SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

FOLFULL 5 mg Tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Active substance:
Each tablet contains folic acid hydrate equivalent to 5 mg folic acid.

Excipients:
Lactose monohydrate (derived from cow's milk)…….140 mg
For the list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Oral tablet.
Yellowish or orangey colored, round tablet

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

FOLFULL is indicated for the treatment of tropical or nontropical sprue, nutritional anemia, megaloblastic anemia due to folic acid deficiency in pregnant women, infants or children.

4.2 Posology and method of administration

Posology/frequency and duration of administration:
For the treatment of megaloblastic anemia due to folate deficiency, 5 mg (1 tablet) folic acid daily for 4 months; in cases of malabsorption, the dose may be increased to 15 mg (3 tablets) daily.

In chronic hemolytic conditions such as Mediterranean anemia or sickle cell anemia, prophylactic treatment with 5 mg of folic acid (1 tablet) daily or weekly may be necessary.

Method of administration:
For oral use.

Additional information on special populations:
Renal/Hepatic impairment:
To prevent folic acid deficiency in kidney patients on dialysis, 5 mg folic acid (1 tablet) daily or weekly may be necessary.

Pediatric population
A dosage form more appropriate for young children should be used.

Treatment of megaloblastic anemia due to folate deficiency:
Children aged 1-18 years: 5 mg (1 tablet) daily for 4 months; 5 mg (1 tablet) every 1-7 days for maintenance treatment

Geriatric population:
No specific dose adjustment is not required in elderly patients.

4.3 Contraindications

- Known hypersensitivity to the active substance or any of the excipients
- Long-term folate therapy is contraindicated in patients with untreated cobalamin deficiency. Cobalamin deficiency can occur in the form of untreated pernicious anemia or other cobalamin deficiencies, including in lifelong vegetarians. A cobalamin absorption test should be performed before initiating long-term folate therapy in elderly patients. Administration of folate to these patients for up to 3 months or more precipitated cobalamin neuropathy. No adverse effects have been observed with short-term folate use.
- Folic acid should never be administered alone in Addison's pernicious anemia and other vitamin B12 deficiencies because it may accelerate the onset of subacute combined degeneration of the spinal cord (Except during pregnancy and lactation, doses higher than 0.4 mg/day should not be recommended until pernicious anemia is proven absent. Folic acid may correct hematologic abnormalities, but neurologic problems may increase irreversibly).
- Folic acid should not be used in malignancy unless megaloblastic anemia due to folate deficiency is a significant complication.

4.4 Special warning and precautions for use

Folic acid alone is not an appropriate treatment for pernicious anemia and other megaloblastic anemias due to vitamin B12 deficiency. Because although folic acid doses taken above 0.1 g per day reduce hematological symptoms, they mask neurological symptoms. To prevent this, it must be combined with an adequate dose of Vitamin B12.

Caution should be exercised in the use of folic acid in patients with tumor formation who are receiving folate antagonist therapy. It may reduce the effect of chemotherapeutics.

Antibiotics may cause false low results in serum and red blood cell folate quantitation using microbiological methods.

FOLFULL contains lactose. Patients with rare hereditary problems of galactose intolerance, Lapp-lactase deficiency or glucose-galactose malabsorption should not take this medicine.

4.5 Interaction with other medicinal products and other forms of interaction

The need for folic acid may be increased in patients who take adrenocorticoids, analgesics, anticonvulsants, hydantoins, or estrogens for long periods of time.

When folic acid supplements are given to treat folic acid deficiency caused by the use of antiepileptics (phenytoin, phenobarbital, and primidone), serum levels of antiepileptics may decrease, resulting in decreased seizure control in some patients.

Methotrexate, pyrimethamine, triamterene or trimethoprim act as folate antagonists by inhibiting dihydrofolate reductase.

Sulfonamides, including sulfasalazine, inhibit folate absorption, therefore the need for folic acid may be increased in patients receiving sulfasalazine.

Chloramphenicol antagonizes the effect of folic acid. Co-trimoxazole may interact with folate metabolism.

Additional information on special populations
No data are available.

Pediatric population:
No data are available

4.6 Fertility, pregnancy and lactation

General Recommendation
Pregnancy category: A

Women of childbearing potential/Birth control (Contraception):
Well-managed epidemiological studies have not shown that the FOLFULL has adverse effects on pregnancy or the health of the fetus/newborn.

FOLFULL can be used during pregnancy.

Pregnancy
No problems have been reported when the normal daily amount is taken. Folic acid supplements are often beneficial.

Non-drug induced folic acid deficiency or abnormal folate metabolism is associated with the occurrence of birth defects and some neural tube defects. Folate deficiency or folic acid metabolism disorders induced by drugs such as anticonvulsants and some antineoplastics in early pregnancy result in congenital anomalies. Deficiency of the vitamin B12 or its metabolites may also be responsible for spontaneous abortion and intrauterine growth retardation in some cases.

Lactation
Folic acid actively passes into breast milk. Folate accumulation in milk takes precedence over maternal folate needs. Folic acid levels in colostrum are relatively low, but concentrations of the vitamin increase as lactation progresses. No adverse effects have been observed in breast-fed infants whose mothers used folic acid.

Reproductive ability/Fertility
Not applicable.

4.7 Effects on ability to drive and use machines

It is not known whether it affects the ability to drive or use machines.

4.8 Undesirable effects

Folic acid is generally well tolerated.
Very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000); very rare (<1/10,000); unknown (cannot be estimated from available data)

Immune system disorders

Rare: Allergic reactions, erythema, rash, pruritis, urticaria, dyspnea and anaphylactic reactions (including shock).

Nervous system disorders
Changes in sleep patterns, irritable mood, and psychotic reactions have been reported in some people. These reactions disappear when the drug is discontinued.

Gastrointestinal disorders
Rare: Anorexia, nausea, abdominal distension and flatulence.

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorization of the medicinal product is essential. It allows continued monitoring of the benefit/risk ratio of the medicinal product. Healthcare professionals should report any suspected adverse reaction via the national reporting system.

4.9 Overdose

No special procedure or antidote is required.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Antianemic preparations, Folic acid and its derivatives
ATC code: B03BB01

Folic acid is a member of the B group of vitamins. It is necessary for nucleoprotein synthesis and maintenance of normal erythropoiesis. Specifically, it stimulates the production of red blood cells, white blood cells, and platelets in some people with megaloblastic anemia.

5.2 Pharmacokinetic properties

General properties
Absorption:
Even in the presence of malabsorption due to tropical sprue, dietary folate is almost completely absorbed from the gastrointestinal tract (mainly from the proximal part of the small intestine) and distributed to body tissues. Dietary folates are reported to have about half the bioavailability of crystalline folic acid. Naturally occurring folate polyglutamates are largely deconjugated in the intestine and reduced to 5-methyltetrahydrofolate (5MTHF) by the enzyme dihydrofolate reductase. Therapeutically administered folic acid enters the portal circulation largely unchanged because it is a poor substrate for reduction by dihydrofolate reductases.

Distribution:
Folic acid is distributed by portal circulation. Derived from naturally occurring folate, 5MTHF is largely bound to plasma proteins. Folate is stored mainly in the liver. It is also actively concentrated in the cerebrospinal fluid. It passes to breast milk.

Biotransformation:
Folic acid (in the presence of ascorbic acid) is converted to its active metabolite (tetrahydrofolic acid) by dihydrofolate reductase in the liver and plasma. There is an enterohepatic circulation of folate.

Elimination:

About 4 - 5 µg is excreted in the urine daily. The excess daily intake is excreted unchanged in proportion to the higher dose. Folic acid is removed by hemodialysis.

Linearity / Non-linearity:
No data are available.

5.3 Preclinical safety data

The studies on the conventional safety pharmacology, repeated dose toxicity, genotoxicity, carcinogenic potential and reproductive toxicity have not suggested any risk on human.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Each tablet contains:
Lactose monohydrate (derived from cow milk)
Maize starch
Sodium starch glycolate
Talc
Magnesium stearate

6.2 Incompatibilities

No physical or chemical incompatibility in its packaging.

6.3 Shelf life

24 months.

6.4 Special precautions for storage

Store at room temperature below 25°C away from light, and in its original package.
Do not use if this product and/or package has any damage.

6.5 Nature and contents of container

The primary packaging material is a blister made of clear PVC/PVDC and aluminum foil. Blisters are packed in cardboard box. It is available in blisters of 50 tablets in a box with a package leaflet.

6.6 Special precautions for disposal and other handling

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORIZATION HOLDER

DEVA Holding A.Ş.
Halkalı Merkez Mah. Basın Ekspres Cad. No.:1
34303 Küçükçekmece/İSTANBUL - TÜRKİYE

8. MARKETING AUTHORIZATION NUMBER

2022/591

9. DATE OF FIRST AUTHORIZATION/RENEWAL OF THE AUTHORIZATION

Date of first authorization: 18.10.2022
Date of renewal:

10. DATE OF REVISION OF THE TEXT