FORMULATION:
Each Capsule contains 5 mg folic acid.

PROPERTIES AND MODE OF ACTION:
Folic acid (pteroylmonoglutamic acid) in its reduced form of tetrahydrofolate, serves as an important mediator of many reactions involving one-carbon transfers. Important reactions involve the conversion of homocysteine to methionine and of deoxyuridylate to thymidylate, an important step in DNA synthesis. It is also implicated in the conversion of some amino acids, and in the synthesis and utilization of formate. The deficiency of folic acid can lead to megaloblastic anemia, which develops when dietary intake of folic acid is inadequate, such as in pregnancy, excessive menstrual flow, and as a result of the concurrent administration of folate antagonist and other drugs which interfere with normal folate metabolism.

Folic acid is absorbed mainly from the proximal part of the small intestine, and from there is distributed throughout the body tissues. The principal storage site is the liver. It is also actively concentrated in the cerebrospinal fluid. Folate is circulated enterohepatically and about 4-5 mcg is excreted in the urine daily. Intake of larger doses of folic acid leads to a proportionate amount of the vitamin excreted. Folate is also distributed into breastmilk.

INDICATIONS:
Used in the treatment and prevention of the folate deficiency state; also used in women of childbearing potential and pregnant women to protect against neural tube defects in their offspring. In chronic hemolytic anemia, exfoliative skin disease, gingivitis, angular cheilitis, alcoholism, anorectic cancer, cervical dysplasia, elderly patients, gout, cardiovascular diseases, GI inflammation and malabsorption.

DOSAGE:
5mg daily for 4 months; maintenance, 5mg every 1-7 days depending on underlying disease; child up to 1 year, 500mcg/kg daily; over 1 year as adult dose or as prescribed by a physician.
CONTRAINDICATIONS:
Megaloblastic anemia secondary to vitamin B₁₂ deficiency. Folic acid administration may produce hematologic remission while neurologic damage progresses. Folic acid should not be given before a diagnosis has been fully established. Large and continuous doses of folic acid may lower the blood concentration of vitamin B₁₂.

PRECAUTIONS:
Caution is advised for patients who may have folate-dependent tumors.
Concurrent use with other drugs must be reported to and monitored by a physician and the dose of folic acid adjusted accordingly.

ADVERSE EFFECTS:
Folic acid is generally well tolerated. Gastrointestinal disturbances and hypersensitivity reactions have been reported rarely.

INTERACTIONS:
Folic acid metabolism may be affected by a number of drugs and anticonvulsants, oral contraceptives, antituberculosis drugs, alcohol, and folic acid antagonists including aminopterin, methotrexate, pyrimethamine, trimethoprim, and sulfonamides which have been said to produce folic acid deficiency states.

CAUTION:
Foods, Drugs, Devices and Cosmetics Act prohibits dispensing without prescription.

STORAGE:
Store at temperatures not exceeding 30°C.

AVAILABILITY:
Blister pack x 10's (Box of 100's)

Manufactured by:
Lloyd Laboratories, Inc.
#10 Lloyd Avenue
First Bulacan Industrial City,
City of Malolos, Bulacan
ISO 9001-2008 Certified

Exclusively for:
Folares
Pharmaceuticals Inc.
Rm. 206 2/F SEDCCO 1 Bldg.,
#1208 Rada St. corner Legaspi Street,
Legaspi Village, Makati City
Tel. 817-6695 to 96
Fax: 817-7778

Exclusively Distributed by:
Zueillig Pharma
KM14 West Service Road,
South Super Highway
cor. Edison Ave., Brgy. Sun Valley,
Parañaque City
FORMULATION:
Each 5mL contains:
Folic Acid .................................................................5mg

PROPERTIES AND MODE OF ACTION:
Folic acid (pteroylglutamic acid) in its reduced form of tetrahydrofolate serves as an important mediator in many reactions involving one-carbon transfers. Important reaction involves the conversion of homocysteine to methionine and of deoxyuridylate to thymidylate, an important step in DNA synthesis. It is also implicated in the conversion of some amino acids, and in the synthesis and utilization of formate. The deficiency of folic acid can lead to megaloblastic anemia, which develops when dietary intake of folic acid is inadequate, such as megaloblastic changes in the bone marrow of several infants with severe diarrhea, malnutrition and other infections; low birth weight and elevated homocysteine level in conditions such as in infants and children with chronic renal failure and heart disease; in reducing the prevalence and severity of neural tube defects in preconception and periconception.

Folic acid is absorbed mainly from the proximal part of the small intestine, and from there it is distributed throughout the body tissues. The principal storage site is the liver. It is also actively concentrated in the cerebrospinal fluid. Folate is circulated enterohepatically and about 4-5 mcg is excreted in the urine daily. Intake of larger doses of folic acid leads to proportionate amount of the vitamin excreted. Folate is also distributed into breastmilk.

INDICATIONS:
For the prevention and treatment of Vitamin B deficiency, macrocytic anemia, megaloblastic anemia and thalassemia due to folic acid deficiency. Folic Acid supplements may be required in low birth weight infants, infants breast-fed by folic acid-deficient mothers, or those with prolonged diarrhea and infection.

DOSAGE:
Over 1 year old: as adult dose (5mg) or as prescribed by a physician.
CONTRAINDICATIONS:
Megaloblastic anemia secondary to vitamin B12 deficiency. Folic acid administration may produce hematoletic remission while neurologic damage progresses. Folic acid should not be given before a diagnosis has been fully established. Large and continuous doses of folic acid may lower the blood concentration of vitamin B12.

PRECAUTIONS:
Caution is advised for patients who may have folate-dependent tumors.

Concurrent use with other drugs must be reported to and monitored by a physician and the dose of folic acid adjusted accordingly.

ADVERSE EFFECTS:
Folic acid is generally well tolerated. Rare cases of gastrointestinal disturbances and hypersensitivity reactions have been reported.

INTERACTIONS:
Folic acid metabolism may be affected by anticonvulsants, oral contraceptives, antituberculosis drugs, alcohol, and folic acid antagonists including aminopterin, methotrexate, pyrimethamine, trimethoprim, and sulfonamides which have been said to produce folic acid deficiency states.

CAUTION:
Foods, Drugs, Devices, and Cosmetics Act prohibits dispensing without prescription.

STORAGE:
Store at temperatures not exceeding 30°C.

AVAILABILITY:
60 mL and 120 mL bottle
FOLIC ACID

FOLART
Drops 2.5 mg/mL
ANTI - ANEMIC

FORMULATION:
Each mL contains:
Folic Acid .......................................................... 2.5mg

PROPERTIES AND MODE OF ACTION:
Folic acid (pteroylglutamic acid) in its reduced form of tetrahydrofolate serves as an important mediator in many reactions involving one-carbon transfers. Important reaction involves the conversion of homocysteine to methionine and of deoxyuridylate to thymidylate, an important step in DNA synthesis. It is also implicated in the conversion of some amino acids, and in the synthesis and utilization of formate. The deficiency of folic acid can lead to megaloblastic anemia, which develops when dietary intake of folic acid is inadequate, such as megaloblastic changes in the bone marrow of several infants with severe diarrhea, malnutrition and other infections; low birth weight and elevated homocysteine levels in conditions such as in infants and children with chronic renal failure and heart disease; in reducing the prevalence and severity of neural tube defects in preconception and periconception.

Folic acid is absorbed mainly from the proximal part of the small intestine, and from there it is distributed throughout the body tissues. The principal storage site is the liver. It is also actively concentrated in the cerebrospinal fluid. Folate is circulated enterohepatically and about 4-5 mcg is excreted in the urine daily. Intake of larger doses of folic acid leads to proportionate amount of the vitamin excreted. Folate is also distributed into breastmilk.

INDICATIONS:
For the prevention and treatment of Vitamin B deficiency, macrocytic anemia, megaloblastic anemia and thalassemia, due to folic acid deficiency. Folic Acid supplements may be required in low birth weight infants, infants breast-fed by folic acid-deficient mothers, or those with prolonged diarrhea and infection.

DOSAGE:
Infants up to 1 year: 500 mcg/kg daily. Over 1 year as adult dose (5mg) or as prescribed by a physician.
CONTRAINDICATIONS:
Megaloblastic anemia secondary to vitamin B12 deficiency. Folic acid administration may produce hematologic remission while neurologic damage progresses. Folic acid should not be given before a diagnosis has been fully established. Large and continuous doses of folic acid may lower the blood concentration of vitamin B12.

PRECAUTIONS:
Caution is advised for patients who may have folate-dependent tumors.

Concurrent use with other drugs must be reported to and monitored by a physician and the dose of folic acid adjusted accordingly.

ADVERSE EFFECTS:
Folic acid is generally well tolerated. Rare cases of gastrointestinal disturbances and hypersensitivity reactions have been reported.

INTERACTIONS:
Folic acid metabolism may be affected by anticonvulsants, oral contraceptives, antituberculosis drugs, alcohol, and folic acid antagonists including aminopterin, methotrexate, pyrimethamine, trimethoprim, and sulfonamides which have been said to produce folic acid deficiency states.

CAUTION:
Foods, Drugs, Devices, and Cosmetics Act prohibits dispensing without prescription.

STORAGE:
Store at temperatures not exceeding 30°C.

AVAILABILITY:
30 mL bottle

Manufactured by:
Lloyd Laboratories, Inc.
#10 Lloyd Avenue First Bulacan Industrial City,
City of Malolos, Bulacan

Exclusively for:
Folares Pharmaceuticals Inc
2/F Room 206 SEDCCO1 Bldg., #120 Rada St.
Legaspi Village, Makati City