

PROFESSIONAL INFORMATION

SCHEDULING STATUS

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1 NAME OF THE MEDICINE

B-CAL-DM (Swallow Tablet)

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Ingredients	Per tablet
Calcium (from calcium carbonate 1250 mg)	500 mg
Magnesium (from magnesium carbonate)	125 mg
Vitamin D3 (as cholecalciferol)	1000IU (25ug)

For full list of excipients, see section 6.1

3 PHARMACEUTICAL FORM

B-CAL-DM swallow tablet is an oblong, yellow, coated tablet.

4 CLINICAL PARTICULARS

4.1 Therapeutic indication

Calcium intake, when combined with sufficient vitamin D, a healthy diet, and regular exercise, may reduce the risk of developing osteoporosis. Contributes to the development and maintenance of bones and teeth.

4.2 Posology and method of administration

Adults and children 9 years and older: 1 tablet daily with meals, or as recommended by a healthcare provider. The dose required is dependent on dietary calcium intake.

The recommended daily dose should not be exceeded.

4.3 Contraindications

Hypersensitivity to any of the ingredients or excipients.
Patients with hypercalcaemia, hypercalciuria, renal impairment, renal calculi or sarcoidosis.
Patients with renal osteodystrophy with hyperphosphatemia

4.4 Special warnings and precautions for use

- Calcium supplementation should be avoided in cases of hypercalcaemia and hypercalciuria (see **CONTRAINDICATIONS**).
- Calcium supplementation should be used with caution in patients with hypophosphatemia or hyperphosphatemia.
- Use with caution in patients with heart disease.

4.5 Interaction with other medicines and other forms of interaction

No interaction studies have been performed on **B-CAL-DM**. The following interactions are noted on monographs of the active ingredients:

- Anticoagulants/Antiplatelets: concomitant use with magnesium could increase the risk of bleeding.
- Calcium-channel blockers: calcium supplements may reduce the effects of calcium channel blockers.
- Digoxin: administration of high doses of calcium increases the risk of cardiac arrhythmias. Magnesium may reduce the absorption of digoxin and thereby reduce its therapeutic effects.
- Estrogen: concurrent use may cause hypercalcaemia.
- Gabapentin: concurrent use with magnesium reduces the absorption of gabapentin.
- Levodopa/Carbidopa: magnesium may reduce the effectiveness of levodopa/carbidopa if taken together.
- Potassium sparing diuretics: magnesium levels may increase with concurrent use.
- Sulfonylureas: concomitant administration with magnesium may enhance absorption and effect of sulfonylureas.
- Thiazide diuretics: thiazides reduce calcium excretion by the kidneys.
- Thyroid medicines: Calcium can interfere with thyroid hormone replacement treatment. Separate the administration of calcium supplements and thyroid medications by at least 4 hours.
- Calcium can chelate and prevent the absorption of some medicines such as tetracyclines, quinolones, bisphosphonates, anti-retrovirals, levofloxacin and verapamil. Doses should be separated by at least 4 hours.
- Concurrent use with other supplements containing vitamin D may cause hypervitaminosis D.

4.6 Fertility, pregnancy and lactation

B-CAL-DM are suitable for use during pregnancy and lactation at the recommended dose and at the discretion of the treating healthcare professional.

4.7 Effects on ability to drive and use machines

The effects on ability to drive and use machines has not been studied.

4.8 Undesirable effects

Possible side effects include gastrointestinal discomfort (constipation, diarrhoea, flatulence, nausea, belching and stomach upset).

4.9 Overdose

High doses can cause nausea, vomiting, diarrhoea and symptomatic hypermagnesemia, hypercalcaemia hypervitaminosis D, including hypotension and bradycardia.

Treatment is symptomatic and supportive.

5 PHARMACOLOGICAL PROPERTIES

5.1 PHARMACOLOGICAL CLASSIFICATION

Complementary Medicines: Health Supplement
D34.12 Multiple substance formulation

5.2 PHARMACOLOGICAL ACTION

Calcium:

- Contributes to the development and maintenance of bones and teeth.
- Contributes to normal muscle function.
- Contributes to normal energy-yielding metabolism.
- Has a role in the process of cell division and specialisation.
- Calcium intake, when combined with sufficient vitamin D, a healthy diet, and regular exercise, may reduce the risk of developing osteoporosis.
- A factor in the maintenance of good health.

Vitamin D:

- Helps in the absorption and use of calcium and phosphorus.
- Contributes to normal cell division.
- Contributes to normal blood calcium levels.
- Contributes to the maintenance and development of strong bones and teeth.
- Contributes to the maintenance of normal muscle function.
- Contributes to the normal function of the immune system.
- Has a role in the process of cell division.
- Calcium intake, when combined with sufficient Vitamin D, a healthy diet and exercise, may reduce the risk of developing osteoporosis.
- A factor in the maintenance of good health.

Magnesium:

- Contributes to normal energy -yielding metabolism.
- Contributes to normal electrolyte balance.
- Contributes to a reduction of tiredness and fatigue.
- Contributes to the maintenance of normal muscle function.
- Contributes to normal protein synthesis.
- Has a role in the process of cell division.
- Contributes to the maintenance of normal bones.
- Contributes to the maintenance of normal teeth.
- Helps to metabolise carbohydrates, fats and proteins.
- Contributes to tissue formation.
- A factor in the maintenance of good health.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Beeswax, colloidal silica, magnesium stearate, maize starch, maltodextrin, opadry yellow, povidone, silicon dioxide, sodium starch glycolate, stearic acid.

SUGAR FREE

6.2 Incompatibilities

Unknown

6.3 Shelf life

2 years

6.4 Special precautions for storage

Store at or below 25 °C.

Keep bottle tightly closed to protect from sunlight and moisture.

KEEP OUT OF THE REACH OF CHILDREN.

6.5 Nature and contents of container

B-CAL-DM is packed in plastic containers with 30, 60 or 100 tablets.

6.6 Special precautions for disposal and other handling

No special requirements

7 HOLDER OF CERTIFICATE OF REGISTRATION

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8 REGISTRATION NUMBER

To be allocated

9 DATE OF PUBLICATION OF PROFESSIONAL INFORMATION

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