

## FERLIN Sirô

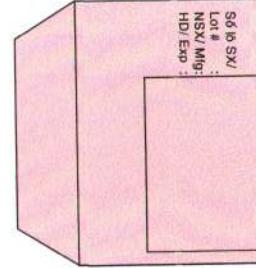
Hộp và nhǎn chai 30 mL

BỘ Y TẾ  
CỤC QUẢN LÝ DƯỢC  
ĐÃ PHÊ DUYỆT

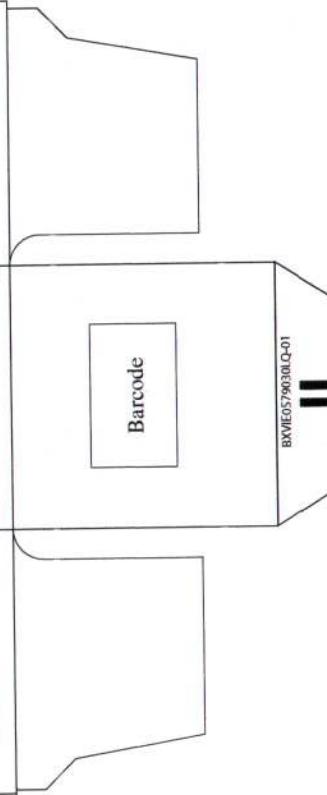
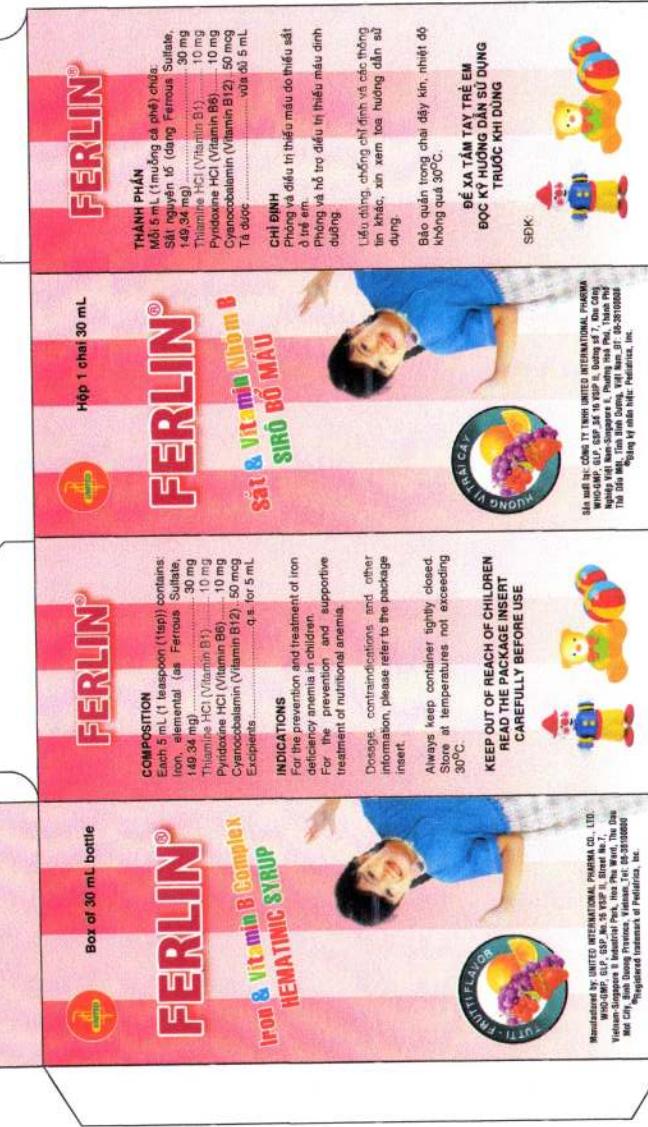
Lần đầu: 19/6/2018



Ferlin Syrup 30 mL: 35 x 35 x 83



Size: 62 x 38 mm



Barcode

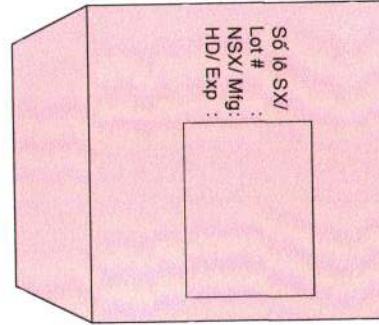
BXWIE05790300Q-01



# FERLIN Sirô

## Hộp và nhǎn chai 60 mL

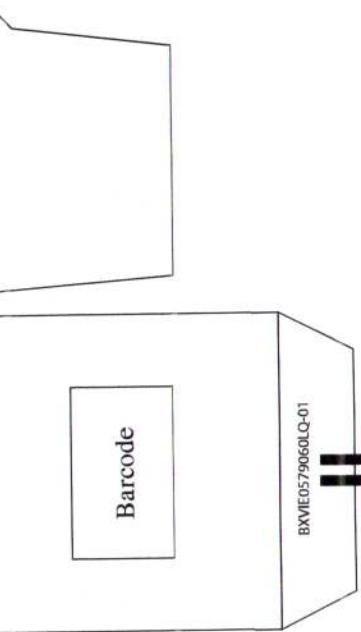
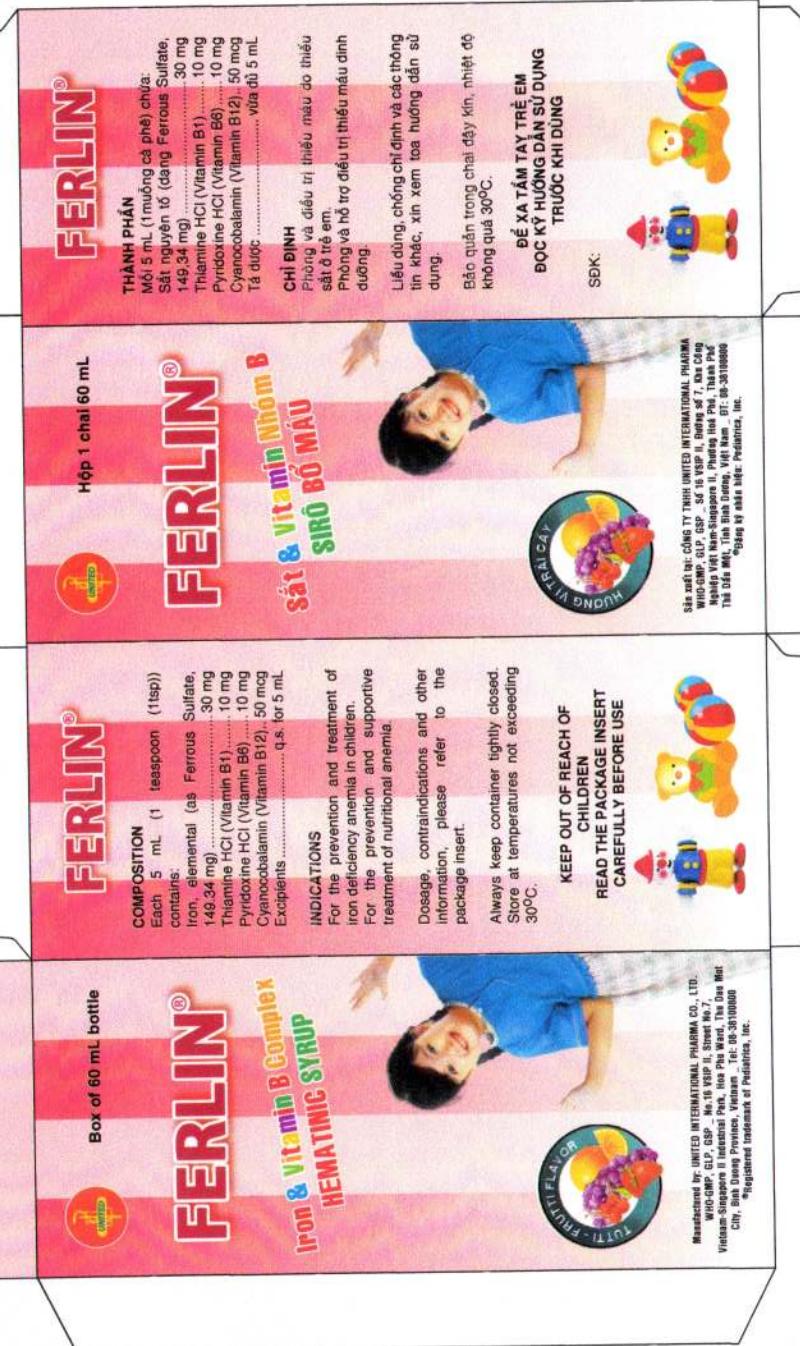
Ferlin Syrup 60 mL: 42 x 42 x 88



Size: 42 x 42 x 88



Size: 73 x 45 mm



Barcode



# FERLIN®

## Iron & Vitamin B Complex Syrup - Hematinic

### COMPOSITION

Each 5 mL (1 teaspoon (1tsp)) contains:  
 Iron, elemental (as Ferrous Sulfate, 149.34 mg).....30 mg  
 Thiamine HCl (Vitamin B1).....10 mg  
 Pyridoxine HCl (Vitamin B6).....10 mg  
 Cyanocobalamin (Vitamin B12).....50 mcg  
**Excipients:** Glycerin, Sucrose, Sodium Benzoate, Sodium Citrate, Citric Acid, Edetate Disodium, Caramel, Flavor q.s., Purified Water q.s.

### PHARMACODYNAMICS

Iron is an essential constituent of the body that is necessary for hemoglobin formation and for processes in living tissues involving oxygen. Administration of iron corrects erythropoietic abnormalities due to iron deficiency. The B-complex vitamins (B1, B6, B12) functions as coenzymes for various metabolic and biochemical reactions. Vitamin B1 (thiamine) is converted to thiamine pyrophosphate (TPP), a coenzyme which is necessary for decarboxylation of carboxylic acid metabolism. Vitamin B6 (pyridoxine HCl) is converted in erythrocytes to pyridoxal phosphate and to a lesser extent pyridoxamine phosphate, which act as coenzymes required in various metabolic function affecting protein, carbohydrate, and lipid utilization. Vitamin B12 (cyanocobalamin) is converted to methylcobalamin and 5-deoxyadenosylcobalamin which is essential for growth and cell replication.

### PHARMACOKINETICS

Iron is irregularly and incompletely absorbed from the gastrointestinal tract, the main sites of absorption being the duodenum and jejunum. Absorption is aided by the acid secretion of the stomach or by dietary acids. Absorption is also increased in conditions of iron deficiency or in the fasting state but is decreased if the body stores are overloaded.

Iron passes through the gastrointestinal mucosa into the blood and is bound to transferrin. Transferrin transports iron to the bone marrow for red blood cell production in the iron-transferring complex form. Iron is stored as ferritin or hemosiderin, primarily in hepatocytes and in the reticuloendothelial system, with some storage in muscle. Most of the iron is liberated by destruction of hemoglobin. Then it will be conserved and reused by the body. No physiological system of elimination exists for iron. However, small amounts are lost daily in the shedding of skin, hair, and nails; and in feces, perspiration, breast milk, menstrual blood, and urine. The B-complex vitamins (B1, B6, B12) are generally readily absorbed from the gastrointestinal tract. They are also widely distributed in the body tissues. Vitamin B1 and B6 elimination is through the urine as metabolites or in the unchanged form in case of excess beyond daily needs. Vitamin B12 is eliminated in bile as metabolites or in unchanged form in case of excess beyond daily needs.

### INDICATIONS

For the prevention and treatment of iron deficiency anemia in children.  
 For the prevention and supportive treatment of nutritional anemia.

### DOSAGE AND INSTRUCTION FOR USE (Dose is based on elemental iron.)

#### Supplemental (prophylactic) dose:

Equivalent to Recommended Dietary Allowance: 10 to 15 mg daily.

#### Therapeutic dose:

3 mg/kg body weight/day in 3 to 4 divided doses.

Duration of treatment depends on the cause and severity of iron deficiency but in general, approximately 4 to 6 months of oral iron therapy is required to reverse uncomplicated iron deficiency anemia.

Age Group	Supplemental (prophylactic) dose	Therapeutic dose
	Orally, once daily or as prescribed by a physician	Orally, 3 times a day or as prescribed by a physician
2-6 years	2.5 mL (1/2 tsp)	2.5 mL (1/2 tsp)
7-12 years	5 mL (1 tsp)	5 mL (1 tsp)

### CONTRAINDICATIONS

Hypersensitivity to any component in the formulation.  
 Primary hemochromatosis, hemolytic anemia, regional enteritis or ulcerative colitis.

### PRECAUTIONS

Peptic ulcer.  
 Do not administer therapeutic iron doses longer than six months except under the supervision of a physician. Do not administer parenteral iron together with oral iron to avoid iron overload. Do not administer iron to patients receiving repeated blood transfusions, since there is considerable amount of iron in the hemoglobin of transfused erythrocytes.

### SIDE - EFFECTS

Orally administered iron, due to its astringent action, produces gastrointestinal irritation and abdominal pain with nausea and vomiting. Other effects may include either diarrhea or constipation. Side effects may be reduced by administration with or after food or by starting therapy with a small dose and increasing gradually. Oral liquid preparations containing iron salts may cause temporary staining of teeth. The faeces of patients taking iron salt may be colored black; this side effect will disappear after you stop using this medicine. Please inform your doctor of all undesirable effects upon drug administration.

### OVERDOSE AND TREATMENT

Ingestion of elemental iron at doses of 30 mg/kg may cause moderate toxicity and above 60 mg/kg can lead to severe toxicity. The lethal dose of elemental iron in human is estimated to be 80-250 mg/kg. The symptoms of acute poisoning may include epigastric pain, nausea, vomiting, diarrhea and subsequently tarry stools, dehydration, acidosis and shock which may be associated with drowsiness. There may be a transient period of apparent recovery which may last from 6 to 24 hours after ingestion but the recurring symptoms with blood coagulation disorders and cardiovascular collapse. Treatment: gastric lavage should be performed; deferoxamine has also been used as an additive to gastric lavage solutions to chelate elemental iron in the gastrointestinal tract. Further treatment would be symptomatic and supportive care.

### DRUG INTERACTIONS

Concurrent administration of antacids with oral iron may decrease iron absorption. When taken concomitantly, absorption of both iron salts and tetracyclines is diminished. Responses to iron may be delayed when receiving concomitant chloramphenicol therapy. Iron salts have also been reported to decrease absorption and thus reduce the bioavailability and clinical effect of levodopa with carbidopa, methyldopa, penicillamine, and some quinolones (ciprofloxacin, norfloxacin, ofloxacin). Oral iron preparations should not be ingested concomitantly with or within 2 hours of a dose of these medications.

### PRESENTATION

Box of 30 mL bottle; Box of 60 mL bottle.

### STORAGE

Always keep container tightly closed. Store at temperatures not exceeding 30°C.

### SHELF - LIFE

24 months from manufacturing date.

KEEP OUT OF REACH OF CHILDREN  
 READ THE PACKAGE INSERT CAREFULLY BEFORE USE  
 FOR MORE INFORMATION, PLEASE ASK FOR DOCTOR'S ADVICE

Manufactured by UNITED INTERNATIONAL PHARMA CO., LTD.  
 WHO-GMP, GLP, GSP  
 No.16 VSIP II, Street No.7, Vietnam-Singapore II Industrial Park,  
 Hoa Phu Ward, Thu Dau Mot City, Binh Duong Province, Vietnam  
 Tel: 08-38100800

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INVIE0579000LQ-01

Size: 140x196mm