PROFESSIONAL INFORMATION FOR BIO-TRANEXAMIC 500

SCHEDULING STATUS

S4

1. NAME OF THE MEDICINE

BIO-TRANEXAMIC 500 mg film-coated tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each film-coated tablet contains 500 mg tranexamic acid.

Sugar free.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Film-coated tablets.

White to off white, film-coated, capsule shaped, biconvex, 18 mm long and 8 mm wide, with a break-line and embossed “TXA 500”.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

- Short term use in the treatment of hyphaema and in patients with established coagulopathies who are undergoing minor surgery.
- Management of dental extraction in haemophiliacs.
- Hereditary angioedema.
- Menorrhagia.

4.2 Posology and method of administration

Posology

Traumatic hyphaema:

1,0 to 1,5 g every 8 hours for six to seven days.

Patients with established coagulopathies undergoing minor surgery:

Conization of the cervix: 1,0 to 1,5 g (2 to 3 tablets) every 8 to 12 hours for 12 days post-operatively.

Dental operations/extractions in haemophiliacs:

25 mg/kg orally two hours before the operation. Factor VIII and Factor IX should be given as well as BIO-TRANEXAMIC 500. After the operation, 25 mg/kg of BIO-TRANEXAMIC 500 is given 3 to 4 times a day for 6 to 8 days.

Hereditary angioneurotic oedema:

Some patients are aware of the onset of illness; a suitable treatment for these patients is 1,0 – 1,5 g two to three times daily for some days. Other patients are treated continually at this dosage.

Menorrhagia:

Two to three coated tablets (1 – 1 ,5 g) or one effervescent tablet (1 g) three to four times daily, given at the onset of heavy bleeding for the duration of the period.

Special populations:

Renal insufficiency:

For patients with renal failure, BIO-TRANEXAMIC 500 should be given with caution because of the risk of accumulation.

Dosages should be reduced in patients with renal impairment. For patients with moderate to severe impaired renal function, the following dosages are recommended.

Serum creatinine (micromol/L)	Oral dose
120 – 250	15 mg/kg body weight twice daily
250 – 500	15 mg/kg body weight daily
> 500	7,5 mg/kg body weight daily

Children:

Data on efficacy and safety in children are limited.

Method of administration

For oral use.

4.3 Contraindications

- Hypersensitivity to BIO-TRANEXAMIC 500 or to any of the excipients listed in section 6.1.
- Active thromboembolic disease.
- History of venous or arterial thrombosis.
- Fibrinolytic conditions following consumption coagulopathy.
- History of convulsions.
- In cases of massive upper urinary tract haemorrhage, antifibrinolytics should be avoided to reduce the risk of ureteric obstruction.
- Colour vision disorder.
- Impaired liver function.
- Subarachnoid bleeding.

4.4 Special warnings and precautions for use

In case of haematuria of renal origin (especially in haemophilia), there is a risk of mechanical anuria due to formation of a ureteral clot.

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 BIO-TRANEXAMIC 500 until the cause of irregular bleeding has been established. If menstrual bleeding is not adequately reduced by BIO-TRANEXAMIC 500, an alternative treatment should be considered.

BIO-TRANEXAMIC 500 should be administered with care in patients receiving oral contraceptives because of the increased risk of thrombosis.

Patients with a previous thromboembolic event and a family history of thromboembolic disease (patients with thrombophilia) should use BIO-TRANEXAMIC 500 only if there is a strong medical indication and under strict medical supervision and they should not be given BIO-TRANEXAMIC 500 unless simultaneous treatment with anticoagulants can be given.

The blood levels are increased in patients with renal insufficiency. Therefore, a dose reduction is recommended (see section 4.2).
The use of BIO-TRANEXAMIC 500 in cases of increased fibrinolysis due to disseminated intravascular coagulation is not recommended. The potential for thrombus formation may be increased by oestrogens or the action of the antifibrinolytic antagonised by compounds such as the thrombolytics.

For patients who are to receive continuous treatment with BIO-TRANEXAMIC 500 for longer than several days, an ophthalmological examination is advisable (including visual acuity, colour vision, eye-grounds, field of vision), before commencing treatment, and at regular intervals during treatment.

Patients who experience visual disturbance should be withdrawn from treatment.

Clinical experience with BIO-TRANEXAMIC 500 in menorrhagic children under 15 years of age is not available.

4.5 Interaction with other medicines and other forms of interaction

BIO-TRANEXAMIC 500 will counteract the thrombolytic effect of fibrinolytic preparations.

4.6 Fertility, pregnancy and lactation

Pregnancy

The safety of BIO-TRANEXAMIC 500 has not been established in pregnancy.

BIO-TRANEXAMIC 500 crosses the placenta, therefore the usual caution with use of medicines in pregnancy should be observed.

Breastfeeding

BIO-TRANEXAMIC 500 passes into breastmilk to a concentration of approximately one hundredth of the concentration in the maternal blood. Caution should be exercised when BIO-TRANEXAMIC 500 is given to nursing women.

Fertility

There are no clinical data on the effect of BIO-TRANEXAMIC 500 on fertility.

4.7 Effects on ability to drive and use machines

BIO-TRANEXAMIC 500 can cause side effects, such as dizziness and vision problems, and

can affect the ability to drive a vehicle and use machines. Caution is advised when driving a vehicle or operating machinery until the effects of BIO-TRANEXAMIC 500 are known.

4.8 Undesirable effects

Immune system disorders

Less frequent: hypersensitivity reactions including anaphylaxes

Nervous system disorders:

Less frequent: dizziness

Eye disorders

Less frequent: colour vision disturbances, retinal/artery occlusion

Vascular disorders

Less frequent: thromboembolic events, arterial or venous thrombosis at any site

Gastro-intestinal disorders

Less frequent: nausea, vomiting, diarrhoea (digestive effects may disappear when the dosage is reduced)

Skin and subcutaneous tissue disorders

Less frequent: allergic skin reactions

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of BIO-TRANEXAMIC 500 is important. It allows continued monitoring of the benefit/risk balance of BIO-TRANEXAMIC 500. Health care providers are asked to report any suspected adverse reactions via the **"6.04 Adverse Drug Reaction Reporting Form"**, found online under SAHPRA's publications:

https://www.sahpra.org.za/Publications/Index/8.

4.9 Overdose

Symptoms may be nausea, vomiting, orthostatic symptoms and/or hypotension. Treatment would consist of procedures to remove the unabsorbed medicine from the stomach (initiate vomiting and charcoal therapy) and symptomatic treatment. 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

Category and class: A 8.1 Coagulants, hameostatics.

Pharmacotherapeutic group: Antihemorrhagics, antifibrinolytics.

ATC code: B02AA02.

Mechanism of action

Tranexamic acid is an antifibrinolytic compound which exerts an inhibitory effect on 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

Tranexamic acid is absorbed very well by mouth. Elimination half-life is about 3 hours.

Distribution

Tranexamic acid crosses the placenta, and may reach one hundredth of the serum peak concentration in the milk of lactating women.

Elimination

Tranexamic acid is excreted in urine as an unchanged compound. 90 % of the administered dose is excreted by the kidney in the twelve first hours after administration (glomerular excretion without tubular reabsorption).

Following oral administration, 1,13 % and 39 % of the administered dose were recovered after 3 and 24 hours respectively.

Plasma concentrations are increased in patients with renal insufficiency.

5.3 Preclinical safety data

No further information of relevance available.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Tablet core:

Colloidal anhydrous silica;

Croscarmellose cellulose;

Magnesium stearate (E572);

Microcrystalline cellulose (E460);

Povidone (E1201);

Talcum (E553b).

Tablet coating:

Macrogol 8 000;

Magnesium stearate (E572);

Methacrylate polymers;

Talcum (E553b);

Titanium dioxide (E171);

Vanillin.

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years.

Store at or below 25 °C.

6.4 Special precautions for storage

Keep the blister strips in the outer carton until required for use.

6.5 Nature and contents of container

10 film-coated tablets are packed in one PVC/aluminium blister strip.

PVC/aluminium blister strips are packed in an outer carton box.

Pack sizes:

30 or 100 film-coated tablets.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

None.

7. HOLDER OF CERTIFICATE OF REGISTRATION

Biotech Laboratories (Pty) Ltd

Ground Floor Block K West Central Park

400 16th Road, Randjespark

Halfway House

Midrand 1685

8. REGISTRATION NUMBER

42/8.1/0837

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTORISATION

Date of registration: 29 June 2021

10. DATE OF REVISION OF THE TEXT

Not yet revised.