

## IRON + FOLIC ACID

**R<sub>x</sub>** **ANIFER**  
60 mg/400 mcg Tablet  
VITAMIN AND MINERAL

### FORMULATION:

Each film-coated tablet contains:  
Iron (as Ferrous Sulfate 190 mg) ..... 60 mg  
Folic Acid ..... 400 mcg

### DESCRIPTION OF THE PRODUCT

ANIFER is a medicinal product that contains bivalent iron and folic acid, two essential anti-anemic factors in the successive phases of the haematopoiesis.

ANIFER is a chocolate brown, biconvex, one side scored, film coated tablet, blister pack of 10's (Box 100's)

### WHAT IS IN THE MEDICINE ?

ANIFER contains two active substances Ferrous Sulfate (an iron supplement) and Folic Acid a vitamin supplement). These work together in the medicine. ANIFER belongs to a group of medicines called haematinics (Iron in combination with Folic Acid). ANIFER works as a supplement. It provides the body with more iron and folic acid. These are important substances that your body needs to form red blood cells.

**STRENGTH OF THE MEDICINE:** See Formulation

### WHAT IS THIS MEDICINE USED FOR?

Ferrous sulfate is used as a source of iron for iron deficiency anemia. Folic acid is used in treatment and prevention of the folate deficiency state. It is also used as a nutritional supplement during pregnancy.

### HOW MUCH AND HOW OFTEN SHOULD YOU USE THIS MEDICINE?

One (1) Tablet daily. Or as prescribed by the physician.

### WHEN SHOULD YOU NOT TAKE THIS MEDICINE?

If you are allergic to any of the ingredients of this medicine.

### CARE THAT SHOULD BE TAKEN WHEN TAKING THIS MEDICINE?

Ferrous sulfate diminishes the absorption of tetracycline given concomitantly. Absorption of iron salts is decreased in the presence of antacids.

Folic acid should never be given alone or in conjunction with inadequate amounts of vitamins B<sub>12</sub> for the treatment of undiagnosed megaloblastic anemia due to vitamin B<sub>12</sub> deficiency without preventing aggravation of neurological symptoms.

### UNDESIRABLE EFFECT:

The astringent action of iron preparation sometimes produces gastrointestinal irritation and abdominal pain with nausea and vomiting when administered orally. Other gastrointestinal effects may include either diarrhea or constipation which may be produced by administration with or after food (rather than on an empty stomach).

Folic acid is generally well tolerated. Gastrointestinal disturbances and hypersensitivity reactions have been reported rarely.

### WHAT OTHER MEDICINE OR FOOD SHOULD BE AVOIDED WHILE TAKING THIS MEDICINE?

Compounds containing calcium and magnesium, including antacids and minerals supplements, and bicarbonates, carbonates, oxalates, or phosphates, may also impair the absorptions of iron by the formation of insoluble complexes. Similarly the absorption of both iron salts and tetracycline is diminished when they are taken concomitantly by mouth. Zinc salts may decrease the absorption of iron. Some agents, such as ascorbic acid and citric acid, may actually increase the absorption of iron. The response to iron may be delayed in patients receiving systemic chloramphenicol. Iron salts can also decrease the absorption of other drugs such as biphosphonates, antacipone, fluoroguinolones, levodopa, methylodopa, pencillamine, and tetracycline iron salts may also reduce the efficacy of levothyroxine.

Folate deficiency states may be produced by a number of drugs including antiepileptics, oral contraceptives, antituberculosis drugs, alcohol, and folic acid antagonist such as aminopterin, methotrexate, pyrimethamine, trimethoprim, sulfonamides. Folate supplementation has reportedly decreased cases and there is a possibility that such an effect could also occur with barbiturate antiepileptics.

### WHAT SHOULD YOU DO IF YOU MISS A DOSE?

If you miss a dose, just take the next dose and subsequent doses at the usual recommended schedule. Do not double dose.

### SIGNS AND SYMPTOMS OF OVERDOSE

Overdose symptoms may include nausea, severe stomach pain, bloody diarrhea, coughing up blood or vomit that looks like coffee grounds, shallow breathing, weak and rapid pulse, pale skin, blue lips, and seizure (convulsions).

### WHAT TO DO WHEN YOU HAVE TAKEN MORE THAN THE RECOMMENDED DOSAGE?

If you have taken more than the recommended dosage, consult a doctor or contact a Poison Centre Center right away.

### PHARMACOKINETICS:

Ferrous Sulfate is used as a source of iron for iron-deficiency anemia. It is oxidized with nitric and sulfuric acids and yields ferric subsulfate solution, which has been used as a hemostatic. Folic acid is rapidly absorbed from the gastrointestinal tract, mainly from the duodenum and jejunum. Dietary folates are stated to have about half of the bioavailability of crystalline folic acid. The naturally occurring folate polyglutamates are largely disconjugated by the dihydrofolate reductase in the intestines to form 5-methyltetrahydrofolate, which its appears in the portal circulation, where it is extensively bound to plasma proteins. Folic acid administered therapeutically enters the portal circulation largely unchanged since it is a poor substrate for reduction by dihydrofolate reductase. It is converted to the metabolically active form 5-methyltetrahydrofolate in the plasma and liver.

### HOW SHOULD YOU KEEP THIS MEDICINE?

Store at temperatures not exceeding 30°C

### ADR Reporting Statement:

For suspected adverse drug reaction, report to FDA: [www.fda.gov/pd](http://www.fda.gov/pd). Patient must seek medical attention immediately at the first sign of any adverse drug reaction.

### AVAILABILITY:

Blister Pack of 10's (box of 100's)

### DATE OF FIRST AUTHORIZATION / RENEWAL OF THE AUTHORIZATION: 10 May 2017

DATE OF REVISION OF PATIENT INFORMATION LEAFLET: January 31, 2020

REGISTRATION NO. : DR-XY43444

SHELF-LIFE : 36 Months



Manufactured by:  
**SAN MARINO Laboratories CORP.**  
#1 Crisanto delos Reyes Street,  
Brgy. Javalera, Gen., Trias Cavite

Delivery : 01-10-23