Folic Acid 2.5mg/5mL Syrup

Part A

Prescriber Criteria: Consultant Paediatrician
Consultant Rheumatologist
Specialist Family Medicine [Renewals only]

Outpatient and Inpatient use:

1. Dermatomyositis/Polymyositis
2. Lupus Erythematosus
3. Rheumatoid Arthritis
4. Spondyloarthritis

For paediatric patients treated with methotrexate.

Duration of Approval:
3 years

Part B

Prescriber Criteria: Consultant Paediatrician
Consultant Rheumatologist

Outpatient and Inpatient use:

1. Secondary Immunodeficiency Disorder

For paediatric patients treated with methotrexate.

Duration of Approval:
3 years

Part C

Prescriber Criteria: Consultant Paediatrician
Consultant Rheumatologist

In-Patient use only:

- Children aged less than 14 years with folic acid deficiency.
- Preterm neonates in NPICU, from 2 weeks of age until full-term corrected age is reached, to prevent folic acid deficiency.