PRESCRIBING INFORMATION
Ferrous fumarate 210mg Tablets
(ferrous fumarate)

Presentation: Each tablet contains 210mg ferrous fumarate BP
Indication: Prophylaxis and treatment of iron deficiency states.
Dosage and Administration: For oral administration. *Adults and elderly:* Iron deficiency anaemia One tablet 2-3 times a day; Prophylaxis One tablet 1-2 times a day. *Children:* Not recommended.
Contraindications: Known hypersensitivity to any of the ingredients, paroxysmal nocturnal haemoglobinuria, haemosiderosis, haemochromatosis, active peptic ulcer, repeated blood transfusions, regional enteritis and ulcerative colitis. Must not be used in anaemias other than those due to iron deficiency.
Precautions and warnings: Patients with controlled or treated peptic ulceration. The treatment of uncomplicated iron deficiency anaemia should not usually exceed 6 months. Patients with microcytic anaemia resistant to treatment with iron alone should be screened for Vitamin B_{12} or folate deficiency. Should be kept out of the reach of children.
Interactions: Penicillamine, bisphosphonates, ciprofloxacin, entacapone, levodopa, levofloxacin, levothyroxine (give at least 2 hours apart), moxifloxacin, mycophenolate, norfloxacin, ofloxacin, zinc, tetracycline, calcium salts, magnesium salts (as magnesium trisilicate), trientine, chloramphenicol, cholestyramine, dimercaprol, and methyldopa.
Pregnancy and lactation: Ferrous fumarate tablets can be used during pregnancy and breast-feeding if clinically indicated.
Undesirable effects: Mostly gastrointestinal irritation such as nausea, epigastric pain, constipation or diarrhoea. Darkening of stools may also occur. ***(Please refer to the Summary of Product Characteristics for detailed information)***

Overdose: Supportive and symptomatic measures include ensuring a clear airway, monitor cardiac rhythm, BP and urine output, establishing IV access and administering sufficient fluids to ensure adequate hydration. Consider whole bowel irrigation. If metabolic acidosis persists despite correction of hypoxia and adequate fluid resuscitation, an initial dose of 50 mmol sodium bicarbonate may be given and repeated as necessary, for adults guided by arterial blood gas monitoring (aim for a pH of 7.4). Consider the use of desferrioxamine, if the patient is symptomatic (other than nausea), serum iron concentration is between 3-5 mg/L (55-90 micromol/L) and still rising. Haemodialysis does not remove iron effectively but should be considered on a supportive basis for acute renal failure as this will facilitate removal of the iron-desferrioxamine complex.
Legal Category: P
Basic NHS Cost: £3.50 per pack of 84 tablets
Marketing Authorisation Number: PL 12762/0226
Marketing Authorisation Holder: Mercury Pharmaceuticals Limited (a member of the Concordia International group of companies), Capital House, 85 King William Street, London EC4N 7BL, UK.
Date of preparation: October 2012
Date of revision: November 2017 [Con/FER/PI/0003]

Adverse events should be reported. Reporting forms and information can be found at **www.mhra.gov.uk/yellowcard**. Adverse events should also be reported to Concordia International Medical Information via telephone on 0044 (0) 8700 70 30 33 or via e-mail at **medicalinformation@concordiarx.com.**

References
1. http://www.mhra.gov.uk/spc-pil/?IdcService=SS_GETPAGE&nodeId=<%25%3D+nodeId+%25>&searchFiled=ferrous+fumarate&SubmitSearch=Search (last accessed on 9th April 2018)

Con/FER/PM/0060 Date of Preparation - July 2018

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