Summary of Product Characteristics

1. NAME OF THE MEDICINAL PRODUCT (FPP)

Amifer® Forte Film coated tablet

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

One tablet contains 100 mg elementary iron (as an iron III hydroxide polymaltose complex), and 0,350 mg folic acid.

Excipient (s) with known effect: the film coating of the tablets contains 0.1 mg Ponceau red 4R (E124)

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Red-brown, round, biconvex film-coated tablets.

4. CLINICAL PARTICULARS

4.1. Therapeutic indications

AMIFER® Forte is an iron supplement. Each tablet contains 100 mg of elementary iron and 0.350 mg of folic acid. AMIFER® Forte is a product belonging to the class of antianemic agents used to prevent and correct iron deficiency before and during stage of the iron deficiency anemia. Amifer Forte is also indicated in the prevention and treatment of iron and folic acid deficiency during pregnancy and lactation.

4.2. Posology and mode of administration

4.2.1. Posology

The recommended normal dose for Amifer Forte Film coated tablet is 1 tablet a day.
If deemed appropriate by the physician, 1 tablet may be taken two times a day.
The duration of treatment is determined by physician.
After the clinical elimination of the symptoms of iron deficiency, the use of Amifer Forte Film coated tablet must be continued for at least an additional month (for replenishment of iron stores).

4.2.2. Special populations

- Geriatric population: normal doses may be used, there is no need for dose adjustment.
- Renal/Hepatic failure: Amifer Forte Film coated tablets must not be used in case of severe liver and kidney diseases.

4.2.3. Pediatric population

In a pediatric population AMIFER Junior Syrup may be used.

4.2.4. Method of administration

Oral administration.

Amifer Forte Film coated tablet must be taken with or after meals.

4.3. Contraindications

Amifer Forte Film coated tablet is contraindicated in patients with

- hypersensitivity to iron, to folic acid or to any of the excipients ingredients, listed in section 6.1,
- conditions leading to an iron overloading (hemochromatosis, hypersiderosis, chronic hemolysis),
- anemia not caused by an iron deficiency (such as hemolytic anemia or megaloblastic anemia due to vitamin B12 deficiency),
- thalassemia,
- severe liver or kidney diseases,
- conditions, requiring regular and continuous blood transfusions,
- HIV infection without clinically proven iron deficiency anemia.

4.4. Special warning and precautions for use

4.4.1. General information

- Anemia must always be treated under supervision by a physician.
- In iron deficiency anemia, with oral iron treatment the hemoglobin level is increased 1-2 g/dl in 2-4 weeks. Therefore a blood count is requested 2-4 weeks after the initiation of treatment.
- Patients, receiving repeated blood transfusions must be warned against iron overload, since each unit of whole blood contains approximately 250 milligrams of iron.
- Caution is necessary in patients with alcoholism and intestinal inflammation.
- Caution is necessary in patients with gastric ulcer.

- During administration of oral iron formulations, the color of stool may darken; this is normal and does not require any measures. I will not cause false positive results during tests for occult blood in stool. Therefore, there is no need to discontinue the treatment during this test.
- In anemia, associated with infection or malignancy, administered iron is stored in the reticuloendothelial system and is used with mobilization following the treatment of the primary disease.
- The tablet contains folic acid which can mask a deficiency in vitamin B12. Given the risk of irreversible neurological disorders, any possible deficiency in vitamin B12 in an anemic patient should be excluded before the start of the treatment (see section 4.3).
- The film coating of the Amifer Forte film coated tablet contains Ponceau red 4R, which may cause allergic reactions.

4.4.2. Pediatric population

Accidental administration of iron containing products can cause fatal toxicity in children below 6 years of age. In case of overdose the patients must promptly consult a physician or poison control center.

4.5. Interactions with other medicinal products and other forms of interactions

Since iron III ion in iron III hydroxide polymaltose complex is a complex ion, any ionic interaction with food or concomitant drugs (tetracyclines, antacids) is not expected.
However, due to the possibility of an interaction with formulations containing calcium, at least 2 hours must be left between the administration of calcium and iron.

4.6. Fertility, pregnancy and lactation

4.6.1. Pregnancy

Pregnancy category: A
This medicine is used as iron and folic acid supplement in pregnancy.
Well-controlled epidemiological studies have shown that Iron III Hydroxide Polymaltose Complex has no adverse effects on the health of fetus/newborn or on pregnancy, so, Amifer Forte Film coated tablet may be used during pregnancy.

4.6.2. Lactation

This medicine is used as iron and folic acid supplement during lactation period.
Iron is excreted into breast milk. This excretion does not change according to the existing iron level of mother and the quantity of iron taken with food. Therefore, the administration of iron formulations to lactating mother, does not yield an iron intoxication in the baby or the removal of existing iron deficiency in the baby.

Amifer Forte Film coated tablet may be used during lactation.

4.6.3. Fertility

No effects of Amifer Forte Film coated tablet on fertility have been determined.

4.7. Effects on the ability to drive and use machines

Amifer Forte Film coated tablet has no effects on the ability to drive vehicles or to operate machinery.

4.8. Undesirable effects

Very common (≥ 1/10); common (≥ 1/100 to < 1/10); uncommon (≥ 1/1000 to < 1/100); rare (≥ 1/10.000 to < 1/1000); very rare (< 1/10.000); unknown (unpredictable with the available data).

	Uncommon (≥ 1/1000 to < 1/100)	**Rare (≥ 1/10.000 to < 1/1000)**	**Very rare (< 1/10.000);**
Immune System Disorders			Allergic reactions, Asthma.
Nervous system disorders	Headache.		
Gastrointestinal diseases	Feeling of fullness, Feeling of epigastric heaviness, Nausea, Constipation, Diarrhea, Abdominal pain, Vomiting.		
Skin and subcutaneous disorders	Urticaria, Rashes, Exanthema, Itching.		Localized skin reactions.
Renal and urine tract diseases		Change in urine color (note: Discoloration of stool may be frequently seen in	

	Uncommon (≥ 1/1000 to < 1/100)	**Rare (≥ 1/10.000 to < 1/1000)**	**Very rare (< 1/10.000);**
		connection with iron).	

Iron III hydroxide polymaltose does not cause tooth coloring and metallic taste in mouth seen with bivalent ionized iron salt preparations.

4.9. Overdose

In case of overdose, epigastric pain, diarrhea and vomiting may be seen, and in more severe cases metabolic acidosis, convulsions and coma.
It has been reported that an excessive dose of folic acid could cause changes in the central nervous system (i.e., problems, changes in the rhythm of sleep, irritability, and hyperactivity), nausea, tension abdominal and flatulence.

In case of overdose, the use of desferrioxamine (initially 1000 mg then 500 mg every 4 hours up to two doses IV), or calcium disodium EDTA (167 mg/m^2 every 4 hours IM, in the form 1 mg/m^2 IV in the form of 8-24 hour infusion or every 12 hours), are recommended *(desferrioxamine has teratogenic effects).*

5. PHARMACOLOGICAL PROPERTIES

5.1. Pharmacodynamic properties

Pharmacotherapeutic group:
Iron in combination with folic acid- ferric oxide polymaltose complexes.
ATC: B03AD04.

Amifer Forte Film coated tablet contains 100 mg of iron included as iron hydroxide polymaltose complex and 0.350 mg folic acid. This combination has been developed for the prevention and the treatment of iron and folic acid deficiencies.

Iron is found in all cells in body and has vital functions. It is present in the structure of enzymes (cytochrome oxidase, xanthine oxidase, succinic dehydrogenase), which play a role in energy transfer. In case of iron deficiency, the deficiency of these vital functions, is seen.
With the application of iron during pregnancy and lactation, the increasing iron requirement of the mother and infant are met and in case there is a deficiency, it is treated.
Folic Acid (Vitamin B9) is transformed to tetrahydrofolate in vivo and plays a role in various metabolic processes, including the synthesis of purine and pyrimidine nucleotides and related DNA copying and synthesis, producing new cells, and supporting nerve and immune system.

Deficiencies in folic acid can be a serious problem leading to different health problems (poor immune function, chronic low energy, poor digestion, developmental problems during pregnancy and infancy, anemia, sores in the mouth, and mood changes).

Recommended Daily Allowance Quantities (RDA)

1 µg folate is equivalent to 0.6 µg folic acid.

Age group	**Iron (mg)**	**Folate (µg/day)**
children		
0-6 months	6	65
7-12 months	10	80
1-3 years	10	150
4-6 years	10	200
7-10 years	10	200-300
Women		
11-14 years	15	300
15-18 years	15	400
19-50 years	15	400
> 51 years	10	400
Pregnant women	30	600
Lactating women	15	500
Men		
11-14 years	12	300
15-18 years	12	400
19-50 years	10	400
> 51 years	10	400

Maximum daily allowable total amount

1 µg folate is equivalent to 0.6 µg folic acid.

Age group	***Folate (µg/day)***
children	
0-6 months	UD
7-12 months	UD
1-3 years	300
4-6 years	400
7-10 years	400-600
Men & women	
11-14 years	600
15-18 years	800
19-50 years	1000
> 51 years	1000
Pregnant women	
≤ 18 years	
19-50 years	
Lactating women	
≤ 18 years	
19-50 years	

UD: Undefined

5.2. Pharmacokinetic properties

Iron

General characteristics

In the Iron hydroxide polymaltose complex, iron III hydroxide cores are surrounded by polymaltose molecules which are bonded superficially with non-covalent bonds. Therefore in physiological environment ionic iron is not released and its effective absorption is provided.

Absorption

Iron is absorbed from intestines on duodenum and proximal jejunum. The absorption of the iron from intestines, varies from person to person and iron deficiency. Daily iron requirement of a normal adult is 0.5 to 1 mg. This value may increase to 1 to 2 mg per day in women during menstruation.

Distribution

70 % of total iron in body is stored in red blood cells in the form of hemoglobin, 10-20 % stored in the form of ferritin and hemosiderin, and 10 % in myoglobin. Less than 1 % is found in trace quantities in cytochromes and other enzymes containing iron.

Elimination

Non-absorbed part of iron is excreted in feces.

Folic acid

General characteristics

Folic acid is a member of B group of vitamins. Folic acid is reduced to tetrahydrofolate in vivo. Tetrahydrofolate is the coenzyme of various metabolic processes, including purine and pyrimidine nucleotides and therefore DNA synthesis; it has a role in some amino-acid transformations, format formation and use. Deficiency results in megaloblastic anemia.

Absorption

Folic acid is rapidly absorbed from gastrointestinal tract, mainly from duodenum and jejunum and is transferred to portal circulation in unchanged form.

Distribution

In plasma and liver it is transformed to metabolically active form 5-methyltetrahydrofolate. Folate metabolites undergo enterohepatic circulation. Folate is excreted into breast milk.

Elimination

Surplus folate metabolites are excreted in urine without change.

5.3. Preclinical safety data

Iron III hydroxide polymaltose complex + folic acid combination has been used for many years in clinical practice as antianemic and its safety and efficacy is known.

6. PHARMACEUTICAL PARTICULARS

6.1. List of excipients

Core tablet: crospovidone, macrogol, povidone , magnesium stearate, microcrystalline cellulose .

Film coating: Opadry II 85F26721 , contains polyvinyl alcohol, macrogol, titanium dioxide (E 171), talc, red iron oxide (E172), yellow iron oxide (E172) and Ponceau red 4R lacquer (E124).

6.2. Incompatibilities

No known incompatibilities.

6.3. Shelf life

36 months.

6.4. Special precautions for storage

Store below 30°C

6.5. Nature and contents of container

30 film coated tablets in PVC/PE/PVDC-Aluminum foil blisters in a box.

6.6. Special precautions for disposal and other handlings

No specific requirements. Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER AND MANUFACURING SITE ADDRESS

7.1. Marketing Authorization Holder

Dafra Pharma GmbH
Mühlenberg 7, 4052 Basel, Switzerland.

7.2. Manufacturer

Santa Farma İlaç Sanayi A.Ş.
GEBKİM Kimya İhtisas Organize Sanayii Bölgesi
Çerkeşli Yolu Üzeri Erol Kiresepi Cad. No: 8, 41455
Dilovası – KOCAELİ, Turkey

8. MARKETING AUHORISATION NUMBER

8.1. Burundi : Klik hier als u tekst wilt invoeren.

8.2. Kenya: Klik hier als u tekst wilt invoeren.

8.3. Rwanda: Klik hier als u tekst wilt invoeren.

8.4. Tanzania: Klik hier als u tekst wilt invoeren.

8.5. Uganda: Klik hier als u tekst wilt invoeren.

9. DATE OF FIRST REGISTRATION

9.1. Burundi: Klik hier als u tekst wilt invoeren.

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9.4. Tanzania: Klik hier als u tekst wilt invoeren.

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10. DATE OF REVISION OF TEXT

January 2018

11. DOSIMETRY (if applicable)

Not applicable