SUMMARY OF PRODUCT CHARACTERISTICS

1 NAME OF THE MEDICINAL PRODUCT

Folic acid 5 mg tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains 5 mg folic acid.

For the full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Tablet

Yellow, round shaped, uncoated tablets debossed with ‘F and 5’ separated by breakline on one side and plain on other side.

The tablet can be divided into equal doses.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

Folic acid is indicated for the treatment of megaloblastic anaemia due to folic acid deficiency. It is also used for prophylaxis in chronic haemolytic states, in renal dialysis, and in drug induced folate deficiency.

Folic acid is used for the prevention of recurrence of neural tube defects.

4.2 Posology and method of administration

Adults

In folate deficient megaloblastic anaemia:

5mg daily for 4 months

Up to 15mg daily may be necessary for malabsorption states

For prophylaxis in chronic haemolytic states or in renal dialysis:

5mg every 1-7 days depending on diet and underlying disease.

In drug induced folate deficiency:

5mg daily

Prevention of recurrence of neural tube defects

5mg daily starting before conception and continuing throughout the first trimester of pregnancy is recommended.

Children

Over 1 year: As adult dose

Up to 1 year: 500μg/kg daily

Method of administration

The tablets are for oral use.

4.3 Contraindications

Hypersensitivity to the active substance, or to any of the excipients listed in section 6.1.

Patients with malignant disease, unless megaloblastic anaemia due to folic acid deficiency.

4.4 Special warnings and precautions for use

Folic acid should not be administered for treatment of pernicious anaemia or undiagnosed megaloblastic anaemia without sufficient amounts of cyanocobalamin

(vitamin B12) as folic acid alone will not prevent and may precipitate development of subacute combined degeneration of the spinal cord.

Therefore a full clinical diagnosis should be made before initiating treatment.

Folate should not be routinely used in patients receiving coronary stents.

Caution should be exercised when administering folic acid to patients who may have folate dependent tumours.

Folic acid is removed by haemodialysis.

4.5 Interaction with other medicinal products and other forms of interaction

Absorption of folic acid may be reduced by sulfasalazine.

Concurrent administration with cholestyramine may interfere with folic acid absorption. Patients on prolonged cholestyramine therapy should take folic acid 1 hour before or 4 to 6 hours after receiving cholestyramine.

Antibiotics may interfere with the microbiological assay for serum and erythrocyte folic acid concentrations and may cause falsely low results.

Trimethoprim or sulfonamides, alone or in combination as co-trimoxazole, may reduce the effect of folic acid and this may be serious in patients with megaloblastic anaemia.

Serum levels of anticonvulsant drugs (phenytoin, phenobarbital, primidone) may be reduced by administration of folate and therefore patients should be carefully monitored by the physician and the anticonvulsant drug dose adjusted as necessary.

Fluorouracil toxicity may occur in patients taking folic acid and this combination should be avoided.

Edible clay or antacids containing aluminium or magnesium may reduce folic acid absorption. Patients should be advised to take antacids at least two hours after administration of folic acid.

Folic acid may reduce intestinal absorption of zinc (of particular importance in pregnancy).

4.6 Fertility, pregnancy and lactation

Pregnancy:

Folic acid deficiency during pregnancy may lead to the appearance of foetal malformations. Imbalance in folate requiring trophoblast cells may also lead to detachment of the placenta.

Very high doses of folic acid have been shown to cause foetal abnormalities in rats; however, harmful effects in the human foetus, mother or the pregnancy have not been reported following ingestion of folic acid.

Breast-feeding:

Folic acid is excreted in breast milk.

No adverse effects have been observed in breast-fed infants whose mothers were receiving folic acid.

Fertility:

There are no known risks from the use of folic acid on fertility.

4.7 Effects on ability to drive and use machines

None known.

4.8 Undesirable effects

Folic acid is generally well tolerated although the following side effects have been reported:

Blood and lymphatic system disorders:

Folic acid may worsen the symptoms of co-existing vitamin B12 deficiency and should never be used to treat anaemia without a full investigation of the cause.

Immune system disorders:

Rare: Allergic reactions, comprising erythema, rash, pruritus, urticarial, dyspnoea.

Not Known; anaphylactic reactions

Gastrointestinal disorder:

Abdominal distension, flatulence, anorexia and nausea.

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 the Yellow Card Scheme at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store.

4.9 Overdose

No cases of acute overdosage appear to have been reported, but even extremely high doses are unlikely to cause harm to patients. No special procedures or antidote are likely to be needed.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

ATC code: B03B B01

The mucosa of the duodenum and upper part of the jejunum are rich in dihydrofolate reductase, where folates and folic acid are absorbed. Once absorbed, folic acid is rapidly reduced and then methylated to form tetrahydrofolic acid derivatives which are rapidly transported to the tissues.

5.2 Pharmacokinetic properties

Absorption

Folic acid is readily absorbed from the gastrointestinal tract, especially the proximal part of the small intestine. Dietary folates have a smaller double bioavailability than pure folic acid. In the intestine, natural folates such as polyglutamates are deconjugated and reduced by dihydrofolate reductase into 5-methyl-tetrahydrofolate (5-MTHF). The given folic acid therapy enters the portal circulation for most unchanged since folic acid is not a good substrate for reduction by dihydrofolate reductase.

Distribution

Distribution is via the portal circulation. 5-methyl-tetrahydrofolate (5-MTHF) is predominantly bound to plasma proteins. Folic acid is concentrated in the CSF and is mainly stored in the liver. Folic acid is found in breast milk.

Metabolism

Folic acid is given in therapeutic converted in the liver and blood plasma into 5-methyl- tetrahydrofolate (5-MTHF), an active metabolite. There is an enterohepatic circulation for folic acid.

Elimination

The metabolites of folic acid are excreted in the urine. The excess folic acid is excreted in the urine as unchanged drug. Haemodialysis allows the removal of folic acid.

5.3 Preclinical safety data

Studies have shown that while it is possible to produce toxicity with very large doses of folate in rats, by precipitation of folate in renal tubules, this effect is not relevant in the proposed uses or doses.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Cellulose, Microcrystalline (Grade - 102)

Calcium Hydrogen Phosphate, Anhydrous

Starch, Pregelatinised (Maize starch)

Silica Colloidal Anhydrous

Magnesium Stearate

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 blister in the outer carton in order to protect from light.

6.5 Nature and contents of container

Folic Acid Tablets are available in clear white opaque PVC - Aluminium foil blister packs.

Pack sizes:

Blister packs: 28 tablets.

6.6 Special precautions for disposal

No special requirements.

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7 MARKETING AUTHORISATION HOLDER

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United Kingdom

8 MARKETING AUTHORISATION NUMBER(S)

PL 16363/0618

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