SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Calcium/Cholecalciferol Hermes Pharma 500 mg / 1000 IU, chewable tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each chewable tablet contains:
Calcium carbonate equivalent to 500 mg calcium
Cholecalciferol concentrate (powder form) equivalent to 1000 IU (25 microgram) cholecalciferol (vitamin D3)

Excipients with known effect:

Each chewable tablet contains 0.5 mg of aspartame (E951), 60.41 mg of sorbitol (E420), 185.0 mg of isomalt (E953), 0.01 mg of benzyl alcohol and 1.925 mg of sucrose.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Chewable tablet.
Round, white tablet 18 millimetres in diameter.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

<Calcium/Cholecalciferol Hermes Pharma 500 mg/1000 IU, chewable tablets> are indicated:

- for the prevention and treatment of a combined vitamin D and calcium deficiency in adult risk patients (e.g. postmenopausal women or the elderly)
- as vitamin D and calcium supplement as an adjunct to specific osteoporosis treatment of adult patients who are at risk of vitamin D and calcium deficiency

Therapy is only advisable if a sufficient calcium and vitamin D supply cannot be achieved by nutrition and sunlight.

4.2 Posology and method of administration

Posology
Adults and elderly
1 chewable tablet daily (corresponding to 500 mg of calcium and 1000 IU of vitamin D_3).

The dose of vitamin D depends on the severity of the disease, desirable serum levels of 25-hydroxycolecalciferol (25(OH)D) and patient´s response to treatment. Mono preparation is necessary for dose adjustment. The dose of calcium needed depends on the dietary intake.

Dosage in hepatic impairment
No dose adjustment is required.

Dosage in renal impairment
Dosage of <Calcium/Cholecalciferol Hermes Pharma 500 mg/1000 IU, chewable tablets> must be individualised based on grade of renal insufficiency, and serial evaluation of serum calcium, phosphates, vitamin D and parathormone. In chronic kidney disease (CKD), with high grade (G4–G5) renal insufficiency, and severe and progressive hyperparathyroidism < Calcium/Cholecalciferol Hermes Pharma 500 mg/1000 IU, chewable tablets> must not be used (see section 4.3).

Paediatric population:
There is no relevant indication for use of < Calcium/Cholecalciferol Hermes Pharma 500 mg/1000 IU, chewable tablets> in children or adolescents". < Calcium/Cholecalciferol Hermes Pharma 500 mg/1000 IU, chewable tablets> is not intended for use in children or adolescents.

Method of administration

Oral use.

< Calcium/Cholecalciferol Hermes Pharma 500 mg/1000 IU, chewable tablets> should be taken at any time, with or without food. The chewable tablets should be chewed and swallowed.
Attention should be given to a sufficient daily intake of calcium by nutrition (i.e. milk products, vegetables, mineral water).

4.3 Contraindications

- Hypersensitivity to the active substances or to any of the excipients listed in section 6.1
- Hypercalciuria and hypercalcaemia and diseases and/or conditions, which lead to hypercalcaemia and/or hypercalciuria (e.g. myeloma, bone metastases, primary hyperparathyroidism, prolonged immobilisation accompanied by hypercalciuria and/or hypercalcaemia).
- Nephrolithiasis
- Nephrocalcinosis
- Hypervitaminosis D
- Chronic kidney disease (CKD), with high grade (G4–G5) renal insufficiency, and severe and progressive hyperparathyroidism (in such cases other forms of vitamin D and vitamin D analogues should be considered).

4.4 Special warnings and precautions for use

During long-term treatment, serum calcium levels should be followed and renal function should be monitored through measurements of serum creatinine. Monitoring is especially important in patients on concomitant treatment with cardiac glycosides or thiazide diuretics (see section 4.5) and in patients with a high tendency to calculus formation. In case of hypercalcaemia or signs of impaired renal function, if urinary calcium excretion exceeds 300 mg/24 hours (7.5 mmoles/24 hours) the dose should be reduced or the treatment discontinued.

Vitamin D should be used with caution in patients with impairment of renal function and the effect on calcium and phosphate levels should be monitored. The risk of soft tissue calcification should be taken into account. In patients with chronic kidney disease (CKD), with high grade (G4–G5) renal insufficiency, and severe and progressive hyperparathyroidism, vitamin D in the form of cholecalciferol is not metabolised normally and use of other forms of vitamin D, such as 1,25-dihydroxycholecalciferol (calcitriol) and vitamin D analogues is recommended. Routine use of calcitriol and vitamin D analogues in adult, not-dialysed patients with less progressed CKD (G3a–G5) is not advised.

< Calcium/Cholecalciferol Hermes Pharma 500 mg/1000 IU, chewable tablets> should be prescribed with caution to patients suffering from sarcoidosis, due to the risk of increased metabolism of vitamin D into its active form. These patients should be monitored with regard to the calcium content in serum and urine.

< Calcium/Cholecalciferol Hermes Pharma 500 mg/1000 IU, chewable tablets> should be used cautiously in immobilised patients with osteoporosis due to increased risk of hypercalcaemia.

< Calcium/Cholecalciferol Hermes Pharma 500 mg/1000 IU, chewable tablets> should not be taken if pseudohypoparathyroidism is present (risk of long-term overdose). In such cases alternative vitamin D derivatives are available.

The content of vitamin D (1000 IU) in < Calcium/Cholecalciferol Hermes Pharma 500 mg/1000 IU, chewable tablets> should be considered when prescribing other medicinal products containing vitamin D. Additional doses of calcium or vitamin D should be taken under close medical supervision. In such cases it is necessary to monitor serum calcium levels and urinary calcium excretion frequently.

Co-administration with tetracyclines or quinolones is usually not recommended, or must be done with precaution (see section 4.5).
The calcium and alkali intake from other sources (food, dietary supplements and other drugs) should be taken into consideration when prescribing < Calcium/Cholecalciferol Hermes Pharma 500 mg/1000 IU, chewable tablets >. High doses of calcium or vitamin D should only be given under close medical supervision. In these cases, frequent monitoring of the calcium level in the serum and urine is necessary. If high doses of calcium are taken concomitantly with absorbable alkali agents (like carbonate) this could lead to milk-alkali syndrome (Burnett-Syndrome), i.e. hypercalcaemia, metabolic alkalosis, renal failure and soft tissue calcification.

This medicinal product contains aspartame (E951), a source of phenylalanine which may be harmful for people with phenylketonuria. Each chewable tablet contains sorbitol (E420), isomalt (E953) and sucrose. Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency should not take this medicinal product. The additive effect of concomitantly administered products containing sorbitol (or fructose) and dietary intake of sorbitol (or fructose) should be taken into account. The content of sorbitol in medicinal products for oral use may affect the bioavailability of other medicinal products for oral use administered concomitantly. Sucrose may be harmful to the teeth. This medicinal product contains benzyl alcohol. High volumes should be used with caution and only if necessary, especially in subjects with liver or kidney impairment because of the risk of accumulation and toxicity (metabolic acidosis).

This medicine contains less than 1 mmol sodium (23 mg) per chewable tablet, that is to say essentially ‘sodium-free’.

4.5 Interaction with other medicinal products and other forms of interaction

Thiazide diuretics reduce the urinary excretion of calcium. Due to increased risk of hypercalcaemia, serum calcium should be regularly monitored during concomitant use of thiazide diuretics.

Systemic corticosteroids reduce calcium absorption. Moreover the effect of vitamin D may be decreased. During concomitant use, it may be necessary to increase the dose of < Calcium/Cholecalciferol Hermes Pharma 500 mg/1000 IU, chewable tablets>.

Concomitant treatment with rifampicin, phenytoin , carbamazepine or barbiturates can decrease the effect of vitamin D because of metabolic activation.

Simultaneous treatment with orlistat, ion exchange resins such as cholestyramine or laxatives such as paraffin oil may reduce the gastrointestinal absorption of vitamin D. Therefore a time interval as long as possible between the intakes is recommended.

Oxalic acid (found in spinach and rhubarb) and phytic acid (found in whole cereals) may inhibit calcium absorption through formation of insoluble compounds with calcium ions. The patient should not take calcium products within two hours of eating foods high in oxalic acid and phytic acid.

Hypercalcaemia may increase the toxicity of cardiac glycosides during treatment with calcium and vitamin D. Patients should be monitored with regard to electrocardiogram (ECG) and serum calcium levels.

If a bisphosphonate or sodium fluoride is used concomitantly, this preparation should be administered at least three hours before the intake of < Calcium/Cholecalciferol Hermes Pharma 500 mg/1000 IU, chewable tablets> since gastrointestinal absorption may be reduced. For patients taking bisphosphonates, the information in the Summary of the Product Characteristics of the particular bisphosphate taken by the patient must be considered.

Calcium carbonate may interfere with the absorption of concomitantly administered Ketoconazole. For this reason, separation of doses by at least two hours is recommended.

The efficacy of levothyroxine can be reduced by the concurrent use of calcium, due to decreased levothyroxine absorption. Administration of calcium and levothyroxine should be separated by at least four hours.

Calcium carbonate may interfere with the absorption of concomitantly administered tetracycline preparations. For this reason, tetracycline preparations should be administered at least two hours before or four to six hours after oral intake of calcium.

The absorption of quinolone antibiotics may be reduced by the concomitant intake of calcium. Quinolone antibiotics should be taken two hours before or six hours after intake of calcium. In patients with cystic fibrosis, this effect may be intensified. Statements concerning the time gap between the intake of the quinolone antibiotic and calcium in the SmPC/PIL of the quinolone taken by the patient should be considered.

Calcium salts may decrease the absorption of iron, zinc or strontium ranelate. Consequently, the iron, zinc or strontium ranelate preparation should be taken at a distance of two hours from the calcium preparation.

Calcium salts may decrease the absorption of estramustine and simultaneous intake must therefore be avoided.

Antacids may reduce calcium absorption. Therefore, it is recommended that < Calcium/Cholecalciferol Hermes Pharma 500 mg/1000 IU, chewable tablets> should be taken at least 4 hours after an antacid.

The simultaneous administration of calcium-containing antacids with < Calcium/Cholecalciferol Hermes Pharma 500 mg/1000 IU, chewable tablets> can lead to increased calcium absorption. If clinically indicated, serum calcium should be monitored.

The use of loop diuretics may be associated with an increased excretion of calcium ions and hypocalcaemia. Therefore, if clinically indicated, serum calcium may be monitored during concomitant treatment with loop diuretics.

Amiloride reduces the urinary excretion of calcium. Due to the increased risk of hypercalcaemia, serum calcium should be monitored during concomitant use of < Calcium/Cholecalciferol Hermes Pharma 500 mg/1000 IU, chewable tablets> with Amiloride if clinically indicated.

An interaction between calcium-containing products and the HIV integrase inhibitor drug class (e.g., raltegravir, dolutegravir, elvitegravir) has been reported. Coadministration of calcium and drugs of this class have been shown to result in reduced absorption of the HIV integrase inhibitor drug, which in some cases are clinically relevant leading to loss of efficacy. For patients receiving treatment with HIV integrase inhibitors the Summary of Product Characteristic for the particular HIV integrase inhibitor should be consulted for specific recommendations regarding coadministration with calcium.

4.6 Fertility, pregnancy and lactation

During pregnancy and breast-feeding, adequate calcium and vitamin D intake is necessary.

Pregnancy
< Calcium/Cholecalciferol Hermes Pharma 500 mg/1000 IU, chewable tablets> is not recommended during pregnancy unless there is a combined calcium and vitamin D deficiency. In case of calcium and vitamin D deficiency, the recommended dose depends on national guidelines, however, the maximum daily intake should not exceed 2500 mg calcium and 4000 IU vitamin D (100 µg cholecalciferol). Studies in animals have shown teratogenicity at high doses of vitamin D (see 5.3). In pregnant women, overdoses of calcium and vitamin D should be avoided as prolonged hypercalcaemia can lead to physical and mental retardation, supravalvular aortic stenosis and retinopathy of the child. There are no indications that vitamin D at therapeutic doses is teratogenic in humans.

Breast-feeding
< Calcium/Cholecalciferol Hermes Pharma 500 mg/1000 IU, chewable tablets> is not recommended during lactation unless there is a combined calcium and vitamin D deficiency. The recommended daily intake for calcium and vitamin D during lactation follows national guidelines.
Calcium and vitamin D and its metabolites pass into breast milk and an overdose has to be avoided in the child. This must be considered when giving additional vitamin D to the child.

Fertility
There are no data on the effects of calcium and vitamin D on human fertility. Normal endogenous levels for calcium and vitamin D are not expected to have any adverse effects on fertility.

4.7 Effects on ability to drive and use machines

< Calcium/Cholecalciferol Hermes Pharma 500 mg/1000 IU, chewable tablets> have no influence on the ability to drive and use machines.

4.8 Undesirable effects

The evaluation of adverse reactions is based on the following definition of frequency:

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)
Not known	(cannot be estimated from the available data)

Immune system disorders
Not known (cannot be estimated from the available data): Hypersensitivity reactions such as angioedema or laryngeal oedema.

Metabolism and nutrition disorders
Uncommon: Hypercalcaemia, hypercalciuria.

Gastrointestinal disorders
Rare: Nausea, diarrhoea, abdominal pain, constipation, flatulence, abdominal distension.

Skin and subcutaneous tissue disorders
Rare: Rash, pruritus, urticaria.

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via
[To be completed nationally]

4.9 Overdose

Overdose can lead to hypervitaminosis and hypercalcaemia. Symptoms of hypercalcaemia may include anorexia, thirst, nausea, vomiting, constipation, abdominal pain, muscle weakness, fatigue, mental disturbances, polydipsia, polyuria, bone pain, nephrocalcinosis, renal calculi and in severe cases, cardiac arrhythmias. Extreme hypercalcaemia may result in coma and death. Persistently high calcium levels may lead to irreversible renal damage and soft tissue calcification.

Treatment of hypercalcaemia: The treatment with calcium and vitamin D must be discontinued. Treatment with thiazide diuretics, lithium, vitamin A, vitamin D and cardiac glycosides must also be discontinued. Rehydration, and, according to severity, isolated or combined treatment with loop diuretics, bisphosphonates, calcitonin and corticosteroids. Serum electrolytes, renal function and diuresis must be monitored. In severe cases, ECG and CVP should be followed.

Haemodialysis should be an additional option in the treatment of severe refractory hypercalcemia when medical treatment is deemed ineffective or unavailable.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group:
Calcium carbonate and colecalciferol, ATC code A12AX

< Calcium/Cholecalciferol Hermes Pharma 500 mg/1000 IU, chewable tablets> are a fixed combination of calcium and vitamin D_3. Vitamin D_3 is involved in calcium-phosphorus metabolism. It allows the active absorption of calcium and phosphorus from the intestine and their uptake by bone. Supplementation with calcium and vitamin D_3 corrects latent vitamin D deficiency and secondary hyperparathyroidism.

5.2 Pharmacokinetic properties

Calcium

Absorption
30-40% of the ingested dose of calcium is absorbed, predominantly in the proximal part of the small intestine.

Distribution and biotransformation
99% of the calcium in the body is concentrated in the mineral component of bones and teeth. The remaining 1% is present in the intra- and extracellular fluids. About 50% of the total blood-calcium content is in the physiologically active ionised form with approximately 5% being complexed to citrate, phosphate or other anions. The remaining 45% being bound to proteins, principally albumin.

Elimination
Calcium is excreted in the urine, faeces and in sweat. Urinary excretion depends on glomerular filtration and tubular resorption.

Vitamin D_3

Absorption
Vitamin D_3 is absorbed in the intestine.

Distribution and biotransformation
Vitamin D_3 is transported by protein binding in the blood to the liver (where it undergoes the first hydroxylation to 25-hydroxycholecalciferol) and to the kidneys (second hydroxylation to 1,25-dihydroxycholecalciferol, the active metabolite of vitamin D_3).

Non-hydroxylated vitamin D_3 is stored in muscle and adipose tissues.

Elimination
The plasma half-life is in the order of several days; vitamin D_3 is eliminated in the faeces and urine.

5.3 Preclinical safety data

Effects in non-clinical single and repeat-dose toxicity studies have been observed only at exposures of high doses of cholecalciferol. At doses far higher than the human therapeutic range teratogenicity has been observed in animal studies. There is further no information of relevance to the safety assessment in addition to what is stated in other parts of the SmPC (see section 4.6 and 4.9).

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Isomalt (E953)
Xylitol
Sorbitol (E420)
Citric acid
Monosodium citrate
Magnesium stearate
Carmellose sodium
Flavour Orange "CPB" (containing flavouring substances, mannitol (E421), maltodextrin gluconolactone, benzyl alcohol, propylene glycol, sorbitol (E420))
Flavour Orange "CVT" (containing flavouring substances, mannitol (E421), gluconolactone, sorbitol (E420), medium-chained triglyceride)
Silica, colloidal hydrated
Aspartame (E951)
Acesulfam potassium
Sodium ascorbate
All-rac-alpha-tocopherol
Modified (maize) starch
Sucrose
Triglycerides, medium chain
Silicon dioxide, colloidal

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

2 years

6.4 Special precautions for storage

This medicinal product does not require any special temperature storage conditions. Keep the tablet container tightly closed in order to protect from moisture.

6.5 Nature and contents of container

The chewable tablets are available in strips of laminated aluminium paper foil or alternatively in polypropylene tubes with a polyethylene stopper containing a desiccant in the following package sizes:
30 and 90 (3x30) chewable tablets

Not all pack sizes may be marketed.

6.6 Special precautions for disposal

No special requirements.

7. MARKETING AUTHORISATION HOLDER

[To be completed nationally]

{Name and address}
{tel}
{fax}
{e-mail}

8. MARKETING AUTHORISATION NUMBER(S)

[To be completed nationally]

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: {DD month YYYY}
Date of latest renewal: {DD month YYYY}

[To be completed nationally]

10. DATE OF REVISION OF THE TEXT

2025-08-28