

SUMMARY OF PRODUCT CHARACTERISTICS

1 NAME OF THE MEDICINAL PRODUCT

Tranexamic Acid 500mg Tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains Tranexamic Acid 500 mg as the active ingredient.

For excipients, see 6.1

3 PHARMACEUTICAL FORM

Film-coated tablets

White film-coated oblong tablets, marked on one side, FW291.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

Tranexamic acid is an antifibrinolytic agent, which competitively inhibits the activation of plasminogen to plasmin.

Short-term use for haemorrhage or risk of haemorrhage in increased fibrinolysis or fibrinogenolysis.

Local fibrinolysis as occurs in the following conditions:

Prostatectomy and bladder surgery

Menorrhagia

Epistaxis

Conisation of the cervix

Traumatic hyphaema

Hereditary angioneurotic oedema

Management of dental extraction in haemophiliacs

4.2 Posology and method of administration

Route of administration: Oral.

Local fibrinolysis: The recommended standard dosage is 15-25 mg/kg bodyweight (i.e. 2-3 tablets) two to three times daily. For the indications listed below the following doses may be used:

Ia. Prostatectomy: Prophylaxis and treatment of haemorrhage in high risk patients should commence pre- or post-operatively with an injectable form of Tranexamic acid; thereafter 2 tablets three to four times daily until macroscopic haematuria is no longer present.

Ib. Menorrhagia: Recommended dosage is 2 tablets 3 times daily as long as needed for up to 4 days. If very heavy menstrual bleeding, dosage may be increased. A total dose of 4g daily (8 tablets) should not be exceeded. Treatment with Tranexamic acid should not be initiated until menstrual bleeding has started.

Ic. Epistaxis: Where recurrent bleeding is anticipated oral therapy (2 tablets three times daily) should be administered for 7 days.

Id. Conisation of the cervix: 3 tablets three times daily.

Ie. Traumatic hyphaema: 2-3 tablets three times daily. The dose is based on 25 mg/kg three times a day.

2. Haemophilia: In the management of dental extractions 2-3 tablets every eight hours. The dose is based on 25 mg/kg.

3. Hereditary angioneurotic oedema: Some patients are aware of the onset of the illness; suitable treatment for these patients is intermittently 2-3 tablets two to three times daily for some days. Other patients are treated continuously at this dosage.

Children's dosage:

In children, for current approved indications as described in section 4.1, the dosage is in the region of 20 mg/kg/day. However, data on efficacy, posology and safety for these indications are limited.

Elderly patients:

No reduction in dosage is necessary unless there is evidence of renal failure (see guidelines below).

Renal insufficiency: By extrapolation from clearance data relating to the intravenous dosage form, the following reduction in the oral dosage is recommended for patients with mild to moderate renal insufficiency.

Serum creatinine ($\mu\text{mol/l}$) Dose Tranexamic acid

120-249 15mg/kg body weight twice daily.

250-500 15 mg/kg body weight/day.

4.3 Contraindications

Tranexamic acid is contraindicated in patients with a history of venous or arterial thromboembolic disease.

Fibrinolytic conditions following consumption coagulopathy

History of convulsions

Known hypersensitivity to tranexamic acid or any of the excipients, see 6.1.

Severe renal failure because of risk of accumulation.

4.4 Special warnings and precautions for use

The indications and method of administration indicated above should be followed strictly.

In case of haematuria of renal origin, there is a risk of mechanical anuria due to formation of a ureteral clot.

When disseminated intravascular coagulation is in progress.

In the long-term treatment of patients with hereditary angioneurotic oedema, regular eye examinations (e.g. visual acuity, slit lamp, intraocular pressure, visual fields) and liver function tests should be performed.

Patients with irregular menstrual bleeding should not use Tranexamic acid until the cause of irregular bleeding has been established. If menstrual bleeding is not adequately reduced by Tranexamic acid, an alternative treatment should be considered.

Before use of Tranexamic acid, risk factors of thromboembolic disease should be investigated.

Tranexamic acid should be administered with care in patients receiving oral contraceptives because of the increased risk of thrombosis.

The blood levels are increased in patients with renal insufficiency. Therefore a dose reduction is recommended. The information on renal insufficiency is contained in section 4.2.

The use of tranexamic acid in cases of increased fibrinolysis due to disseminated intravascular coagulation is not recommended.

Clinical experience with tranexamic acid in menorrhagic children under 15 years of age is not available.

4.5 Interaction with other medicinal products and other forms of interaction

Tranexamic acid will counteract the thrombolytic effect of fibrinolytic preparations.

4.6 Pregnancy and lactation

Pregnancy

Although there is no evidence from animal studies of a teratogenic effect, the usual caution with the use of drugs in pregnancy should be observed.

Tranexamic acid crosses the placenta.

Lactation

Tranexamic acid passes into breast milk to a concentration of approximately one hundredth of the concentration in the maternal blood. An antifibrinolytic effect in the infant is unlikely.

4.7 Effects on ability to drive and use machines

None

4.8 Undesirable effects

Nervous system disorders: convulsions, particularly in case of misuse (see section 4.4 "Precautions and warnings").

Very rare adverse events have been reported:

Gastrointestinal disorders (nausea, vomiting, diarrhoea) may occur but disappear when the dosage is reduced. Instances of colour vision disturbances have been reported. Patients who experience disturbance of colour vision should be withdrawn from treatment.

Cardio-vascular disorders:

Malaise with hypotension, with or without loss of consciousness (generally following a too fast intravenous injection, exceptionally after oral administration)

Rare cases of arterial or venous thromboembolic events at any sites have been reported.

There have been rare cases of retinal/artery occlusion reported.

General disorders

hypersensitivity reactions including anaphylaxis

Rare cases of allergic skin reactions have also been reported.

4.9 Overdose

No cases of overdosage have been reported. Symptoms may be nausea, vomiting, orthostatic symptoms and/or hypotension. Initiate vomiting, then stomach lavage, and charcoal therapy. Maintain a high fluid intake to promote renal excretion. There is a risk of thrombosis in predisposed individuals. Anticoagulant treatment should be considered.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Tranexamic acid is an antifibrinolytic compound which is a potent competitive inhibitor of the activation of plasminogen to plasmin. At much higher concentrations it is a non-competitive inhibitor of plasmin. The inhibitory effect of tranexamic acid in plasminogen activation by urokinase has been reported to be 6-100 times and by streptokinase 6-40 times greater than that of aminocaproic acid. The antifibrinolytic activity of tranexamic acid is approximately ten times greater than that of aminocaproic acid.

5.2 Pharmacokinetic properties

Following oral administration, 1.13% and 39% of the administered dose were recovered after 3 and 24 hours respectively. Tranexamic acid administered parenterally is distributed in a two compartment model. Tranexamic acid crosses the placenta, and may reach one hundredth of the serum peak concentration in the milk of lactating women. Tranexamic acid crosses the blood brain barrier.

Following intravenous administration, the biological half-life of tranexamic acid has been determined to be 1.9 hours and 2.7 hours.

5.3 Preclinical safety data

There are no preclinical data of relevance to the prescriber which are additional to that already included in other sections of the Summary of Product Characteristics.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Core

Microcrystalline cellulose

Croscarmellose sodium

Talc

Magnesium stearate

Colloidal anhydrous silica

Povidone K90

Coating

Methacrylate polymers

Titanium dioxide (E171)

Talc

Magnesium stearate

Macrogol 8000

Vanillin

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

24 months.

6.4 Special precautions for storage

Do not store above 25°C.

Store in the original packaging.

6.5 Nature and contents of container

Blister packs of PVC film with aluminium foil backing containing 60 tablets.

6.6 Special precautions for disposal

Not applicable.

7 MARKETING AUTHORISATION HOLDER

Goldshield Pharmaceuticals Ltd

NLA Tower

Croydon

CRO OXT

United Kingdom

8 MARKETING AUTHORISATION NUMBER(S)

PL 12762/0129

**9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE
AUTHORISATION**

25 February 2004

10 DATE OF REVISION OF THE TEXT

24/03/2011