1. Name of the medicinal product

PREXAM TRANEXAMIC ACID CAPSULES 500 MG

2. Qualitative and quantitative composition

SR. NO.	NAME OF THE INGREDIENTS	PHARMACOPEIAL SPECIFICATION	LABLE CLAIM	OVERAGES %	QTY. / CAPSULE	PURPOSE
ACTIVE INGREDIENTS						
1.	Prexam Tranexamic acid	BP	500.000 mg	0.00 %	500.000 mg	API
INACTIVE INGREDIENTS						
2.	Empty hard gelatin Capsule transparent/transparent Size "0"*	INHOUSE	-	5.00 %	1.050 nos	Encapsulation

* 5.00 % Overages are added to overcome loss during production.

3. Pharmaceutical form

Oral Capsule

4. Clinical particulars

4.1 Therapeutic indications

PrxamTranexamic Acid Capsule is indicated for short term use for haemorrhage or risk of haemorrhage in those with increased fibrinolysis or fibrinogenolysis. Local fibrinolysis as occurs in the following conditions: Prostatectomy and bladder surgery, Menorrhagia, Epistaxis, Conisation of the cervix, Traumatic hyphaema, Management of dental extraction in haemophiliacs, Hereditary angioneurotic oedema.

4.2 Posology and method of administration

Posology:
Adults:
Local Fibrinolysis: The recommended standard dose is 15-25mg/kg bodyweight (i.e. 2-3 capsules) two to three times daily. For the indications listed below the following doses may be used:
Prostatectomy: Prophylaxis and treatment of haemorrhage in high risk patients should commence pre- or post-operatively with Tranexamic acid injection; thereafter 2 capsules three to four times daily until macroscopic haematuria is no longer present.
Menorrhagia: Recommended dosage is 2 capsules 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 capsules) should not be exceeded. Treatment with Tranexamic acid should not be initiated until menstrual bleeding has started.
Epistaxis: When repeated bleeding is anticipated oral therapy (2 capsules three times daily) should be administered for 7 days.
Cervix Conisation: 3 capsules three times daily.
Traumatic Hyphaema: 2-3 capsules 3 times daily. The dose is based on 25mg/kg three times a day.

Haemophilia: In the management of dental extractions 2-3 capsules every eight hours. The dose is based on 25mg/kg.
Hereditary angioneurotic oedema: Some patients are aware of the onset of illness; suitable treatment for these patients is intermittently 2-3 capsules two to three times daily for some days. Other patients are treated continuously at this dosage.
Paediatric population
In children, the dosage is in the region of 20 mg/kg/day. However, data on efficacy, posology and safety for these indications are limited.
Older patients
No reduction in dosage is necessary unless there is evidence of renal failure.
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 (µmol/l)	**Oral Dose**	**Dose Frequency**
120-249	15 mg/kg body weight	twice daily
250-500	15 mg/kg body weight	daily

Method of administration
Oral

4.3 Contraindications

- Hypersensitivity to the active substance or any of the excipients.
- Active thromboembolic disease.
- History of venous or arterial thrombosis.
- Fibrinolytic conditions following consumption coagulopathy.
- Severe renal impairment because of risk of accumulation.
- History of convulsions.

4.4 Special warnings and precautions for use

Caution is advised in treating those with massive haematuria from the upper urinary tract, especially in haemophiliacs, as there have been some cases of ureteric obstruction.
Not to be used when disseminated intravascular coagulation is in progress.
The blood levels are increased in patients with renal insufficiency. Therefore a dose reduction is recommended.
In those patients requiring long term administration of Tranexamic acid, such as those 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 who experience visual disturbance should be withdrawn from treatment.
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.
Patients with a previous thromboembolic event and a family history of thromboembolic disease (patients with thrombophilia) should use Tranexamic Acid only if there is a strong medical indication and under strict medical supervision.
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.
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.
- In renal insufficiency leading to a risk of accumulation, the dosage of Tranexamic acid should be reduced according to the serum creatinine level.
- 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.

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: There is no evidence from animal studies that Tranexamic acid has any teratogenic effect, however, the usual caution with use of drugs in pregnancy should be observed.
Tranexamic acid crosses the placenta.
Breast-feeding: 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

Tranexamic Acid has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

Adverse events are listed below by system organ class and frequency.
Frequencies are defined as: very common (≥1/10), common (≥1/100 to <1/10), uncommon (≥1/1,000 to <1/100), rare (≥1/10,000 to <1/1,000), very rare (<1/10,000) and not known (cannot be estimated from the available data).
Immune system disorders: Very rare: Hypersensitivity reactions including anaphylaxis
Nervous System Disorders: Very rare: Convulsions, particularly in case of misuse
Eye disorders: Rare: Colour vision disturbances, retinal vein/artery occlusion
Vascular disorders: Rare: Thromboembolic events
Very rare: Arterial or venous thrombosis at any sites. Malaise with hypotension, with or without loss of consciousness (generally following a too fast intravenous injection, exceptionally after oral administration).
Gastro-intestinal disorders: Very rare: Digestive effects such as nausea, vomiting and diarrhoea, may occur but disappear when the dosage is reduced.
Skin and subcutaneous tissue disorders: Rare: Allergic skin reactions

4.9 Overdose

No cases of overdosage have been reported. Symptoms may be nausea, vomiting, orthostatic symptoms and/or hypotension, dizziness, headache and convulsions. 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

Pharmacotherapeutic group: Antihemorrhagics, Antifibrinolytics. ATC code: B02AA02
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

Absorption: Absorption of Tranexamic acid after oral administration in humans represents approximately 30 to 50% of the ingested dose and bioavailability is not affected by food intake.
Distribution: Tranexamic acid is 3% bound to plasma proteins with no apparent binding to albumin. Tranexamic acid is distributed with an initial volume of distribution of 0.18 L/kg and steady-state apparent volume of distribution of 0.39 L/kg.
Tranexamic acid crosses the placenta. The concentration in cord blood after an intravenous injection of 10 mg/kg to pregnant women is about 30 mg/L, as high as in the maternal blood.
Tranexamic acid concentration in cerebrospinal fluid is about one tenth of the plasma concentration.
The drug passes into the aqueous humor of the eye achieving a concentration of approximately one tenth of plasma concentrations.
Metabolism: Only a small fraction of the drug is metabolized (less than 5%).
Elimination: Tranexamic acid is eliminated by urinary excretion primarily via glomerular filtration with more than 95% of the dose excreted unchanged**.**

5.3 Preclinical safety data

There are no preclinical data.

6. Pharmaceutical particulars

6.1 List of Excipients

- Empty hard gelatin capsule transparent/transparent size “0”

6.2 Incompatibilities

None known.

6.3 Shelf life

36 months

6.4 Special precautions for storage

Store in a dry place at a temperature below 30°C.

6.5 Nature and contents of container

2 X 10 Capsule Alu-PVC Blister pack, packed in printed and laminated carton.

6.6 Special precautions for disposal and other handling

Not applicable

7. Marketing authorisation holder

West Coast Pharmaceutical Works Ltd, Ahmedabad

8. Marketing authorisation number(s)

Not applicable

9. Date of first authorisation/renewal of the authorisation

Not applicable

10. Date of revision of the text

March 2020