










# Oral Preparations for Treatment of Iron Deficiency in Australia

NAME (Manufacturer)	TABLET (Actual size)	FORMULATION	ELEMENTAL IRON CONTENT	OTHER ACTIVE Ingredients	QUANTITY (Availability)
<b>Ferro-tab</b> (AFT Pharmaceuticals)		Ferrous Fumarate Immediate release 200 mg	<b>65.7 mg</b>	nil	<b>60 tablets</b> OTC or PBS restricted*
<b>Ferro-f-tab</b> (AFT Pharmaceuticals)		Ferrous Fumarate Immediate release 310 mg	<b>100 mg</b>	Folic acid 350 mcg	<b>60 tablets</b> OTC or PBS restricted*
<b>FERRO-GRADUMET</b> (BGP Products)		Ferrous Sulphate Slow release 325 mg	<b>105 mg</b>	nil	<b>30 tablets</b> OTC
<b>FERRO-GRAD C</b> (BGP Products)		Ferrous Sulphate Slow release 325 mg	<b>105 mg</b>	Ascorbic acid 500 mg	<b>30 tablets</b> OTC
<b>FEFOL Iron &amp; Folate Supplement</b> (PharmaCare)		Ferrous Sulphate Slow release 270 mg	<b>87.4 mg</b>	Folic acid 300 mcg	<b>30 tablets</b> OTC
<b>FGF</b> (BGP Products)		Ferrous Sulphate Slow release 250 mg	<b>80 mg</b>	Folic acid 300 mcg	<b>30 tablets</b> OTC
<b>Maltofer tablets</b> (Vifor Pharma)		Iron Polymaltose 370 mg	<b>100 mg</b>	nil	<b>30 tablets</b> OTC
<b>FERRO-LIQUID</b> (AFT Pharmaceuticals)		Ferrous Sulphate Oral liquid 150mg / 5 mL	<b>30 mg / 5 mL</b>	nil	<b>250 mL bottle</b> OTC or PBS listed
<b>Maltofer Syrup</b> (Vifor Pharma)		Iron Polymaltose Oral liquid 185 mg / 5 mL	<b>50 mg / 5 mL</b>	nil	<b>150 mL bottle</b> OTC

- **Usual ADULT dose for iron deficiency anaemia (IDA) is  $\approx$  100 – 200 mg elemental iron daily in divided doses<sup>^</sup>** (1 – 2 tablets per day of the ferrous preparations shown above), best absorbed if taken on an empty stomach 1 hour before, or 2 hours after, food. Maltofer is indicated for treatment of iron deficiency where the use of ferrous iron supplements is not tolerated, or otherwise inappropriate. It is absorbed best if taken during or immediately after a meal.
- **GI adverse effects may be reduced by:** starting at a lower dose and gradually increasing; by alternate daily dosing; by taking with meals or at night. When a rapid increase in haemoglobin is not required, less frequent dosing (eg. weekly) or lower daily doses of iron (eg. 30 – 60 mg of elemental iron) may further reduce GI upset. Increase gradually if tolerated. These lower doses can be administered using Ferro-tab or Ferro-liquid (use a straw to avoid staining teeth).
- **Multivitamin-mineral supplements should not be used** to treat IDA as iron content is low & absorption may be reduced.

Refer to Checklist for Overall Management Iron Deficiency & consumer leaflets at [www.sahealth.sa.gov.au/bloodmanagement](http://www.sahealth.sa.gov.au/bloodmanagement)

OTC = over-the-counter \*Aboriginal or Torres Strait Islander patients <sup>^</sup>Australian Medicines Handbook 2018

Reasonable care has been taken to ensure this information is up to date & accurate at the time of creation. SA Health does not warrant its completeness and excludes liability where permitted by law. Health care professionals must continue to rely upon their own skill, care and inquiries taking into account the individual circumstances of each patient when providing medical advice.



Colours of these tablets / packages may not be a true representation when printed or viewed on a screen.