



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
leucovorin

Effective Date: Mar12-2014
Revised Date: Sept 12 2018
Reviewed Date:

CLASSIFICATION
**Folic acid derivative
Antimetabolite
antagonist**

OTHER NAMES
Folinic acid

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ADMINISTRATION POLICY:

- IV bolus:** - May be administered by a nurse
- IV Infusion:** - May be administered by a nurse
- IM injection:** - May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

- Available as:** 10 mg/mL – 50 mL vial STORE IN REFRIGERATOR
- IV bolus:** Administer undiluted at a maximum rate of 160 mg/minute
- IV intermittent:** Dilute in 100 or 250 mL normal saline and administer over 15 to 60 minutes
- IM:** Administer undiluted into the deltoid muscle, if possible

DOSAGE:

- Usual:**
- Methotrexate “Rescue”:** Refer to Oncology protocol by which patient is being treated.
- Methotrexate poisoning:** 10 mg/m² IV or IM every 6 hours until methotrexate levels are less than 0.01 micromol/L and no bone marrow toxicity if evident. Do not wait for a methotrexate plasma concentration to be reported before initiating treatment. Because of the safety of leucovorin and because of the toxicity of methotrexate, underdosing leucovorin should be avoided.
- Methyl alcohol poisoning:** 50 mg IV every 4 to 6 hours
- Trimethoprim or Pyrimethamine poisoning:** 5 to 15 mg/day IV
- Folate-deficient megaloblastic anemia:** 1 mg/day IV or IM
- Megaloblastic anemia due to congenital deficiency of dehydrofolate reductase:** 3 to 6 mg/day IV or IM
- Maximum rate:** 160 mg/minute
- Maximum concentration:** 10 mg/mL
- Maximum single dose:** 1000 mg/m²
- Maximum daily dose:** 4000 mg/m²



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STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours at room temperature
Compatibility: Compatible with normal saline, D5W, dextrose-saline solutions

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Skin rash, hives, pruritis
- Wheezing (rare)

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Oral absorption is saturable; doses greater than 25 mg should be given parenterally
- Dose, dosage interval and duration of treatment should be adjusted bases on methotrexate serum concentration, renal function, and other parameters
- Leucovorin must not be given intrathecally. For intrathecal methotrexate overdose, use intravenous leucovorin (and consult oncologist)
- Folic acid is not effective in counteracting methotrexate toxicity.