Cysteine and cysteine hydrochloride are included in preparations used in ophthalmology; eye drops have been used to prevent corneal ulceration after chemical burns.

♦ References

Soghier LM, Brion LP. Cysteine, cystine or N-acetylcysteine supplementation in parenterally fed neonates. Available in The Cochrane Database of Systematic Reviews; Issue 4. Chichester: John Wiley; 2006 (accessed 24/06/08).

Precautions. Cysteine, like other sulfhydryl-containing drugs, could produce a false-positive result in the nitroprusside test for ketone bodies used in diabetes and suspected hepatocellular inju-

Csako G, Elin RJ. Unrecognized false-positive ketones from drugs containing free-sulfhydryl group(s). JAMA 1993; 269: 1634.

Preparations

USP 31: Cysteine Hydrochloride Injection.

Proprietary Preparations (details are given in Part 3)

Multi-ingredient: Fr.: Lobamine-Cysteine; Phakan†; Hong Kong: Hepatofalk; Port.: Phakan†; S.Afr.: Prohep; Switz.: Phakolen†.

Cystine (USAN, rINN)

Cistina; Cistinas; Cisztin; Cystin; L-Cystine; Cystinum; Di(α -aminopropionic)-β-disulphide; β,β'-Dithiodialanine; Kystiini; L-Cystyna. L-3,3'-Dithiobis(2-aminopropionic acid).

Цистин

 $C_6H_{12}N_2O_4S_2 = 240.3.$ CAS — 56-89-3.

Pharmacopoeias. In Chin, and Eur. (see p.vii).

Ph. Eur. 6.2 (Cystine). A white or almost white crystalline powder. Practically insoluble in water and in alcohol. It dissolves in dilute solutions of alkali hydroxides. Protect from light.

Cystine is a non-essential amino acid. It is used as a dietary sup-

Low-methionine diets with cystine supplementation have been used in the treatment of congenital homocystinuria (see Amino Acid Metabolic Disorders, p.1922).

Preparations

Proprietary Preparations (details are given in Part 3)

elucystine; Ital.: Cistidil; Mavigen Sebo; **Spain:** Crecil

Multi-ingredient: Arg.: Lohp; Megacistin; Megaplus; Austria: Gelacet; Canad.: Amino-Cerv, Fr.: Cystine B ; Solacy; Ger.: Gelacet N†; Pantovigar N; Rus.: Eltacin (Элтацин); Switz.: Gelacet†; USA: Amino-Cerv.

Dectaflur (USAN, HNN)

Dectafluro; Dectaflurum; SKF-38094. 9-Octadecenylamine hydrofluoride.

Дектафлур

 $C_{18}H_{38}NF = 287.5.$

36505-83-6 (nonstereospecific); 1838-19-3 (9octadecenylamine).

Profile

Dectaflur is used as a source of fluoride (see Sodium Fluoride, p.1962) in the prevention of dental caries. For a report of stomatitis considered to be due to dectaflur, see Hypersensitivity, under Sodium Fluoride, p.1963.

Preparations

Proprietary Preparations (details are given in Part 3)

Multi-ingredient: Austria: Elmex; Belg.: Elmex; Cz.: Elmex; Fin.: Elmex; Ger.: Elmex; Lawefluor N†; Multifluorid; Hung.: Elmex; Israel: Elmex; Ital.: Elmex; Neth.: Elmex; Switz.: Elmex; Paro aux fluorures d'amines Ge-

Dextrin (BAN)

British Gum; Dekstriini; Dekstrinas; Dextrina; Dextrine; Dextrinum: Dextrinum Album: Starch Gum.

 $[C_6H_{10}O_5]_n.xH_2O.$ CAS = 9004-53-9

Pharmacopoeias. In Chin., Eur. (see p.vii), and Jpn. Also in

Ph. Eur. 6.2 (Dextrin). Maize, potato, or cassava starch partially hydrolysed and modified by heating with or without the presence of acids, alkalis, or pH control agents. A white or almost white, free-flowing powder. Very soluble in boiling water forming a mucilaginous solution; slowly soluble in cold water; practically insoluble in alcohol. A 5% dispersion in water has a pH of 2.0 to

USNF 26 (Dextrin). It is starch, or partially hydrolysed starch, modified by heating in a dry state, with or without acids, alkalis, or pH control agents. A white, yellow, or brown free-flowing powder. Its solubility in water varies; it is usually very soluble, but often contains an insoluble portion.

Icodextrin (BAN, USAN, rINN)

Icodextrina; Icodextrine; Icodextrinum; Ikodekstriini; Ikodextrin.

Икодекстрин

 $[C_6H_{10}O_5]_n$ CAS — 337376-15-5.

Dextrin, a glucose polymer, is $(1\rightarrow 4)-\alpha$ -D-glucan derived from the hydrolysis of starch. Icodextrin is dextrin with more than 85% of its molecules with molecular weights between 1640 and 45 000, and a weight-average molecular weight of about 20 000. Dextrin is a source of carbohydrate sometimes used in oral dietary supplements and tube feeding. Glucose is rapidly released in the gastrointestinal tract but because of the high average molecular weight of dextrin, solutions have a lower osmolarity than isocaloric solutions of glucose. Additionally, preparations based on dextrin (such as maltodextrin p.1955), and intended for dietary supplementation, usually have a low electrolyte content and are free of lactose and sucrose. These properties make such preparations suitable for dietary supplementation in a variety of diseases including certain gastrointestinal disorders where malabsorption is a problem, in disaccharide intolerance (without isomaltose intolerance), and in acute and chronic hepatic and renal diseases where protein, mineral, and fluid restriction are often necessary.

Dextrin is used as a tablet and capsule diluent, and as a binding, suspending, and viscosity-increasing agent. It has also been used as an adhesive and stiffening agent for surgical dressings.

Dextrin sulfate intravaginal gel has been investigated in the prophylaxis of HIV infection and AIDS.

Icodextrin is used in dialysis fluids as an alternative to glucosebased solutions (see also below). Icodextrin-based fluids are instilled intraperitoneally to reduce adhesions after gynaecological and other abdominal surgery. They have also been used as vehicles for drugs given via the peritoneal cavity.

Dialysis. Glucose-based solutions are commonly used in dialysis solutions for continuous ambulatory peritoneal dialysis (CAPD). However, there is rapid absorption of glucose across the peritoneal membrane, reducing the duration of ultrafiltration and leading to long-term metabolic complications such as hyperglycaemia, hyperinsulinaemia, hyperlipidaemia and obesity. Other osmotic agents have been investigated. One study reported results in 11 patients¹ receiving CAPD who had suffered repeated fluid overload from glucose-based dialysis solutions, and suggested that replacement of glucose with dextrin as the osmotic agent could reverse fluid overload and possibly reduce the frequency of exchange. However, others2 considered that the proposed frequency of exchange would not provide adequate removal of urea, and that in addition to underdialysis there would be an accumulation of poorly-metabolisable glucose polymers in

Icodextrin is another alternative.^{3,4} It is a glucose polymer, given in iso-osmolar solution. Studies supported by the manufacturers have found that it can be used in ultrafiltration for up to 12 hours. with lower transperitoneal absorption and potential calorie load than glucose solutions.^{5,6} It can also be metabolised by amylases in the blood, so is less likely to accumulate than other glucose polymers if absorbed,6 although the resultant concentrations of maltose (the primary metabolite) have resulted in falsely elevated blood-glucose measurements with some test methods.7-9 Licensed product information states that glucose dehydrogenase pyrroloquinolinequinone (GDH-PQQ) or glucose-dye-oxidore-ductase based methods should not be used for this reason. In a study in CAPD patients, icodextrin was well-tolerated and produced at least equivalent ultrafiltration to glucose solutions.5 Another study found that peritoneal dialysis patients on icodextrin lost weight and had improved fluid status compared with patients on glucose. 10 In a small study of peritoneal dialysis patients with fluid overload and due to be transferred to haemodialysis, substitution of icodextrin for one long-dwell exchange daily significantly increased ultrafiltration and extended technique survival-

A combination of icodextrin and glucose has also been investigated as a means to reduce glucose exposure while increasing

- Stein A, et al. Glucose polymer for ultrafiltration failure in CAPD. Lancet 1993; 341: 1159.
- Martis L, et al. CAPD with dialysis solution containing glucose polymer. Lancet 1993; 342: 176–7.

- Frampton JE, Plosker GL. Icodextrin: a review of its use in peritoneal dialysis. *Drugs* 2003; 63: 2079–2105.
 Hamburger RJ, Kraus MA. Icodextrin fulfills unmet clinical need of PD patients: improved ultrafiltration. *Dialysis Transplant* 2003; 32: 675–80.
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- 6. Peers E, Gokal R. Icodextrin provides long dwell peritoneal dialysis and maintenance of intraperitoneal volume. *Artif Organs* 1998; 22: 8–12.
- Riley SG, et al. Spurious hyperglycaemia and icodextrin in peritoneal dialysis fluid. BMJ 2003; 327: 608–9.
- toneal dialysis fluid. BMJ 2003; 327: 608–9.

 8. Medicines and Healthcare products Regulatory Agency. Medical device alert: ref MDA/2007/058 issued 19 July 2007. Available at: http://www.mhra.gov.uk/PrintPreview/PublicationSP/CON2031807 (accessed 21/07/08)

 9. Disse E, Thivolet C. Hypoglycemic coma in a diabetic patient on peritoneal dialysis due to interference of icodextrin metabolites with capillary blood glucose measurements. Diabetes Care 2004; 27: 2279.
- Davies SJ, et al. Icodextrin improves the fluid status of peritoneal dialysis patients: results of a double-blind randomized controlled trial. J Am Soc Nephrol 2003; 14: 2338–44.
- 11. Johnson DW, et al. Icodextrin as salvage therapy in peritoneal dialysis patients with refractory fluid overload. BMC Nephrol 2001; 2: 2.
- 2001; 2: 2.
 2. Jenkins SB, Wilkie ME. An exploratory study of a novel peritoneal combination dialysate (1.36% glucose/7.5% icodextrin), demonstrating improved ultrafiltration compared to either component studied alone. Perit Dial Int 2003; 23: 475–80.
 13. Dallas F, et al. Enhanced ultrafiltration using 7.5% icodex-
- trin/1.36% glucose combination dialysate: a pilot study. Perit Dial Int 2004; 24: 542–6.

Hypersensitivity. Skin reactions, sometimes severe and generalised, have occurred in patients given icodextrin.¹⁻⁵ Reactions have sometimes been delayed up to about 2 weeks after use.3

For the suggestion that recurrent sterile peritonitis in patients receiving icodextrin might be due to a hypersensitivity reaction, see below.

- Fletcher S, et al. Icodextrin allergy in a peritoneal dialysis pa-tient. Nephrol Dial Transplant 1998; 13: 2656–8.
- Goldsmith D, et al. Allergic reactions to the polymeric glucose-based peritoneal dialysis fluid icodextrin in patients with renal failure. Lancet 2000; 355: 897.
- 3. Queffeulou G, et al. Allergy to icodextrin. Lancet 2000; 356: 75.
- Al-Hoqail IA, Crawford RI. Acute generalized exanthematous pustulosis induced by icodextrin. *Br J Dermatol* 2001; 145: 1026–7.
- 5. Valance A, et al. Icodextrin cutaneous hypersensitivity: report of 3 psoriasiform cases. Arch Dermatol 2001; 137: 309-10

Peritonitis. Sterile peritonitis attributed to icodextrin has been reported. 1,2 Subsequently, several batches were withdrawn by the manufacturer in May 2002 because of bacterial contamination with high levels of peptidoglycan.^{2,3} However, further incidents of peritoritis have been reported with icodextrin in patients previously exposed to the withdrawn batches, 4-6 prompting theories of sensitisation to icodextrin or peptidoglycans. Concerns were expressed regarding possible cross-sensitisation to dextran polymers in these patients, 6 as well as the possibility that even low levels of peptidoglycans might trigger peritonitis.7 Histological changes similar to bacterial peritonitis have been found in patients with icodextrin-associated sterile peritonitis.8 It was suggested that if cloudy dialysate reappeared upon rechallenge, ico-dextrin should be withdrawn.⁸

In an effort to determine the cause of the aseptic peritonitis, a manufacturer-sponsored analysis determined that recalled batches of dialysis solution were within product and pharmacopoeial specifications for content, safety, and sterility. However, both dialysate solution and icodextrin raw material caused increases in interleukin-6 response in vitro, suggesting a non-endotoxin contaminant as the cause of the aseptic peritonitis. Further analysis found peptidoglycan contamination of the raw icodextrin by Alicyclobacillus acidocaldarius to be the cause.3

- Tintillier M, et al. Transient sterile chemical peritonitis with ico-dextrin: clinical presentation, prevalence, and literature review. Perit Dial Int 2002; 22: 534–7.
- 2. MacGinley R, et al. Relapsing culture-negative peritonitis in peritoneal dialysis patients exposed to icodextrin solution. Am J Kidney Dis 2002; 40: 1030–5.
- 3. Martis L, et al. Aseptic peritonitis due to peptidoglycan contamination of pharmacopoeia standard dialysis solution. Lancet 2005; **365**: 588–94.
- Basile C, et al. The impact of relapsing sterile icodextrin-associated peritonitis on peritoneal dialysis outcome. J Nephrol 2003;
- 5. Povlsen JV, et al. Exposure to the peptidoglycan contaminant in icodextrin may cause sensitization of the patient maintained on peritoneal dialysis. *Perit Dial Int* 2003; **23:** 509–10. 6. Enia G. et al. Sterile icodextrin-associated peritonitis may induce
- hypersensitivity and recurrent peritonitis on re-challenge. Neph-
- nypersensitivity and recurrent peritonitis on re-challenge. Nephrol Dial Transplant 2003; **18**: 626.

 7. Seow Y-YT, et al. Icodextrin-associated peritonitis among CAPD patients. Nephrol Dial Transplant 2003; **18**: 1951–2.

 8. Goffin E, et al. Icodextrin-associated peritonitis: what conclusions thus far? Nephrol Dial Transplant 2003; **18**: 2482–5.

Preparations

USNF 26: Liquid Glucose.

Proprietary Preparations (details are given in Part 3) Austral.: Poly-joule; Fr.: Caloreen; Gr.: Caloreen†; Neth.: Dexemel†; UK: Adept; Caloreen; Dexemel†.

Multi-ingredient: Fr.: Picot†

Ferric Ammonium Citrate

381; Ammonium Ferric Citrate; Citrato amónico férrico; Demir III Amonyum sitrat; Ferricum Citricum Ammoniatum; Iron and Ammonium Citrate.

CAS - 1185-57-5. ATC — V08CA07. ATC Vet — QV08CA07.

Pharmacopoeias. In US.

USP 31 (Ferric Ammonium Citrate). It contains between 16.5% and 18.5% of iron. Store in airtight containers at a temperature of 8° to 15°. Protect from light.

Ferric ammonium citrate is given orally as a source of iron (p.1949) for iron-deficiency anaemia (p.1951). It is also used as a food additive, as an acidity regulator, anticaking agent, or source of iron. It has been used as a colouring agent.

Preparations

USP 31: Ferric Ammonium Citrate for Oral Solution.

Proprietary Preparations (details are given in Part 3)

Braz.: Vinho Ferruginoso†; Gr.: Ferriseltz†; India: Rubraplex; Ital.: Sciroppo Fenoglio†; Neth.: FerriSeltz; Port.: Cobalti†; Spain: Ferriseltz; Turk.: Ferro; Nuklofer Tonik; Samson; Tonoferrin; Venez.: Dociron†.

Multi-ingredient: Arg.: ITE B12 Forte; Austria: Ferrovin-Chinaeisen-wein; Braz.: Ferrobern; Ferrotrat B12 Plus; Ferrotrat B12†; Hematiase B12; Hepavitose†; Regulador Xavier N-2†; Rubrobion†; Canad.: Maltlevol; Ger.: Praefeminon plus; Hong Kong: Nutroplex, India: Blosyn; Dexorange; Ferradol; Ferrochelate; Genfol; Globac-Z; Haem Up; Hepatoglobine; Vitamon; Ital.: Empon; Malaysia: Nutroplex; Singopore: Nutroplex; UK: Innorm; Lexpec with Iron-H†; Lexpec with Iron†; USA: Geritol; Geritonic; Venez.: Beferron; Cianofer; Fercobre B-12†; Fercobre†.

Ferric Carboxymaltose (USAN, rINN)

Carboximaltosa Férrica; Carboxymaltose Ferrique; Ferricum Carboxymaltosum; VIT-45.

Феррик Карбоксимальтоз CAS - 9007-72-1.

Profile

Ferric carboxymaltose is used as a source of parenteral iron (p.1949) for iron-deficiency anaemia (p.1951) when oral iron therapy is ineffective or impractical. Dosage should be individualised and the calculated total cumulative dose of iron should not be exceeded. Ferric carboxymaltose is given by intravenous bolus injection over 1 to 2 minutes, in doses supplying up to 200 mg of iron up to 3 times weekly, or diluted in sodium chloride 0.9% by intravenous infusion in a dose of up to 1 g of iron no more than once weekly. It should not be given by intramuscular or subcutaneous injection. In patients on dialysis it may be given undiluted directly into the venous limb of the dialyser. For further information relating to the parenteral use of iron, see Iron Dextran, p.1951.

Preparations

Proprietary Preparations (details are given in Part 3) Cz.: Ferinject; Switz.: Ferinject; UK: Ferinject

Ferric Pyrophosphate

Férrico, pirofosfato; Iron Pyrophosphate. $Fe_4(P_2O_7)_3 = 745.2.$ CAS - 10058-44-3

Profile

Ferric pyrophosphate is given orally as a source of iron (p.1949) for iron-deficiency anaemia (p.1951).

Preparations

Proprietary Preparations (details are given in Part 3)

Multi-ingredient: Austral.: Incremin Iron; Chile: Incremin†; Mex.: Incremin Con Hierro; USA: Vitafol; Vitalize.

Ferritin

Ferritina.

Ferritin is the major iron storage protein of vertebrates, found mainly in the liver, spleen, intestinal mucosa, and bone marrow and consisting of a soluble protein shell (apoferritin) with a core of crystalline ferric hydroxyphosphate complex. It has been given orally as a source of iron (p.1949) in iron-deficiency anaemias (p.1951).

Preparations

Proprietary Preparations (details are given in Part 3) Mex.: Ferrivax; Spain: Ferroprotina; Hiercot; Kilor; Profer.

Ferrocholinate (rINN)

Ferrocholinatum; Ferrocolinato.

Феррохолинат

 $C_{11}H_{20}FeNO_{9}, 2H_{2}O = 402.2.$ CAS — 1336-80-7.

Ferrocholinate is a chelate prepared by reacting equimolar quantities of freshly precipitated ferric hydroxide with choline dihydrogen citrate. It is given orally as a source of iron (p.1949) for iron-deficiency anaemia (p.1951).

Preparations

Proprietary Preparations (details are given in Part 3) Spain: Podertoni

Ferrous Ascorbate

Ferroso, ascorbato. $C_{12}H_{14}FeO_{12} = 406.1.$ CAS — 24808-52-4. ATC — B03AA10. ATC Vet - OB03AA10

Ferrous ascorbate is used as a source of iron (p.1949) for irondeficiency anaemia (p.1951). It is given orally in usual doses of up to 1.47 g daily (equivalent to about 200 mg of iron daily).

Preparations

Proprietary Preparations (details are given in Part 3)

Multi-ingredient: Austria: China-Eisenwein.

Ferrous Aspartate

Ferroso, aspartato. $C_8H_{12}FeN_2O_8,4H_2O = 392.1.$ — ВОЗАĂО9.

ATC Vet - QB03AA09.

Profile

Ferrous aspartate is used as a source of iron (p.1949) for irondeficiency anaemia (p.1951). It is given orally in usual doses of up to 750 mg daily (equivalent to about 100 mg of iron daily).

Preparations

Proprietary Preparations (details are given in Part 3) Belg.: Spartocine†; Fin.: Spartocine; Ger.: Spartocine N†; USA: FE Aspar-

Ferrous Chloride

Ferroso, cloruro. Iron (II) chloride tetrahydrate. $FeCl_2, 4H_2O = 198.8.$ CAS — 7758-94-3 (anhydrous ferrous chloride); 13478-10-9 (ferrous chloride tetrahydrate).

ATC — B03AA05.

ATC Vet - QB03AA05.

Profile

Ferrous chloride is used as a source of iron (p.1949) for irondeficiency anaemia (p.1951). It is given orally in a usual dosage of about 350 to 700 mg daily in divided doses (equivalent to about 100 to 200 mg of iron daily).

Preparations

Proprietary Preparations (details are given in Part 3) *Fr.*: Fer UCB; *Pol.*: Hemofer; *Switz.*: Ferrascorbin.

Multi-ingredient: Switz.: Ferrascorbin.

Ferrous Fumarate

Demir Fumarat; Ferrofumaraatti; Ferrofumarat; Ferrosi fumaras; Ferroso, fumarato; Fumaran železnatý; Fumarate ferreux; Geležies(II) fumaratas; Vas(II)-fumarát.

 $C_4H_2FeO_4 = 169.9.$

CAS — 141-01-5.

ATC — B03AA02.

ATC Vet - QB03AA02; QB03AD02.

Pharmacopoeias. In Chin., Eur. (see p.vii), Int., US, and Viet. Ph. Eur. 6.2 (Ferrous Fumarate). A fine, reddish-orange or reddish-brown powder. Slightly soluble in water; very slightly soluble in alcohol. Store in airtight containers. Protect from light. USP 31 (Ferrous Fumarate). A reddish-orange to red-brown, odourless powder, which may contain soft lumps that produce a yellow streak when crushed. Slightly soluble in water; very slightly soluble in alcohol. Its solubility in dilute hydrochloric acid is limited by the separation of fumaric acid.

Profile

Ferrous fumarate is used as a source of iron (p.1949) for iron-deficiency anaemia (p.1951). It is given orally in usual doses of up to 600 mg daily (equivalent to about 200 mg of iron daily); doses of up to 1.2 g daily (equivalent to about 400 mg of iron daily) may be used if necessary.

Preparations

BP 2008: Ferrous Fumarate and Folic Acid Tablets; Ferrous Fumarate Capsules; Ferrous Fumarate Oral Suspension; Ferrous Fumarate Tablets; USP 31: Ferrous Fumarate and Docusate Sodium Extended-release Tablets; lets; Ferrous Fumarate Tablets.

Proprietary Preparations (details are given in Part 3)

Proprietary Preparations (details are given in Part 3)
Austria: Ferretab; Ferrobet; Braz.: Ferroklinget; Canad.: Neo-Fer; Palafer; Cz.: Ferronat; Fr.: Furnafer; Ger.: Ferrokapsult; Ferrum Hausmann;
Rulofer N. Hung.: Feroglobin-Bl 12; Indon.: Ferce: Irl.: Galfer; Malaysia:
Irion†; Mex.: Biofuroso; Croferron; Fernadin; Ferro-Terapina; Ferval; Furnavit; Gestaferron; Medifer; Norw.: Nycoplus Neo-Fer; Singapore: Iron
Beacons; Swed.: Erco-Fer; Switz.: Ferrum Hausmann; Lufer; Thal.: F-Tab;
Fernarate; Ferrdek; Fermasian; Fermate; UK: Fersaday; Fersamala; Galfer;
USA: Femiron; Feostat†; Ferretts; Ferro-Dok; Hemaspan†; Hemocyte; Nephro-Fer; Vitron-C; Venez.: Fero; Ferroce; Fumafer†.

Multi-ingredient: Arg.: Anemidox-Ferrum; Anemidox-Solutab; Autrinic Multi-ingredient: Arg.: Anemidox-Ferrum; Anemidox-Solutab; Autrinic Compuesto; Ferretab Compis Belg.: Gestiferroi; Braz.: Betozone; Iloban; Rubralong; Condi.: Appedinie; Fortiplex; Neo-Fer C; Palafer C; Chille: Cronoferril; Ferranim; Ferro Vitaminico; Folifer; Microfemin†; Orlon; Cz.: Ferretab Compositum; Firm. Matrifolin; Ger.: Ferrodix; Hong Kong; Fortifer; India: Anemidox; Autrin; Elferri-Z; Fervit†; Globac-Z; Hems; Hepasules; Hepatoglobine; Livogen Captab; Livogen-Z; Livogen†; Siderfoi; Softeron; Softeron-Z, Indon.: Calmin-AF; Dasabion; Emineton; Hemarate CE; Hemobion; Natabion; Nichobion; Odiron-C; Prenamia; Prenatin-DF; Rejuvan; Vitachoi; Vitalex; Vitamam 2; Vitamam 3; Vitonal-F; Ind.: Ferrocap F†; Galfer Vitacnoi; Vitalex, Vitamam J; Vitamam J; Vitamam S; Vitonal+; Irl.: Ferrocap F; Galier FA; Givitol; Streel: Folex; Foric; Malgysia: Ferrovit; Odiron-C; Mex.: Autrin; Dialeli AF, Ferlor AF; Ferro Grin; Ferrotemp, Fumarol; Yemifer-HE; Philipp.: Anemicon Plus; Anixor; Appebon with Iron; Beniforte; Essenfer; Ferrgesol; Ferrosal; Ferroplex; Foramefer; Fortifer; Fortifer FA; Fumiron + B; Globifer; Harvifer; Hemarate; Hemobion; Iroplex; Macrobee with Iron; Molvite-OB; Multispec-E; Mulvitron; Nakaron; Trev-Iron; Tril-HEMIC; Trust Molvite-OB; Multispec-E; Mulvitron; Nakaron; Trev-Iron; TriHEMIC; Trust PIII; Zoiron; Rus.: Ferretab Comp (Depperaß Komr); S.Afr.: Autrin; Pregamal; Singopore: Iron Melts; Odiron-C; Wanse; Spain; Foliferon; Switz.: Duofer: Duofer Fol; Thai.: Adnemic F; Adnemic†; Biocalron; FB Fer; FBC; FBC Plus; FBIC†; Fer-200; Ferli-6; Ferosix; Ferplus-B; Fernopro; Hemarate; Hemolax; Intricon; Obimin-AZ; Polycolvit; Polyvit; Trinsicon†; Turk.: Vi-Fer; UK: Galfer FA; Meterfolic; Pregaday; USA: ABC to Z; Anemagen OB†; Anemagen†; Berocca Plus; Caltrate + Iron & Vitamin D; Certagen; Cevi-Fer†; Chromagen; Chromagen FA; Chromagen Forte; Contin; Estrostep Fe; Femcon Fe; Ferotrinsic; Ferrogels Forte; Fetrin; Formula B Plus; Humatin; Genicit Gerval T; Hem Fe; Hematinic; Hematinic; Plus; Hemocyte-F; Junel Fe; Livitrinsic-f; Loestrin Fe; Nephro-Fer Rx†; Parvlex; Pronemia Hematinic; Repliva; Tandem; Thera Hematinic; Theragenerix-Villia Fe; Tolfinic; Tri-Legest; Tri+EMIC; Trinsicon; Vitafol; Yelets; Zodeac; Venez.: Cobalfer; Fefol; Fercor†; Ferroliver; Ferronorm; Folifer B-12; Hepafol con B-12.

Ferrous Gluceptate

Ferroso, gluceptato; Ferrous Glucoheptonate. Fe($C_7H_{13}O_8$)₂ = 506.2. CAS — 25126-38-9.

Profile

Ferrous gluceptate is given orally as a source of iron (p.1949) for iron-deficiency anaemia (p.1951).

Preparations

Proprietary Preparations (details are given in Part 3)

Multi-ingredient: Arg.: Egestan Hierro; Spain: Clamarvit†; Normovite