PATIENT INFORMATION LEAFLET

SELOVİTA-D3 300.000 IU/mL I.M. Solution

Sterile

Administered intramuscularly.

- ***Active substance:*** Each 1 mL ampoule contains 300000 IU vitamin D_3.
- ***Excipients:*** Butylhydroxytoluene, sunflower oil

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.

- *Keep this leaflet. You may need to read it again.*
- *If you have any further questions, ask your doctor or pharmacist.*
- *This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.*
- *Tell your doctor that you are taking this medicine when you go to the doctor or hospital during the use of this medicine.*
- *Follow exactly what is written in this instruction. Do not use **high** or **low** doses other than the recommended dosage.*

What is in this leaflet:

1. What SELOVİTA-D_3 is and what it is used for?

2. What you need to know before you use SELOVİTA-D_3

3. How to use SELOVİTA-D_3?

4. What are the possible side effects?

5. How to store SELOVİTA-D_3

Headings are included.

1. What SELOVİTA-D_3 is and what it is used for?

SELOVİTA-D_3 light yellow, characteristic odor, oily solutions in amber colored ampoules of 1 mL. Each carton box contains 1 piece of 1 mL ampoule.

Each 1 mL ampoule contains vitamin D_3 as an active ingredient.

SELOVİTA-D_3 is indicated in patients with Vitamin D deficiency only with absorption disorder from the digestive tract.

2. What you need to know before you use SELOVİTA-D_3

DO NOT USE SELOVİTA-D_3;

If;

You are allergic to vitamin D_3 or components of SELOVİTA-D_3.

You have severe high blood pressure, severe arteriosclerosis and active pulmonary tuberculosis, you should not use it in high doses for a long time.

You have D hypervitaminosis (a disease caused by excessive intake or accumulation of vitamin D. Its symptoms are loss of appetite, constipation, blurred vision and muscle weakness).

You have hypercalcemia (higher than normal calcium concentration in the blood) or hypercalciuria (increased amount of calcium excreted in the urine).

USE SELOVİTA-D_3 CAREFULLY;

If;

• you need to use vitamin D_3 continuously, your kidney functions should be checked.

• you are using another drug containing vitamin D and its derivatives.

• you are pregnant (although it is not recommended to use drugs containing vitamin D as a standard in every pregnancy, it should be used when deemed necessary by the physician. When used to prevent vitamin D deficiency during pregnancy, a maximum of 1000 IU should be used per day).

• If these warnings are valid for you, even at any time in the past, please consult your doctor.

Use of SELOVİTA- D_3 with food and drink

There is no known interaction with food and drink.

Pregnancy

Consult your physician or your pharmacist before using the drug.

SELOVİTA-D_3 should not be used during pregnancy unless necessary.

Although routine use of drugs containing vitamin D is not recommended in pregnancy, it should be used in physician control when necessary.

The maximum dose should not exceed 1000 IU / day in the use of drugs containing vitamin D for the purpose of prophylaxis in pregnancy.

If you notice you are pregnant during treatment, consult your physician or pharmacist immediately.

Breast-feeding

Consult your physician *or pharmacist before using this medication.*

Driving and using machines

There is no information that SELOVİTA-D_3 affects ability to drive and use machines.

Important information about some excipients found in the composition of SELOVİTA-D_3

There is no warning for any of the excipients found in the content.

Use with other medicines

Effect of vitamin D may be reduced when used in combination with anticonvulsants, hydantoin, barbiturates or primidone (drugs used in epilepsy) and rifampicin (an antibiotic used to treat

tuberculosis).

Concomitant use of drugs containing calcitonin, etidronate, gallium nitrate, pamidronate or plicamycin and hypercalcemia (high blood calcium level) may reduce the effect of these drugs.

Concomitant use of high-dose calcium-containing drugs or diuretics and thiazide (diuretics) at the same time may increase the calcium concentration in the blood above the normal level (risk of hypercalcemia). Careful monitoring of serum calcium concentrations is essential for long-term treatment.

Concomitant use with other medicines containing vitamin D or its derivatives is not recommended because of the increased likelihood of toxicity.

Isoniazid (used for the treatment of tuberculosis) can reduce the effectiveness of vitamin D_3.

Patients treated with cardiac glycosides (drugs used in heart failure) may be susceptible to high levels of calcium, and therefore ECG parameters and calcium levels of these patients should be monitored by the physician.

Drugs that can cause a reduction in fat absorption, such as orlistat (used for the treatment of obesity) and cholestyramine (used for treatment of cholesterol), may reduce vitamin D absorption.

If you are using or have recently used any type of prescription or non-prescription drugs, please inform your physician or your pharmacist.

3. How to use SELOVİTA-D_3

Instructions for appropriate use and dose / administration frequency:

Your doctor will decide how to use the drug. Use according to your doctor's advice.

Age Group	**Prophylaxis / Maintenance Recommended Dose**	**Vitamin D Deficiency Treatment Dose**		**In Maintenance Therapy and Risky Groups Tolerant for Prophylaxis The Highest Achievable Dosage (See Warnings / Precautions)**
		Daily Treatment**	**Weekly administration**	
Newborn	400 IU/day (10 mcg/day)	1000 IU/day (25 mcg/day)	NONE	1000 IU/day (25 mcg/day)
1 month – 1 year	400 IU/day (10 mcg/day)	2000-3000 IU/day (50-75 mcg/day)	NONE	1500 IU/day (37.5 mcg/day)
1-10 years	400-800* IU/day (10-20 mcg/day)	3000-5000 IU/day (75-125 mcg/day)	NONE	2000 IU/day (50 mcg/day)
11-18 years	400-800* IU/day (10-20 mcg/day)	3000-5000 IU/day (75-125	NONE	4000 IU/day (100 mcg/day)

		mcg/day)		
Above 18 years adults	600-1500 IU/day (15-37.5 mcg/day)	7000-10000 IU/day (175-250 mcg/day)	50000 IU/week (1250 mcg/week)***	4000 IU/day (100 mcg/day)

** If required, dose can be increased up to 1000 IU.*

*** It can be used up to 6-8 weeks.*

**** If a weekly dose is desired instead of a daily dose, 50000 IU can be used as a weekly dose at a time for up to 6 - 8 weeks. It is not recommended to use more than 50000 IU of vitamin D at a time.*

Method and Route of administration:

SELOVİTA-D_3 ampoule must be administered intramuscularly.

Various age groups:

Use in Children:

It is used as specified instructions for appropriate use and dose / administration frequency section.

Use in Elderly:

No dose adjustment is required.

Special usage cases

Renal impairment:

In cases that require continuous use of vitamin D_3, kidney functions should be controlled. It should not be used with calcium in case of severe kidney failure.

Hepatic impairment:

No data is available.

Talk to your doctor or pharmacist if you have the impression that the effect of SELOVİTA-D_3 is too strong or weak.

If you have used more SELOVİTA-D_3 than you should

Talk to a physician or pharmacist if you have used more SELOVİTA-D_3 than you should use.

If you forget to use SELOVİTA-D_3

If you forget to take your medicine, take this dose as soon as you realize that you have forgotten and take the next dose at the usual time. However, if you remember the missed dose and it is almost time for your next dose, skip the missed dose.

Do not take double doses to make up for missed doses.

Effects which may occur when treatment with SELOVİTA-D_3 is discontinued

No effect is expected when treatment is concluded. Do not stop using SELOVİTA-D_3 unless

instructed to do so by your physician.

4. What are the possible side effects?

Like all medicines, people who are sensitive to ingredients of SELOVİTA-D_3 may have side effects.

The incidence of undesirable effects is unknown due to the lack of extensive clinical trials.

SELOVİTA-D3 is unlikely to have side effects at normal doses and durations. High doses of vitamin D_3 and uncontrolled prolongation of treatment may result in the following side effects (frequency of side effects not known):

Increased amount of calcium excreted in urine (hypercalciuria), higher than normal amount of calcium in the blood (hypercalcemia): These are detected by blood and urine tests.

Hypersensitivity symptoms such as mental symptoms, blurred consciousness, heart beat irregularity (arrhythmia), nausea, loss of appetite, weight loss, excessive urination (polyuria), inability to urinate (anuria), excessive thirst (polydipsia), kidney stone formation, calcification in the kidney due to high calcium in the blood (nephrocalcinosis), itching, rash, hives (urticaria).

Reporting of the side effects:
If you get any side effects not listed in this leaflet, talk to your doctor or pharmacist. You can also report side effects directly to your doctor or pharmacist. You can also report side effects directly to your country's related health authority. By reporting side effects, you can help provide more information on the safety of this medicine.

If you experience any side effect not mentioned in this patient information leaflet, inform your doctor or your pharmacist.

5. How to store SELOVİTA-D_3

Keep SELOVİTA-D_3 out of the sight and reach of children, and in its packaging.

Store at room temperature below 25 °C, in its package and protect from light.

Use in compliance with the expiry date.

Do not use SELOVİTA-D_3 after the expiration date stated on the packaging.

Do not use SELOVİTA-D_3 if you notice any damage in the product and/or its package.

Do not throw away drugs that have expired or are not used! Give them to the collection system determined by the Ministry of Environment and Urbanization.

Marketing Authorization Holder:

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This patient information leaflet was approved on ……..

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

SELOVİTA-D3 300.000 IU/mL I.M. Solution
Sterile

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Drug substance:

Each 1 mL ampoule contains 300 000 IU vitamin D_3.

Excipients:

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

A light-yellow color, characteristic (oil) odorous, oily solution in 1 mL of colored ampoules (Type I).

4. CLINICAL PARTICULARS

4.1. Therapeutic indications

SELOVITA-D3, indicated in patients with vitamin D deficiency only patients with impaired gastrointestinal absorption.

4.2. Posology and method of administration

The dose and duration of treatment are determined by the doctor's advice according to the disease to be treated.

Your doctor will decide how to use the drug. Use according to your doctor's advice.

Age Group	**Prophylaxis / Maintenance Recommended Dose**	**Vitamin D Deficiency Treatment Dose**		**In Maintenance Therapy and Risky Groups Tolerant for Prophylaxis The Highest Achievable Dosage (See Warnings / Precautions)**
		Daily Treatment**	**Weekly Administration**	
Newborn	400 IU/day (10 mcg/day)	1000 IU/day (25 mcg/day)	NONE	1000 IU/day (25 mcg/day)
1 month – 1 year	400 IU/day (10 mcg/day)	2000-3000 IU/day (50-75 mcg/day)	NONE	1500 IU/day (37.5 mcg/day)
1-10 years	400-800* IU/day (10-20 mcg/day)	3000-5000 IU/day (75-125 mcg/day)	NONE	2000 IU/day (50 mcg/day)
11-18	400-800*	3000-5000	NONE	

years	IU/day (10-20 mcg/day)	IU/day (75-125 mcg/day)		4000 IU/day (100 mcg/day)
Above 18 years adults	600-1500 IU/day (15-37.5 mcg/day)	7000-10000 IU/day (175-250 mcg/day)	50000 IU/week (1250 mcg/week)***	4000 IU/day (100 mcg/day)

** If required, dose can be increased up to 1000 IU.*

*** It can be used up to 6-8 weeks.*

**** If a weekly dose is desired instead of a daily dose, 50000 IU can be used as a weekly dose at a time for up to 6 - 8 weeks. It is not recommended to use more than 50000 IU of vitamin D at a time.*

Method of administration:

SELOVİTA-D3 ampoule is used intramuscularly.

Additional information on special populations:

Liver failure:

No data available.

Renal failure:

It should not be used with calcium in patients with severe renal impairment.

Paediatric population:

Posology / application frequency and duration as specified in section.

Geriatric population:

No data available.

4.3. Contraindications

SELOVİTA-D_3 is contraindicated in patients with hypersensitivity to vitamin D or any substance in its composition.

It is contraindicated to use high doses for a long time in severe hypertension, advanced arteriosclerosis and active pulmonary tuberculosis.

Vitamin D is contraindicated in patients with calcium-containing kidney stones in cases of hypervitaminosis, hypercalcemia, hypercalciuria, and calcium hypersensitivity.

4.4. Special warnings and special precautions for use

Renal functions should be controlled in cases that require constant use of vitamin D_3.

- Mobility restricted
- Treated with benzothiadiazine derivatives
- Renal calculus background
- Sarcoidosis
- A special warning should be made for patients with pseudohipoparathyroidism.

- Although routine use of drugs containing vitamin D is not recommended during pregnancy, it should be used under the control of a physician when necessary.
- The maximum dose should not exceed 1000 IU / day in the use of drugs containing vitamin D for prophylaxis during pregnancy.

In long-term treatments, renal and urinary calcium levels and serum creatinine measurement should be checked every 3 to 6 months. These controls are particularly important in elderly patients and in concomitant treatment with cardiac glycosides or diuretics.

In the case of symptoms of hypercalcemia or decreased renal function, the dose must be reduced or treatment postponed. If the calcium level in the urine exceeds the limit of 7.5 mmol / 24 hours (300 mg / 24 hours), it is recommended to reduce the dose or treatment.

If SELOVITA-D_3 is to be given with other products containing vitamin D_3, attention should be paid to the total vitamin D dose. Supplemental vitamin D or calcium can only be given under medical supervision. In such cases, the calcium content in serum and urine should be monitored.

Vitamin D_3 should be used with caution in patients with renal impairment and its effect on calcium and phosphate levels should be monitored. Vitamin D levels should be measured.

Vitamin D should be given with caution in patients with sarcoidosis and other granulomatous disorders due to the risk of increased metabolization of vitamin D to its active form. These patients should be monitored for the calcium content in serum and urine.
Serum calcium levels should be monitored in children with known hypercalcemia.

Vitamin D has a low therapeutic index in infants and children. If hypercalcemia lasts for a long time, it causes congenital heart and eye diseases as well as regression in mental and physical development in babies. There is a risk of hypercalcemia in the babies of breastfeeding mothers who receive pharmacological doses of vitamin D.
The highest tolerated doses for maintenance and prophylaxis of risky groups are as follows:

Age Group	**Highest tolerated dose**
Newborn	1000 IU / day (25 mcg / day)
1 month-1 year	1500 IU / day (37.5 mcg / day)

1-10 years	2000 IU / day (50 mcg / day)
11-18 years	4000 IU / day (100 mcg / day)
Adults over the age of 18	4000 IU / day (100 mcg / day)

4.5 Interaction with other medicinal products and other forms of interaction

Mineral oils reduce the absorption of vitamin D, reducing the effect of SELOVITA-D_3.

Phenytoin, barbiturates, and rifampicin may reduce the effectiveness of vitamin D_3 as they induce hepatic microsomal enzymes.

Isoniazid may reduce the effectiveness of vitamin D3 because it restricts the metabolic activation of vitamin D.

Patients treated with cardiac glycosides may be susceptible to high calcium levels and therefore ECG parameters and calcium levels of these patients should be monitored.

In combination with benzothyadiazine derivatives (thiazide diuretics) increases the risk of hypercalcemia. The plasma and urine calcium levels should be kept under control during a long treatment for reducing calcium loss in urine.

Vitamin D_3 may reduce the absorption of aluminum from the gut.

If vitamin D_3 and vitamin D metabolites or analogues are used together, serum calcium levels should be carefully monitored.

Drugs that can cause fat malabsorption, such as orlistat and colestyramine, can reduce vitamin D absorption.

Concomitant use with glucocorticoids may reduce the effect of vitamin D_3.

Additional information on special populations:

There are no interaction studies available.

Pediatric population:

No interaction studies are available.

4.6 Pregnancy and lactation

General advice

Pregnancy category: C

Women with child-bearing potential / Contraception

There is no data on contraception.

Pregnancy

Clinical information on the use of cholecalciferol in pregnancy is not available. Animal studies are insufficient in terms of effects on pregnancy /and/ or/ embryonal/ fetal development/ and/ or/ birth/ and/ or/ postnatal development. The potential risk for humans is unknown.

SELOVİTA-D_3 should not be used during pregnancy unless necessary.

It should be avoided during pregnancy as the safety of the applied doses is unknown.

Although routine use of drugs containing vitamin D is not recommended during pregnancy, it should be used under the control of a physician when necessary.

In the use of drugs containing vitamin D for prophylaxis during pregnancy, the maximum dose should not exceed 1000 IU / day.

Lactation

A small amount of vitamin D metabolites is seen in human milk. Infants who are only fed with breast milk and have little contact with sunlight may need vitamin D supplements.

Vitamin D has a low therapeutic index in infants and children. If hypercalcemia lasts for a long time, it causes congenital heart and eye diseases as well as regression in mental and physical development in babies. There is a risk of hypercalcemia in the babies of breastfeeding mothers who receive pharmacological doses of vitamin D.

Fertility

There is no known effect.

4.7 Effects on ability to drive and use machines

There is no known effect.

4.8 Undesirable effects

Undesirable effects are listed according to system-organ class using the following principles:
Very common (≥ 1/10);
Common (≥ 1/100 - <1/10);
Uncommon (≥ 1 / 1,000 - <1/100);
Infrequently (≥1 / 10,000 - <1 / 1,000);
Very rare (<1 / 10,000),
Unknown (cannot be estimated from the available data).

Metabolism and nutritional disorders

Unknown: hypercalciuria, hypercalcemia

Nervous system disorders

Unknown: psychic symptoms, blurred consciousness

Cardiac disorders

Unknown: Arrhythmias

Gastrointestinal disorders

Unknown: nausea, loss of appetite, weight loss

Skin and subcutaneous tissue disorders

Symptoms of hypersensitivity such as itching, rash, white or reddish puffs (urticaria) on the skin

Renal and urinary tract disorders

Unknown: Polyuria, anuria, polydipsia, renal calculus formation, nephrocalcinosis

Skin and subcutaneous tissue disorders

Unknown: Hypersensitivity reactions such as itching, rash, urticaria.

Reporting of the side effects:

If you get any side effects not listed in this leaflet, talk to your doctor or pharmacist. You can also report side effects directly to your doctor or pharmacist. You can also report side effects directly to your country's related health authority. By reporting side effects, you can help provide more information on the safety of this medicine.

4.9 Overdose

Symptoms

Acute and chronic overdose of vitamin D causes hypercalcemia. Symptoms of hypercalcemia are fatigue, psychiatric symptoms (such as euphoria, dizziness, blurred consciousness), nausea, vomiting, loss of appetite, weight loss, thirst, polyuria, kidney stone formation, nephrocalcinosis,

excessive calcification and renal failure in the bones, ECG changes, arrhythmia and pancreatitis. In isolated cases, the course of these side effects is defined as fatal.

Overdose in pregnancy:

Massive doses during pregnancy are associated with the occurrence of aortic stenosis syndrome and idiopathic hypercalcemia in newborns. In addition, facial anomalies, physical and mental retardation, strabismus, enamel disorders, craniosynostosis, super-valvular aortic stenosis, pulmonary stenosis, inguinal hernia, cryptoridia in boys, early development of the characteristics secondary gender in girls have been reported.

However, there are some case reports showing that normal children were born from hypoparathyroid mothers who received very high doses.

Treatment

If a massive dose is taken, ventricular excretion with carbon administration should be considered. Avoid sunlight and continue vitamin D administration. Treatment with diuretics such as rehydration and furosemide should be used to ensure adequate diuretic. In case of hypercalcemia, bisphosphonates or calcitonin and corticosteroids may be given. Treatment is symptomatic.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group : Vitamin D and analogues

ATC code : A11CC05

Cholecalciferol (Vitamin D_3) increases serum phosphate and calcium concentrations in humans, mainly by increasing their absorption. Provides the formation of calcium in the bones. It increases the reabsorption of calcium and phosphate by tubular cells, thereby reducing calcium and phosphate excretion. Together with the parathyroid hormone, calcium and phosphorus remain at normal levels. Cholecalciferol also stimulates bone resorption and is required for normal mineralization of bone. Cholecalciferol also increases the absorption of calcium from the kidneys at physiological doses. It indirectly inhibits parathyroid hormone (PTH) secretion through increased intestinal calcium absorption. The normal daily requirement of the body is between 400 and 800 IU.

5.2 Pharmacokinetic properties

General properties:

Absorption: Vitamin D is almost completely absorbed by nutritional lipids and bile acids when

administered in nutritional doses. When administered in higher doses, it is absorbed at a rate of 2/3. Vitamin D is synthesized from 7-dehydrocholesterol under the influence of UV light on the skin.

Distribution: Vitamin D and its metabolites that bind to blood bind to a specific α-globulin. Vitamin D can be stored in adipose tissue and muscle tissue for a long time and is released slowly from these storage locations. Cholecalciferol has a slow onset but long-lasting effect. Its half-life is 19-25 hours.

Biotransformation: Cholecalciferol is converted to 25-hydroxy derivative in the liver by means of 25-hydroxylase enzyme in mitochondria. This metabolite is once again hydroxylated and activated in the kidneys by the enzyme 1-α hydroxylase. 1-25 hydroxylated metabolite in the kidneys; 24, 25 hydroxylated biological activity is converted to a minimal metabolite.

Elimination: Vitamin D compounds and metabolites are mainly excreted in bile and feces. They are excreted in small amounts of urine. The main metabolite excreted in urine is calcitroic acid.

5.3 Preclinical safety data

Chronic safety assessment studies in animals show that Vitamin D is generally well tolerated. However, vitamin D_3 overdose during pregnancy causes malformations in mice, rats and rabbits (skeletal disorders, microcephaly, cardiac malformation).

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Butylhydroxytoluene

Sunflower oil

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

24 months

6.4 Special precautions for storage

At room temperature below 25 °C, in its packaging, protect from light.

6.5 Nature and contents of container

1 mL ampoule made of Type I glass, printed on amber color, ring.

Each carton box contains 1 ampoule of 1 mL.

6.6 Instructions for use and handling and disposal

Unused products or waste materials must be disposed of in accordance with the "Medical Waste Control Regulation" and "Packaging and Packaging Waste Control Regulation".

7. MARKETING AUTHORISATION HOLDER

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8. MARKETING AUTHORISATION NUMBER

2016/841

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

First authorisation date: 28/11/2016

Renewal date of authorisation:-

10. DATE OF REVISION OF THE TEXT

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