FEFUR TABLET

VIFEFxx-M2

DESCRIPTION
Round, brown film-coated, bevel-edged with shallow convex faces.

COMPOSITION
Ferrous Fumarate equivalent to Iron 33 mg per tablet.

PHARMACODYNAMICS
Iron is an essential component in the physiological formation of haemoglobin, adequate amounts of which are necessary for effective erythropoiesis and the resultant oxygen transport capacity of the blood.

A similar function is provided by iron in myoglobin production. Iron also serves as a cofactor of several essential enzymes.

PHARMACOKINETICS
Absorption
Occurs principally in the duodenum and proximal jejunum, absorption being more readily effected when the iron is in the ferrous state.

Absorption is increased in conditions of iron deficiency, and is decreased if the body stores are overloaded.

Protein Binding
Extensively bound to proteins.

About 65 to 70% is present as haemoglobin. Most of the remainder is present in storage form, either as ferritin or haemosiderin in the reticuloendothelial system. A further 4% is present as myoglobin with smaller amounts occurring in haem-containing enzymes or in plasma bound to transferrin.

Excretion
No physiological system of excretion exists for iron; however, small amounts are lost daily in the shedding of skin, hair and nails; and in faeces, perspiration, breast milk, menstrual blood and urine.

INDICATIONS
For prevention and treatment of iron deficiency anaemias resulting from inadequate diet, malabsorption, pregnancy, severe or chronic haemorrhage.

CONTRAINDICATIONS
- Not recommended for patients with haemochromatosis, haemosiderosis and other anaemic conditions unless accompanied by iron deficiency.
- Do not take iron salts orally if receiving injection.

PRECAUTIONS
- Caution in alcoholic patients as well as to patients with hepatitis; active infections; intestinal tract inflammatory conditions such as enteritis, colitis, diverticulitis, ulcerative colitis, pancreatitis and peptic ulcer.
- The tablets should not be taken for prolonged periods without medical advice.

MAIN SIDE/ADVERSE EFFECTS
Gastrointestinal discomfort, diarrhoea, constipation, heartburn, darkened faeces, nausea and vomiting may occur infrequently.

DRUG INTERACTIONS
- Concurrent use with tetracyclines reduces the absorption of these medications; the iron salt should be administered 3 hours before or 2 hours after the tetracycline.
- Iron supplements should not be taken within 1 hour before or 2 hours after ingestion of antacids or tea since co administration will decrease iron absorption.
- Absorption of iron may be increased in the presence of ascorbic acid.

OVERDOSAGE
Clinical features
Epigastric pain, nausea, vomiting, haematemesis, acute encephalopathy, deep and rapid respiration, circulatory collapse, acute hepatic necrosis, acute renal failure.

Treat overdosage by gastric lavage using desferrioxamine, 2 g in 1L water. In severe poisoning, give desferrioxamine 2 g IM; or after gastric lavage leave 5 g (in 50 ml water) in the stomach; or by slow IV infusion 15 mg/kg/h (maximum 80 mg/kg in 24 hours). Continue desferrioxamine therapy until the clinical state and plasma iron level are satisfactory.

DOSAGE AND ADMINISTRATION
Adults: 2 tablets a day.

Children above 4 years: 1 tablet a day.

Note: The information here is limited. For further information please consult your doctor or pharmacist.

Storage: Store below 30°C. Protect from moisture.
Presentation/Packing: Blisters of 10 x 10's.

Manufactured by: HOVID Bhd.
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