




CALCIUM FOLINATE

Indication	<ul style="list-style-type: none"> • Treatment of megaloblastic anaemias resulting from folic acid deficiency¹ • To reduce toxicity and circumvent the effect of folic acid antagonists¹ • Folinic acid responsive seizures² • Pyridoxine dependent seizures (in conjunction with pyridoxine)^{3,4} 		
ORAL	Presentation	<ul style="list-style-type: none"> • Tablet 15 mg 	
	Dosage	<ul style="list-style-type: none"> • 5–15 mg daily^{1,5} 	
	Dosage (seizures)	<ul style="list-style-type: none"> • 3–5 mg/kg/day in two divided doses² <ul style="list-style-type: none"> ◦ Continue for 3–5 days to assess efficacy • Place 1 tablet (15 mg) into an oral/enteral syringe and mix with 3 mL of water for injection 	
	Preparation	<ul style="list-style-type: none"> ◦ <i>Concentration now equal to 5 mg/mL</i> 	
Administration	<ul style="list-style-type: none"> • Draw up prescribed dose in enteral/oral syringe • Oral/OGT/NGT • Administer separately from feeds¹ 		
INTRAVENOUS	Presentation	<ul style="list-style-type: none"> • Ampoule: 15 mg in 2 mL 	
	Dosage	<ul style="list-style-type: none"> • 1 mg daily^{1,5} 	
	Preparation	<ul style="list-style-type: none"> • Nil required 	
	Administration	<ul style="list-style-type: none"> • Draw up prescribed dose • IV injection over 2 minutes⁶ 	
IM	Presentation	<ul style="list-style-type: none"> • Ampoule: 15 mg in 2 mL 	
	Dosage	<ul style="list-style-type: none"> • 1 mg daily^{1,5} 	
	Preparation	<ul style="list-style-type: none"> • Nil required 	
	Administration	<ul style="list-style-type: none"> • Draw up prescribed dose • Intramuscular injection into thickest part of the vastus lateralis in the anterolateral thigh (maximum 0.5 mL per site) 	
Special considerations	<ul style="list-style-type: none"> • Treatment dose of megaloblastic anaemia is in mg NOT mg/kg • IM route only if IV route not available 		
Monitoring	<ul style="list-style-type: none"> • Nil required 		
Compatibility	<ul style="list-style-type: none"> • Fluids <ul style="list-style-type: none"> ◦ 5% glucose⁶, 10% glucose⁶, 0.9% sodium chloride⁶ • Y-site <ul style="list-style-type: none"> ◦ Aztreonam⁶, figrastim⁶, fluconazole⁶, granestron⁶, linezolid⁶, piperacillin-tazobactam (EDTA-free)⁶ 		
Incompatibility	<ul style="list-style-type: none"> • Fluids <ul style="list-style-type: none"> ◦ No information⁶ • Drugs⁶ <ul style="list-style-type: none"> ◦ Ceftriaxone⁶, droperidol⁶, foscarnet⁶, methylprednisolone⁶, naloxone⁶, potassium phosphate⁶, sodium bicarbonate⁶, vancomycin⁶ 		
Interactions	<ul style="list-style-type: none"> • May counteract the antiepileptic effect of phenobarbital (phenobarbitone), phenytoin and primidone and increase the frequency of seizures in susceptible children¹ 		
Stability	<ul style="list-style-type: none"> • Injection <ul style="list-style-type: none"> ◦ Store at 2–8 °C. Protect from light⁶ • Tablet <ul style="list-style-type: none"> ◦ Store below 25 °C¹ 		

Side effects	<ul style="list-style-type: none"> • Hypersensitivity reactions: rare in neonates. May present as erythema and rash (maculopapular rash, red purple plaques or urticarial type plaques)¹ • Digestive: vomiting¹
Actions	<ul style="list-style-type: none"> • The active metabolite of folic acid • 'Rescues' normal cells from the toxic effects of folic acid antagonists (used in treatment of some cancers)¹
Abbreviations	IM: intramuscular, IV: intravenous, OGT: oral gastric tube, NGT: nasogastric tube,
Keywords	Folinic acid, calcium folinate, leucovorin calcium, folic acid, megaloblastic anaemia

The Queensland Clinical Guideline *Neonatal Medicines* is integral to and should be read in conjunction with this monograph. Refer to the disclaimer. Destroy all printed copies of this monograph after use.

References

1. MIMS Online. Calcium folinate. [Internet]: MIMS Australia; September 2018 [cited 2019 January 07]. Available from: <https://www.mimsonline.com.au>.
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4. Gospe SM, Jr. Neonatal vitamin-responsive epileptic encephalopathies. *Chang Gung Med J* 2010;33(1):1-12.
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Document history

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