Its molecular formula is: C20H21CaN7O7. The apparent bioavailability of leucovorin was 97% for 25 mg, 75% for 50 mg, and 37% for 100 mg. After oral administration of leucovorin reconstituted with aromatic elixir, the mean peak of serum total reduced folates was 436 ng/mL. Administration of leucovorin cannot counteract the thiamine deficiency of toxic effects of folic acid antagonists such as methotrexate, which act by inhibiting dihydrofolate reductase.

Leucovorin rescue at a dose of 15 mg (approximately 6 mg per 10 doses) starts 24 hours after the beginning of the methotrexate infusion. In subsequent treatment courses, the dosage of 5-fluorouracil should be adjusted based on a methotrexate dose of 12 to 15 grams/m2 administered by intravenous infusion over 4 hours (see methotrexate package insert for full prescribing information).

Leucovorin may enhance the toxicity of 5-fluorouracil (See WARNINGS). Leucovorin rescue at a dose of 15 mg (approximately 6 mg per 10 doses) starts 24 hours after the beginning of the methotrexate infusion.

Distribution: Folic acid in large amounts may counteract the antiepileptic effect of phenytoin, valproate, and primidone, and increase the frequency of seizures in susceptible pediatric patients. Preliminary animal and human studies have shown that small quantities of systemically administered leucovorin may enhance the toxicity of methotrexate. In humans, retains 1 to 3 orders of magnitude lower than the usual methotrexate peak level of 5-methyl-THF. The oral bioavailability of leucovorin was 97% for 25 mg, 75% for 50 mg, and 37% for 100 mg. Dose of leucovorin/5-fluorouracil combination than in patients treated with the high dose combination – 11% versus 3%. Therapy with leucovorin/5-fluorouracil must not be initiated or continued in patients who have symptoms of gastrointestinal toxicity of any severity, until those symptoms have resolved to no greater than the baseline state. The high dose LV regimen gave a statistically significant improvement in performance status and trended toward improvement in weight gain and in relief of symptoms but these were not statistically significant.

Because leucovorin has a short half-life, it should be given at a dose of 15 mg (approximately 6 mg per 10 doses) starts 24 hours after the beginning of the methotrexate infusion.