Herfem Plus Tab

For the use of a Registered Medical Practitioner or a Hospital or a Laboratory only

Abbreviated prescribing information for Herfem Plus (Ferrous ascorbate, Folic acid, Zinc sulphate, and Methylcobalamine tablet) [Please refer the complete PI for details: www.torrentpharma.com]

PHARMACOLOGICAL PROPERTIES: Ferrous Ascorbate is used as a source of iron for iron deficiency anemia. Folic acid is a member of the vitamin B group. It is used in the treatment and prevention of folate deficiency states.

INDICATION: For the treatment of iron deficiency anemia.

DOSAGE AND ADMINISTRATION: Ferrous Ascorbate: Usual adult dose for treatment of iron deficiency anemia is 100 to 200 mg daily in divided dose. Adult prophylactic dose is 60 to 120 mg daily. Children's doses are upto 2 mg/kg three times daily for treatment & 1 to 2 mg/kg for prophylaxis. **Zinc Sulphate:** upto 50 mg of elemental zinc three times daily. Usual adult dose is 50 mg three times daily maximum of five times daily. Children 1 to 6 years may be given 25 mg twice daily, from 6 to 16 years & with body weight under 57 kg are given 25 mg twice daily. Adolescents from 16 years of age, or with a body-weight of above 57 kg are given 50 mg three times daily. An effective dose in pregnant women is usually 25 mg three times daily. **Folic Acid:** *Megaloblastic anemia and Folate deficiency;* 5 mg daily for four months, up to 15 mg daily for malabsorption state. **Methylcobalamin:** The usual dose is 1.5 mg daily in three divided doses. The dose may be adjusted depending on the patient's age and severity of symptoms.

CONTRAINDICATION: Long term folate therapy contraindicated in any patient with untreated cobalamin deficiency or addisonian pernicious anemia. Known hypersensitivity to the active ingredient or any of the excipients. It should not use in malignant disease.

WARNINGS & PRECAUTIONS: Iron compound should not be given to patient in condition: Receiving repeated blood transfusion or patient with anemia not produced by iron deficiency. Caution required in patients already parenteral iron therapy continues, existing GI diseases, Iron-storage or iron-absorption diseases such as haemochromatosis, haemoglobinopathies, Non-deficient subjects, Folate dependent tumor, polycythemia vera, megaloblastic anemia, Leber's disease, a hereditary eye disease, cobalt or cobalamin allergy, and post-surgical stent placement.

DRUG INTERACTIONS: Ferrous Ascorbate: Compounds containing Ca^{++} and Mg^{++} may impair absorption of iron. Some agents such as ascorbic/citric acid may increase absorption of iron. Iron should not be given with dimercaprol as toxic complexes may form. **Zinc Sulphate:** The absorption of zinc may be reduced by iron supplements, penicillamine, phosphorus-containing preparations, and tetracyclines. Zinc supplements reduce the absorption of copper, fluoroquinolones, iron, penecillamine and tetracyclines. **Folic Acid:** Antiepileptics (phenytoin, phenobarbital and primidone), the serum antiepileptic levels may fall; antibacterials (chloramphenicol and co-trimoxazole) may interfere with folate metabolism; Sulfasalazine can reduce the absorption. **Methylcobalamin:** Metformin, H2 receptor antagonists (Cimetidine, Ranitidine etc), aminoglycosides, colchicine, aminosalicylic acid, anticonvulsants and alcohol decrease absorption of vit B_{12}. Taking chloramphenicol for a long time might decrease the effects of vitamin B_{12} on new blood cells.

ADVERSE REACTIONS: Gastrointestinal irritation, abdominal pain with nausea, vomiting, diarrhea, constipation, black coloured stool. Dyspepsia, gastric irritation, gastritis, prolong use leads copper deficiency with sideroblastic anemia. Anorexia, abdominal distension, flatulence, allergic reaction, erythema, pruritus, urticaria, dyspnoea, skin reaction(s) anaphylactic reactions (including shock). Gastrointestinal discomfort (including anorexia) may be seen after administration.

MARKETED BY:

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(Additional information is available on request)