Folic Acid Tablets I.P.

Folvite®

1. TRADENAME OF THE MEDICINAL PRODUCT

Folvite

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each uncoated tablet contains:
Folic Acid IP ……5 mg

For a full list of excipients, see section 6.1

All strengths/presentations mentioned in this document might not be available in the market.

3. PHARMACEUTICAL FORM

Tablet

4. CLINICAL PARTICULARS

4.1 Therapeutic Indications

Folic acid is indicated for specific replacement therapy in treatment and maintenance of overt or latent folic acid deficiency states, e.g. megaloblastic anemias (along with Vitamin B12), tropical and non-tropical sprue, alcoholism.

If necessary, it may be prescribed along with adjunctive therapy in nutritional anemias and anemias of pregnancy, infancy and childhood.

In women with history of children with neural tube defects (NTD) folic acid supplementation during pregnancy may possibly reduce the incidence of NTD in subsequent births.

® Trademark Proprietor – Wyeth Holdings LLC, USA
Licensed User – Pfizer Limited, India

4.2 Posology and Method of Administration

Route of administration: Oral

Therapeutic Dose

Adults (18 years and above): 1 to 4 tablets daily in divided doses is generally adequate.

Children: 1 to 2 tablets daily in divided doses irrespective of age.

Maintenance Dose

Half the therapeutic dose or as directed by the physician.

4.3 Contraindications

Folvite tablets are contraindicated in patients with proven allergy to folic acid or to any excipient listed in Section 6.1 (List of Excipients).

4.4 Special Warnings and Special Precautions for Use

Iron and Vitamin B12 supplementation may be required to cope with increased demand in the phase of stimulation of erythropoiesis with Folvite treatment. In presence of combined deficiency of Vitamin B12 with folic acid, administration of folic acid alone has the effect of diverting available meagre supply of Vitamin B12 at the central nervous system level, with attendant neurological deficit. Folvite should not be administered alone in these cases.

Folvite cannot be relied upon to counteract anticancer therapy suppression of RBC formation, these cases are best treated with parenteral folinic acid.

4.5 Interaction with Other Medicaments and Other Forms of Interaction

There are a number of drugs that may affect the activity or function of folate. In many cases, the mechanism and clinical relevance are unclear.

High dose folic acid may result in decreased serum levels for pyrimethamine and some anticonvulsants (carbamazepine, fosphenytoin, phenytoin, phenobarbital, primidone, valproic acid, valproate).

Methotrexate, alcohol (in excess), sulfasalazine, cholestyramine, colchicine, colestipol, L-dopa, methylprednisone, NSAIDs (high dose), pancreatic enzymes (pancrelipase, pancreatin), pentamidine, pyrimethamine, smoking, triamterene, and trimethoprim may decrease folate plasma levels. Warfarin can produce significant impairment in folate status after a 6-month therapy.

Folate deficiency or folate antagonism have been reported after long-term treatment with antiepileptic drugs, phenothiazines, tricyclic antidepressants, contraceptive drugs, biguanides, cholestyramine, tuberculostatic drugs, levodopa and folic acid antagonists, including trimethoprim and sulphonamides.

4.6 Pregnancy and Lactation

Pregnancy

Controlled studies in women fail to demonstrate a risk to the fetus in the first trimester (and there is no evidence of a risk in later trimesters), and the possibility of fetal harm appears remote with folic acid.

Lactation

The weight of an adequate body of evidence and/or expert consensus suggests folic acid poses minimal risk to the infant when used during breastfeeding.

4.7 Effects on Ability to Drive and Use Machines

There is no clinical data available on the effect of folic acid on ability to drive or use machines.

4.8 Undesirable Effects

Allergies and anaphylactic reactions have been reported to folic acid given alone or in combination.

4.9 Overdosage

The acute toxicity is low. Generally, an overdose does not give any symptoms, and symptomatic treatment of an overdose is probably required in exceptional cases only.

5.0 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic Properties

Folic acid is a complex organic acid present in liver, yeast and natural sources. It may also be prepared synthetically. Folic acid or pteroylglutamic acid is a water-soluble factor essential for hemopoiesis and for nucleoprotein synthesis for tissues with high turnover rate of cells. Its role is closely interrelated with that of Vitamin B12 and both are required for hemopoiesis; however only the latter is required for neuronal maturation and integrity. Folic acid stimulates production of red blood cells, white blood cells and platelets in certain megaloblastic anemias. Deficiencies occur with extensive disease of the jejunum from where it is mainly absorbed and recycled to the liver. They also occur in alcoholism and as a side effect of therapy with drugs, such as oral contraceptives, antimalarials, antimicrobials, anticancer agents and antiepileptics which exert antifolate

effects. Folic acid is also known to prevent occurrence of neural tube defects when given antenatally.

5.2 Pharmacokinetic Properties

Absorption

Most of the folates in the food are present as reduced polyglutamates, whose absorption requires an active transport via the mucosa cells. Contrary, folic acid is absorbed rapidly and effectively after oral supply. The folates in the food are hydrolyzed in the brush border of the proximal intestine by the enzyme dihydrofolate reductase to monoglutamate (monofolate), which is taken up in the mucosa cells in a specific process. The enzyme dihydrofolate reductase reduces dihydrofolate to tetrahydrofolate, and methylation occurs also in the mucosa cells. The liver takes up 5-methyl tetrahydrofolate from the portal blood for storage, then distribution or excretion through the gall and reuptake into the enterohepatic circulation.

Distribution

After absorption, methyl tetrahydrofolate is rapidly transported into the tissues. The uptake in the cells occurs through a receptor-mediated endocytosis, where methyl tetrahydrofolate acts as a methyl donor for the formation of methyl cobolamine, and is then stored in the cell as polyglutamates.

Metabolism

Folate, dihydrofolate and tetrahydrofolate are reduced and methylated actively in the liver to methyl tetrafolate, for transportation to the gall and is then reabsorbed, after excretion, through the intestines (so-called enterohepatic circulation).

Excretion

Folic acid excretes through the urine and faeces. Folates are also degradated through catabolism.

5.3 Preclinical Safety Data

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6.0 PHARMACEUTICAL PARTICULARS

6.1 List of Excipients

Lactose, Colloidal Silicon Dioxide (Aerosil 200), Microcrystalline Cellulose, Starch (2% w/w moisture), Magnesium Stearate

6.2 Incompatibilities

None

6.3 Shelf Life

18 months

6.4 Special Precautions for Storage

Store below 30°C . Protect from light

6.5 Nature and Contents of Container

45 tablets are blister packed using clear yellow PVC foil & rear printed Aluminium foil as a lidding foil.

6.6. Instruction for Use/Handling

Keep out of the reach of children.