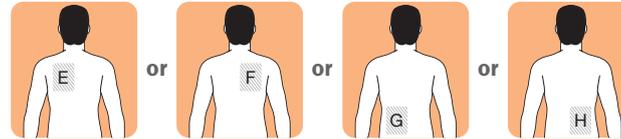
- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions 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.

## Application zones

### Front:



### Back:



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

You can use the same zone (A or B or C or D or E or F or G or H), but do not use the same exact spot within the same zone.

Old patch removed?	Date of application of new patch	Day of application of new patch	Application zone of new patch (letter)
<input checked="" type="checkbox"/>	9 March 20	Monday	A
<input type="checkbox"/>			

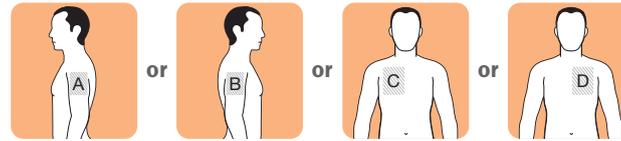
# MEDICATION RECORD SHEET

## How to use this record sheet

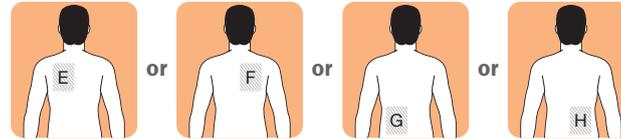
- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions 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.

## Application zones

### Front:



### Back:



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

You can use the same zone (A or B or C or D or E or F or G or H), but do not use the same exact spot within the same zone.

Old patch removed?	Date of application of new patch	Day of application of new patch	Application zone of new patch (letter)
<input checked="" type="checkbox"/>	9 March 20	Monday	A
<input type="checkbox"/>			

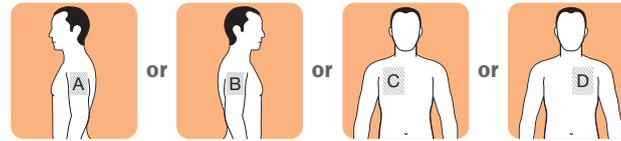
# MEDICATION RECORD SHEET

## How to use this record sheet

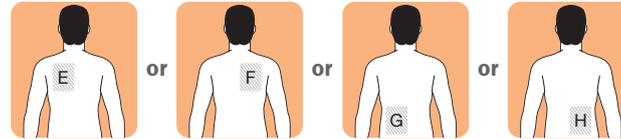
- Use this record sheet to keep track of when you apply and take off a RIVASTIGMINE PATCH.
- Tick the box when you have removed the old patch.
- Fill in the date and day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions 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.

## Application zones

### Front:



### Back:



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

You can use the same zone (A or B or C or D or E or F or G or H), but do not use the same exact spot within the same zone.

Old patch removed?	Date of application of new patch	Day of application of new patch	Application zone of new patch (letter)
<input checked="" type="checkbox"/>	9 March 20	Monday	A
<input type="checkbox"/>			

### Reporting of side effects

If you get side effects with any medication you are taking, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the information leaflet that comes in the pack. You can also report the side effect.

It is easiest and quickest to report side effects online via the Yellow Cards website <https://yellowcard.mhra.gov.uk/> or search for MHRA Yellow Card in the Google Play or Apple App Store.

Alternatively, prepaid Yellow Cards for reporting are available by writing to FREEPOST YELLOW CARD (no other address details necessary), by emailing [yellowcard@mhra.gov.uk](mailto:yellowcard@mhra.gov.uk), at the back of the British National Formulary (BNF), by telephoning the Commission on Human Medicines (CHM) free phone line: 0800 731 6789, or by downloading and printing a form from the Yellow Card section of the MHRA website.

By reporting side effects you can help provide more information on the safety of your medication.