

Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Ferrum Hausmann Syrup 50mg / 5ml oral solution.

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each 5 ml dose of oral solution contains:

Iron 50 mg as Iron (III)-ydroxide polymaltose complex

Excipients: Each 5ml of oral solution contains 1g sucrose, 2.0g sorbitol 70% (non-crystallising), 2.915mg methyl parahydroxybenzoate, 0.835mg propyl parahydroxybenzoate and 16.25mg ethanol.

For a full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Oral solution

Dark brown, flavoured oral solution.

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

In the treatment of anaemia due to iron deficiency. Treatment and prophylactic therapy of iron deficiency during pregnancy. This product should only be used in pregnancy after the first thirteen weeks.

4.2 Posology and method of administration

Adults:

100 to 200mg (10 ml to 20ml) Iron daily.

Children aged 1-12 years:

50 to 100mg (5 to 10ml) Iron daily.

Depending on the severity of the anaemia.

The supplied measuring cup is used for an exact administration of the dosage.

Ferrum Hausmann syrup can be mixed with fruit and vegetable juices or with bottle-feed. The slight colouration does not affect either the taste or the efficacy.

Medical advice should be sought if symptoms do not improve after four weeks of use of this product as these symptoms may reflect an underlying disease process.

Route of Administration:

Oral.

4.3 Contraindications

1. Use in patients with iron storage or assimilation diseases.
2. Use in patients with a known hypersensitivity to the active ingredient.
3. Use in individuals with haemochromatosis and iron overload syndromes.

4.4 Special warnings and precautions for use

1. All medications containing iron should be kept out of reach of children.
2. The response to iron therapy should be regularly monitored.
3. The additional requirements for folic acid should be borne in mind when treatment with iron is carried out during pregnancy.
4. In cases of anaemia due to infection or malignancy, the substituted iron is stored in the reticulo-endothelial system, from which it is mobilised and utilised only after curing the primary disease.
5. Caution is advised in individuals with a family history of haemochromatosis or an iron overload syndrome. It should be noted that these conditions may be under diagnosed.
6. Overdose may be fatal.
7. Patients with rare hereditary problems of fructose intolerance, glucosegalactose malabsorption or sucrose-isomaltase insufficiency should not take this medicine.

4.5 Interaction with other medicinal products and other forms of interaction

Until now interactions have not been observed. Since the iron is complex-bound, ionic interaction with food components (phytin, oxalates, tannin etc) and concomitant administration of medicaments (tetracyclines, antacids) are unlikely to occur.

The haemoccult test (selective for Hb) for the detection of occult blood is not impaired and therefore there is no need to interrupt iron therapy.

4.6 Fertility, pregnancy and lactation

This product should only be used in pregnancy after the first thirteen weeks.

Pregnancy Category A

Reproduction studies in animals did not show any foetal risk. Controlled studies in pregnant women after the first trimester have not shown any undesirable effects on mother and neonates. There is no evidence of a risk during the first trimester and a negative influence on the foetus is unlikely.

Breast milk naturally contains iron bound to lactoferrin. It is not known how much iron from the complex is passed into breast milk. The administration of Ferrum Hausmann syrup is unlikely to cause undesirable effects to the nursed child. During pregnancy and lactation Ferrum Hausmann syrup should be used only after consulting a physician.

4.7 Effects on ability to drive and use machines

None stated.

4.8 Undesirable effects

Very rarely gastro-intestinal discomfort, vomiting, constipation or diarrhoea can occur.

A dark colouration of the stool is of no clinical significance.

4.9 Overdose

In cases of overdosage neither intoxication nor iron overload have been reported to date because the iron from the active substance Ferric-Hydroxide-Polymaltose Complex is not present in the gastro-intestinal tract as free iron and is not taken up by the organism by passive diffusion.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

The polynuclear iron(III)-hydroxide cores are superficially surrounded by a number of non-covalently bound polymaltose molecules resulting in an overall complex molecular mass (Mw) of approximately 50 kD, which is so large that diffusion through the membrane of mucosa is about 40 times smaller than that of the hexaqua-iron(II) units. The complex is stable and does not release ionic iron under physiological conditions. The iron in the poly-nuclear cores is bound in a similar structure as in the case of physiologically occurring ferritin. Due to this similarity, only the iron (III) of the complex is absorbed by an active absorption process. By means of competitive ligand exchange, any iron binding protein in the gastro-intestinal fluid and on the surface of the epithelium, take up iron (III). The absorbed iron is stored mainly in the liver, where it is bound to ferritin. Later in the bone marrow, it is incorporated into haemoglobin.

Iron (III)-Hydroxide Polymaltose Complex has no pro-oxidative properties such as there are in iron II) salts. The susceptibility of lipoproteins such as Very Low Density Lipoprotein (VLDL) + Low Density Lipoprotein (LDL) to oxidation is reduced. Ferrum Hausann Syrup does not cause teeth staining.

5.2 Pharmacokinetic properties

Studies using the twin-isotope technique (^{55}Fe and ^{59}Fe) show that absorption of iron measured as haemoglobin in erythrocytes is inversely proportional to the dose given (the higher the dose, the lower the absorption). There is a statistically negative correlation between the extent of iron deficiency and the amount of iron absorbed (the higher the iron deficiency, the better the absorption). The highest absorption of iron is in the duodenum and jejunum. Iron which is not absorbed is excreted via the faeces. Excretion via the exfoliation of the epithelial cells of the gastro-intestinal tract and the skin as well as perspiration, bile and urine only amount to approximately 1 mg of iron per day. For women, iron loss due to menstruation has also to be taken into account.

5.3 Preclinical safety data

No LD₅₀ for Maltofer could be determined in animal studies with white mice and rats up to an orally administered dose of 2,000 mg of iron per kilogram body weight.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Sucrose
Sorbitol 70% (non-crystallising)
Methyl parahydroxybenzoate (E218)
Propyl parahydroxybenzoate (E216)
Cream essence
Ethanol 96%
Sodium hydroxide
Purified water

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years.

6.4 Special precautions for storage

Do not store above 25°C. Store in the original package.

6.5 Nature and contents of container

Amber soda lime silica glass bottle with polyethylene high density screw cap with polyethylene low density tamper evident ring and stopper.

Polypropylene measuring cup used for dosages of 2.5ml, 5ml, 7.5ml, 10ml and 15ml. The supplied measuring cup is used for an exact administration of the dosage.

Pack sizes: 75ml and 150ml.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal

No special requirements.

7 MARKETING AUTHORISATION HOLDER

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100-101 Terrasse Boieldieu
Tour Franklin La Défense 8
92042 Paris La Défense Cedex
France

8 MARKETING AUTHORISATION NUMBER

PA 949/3/1

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 21 September 1976

Date of last renewal: 10 January 2008

10 DATE OF REVISION OF THE TEXT

June 2016