

[Medicine name][®] *(if phonetic spelling is required, the Second Edition of the Second Edition of the Usability Guidelines suggests using the system outlined in the Webster's International Dictionary).*

Generic name

Consumer Medicine Information

Consumer Name
Consumer Address
Consumer Address

Date of Dispensing

*Pharmacist Name
Pharmacist Address
Pharmacist Address*

What is in this leaflet¹

This leaflet answers some common questions about [Medicine name].

It does not contain all the available information.

It does not take the place of talking to your doctor, pharmacist² or diabetes educator.

All medicines have risks and benefits. Your doctor or pharmacist has weighed the risks of you taking [Medicine name] against the benefits they expect it will have for you.

If you have any concerns about taking this medicine, ask your doctor or pharmacist.

Keep this leaflet with the medicine.

You may need to read it again.

What [Medicine name] is used for

Include information on the expected effects of using [Medicine name], the therapeutic indications (that is, what it is used for), the pharmacotherapeutic group and how it works etc.

For the sulphonylureas:

¹ Depending on the length of your CMI, consider using a table of contents (see Second Edition of the Usability Guidelines).

² The reference to pharmacists may be especially relevant for S3 medicines.

[Medicine name] is used to control blood glucose in patients with Type II diabetes mellitus.

This type of diabetes is also known as non-insulin-dependent diabetes mellitus (NIDDM) or maturity onset diabetes.

For metformin:

[Medicine name] is used to control blood glucose in patients with diabetes mellitus.

There are two types of diabetes mellitus:

- Type I, which is insulin dependent
- Type II, also called non-insulin-dependent diabetes mellitus (NIDDM) or maturity onset diabetes

For both sulphonylureas and metformin:

[Medicine name] is used when diet and exercise are not enough to control your blood glucose.

For the sulphonylureas:

[Medicine name] can be used alone, or together with insulin or other medicines for treating diabetes.

For metformin:

[Medicine name] can be used in patients with Type I diabetes mellitus where insulin alone is not enough to control your blood glucose levels.

[Medicine name] can also be used for the treatment of Type II diabetes. It can be used alone, or in combination with other medicines for treating diabetes.

How it works

For the sulphonylureas:

[Medicine name] lowers high blood glucose by increasing the amount of insulin produced by your pancreas.

For metformin:

[Medicine name] lowers high blood glucose by helping your body make better use of the insulin produced by your pancreas.

Statement about the class of medicine:

[Medicine name] belongs to a group of medicines called sulphonylureas/ biguanides.

If your blood glucose is not properly controlled, you may experience hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose). High blood glucose can lead to serious problems with your heart, eyes, circulation or kidneys.

Low blood glucose can occur suddenly. Signs may include:

- weakness, trembling or shaking
- sweating

- lightheadedness, dizziness, headache or lack of concentration
- tearfulness or crying
- irritability
- hunger
- numbness around the lips and tongue.

If not treated promptly, these may progress to:

- loss of co-ordination
- slurred speech
- confusion
- loss of consciousness or fitting.

High blood glucose usually occurs more slowly than low blood glucose. Signs of high blood glucose may include:

- lethargy or tiredness
- headache
- thirst
- passing large amounts of urine
- blurred vision.

This medicine is available only with a doctor's prescription.

Statement about addictive properties:

There is no evidence that [Medicine name] is addictive.

Alternative explanation:

[Medicine name] is not addictive.

Before you take [Medicine Name]

When you must not take it

Do not take [Medicine name] if:

1. you have an allergy to:

- [Medicine name]
- *sulphonylureas*
- related medicines such as sulfur antibiotics or thiazide diuretics (examples can be given, with trade mark symbol at first occurrence, if this is company policy)
- any of the ingredients listed at the end of this leaflet.

Symptoms of an allergic reaction to these medicines may include: (*list hypersensitivity/allergic symptoms from your PI*)³

If you are not sure if you have an allergy to [Medicine name], check with your doctor.

2. you have or have had any of the following conditions:

For the sulphonylureas:

- type I diabetes mellitus (insulin dependent diabetes mellitus, also known as IDDM, or juvenile or growth onset diabetes)
- unstable diabetes
- diabetic acidosis
- diabetic coma or pre-coma
- (severe) kidney disease
- (severe) liver disease.

For metformin:

- type I diabetes well controlled by insulin alone
- diabetic acidosis
- diabetic coma or pre-coma
- (severe) kidney disease
- (severe) liver disease
- high blood pressure or other heart or blood vessel problems
- gangrene
- blood clots in your lungs
- inflammation of the pancreas.

If you are not sure if you have any of the above, ask your doctor.

3. you are pregnant or intend becoming pregnant.

Insulin is more suitable for controlling blood glucose during pregnancy. Your doctor will replace [Medicine name] with insulin.

4. you are breast-feeding or plan to breast-feed.⁴

[Medicine name] is not recommended while you are breast-feeding. It is not known

³ Do not include allergy symptoms if they are not listed in your PI.

⁴ use if [Medicine name] passes into breast-milk and/or your PI clearly says it is not recommended in breast-feeding. Otherwise, place under 'Before you start to take it'.

whether [Medicine name] passes into breast-milk.

Alternative explanation:

[Medicine name] passes into breast-milk and therefore there is the possibility that the breast-fed baby may be affected.

Tampering and expiry date warnings:

5. the packaging is torn or shows signs of tampering (or the tablets do not look quite right).

6. the expiry date on the pack has passed.

If you take this medicine after the expiry date has passed, it may not work as well.

For the sulphonylureas:

Do not give [Medicine name] to children.

There is no/not enough experience with the use of [Medicine name] in children.

Before you start to take it

Tell your doctor if:

1. you have any allergies to any other medicines or any other substances such as foods, preservatives or dyes.

2. you are breast-feeding or plan to breast-feed.

[Medicine name] is usually not recommended while you are breast-feeding.

It is not known whether [Medicine name] passes into breast-milk. Your doctor will discuss the risks and benefits of taking [Medicine name] when breast-feeding.

3. you have or have had any of the following medical conditions:

The following is a combined list for both the sulphonylureas and metformin; select according to your PI.

- kidney problems

- liver problems
- a history of diabetic coma
- adrenal, pituitary or thyroid problems
- heart failure.

Tell your doctor if:

- you drink alcohol in any amount/you ever drink alcohol
- you do not eat regular meals
- you do a lot of exercise/you do heavy exercise or work
- you are ill or feeling unwell.

Alcohol, diet, exercise, and your general health all strongly affect the control of your diabetes. Discuss these things with your doctor.

Discuss these things with your doctor.

If you have not told your doctor, pharmacist or diabetes educator about any of the above, tell them before you start taking [Medicine name].

Taking other medicines

Tell your doctor, pharmacist or diabetes educator if you are taking any other medicines, including medicines you buy without a prescription from a pharmacy, supermarket or health food shop.

For the sulphonylureas:

The following is a combined list for all sulphonylureas; select only those appropriate for your own PI. Note: interacting drugs have been placed into 4 categories ie those which may lead to:

1. hypoglycaemia
2. an increase blood glucose ie.loss of control of diabetes
3. a change in disposition of other drugs
4. masking of the symptoms of hypoglycaemia.

Some medicines may lead to low blood glucose (hypoglycaemia) by increasing the blood-glucose-lowering effect of [Medicine name]. These include:

[Medicine name]

- alcohol
- some medicines used to treat high blood pressure [ACEIs; beta-blockers; clonidine; guanethidine; methyl dopa; reserpine (NA in Aus)]
- some medicines used to treat arthritis, pain and inflammation [aminosalicylic acid; (high dose) salicylates and other NSAIDs; phenylbutazone; phenylramidol oxyphenbutazone,]
- (anabolic) steroids
- some cholesterol-lowering medicines [bezafibrate; clofibrate; gemfibrozil]
- other medicines used to treat diabetes [biguanides, insulin]
- some antibiotics [chloramphenicol; co-trimoxazole; miconazole; quinolone antibiotics; tetracyclines; long-acting sulphonamides; ethionamide (NA in Aus)]
- medicines used to prevent blood clots [coumarin derivatives; heparin; oral anticoagulants]
- disopyramide, a medicine used to treat irregular heart rhythms
- fenfluramine, a weight-reducing medicine
- some medicines used to treat depression [fluoxetine; MAOIs]
- oxpentifylline, a medicine used to treat blood vessel problems
- some medicines used to treat cancer [phosphamides]
- some medicines used to treat gout [probenecid; allopurinol; sulphinyprazone]
- tritoqualine (NA in Aus)
- phenytoin, a medicine used to treat epilepsy (convulsions) [hydantoins]
- cimetidine and ranitidine, medicines used to treat reflux and ulcers.

Some medicines may lead to loss of control of your diabetes by weakening the blood glucose-lowering effect of [Medicine name]. These include:

- alcohol
- some medicines used to treat glaucoma [acetazolamide; diazoxide]

- some medicines used to treat high blood pressure [CCBs; clonidine; chlorthalidone]
- corticosteroids such as prednisone and cortisone
- glucagon, a medicine used to treat low blood glucose
- some medicines used to treat tuberculosis [isoniazid; rifampicin]
- (high dose) nicotinic acid used for the lowering of blood fats
- oestrogens and oral contraceptives [oestrogens, progesterones]
- some medicines used to treat mental illness or psychotic disorders [phenothiazines]
- phenytoin, a medicine used to treat epilepsy (convulsions)
- cimetidine and ranitidine, medicines used to treat reflux and ulcers
- ritodrine, a medicine used to prevent premature labour
- diuretics, also known as fluid tablets [saluretics; thiazides]
- some asthma medicines, preparations for coughs and colds, and weight-reducing medicines [sympathomimetics]
- thyroid hormones
- large doses of laxatives
- indomethacin, a medicine used to treat arthritis
- barbiturates, medicines used for sedation.

[Medicine name] may change the effects of some other medicines. These include:

- colestipol, a medicine used to lower high blood cholesterol
- benzocaine, an anaesthetic
- barbiturates, medicines for sedation.

For both the sulphonylureas and metformin:

Some medicines may hide the symptoms of low blood sugar (hypoglycaemia). These include:

- alcohol
- certain medicines used to treat high blood pressure [betablockers; clonidine].

For metformin:

Some medicines and [Medicine name] may interfere with each other. These include:

- alcohol
- cimetidine, a medicine used to treat reflux and ulcers
- other medicines used to treat diabetes [*biguanides, insulin*]
- some medicines used to treat high blood pressure and angina [*betablockers*]
- medicines used to prevent blood clots [*anticoagulants*]
- diuretics, also known as fluid tablets [*thiazides, frusemide*]
- thyroid preparations
- corticosteroids such as prednisone and cortisone
- oestrogen and oral contraceptives
- diazoxide, a medicine used to treat glaucoma
- (high dose) nicotinic acid used for the lowering of blood fats
- tetracycline antibiotics
- fenclofenac, a medicine used to treat arthritis, pain and inflammation (*not available in Australia*).

You may need different amounts of your medicine or you may need to take different medicines. Your doctor, pharmacist or diabetes educator can tell you what to do if you are taking any of these medicines. They also have a more complete list of medicines to be careful with or avoid while taking [Medicine name].

Ask your doctor or pharmacist if you are not sure if you are taking any of these medicines.

How to take [Medicine name]

This information will be product specific and consistent with the PI. The following order of information is suggested, but will depend upon the particular medicine and the amount of information. These headings are suggested but may not be necessary in all cases.

Follow all directions given to you by your doctor, pharmacist or diabetes educator carefully.

[Medicine name]

They may differ from the information contained in this leaflet.

If you do not understand the instructions on the box/bottle, ask your doctor or pharmacist for help.

How much to take

For the sulphonylureas:

Include dose ranges and frequency as in PI.

For metformin:

The usual dose of [Medicine name] ranges from 500mg to 1,000 mg, one to three times a day. It is usually never more than 3,000mg a day.

For both the sulphonylureas and metformin:

Your doctor will tell you how many tablets to take each day. Your doctor may increase or decrease the dose, depending on your blood glucose levels.

For metformin:

If your child has diabetes resistant to insulin and is being treated in hospital, your child's doctor will decide the dose.

When to take it

Swallow the tablets with a glass of water.

For the sulphonylureas:

Include timing with food as in PI; Note: article from Australian Pharmacist, Jan 1996.

Do not skip meals while taking [Medicine name].

For metformin:

Take [Medicine name] during or immediately after food.

Taking it with food will lessen the chance of a stomach upset.

Do not skip meals while taking [Medicine name].

How long to take it

Continue taking [Medicine name] for as long as your doctor recommends. Make sure you keep enough [Medicine name] to last over weekends and holidays.

[Medicine name] will help control your diabetes but will not (*cure*) it. Therefore, you may have to take it for a long time.⁵

If you forget to take it

(As per Second Edition of the Usability Guidelines. More specific time frames can be added if necessary).

If it is almost time for your next dose, skip the dose you missed and take your next dose when you are meant to. Otherwise, take it as soon as you remember (*with food*), then go back to taking your tablets as you would normally.

Missed doses can cause hyperglycaemia.

If you are not sure whether to skip the dose, talk to your doctor or pharmacist.

Do not take a double dose to make up for the dose you have missed.

If you double a dose, this may cause hypoglycaemia.

If you take too much (overdose)

Immediately telephone your doctor, Diabetes Australia/New Zealand or Poisons Information Centre (telephone in Australia: 13 11 26; in New Zealand: 03 4747 000) for advice if you think that you or anyone else may have taken too much [Medicine name]. Do this even if there are no signs of discomfort or poisoning.

⁵ Consider repeating these paragraphs on the need to continue taking [Medicine name] under 'Things you must do'.

For metformin:

If you take too much [Medicine name] together with other medicines for diabetes or alcohol, you may experience symptoms of hypoglycaemia.

For the sulphonylureas:

If you take too much [Medicine name], you may experience symptoms of hypoglycaemia.

If not treated quickly, these symptoms may progress to loss of co-ordination, slurred speech, confusion, loss of consciousness and fitting.

At the first signs of hypoglycaemia, raise your blood glucose quickly by taking jelly beans, sugar or honey, (non-diet) soft drink or glucose tablets.

For metformin:

If you take too much [Medicine name], you may feel sick, vomit, have trouble breathing and have stomach pain or diarrhoea. These may be the early signs of a serious condition called lactic acidosis.

If you experience any of these symptoms, immediately get medical help.

While you are using [Medicine name]

Things you must do

If you become pregnant while you are taking [Medicine name], tell your doctor.

If you are about to start taking any new medicines, tell your doctor and pharmacist that you are taking [Medicine name].

Tell all doctors, dentists and pharmacists who are treating you that you are taking [Medicine name].

Make sure you, your friends, family and work colleagues can

[Medicine name]

recognise the symptoms of hypoglycaemia and hyperglycaemia and know how to treat them.

If you experience any of the symptoms of hypoglycaemia, you need to raise your blood glucose urgently. You can do this by taking one of the following:

- 5-7 jelly beans
- 3 teaspoons of sugar or honey
- ½ can of ordinary (non-diet) soft drink
- 2-3 concentrated glucose tablets
- unless you are within 10 to 15 minutes of your next meal or snack, follow up with extra carbohydrates eg plain biscuits, fruit or milk - when over the initial symptoms. Taking this extra carbohydrate will prevent a second drop in your blood glucose level.

If you are elderly or are taking other medicines for diabetes such as insulin or sulphonylureas/metformin, the risk of hypoglycaemia is increased.

Alternative statement:

The risk of hypoglycaemia is increased in the following situations:

- too much [Medicine name]
- too much or unexpected exercise
- delayed meal or snack
- too little food.

If you experience any of the signs of high blood glucose (hyperglycaemia), contact your doctor immediately.

The risk of hyperglycaemia is increased in the following situations:

- undiagnosed or uncontrolled diabetes
- illness, infection or stress
- too little [Medicine name]
- certain other medicines
- too little exercise
- eating more carbohydrate than normal.

Statement about switching to insulin:

If you become ill or experience extra stress, injury, fever, infection or need surgery, tell your doctor.

Your blood glucose may become difficult to control at these times. Your doctor may decide to change your treatment and use insulin instead of [Medicine name].
Statement about monitoring blood glucose levels:

Make sure you check your blood glucose levels regularly.

This is the best way to tell if your diabetes is being controlled properly. Your doctor or diabetes educator will show you how and when to do this.

For metformin: statement about radiography:

Tell your doctor, dentist or anaesthetist that you are taking [Medicine name] before you have any surgery or X-ray procedures that require injection of contrast agents.

Your doctor may decide that [Medicine name] should be stopped prior to these procedures.

Statement about regular health checks:

Visit your doctor for regular checks of your eyes/feet/kidneys/heart/circulation/blood/blood pressure.

For metformin:

See your doctor once a year for a check on your body's level of vitamin B₁₂.

Statement about diet and exercise:

Carefully follow your doctor's and/or dietician's advice on diet, drinking alcohol and exercise.

For the sulphonylureas:

If you drink alcohol while taking [Medicine name], you may get flushing, headache, breathing difficulties, rapid heart beat,

stomach pains or feel sick and vomit.

Statement about secondary failure:

Tell your doctor immediately if you notice the return of any symptoms you had before starting [Medicine name].

These may include lethargy or tiredness, headache, thirst, passing large amounts of urine and blurred vision.

These may be signs that [Medicine name] is no longer working, even though you may have been taking it successfully for some time.

Things you must not do

Do not give [Medicine name] to anyone else, even if they have the same condition as you.

Do not skip meals while taking [Medicine name].

Things to be careful of

For the sulphonyureas: statement about sun exposure:

Protect your skin when you are in the sun, especially between 10am and 3pm.

[Medicine name] may cause your skin to be more sensitive to sunlight than it is normally. Exposure to sunlight may cause a skin rash, itching, redness, or a severe sunburn.

If outdoors, wear protective clothing and use a 15⁺ sunscreen. If your skin does appear to be burning, tell your doctor immediately.

Statement about driving if dizziness, drowsiness etc are not listed as side effects in your PI:

If you have to be alert, for example, when driving, be especially careful not to let your blood glucose levels fall too low.

Low blood glucose levels may slow your reaction time and affect your ability to drive or operate machinery. Drinking alcohol can make this worse. However, [Medicine name] by itself is unlikely

[Medicine name]

to affect how you drive or operate machinery.

Statement about driving if dizziness, drowsiness etc are included as side effects in your PI:

Be careful driving or operating machinery until you know how [Medicine name] affects you. Also, be especially careful not to let your blood glucose levels fall too low.

[Medicine name] may cause dizziness, light-headedness, tiredness, drowsiness (as per PI) in some people. Low blood glucose levels may also slow your reaction time and affect your ability to drive or operate machinery. Drinking alcohol can make this worse.

Make sure you know how you react to [Medicine name] before you drive a car, operate machinery or do anything else that could be dangerous if you are dizzy or light-headed. If this does occur, do not drive.

Statement about travelling:

If you are travelling, it is a good idea to:

- wear some form of identification showing you have diabetes
- carry some form of sugar to treat hypoglycaemia if it occurs, for example, sugar sachets or jelly beans
- carry emergency food rations in case of a delay, for example, dried fruit, biscuits or muesli bars
- keep [Medicine name] readily available.

Statement about sick days:

If you become sick with a cold, fever or flu, it is very important to continue taking [Medicine name], even if you feel unable to eat your normal meal. If you have trouble eating solid food, use sugar-sweetened drinks as a carbohydrate substitute or eat small amounts of bland food.

Your diabetes educator or dietician can give you a list of foods to use for sick days.

Side effects

An all inclusive list of side effects has been developed. The list does not mean all companies are disclosing the same side effects. The side effects for a particular product will depend on the PI and the company's disclosure policy. The list enables a consistent approach in the way the side effects are described.

The side effects in the CMI can be arranged in order of potential severity or frequency, depending on which is the more appropriate for the product.

Outlined below is the format as recommended in the Second Edition of the Usability Guidelines.

Tell your doctor or pharmacist as soon as possible if you do not feel well while you are taking [Medicine name].

[Medicine name] helps most people with diabetes, but it may have unwanted side effects in a few people. All medicines can have side effects. Sometimes they are serious, most of the time they are not. You may need medical treatment if you get some of the side effects.

Alternative statement:

Check with your doctor as soon as possible if you have any problems while taking [Medicine name], even if you do not think the problems are connected with the medicine or are not listed in this leaflet.

Like other medicines, [Medicine name] can cause some side effects. If they occur, most are likely to be minor and temporary. However, some may be serious and need medical attention.

Ask your doctor or pharmacist to answer any questions you may have.

Select only those side effects appropriate to your own PI from the following combined lists:

For the sulphonylureas:

Tell your doctor if you notice any of the following and they worry you:

- signs of hypoglycaemia which may include weakness, trembling or shaking, sweating, light-headedness, headache, dizziness, lack of concentration, tearfulness or crying, irritability, hunger and numbness around the lips and fingers (*hypoglycaemia*)
- stomach upset including nausea (feeling sick), vomiting, heartburn, indigestion, cramps (*nausea, gastralgia, dyspepsia, abdominal pain, porphyria*)
- diarrhoea, constipation or a feeling of fullness in the stomach (*diarrhoea, constipation, epigastric fullness*)
- loss of appetite (*anorexia*)
- dizziness, sleepiness, headache (*dizziness, drowsiness, headache*)
- weakness
- tingling or numbness of the hands or feet (*paraesthesia*)
- eye problems including blurred or double vision (*diplopia, visual disturbances, ocular disturbances*)
- unusual weight gain (*SIADH*).

Tell your doctor immediately or go to Casualty at your nearest hospital if you notice any of the following:

- deafness
- convulsions or fits
- blindness
- severe pain or tenderness in the stomach (*pancreatitis*)
- sudden onset of abnormal thoughts or delusions (*acute psychosis*)
- swelling of the face, lips or tongue which may cause difficulty in swallowing or breathing (*facial angioedema*)
- symptoms of lactic acidosis (too much acid in the blood) which may include loss of appetite, unexplained weight loss, nausea, vomiting, stomach pain, trouble breathing, feeling weak, tired or uncomfortable,

unusual muscle pain, slow heart beat (*lactic acidosis*)

- rash, sores, redness or itching of the skin/itchy hives-like rash or spots (*allergic skin reactions including morbilliform, maculopapular, bullous, erythematous or psoriaform eruptions, urticaria,, pruritus, eczema, porphyria*)
- symptoms of sunburn such as redness, itching, swelling or blistering which may occur more quickly than normal (*photosensitivity, porphyria*)
- bleeding or bruising more easily than normal, reddish or purplish blotches under the skin (*thrombocytopenia*)
- yellowing of the skin or eyes, also called jaundice (*cholestatic jaundice*)
- signs of frequent or worrying infections such as fever, severe chills, sore throat or mouth ulcers (*leukopenia, agranulocytosis, pancytopenia*)
- signs of anaemia such as tiredness, being short of breath and looking pale (*aplastic, haemolytic anaemia*)
- a change in the colour of urine passed, blood in the urine (*porphyria, renal failure*)
- a change in the amount of urine passed (*renal failure, abnormal renal function, SIADH*).

For metformin:

Tell your doctor if you notice any of the following and they worry you:

- stomach upset such as feeling sick (nausea) (*gastrointestinal upsets*)
- diarrhoea (*diarrhoea*)
- skin rash (*erythema*).

These are generally mild side effects which usually occur during the first few weeks. Taking [Medicine name] with meals can help reduce nausea and diarrhoea. Skin rash is rare; it is usually not serious and should go away in a few days.

Tell your doctor immediately or go to Casualty at your nearest hospital if you notice any of the following symptoms of lactic

acidosis (high lactic acid in the blood):

- loss of appetite (*anorexia*)
- unexplained weight loss (*unexplained weight loss*)
- nausea (feeling sick) (*nausea*)
- vomiting (*vomiting*)
- stomach pain (*abdominal pain*)
- trouble breathing (*respiratory distress*)
- rapid, shallow breathing (*hyperventilation*)
- feeling weak, tired, or uncomfortable (*malaise*)
- sleepiness (*somnolence*)
- unusual muscle pain (*myalgias*)
- dizziness or lightheadedness (*hypotension*)
- slow heart beat (*bradyarrhythmias*).

You may need urgent medical attention if these symptoms occur. Lactic acidosis with [Medicine name] is rare and mostly happens to people who are ill or whose kidneys are not working properly.

Tell your doctor if you notice any other effects.

Other side effects not listed above may also occur in some patients.

Alternative explanation:

Some people may get other side effects while taking [Medicine name].

Do not be alarmed by this list of possible side effects.

You may not experience any of them.⁶

After using [Medicine name]

Storage

This information will be product specific. See general statements in the Second Edition of the Usability Guidelines, including:

Keep your tablets in the (blister) pack/bottle until it is time to take them.

⁶ Consider including this statement at beginning of this section.

If you take the tablets out of the (blister) pack, they may not keep well.

Keep them in a cool, dry place where it stays below 30 C. Do not store them, or any other medicine, in a bathroom or near a sink. Do not leave them in the car or on window sills.

Heat and dampness can destroy some Medicines.

Keep them where children cannot reach them.

A locked cupboard at least 1½ metres above the ground is a good place to store medicines.

Disposal

If your doctor tells you to stop taking [Medicine name], or the tablets have passed their expiry date, ask your pharmacist what to do with any tablets left over.

Product description

This information will be product specific. The Second Edition of the Usability Guidelines suggest the following order.

What it looks like

Ingredients

Include, as appropriate:

[Medicine name] does not contain gluten, lactose, sucrose, tartrazine or any other azo dyes.

Australian Food Standards codes could follow each Australian Approved Name.

Manufacturer/Distributor

Include Name and address of sponsor, AUST R numbers and date of preparation of leaflet.

The statements in this core document are optional. Some may not be appropriate for a given CMI. In order to achieve consistency, however, CMI

[Medicine name]

writers are encouraged to use these statements and follow the Second Edition of the Usability Guidelines wherever possible.