TRANEXAMIC ACID 500 MG FILM COATED TABLETS
PL 33155/0010

UKPAR

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TRANEXAMIC ACID 500 MG FILM COATED TABLETS
PL 33155/0010

LAY SUMMARY

On 04 February 2011, the Medicines and Healthcare products Regulatory Agency (MHRA) granted Rivopharm UK Limited a licence for the medicinal product Tranexamic Acid 500 mg film coated tablets (PL 33155/0010). This is a prescription-only medicine (POM) used to prevent or reduce bleeding for a short period of time in many different conditions. Tranexamic acid 500 mg film coated tablets may be prescribed for the following:

• Following prostate surgery (post-prostatectomy) or bladder surgery
• Heavy periods (menorrhagia)
• Nose bleeds (epistaxis)
• Cervical surgery (conisation of the cervix)
• Bleeding inside the eye (traumatic hyphaema)
• Tooth removal (dental extraction) in haemophiliacs (people who bleed more easily than normal).
• Hereditary disease called angioneurotic oedema (HANO).

The active ingredient in Tranexamic Acid 500 mg film coated tablets is tranexamic acid, which belongs to a group of medicines called anti-fibrinolytic drugs. These are used to stop or reduce unwanted bleeding. When you bleed your body forms clots to stop the bleeding. In some people these clots break down causing too much bleeding. Tranexamic acid stops these clots dissolving and so reduces unwanted bleeding.

No new or unexpected safety concerns arose from this application and it was, therefore, judged that the benefits of taking Tranexamic Acid 500 mg film coated tablets outweigh the risks; hence a Marketing Authorisation has been granted.
TRANEXAMIC ACID 500 MG FILM COATED TABLETS
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SCIENTIFIC DISCUSSION

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INTRODUCTION

Based on the review of the data on quality, safety and efficacy, the MHRA granted Rivopharm UK Limited, a Marketing Authorisation for the medicinal product Tranexamic Acid 500 mg film coated tablets (PL 33155/0010) on 04 February 2011. The product is a prescription-only medicine (POM) for short term use in the treatment of haemorrhage or risk of haemorrhage in those patients with increased fibrinolysis or fibrinogenolysis. Local fibrinolysis as occurs in the following conditions:
1. a) Prostatectomy and bladder surgery
   b) Menorrhagia
   c) Epistaxis
   d) Conisation of the cervix
   e) Traumatic hyphaema
2. Management of dental extraction in haemophiliacs.
3. Hereditary angioneurotic oedema.

The application was submitted under Article 10.1 of Directive 2001/83/EC, claiming to be a generic medicinal product of Cyklokapron®500 mg Film-coated Tablets (Meda Pharmaceuticals UK Limited, UK) which were first authorised in August 1988.

The active ingredient in Tranexamic Acid 500 mg film coated tablets is tranexamic acid which is a derivative of the amino acid lysine which demonstrates clinical antifibrinolytic efficacy. Tranexamic acid blocks lysine binding sites on plasminogen molecules thereby inhibiting the interaction with lysine residues of fibrin and suppresses fibrin degradation.

No new non-clinical data have been submitted, which is acceptable given that the application was based on being a generic medicinal product of an originator product that has been in clinical use for over 10 years.

A single-dose, bioequivalence study was submitted to support this application, comparing the test product Tranexamic 500mg film coated tablets (Rivopharm UK Limited, UK) and the reference product Cyklokapron® 500 mg Film-coated Tablets (Meda Pharmaceuticals UK Limited, UK). The bioequivalence study was carried out in accordance with Good Clinical Practice (GCP).

With the exception of the bioequivalence study, no new clinical studies were performed, which is acceptable given that the application was based on being a generic medicinal product of an originator product that has been in clinical use for over 10 years.

No new or unexpected safety concerns were raised during the assessment of this application and it was, therefore, judged that the benefits of taking Tranexamic Acid 500 mg film coated tablets outweigh the risks; hence a Marketing Authorisation has been granted.
PHARMACEUTICAL ASSESSMENT

ACTIVE SUBSTANCE
INN: Tranexamic Acid
Chemical Name: trans-4-(aminomethyl)cyclohexanecarboxylic acid
Molecular Formula: C₈H₁₅NO₂
Structure:

\[
\begin{align*}
\text{H} & \quad \text{COOH} \\
\text{H₂NHN₂C} & \quad \text{H}
\end{align*}
\]

Molecular weight: 157.21
Appearance: A white crystalline powder, odourless with a bitter taste.

Tranexamic acid is the subject of a European Pharmacopoeia monograph.

Synthesis of the active substance from the designated starting materials has been adequately described and appropriate in-process controls and intermediate specifications are applied. Satisfactory specification tests are in place for all starting materials and reagents and these are supported by relevant certificates of analysis. Appropriate proof-of-structure data have been supplied. All potential known impurities have been identified and characterised.

An appropriate specification is provided for the active substance. Analytical methods have been appropriately validated and are satisfactory for ensuring compliance with the relevant specifications. Batch analysis data are provided and comply with the proposed specification.

Satisfactory certificates of analysis have been provided for all working standards.

Suitable specifications have been provided for all packaging used. The primary packaging has been shown to comply with current guidelines concerning contact with foodstuff.

Appropriate stability data have been generated to support a suitable retest period for the active substance when stored in the proposed packaging.

MEDICINAL PRODUCT
Other ingredients
Other ingredients consist of the pharmaceutical excipients in the tablet core and film coating, namely microcrystalline cellulose, povidone (K 90), croscarmellose sodium, colloidal anhydrous silica, talc, magnesium stearate, methacrylate polymers, titanium dioxide (E171), and macrogol (8000). Appropriate justifications for the inclusion of each excipient have been provided.

All excipients comply with their respective European Pharmacopoeia monograph.

Satisfactory Certificates of Analysis have been provided for all excipients.
None of the excipients contain materials of animal or human origin. No genetically modified organisms (GMO) have been used in the preparation of these excipients.

**Pharmaceutical Development**
The objective of the development programme was to formulate a safe, efficacious, stable product that could be considered a generic medicinal product of the reference product of Cyklokapron® 500 mg Film-coated Tablets (Meda Pharmaceuticals UK Limited, UK)

A satisfactory account of the pharmaceutical development has been provided.

Comparative *in vitro* dissolution profiles have been provided for the proposed and originator products.

**Manufacturing Process**
A description and flow-chart of the manufacturing method have been provided. In-process controls are satisfactory based on process validation data and controls on the finished product. Process validation on batches of the product has been provided.

**Finished product specification**
The finished product specification is satisfactory. Test methods have been described and have been adequately validated. Batch data have been provided and comply with the release specifications. Certificates of Analysis have been provided for all working standards used.

**Container Closure System**
The tablets are packaged in polyvinylchloride/aluminium blisters. These are packed into boxes with patient information leaflets in pack sizes of 60 tablets.

Satisfactory specifications and Certificates of Analysis have been provided for all packaging components. All primary packaging complies with the current European regulations concerning materials suitable for contact with food.

**Stability of the Product**
Stability studies were performed in accordance with current guidelines on batches of finished product packed in the packaging proposed for marketing. The data from these studies support a shelf-life of 18 months, with the storage conditions, “Do not above 30°C. Store in the original package.”

Suitable post approval stability commitments have been provided to continue stability testing on batches of finished product.

**Bioequivalence/Bioavailability**
Satisfactory Certificates of Analysis have been provided for the test and reference batches used in the bioequivalence study.
Summary of Product Characteristics (SmPC), Patient Information Leaflet (PIL) and Labelling
The SmPC, PIL and labelling are pharmaceutically satisfactory.

A package leaflet has been submitted to the MHRA along with results of consultations with target patient groups ("user testing"), in accordance with Article 59 of Council Directive 2001/83/EC, as amended. The results indicate that the package leaflet is well-structured and organised, easy to understand and written in a comprehensive manner. The test shows that the patients/users are able to act upon the information that it contains.

MAA Form
The MAA form is satisfactory.

Expert Report
The pharmaceutical expert report is written by an appropriately qualified person and is a suitable summary of the pharmaceutical aspects of the dossier.

Conclusion
The grant of a Marketing Authorisation is recommended.
NON-CLINICAL ASSESSMENT

PHARMACODYNAMICS, PHARMACOKINETICS AND TOXICOLOGY
No new non-clinical data were submitted, which is acceptable given that the proposed product is a generic medicinal product of an originator product that has been licensed for over 10 years.

NON-CLINICAL EXPERT REPORT
The non-clinical expert report has been written by an appropriately qualified person and is satisfactory, providing an appropriate review of the non-clinical aspects of the dossier.

ENVIRONMENTAL RISK ASSESSMENT
A suitable justification has been provided for non-submission of an Environmental Risk Assessment. As this product is intended for generic substitution with a product that is already marketed, no increase in environmental burden is anticipated. Thus, the justification for non-submission of an Environmental Risk Assessment is accepted.

CONCLUSION
The grant of a Marketing Authorisation is recommended.
CLINICAL ASSESSMENT

CLINICAL PHARMACOLOGY
The clinical pharmacology of tranexamic acid is well-known. With the exception of data from the below bioequivalence study, no new pharmacodynamic or pharmacokinetic data are provided or required for this application.

PHARMACOKINETICS
In support of this application the Marketing Authorisation Holder has submitted the following bioequivalence study:

A randomised, single-dose, open-label, two-treatment, two-sequence, two-period, crossover study comparing the pharmacokinetics of the test product Tranexamic Acid 500 mg film coated tablet (Rivopharm UK Limited, UK) and the reference product Cyklokapron® 500 mg Film-coated Tablets (Meda Pharmaceuticals UK Limited, UK)

The subjects were given a two 500mg tablets of test or reference product with 240 ml of water after at least a 10-hour overnight fast. To standardise gastric emptying, subjects sat upright on the edge of their beds for 20 minutes after dosing. Thereafter, they were asked to lie on their right sides for the remainder of the first hour post-administration. Except for bladder voiding after 2, 4 and 6 hours, and ingesting a meal while sitting upright after 5 hours, subjects remained recumbent until 8 hours after administration of study medication, after which no restrictions concerning posture or movement applied.

Blood samples were collected before and up to 14 hours after each administration. The washout period between the treatment arms was 7 days. The pharmacokinetic results are presented below:

<table>
<thead>
<tr>
<th>Pharmacokinetic parameters (geometric mean±SD), ratio and confidence intervals [CI] of tranexamic acid</th>
<th>Cyklokapron 500mg (Reference)</th>
<th>Tranexamic acid 500mg (Test)</th>
<th>Test/Ref Ratio(%)</th>
<th>90% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>C_{max} (ng/ml)</td>
<td>11268±1.27</td>
<td>12251±1.26</td>
<td>109</td>
<td>99.3-120</td>
</tr>
<tr>
<td>AUC_{0-t} (ng.h/ml)</td>
<td>63551±1.24</td>
<td>67602±1.24</td>
<td>107</td>
<td>99.1-115</td>
</tr>
<tr>
<td>AUC_{0-inf} (ng.h/ml)</td>
<td>66198±1.24</td>
<td>70323±1.24</td>
<td>107</td>
<td>99.0-115</td>
</tr>
</tbody>
</table>

AUC_{0-∞} area under the plasma concentration-time curve from time zero to infinity
AUC_{0-t} area under the plasma concentration-time curve from time zero to t hours
C_{max} maximum plasma concentration
90% geometric CI calculated from ln-transformed data
SD=standard deviation

The current Guidance on the Investigation of Bioequivalence (CPMP/EWP/QWP/1401/98 Rev 1) defines the confidence limits as 80% to 125% for C_{max} and AUC values. The 90% confidence intervals of the test/reference ratio of geometric means for AUC_{0-t}, AUC_{0-inf} and C_{max} lie within the acceptable limits. Thus, the data support the claim that the test product Tranexamic Acid 500 mg film coated tablets (Rivopharm UK Limited, UK) is bioequivalent to the reference product Cyklokapron® 500 mg Film-coated Tablets (Meda Pharmaceuticals UK Limited, UK)
EFFICACY
The efficacy of tranexamic acid is well-known. No new efficacy data have been submitted and none are required for an application of this type.

SAFETY
With the exception of the safety data generated during the bioequivalence study, no new safety data were submitted and none are required for this type of application. No new or unexpected safety issues were raised by the bioequivalence data.

SUMMARY OF PRODUCT CHARACTERISTICS (SmPC), PATIENT INFORMATION LEAFLET (PIL) AND LABELS
The SmPC, PIL and labels are medically acceptable. The SmPC is consistent with those for the originator product.

CLINICAL EXPERT REPORT
The clinical expert report has been written by an appropriately qualified physician and is a suitable summary of the clinical aspects of the dossier.

CONCLUSION
The grant of a Marketing Authorisation is recommended.
OVERALL CONCLUSION AND BENEFIT-RISK ASSESSMENT

QUALITY
The important quality characteristics of Tranexamic Acid 500 mg film coated tablets are well-defined and controlled. The specifications and batch analytical results indicate consistency from batch to batch. There are no outstanding quality issues that would have a negative impact on the benefit-risk balance.

NON-CLINICAL
No new non-clinical data were submitted. As the pharmacokinetics, pharmacodynamics and toxicology of tranexamic acid are well-known, no additional data were required.

EFFICACY
With the exception of the bioequivalence study, no new data were submitted and none are required for an application of this type.

Bioequivalence has been demonstrated between the applicant’s product and the reference product

SAFETY
With the exception of the safety data from the bioequivalence study, no new data were submitted and none are required for an application of this type. As the safety profile of tranexamic acid is well-known, no additional data were required. No new or unexpected safety concerns were raised from the bioequivalence study

PRODUCT LITERATURE
The SmPC, PIL and labelling are satisfactory, and consistent with that for the reference product, where appropriate, along with current guidelines.

BENEFIT-RISK ASSESSMENT
The quality of the product is acceptable, and no new non-clinical or clinical safety concerns have been identified. The data provided support the claim that this product is a generic medicinal product of the reference product, Cyklokapron® 500 mg Film-coated Tablets (Meda Pharmaceuticals UK Limited, UK). Extensive clinical experience with tranexamic acid is considered to have demonstrated the therapeutic value of the product. The benefit-risk is, therefore, considered to be positive.
TRANEXAMIC ACID 500 MG FILM COATED TABLETS
PL 33155/0010

STEPS TAKEN FOR ASSESSMENT

1 The MHRA received the marketing authorisation applications on 30 December 2009.

2 Following standard checks and communication with the applicant the MHRA considered the applications valid on 15 January 2010.

3 Following assessment of the application the MHRA requested further information relating to the clinical dossier on 02 July 2010 and 01 November 2010, and the quality dossier on 02 July 2010, and 27 October 2010.

4 The applicant responded to the MHRA’s requests, providing further information on the clinical dossier on 27 September 2010 and 06 January 2011, and on the quality dossier on 27 September and 30 November 2010.

5 The application was determined and granted on 04 February 2011
Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT
Tranexamic Acid 500 mg film coated tablets.

2 QUALITATIVE AND QUANTITATIVE COMPOSITION
Each film coated tablet contains:
Tranexamic acid 500 mg.

For a full list of excipients, see 6.1.

3 PHARMACEUTICAL FORM
Tablets.

Tranexamic Acid 500 mg film coated tablets are white to off white, capsule shaped, biconvex film-coated tablets. They are marked with TXA 500 with a break line.

4 CLINICAL PARTICULARS
4.1 Therapeutic indications
Tranexamic Acid 500 mg film coated tablets are 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:
1. a) Prostatectomy and bladder surgery
   b) Menorrhagia
   c) Epistaxis
   d) Conisation of the cervix
   e) Traumatic hyphaema
2. Management of dental extraction in haemophiliacs.
3. Hereditary angioneurotic oedema.

4.2 Posology and method of administration
Route of administration: Oral.

Adults:
Local Fibrinolysis: The recommended standard dose is 15-25mg/kg bodyweight (i.e. 2-3 tablets) two to three times daily. For the indications listed below the following doses may be used:
1a. Prostatectomy: Prophylaxis and treatment of haemorrhage in high risk patients should commence per- or post-operatively with an injectable form; thereafter 2 tablets three to four times daily until macroscopic haematuria is no longer present.
1b. 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.
1c. Epistaxis: When repeated bleeding is anticipated oral therapy (2 tablets three times daily) should be administered for 7 days.
1d. Cervix Conisation: 3 tablets three times daily
1e. Traumatic Hyphaema: 2-3 tablets 3 times daily. The dose is based on 25mg/kg three times a day.
2. Haemophilia: In the management of dental extractions 2-3 tablets every eight hours. The dose is based on 25mg/kg.
3. Hereditary angioneurotic oedema: Some patients are aware of the onset of 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:
This should be calculated according to bodyweight at 25mg/kg per dose at the adult dosing frequencies.
Elderly:
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:

<table>
<thead>
<tr>
<th>Serum Creatinine (μmol/l)</th>
<th>Oral Dose</th>
<th>Dose Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>120-249</td>
<td>15 mg/kg body weight</td>
<td>twice daily</td>
</tr>
<tr>
<td>250-500</td>
<td>15 mg/kg body weight</td>
<td>daily</td>
</tr>
</tbody>
</table>

4.3 Contraindications
Severe renal failure because of risk of accumulation.
Hypersensitivity to tranexamic acid or any of the other ingredients
Active thromboembolic disease.

4.4 Special warnings and precautions for use
In massive haematuria from the upper urinary tract (especially in haemophilia) since, in a few cases, ureteric obstruction has been reported.

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.

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 blood levels are increased in patients with renal insufficiency. Therefore a dose reduction is recommended (see section 4.2).

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

Patients who experience visual disturbance should be withdrawn from treatment.

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

4.8 Undesirable effects
Adverse effects have been ranked under headings of frequency using the following convention:

<table>
<thead>
<tr>
<th>Very common (≥ 1/10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common (≥1/100, &lt;1/10)</td>
</tr>
<tr>
<td>Uncommon (≥1/1000, &lt;1/100)</td>
</tr>
<tr>
<td>Rare (≥ 1/10,000, &lt;1/1,000)</td>
</tr>
<tr>
<td>Very rare (&lt;1/10,000)</td>
</tr>
<tr>
<td>Not known (cannot be estimated from the available data).</td>
</tr>
</tbody>
</table>

The following undesirable effects have been reported

Gastrointestinal disorders
Common: nausea, vomiting, diarrhoea. These effects disappear when the dosage is reduced.

Skin and subcutaneous tissue disorders
Rare: Allergic skin reactions.

Vascular disorders
Rare: Thromboembolic events.

Eye disorders
Rare: Impaired colour vision and other visual disturbances, retinal/artery occlusion

4.9 Overdose
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
Pharmacotherapeutic group: antifibrinolytic agent. 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
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
Tablet core: Cellulose microcrystalline, povidone (K 90), croscarmellose sodium, silica colloidal anhydrous, talc, magnesium stearate;

Film coating: methacrylate polymers, titanium dioxide (E171), talc, magnesium stearate, macrogol (8000).

6.2 Incompatibilities
Not applicable.

6.3 Shelf life
18 months.

6.4 Special precautions for storage
Do not store above 30°C. Store in the original package.

6.5 Nature and contents of container
The blister pack (PVC/aluminium) contains 60 tablets.

6.6 Special precautions for disposal
There are no special storage precautions. Any unused product or waste material should be disposed of in accordance with local requirements.

7 MARKETING AUTHORISATION HOLDER
Rivopharm UK Ltd.
6th floor 28 Kingsway
London WC2B 6JR
UK

8 MARKETING AUTHORISATION NUMBER(S)
PL 33155/0010

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION
04/02/2011

10 DATE OF REVISION OF THE TEXT
04/02/2011
2. BEFORE YOU TAKE TRANEXAMIC ACID TABLETS

Do not take Tranexamic Acid tablets if:
- You know that you are allergic to tranexamic acid or to any of the other ingredients of these tablets (listed in section 6).
- You have serious problems with your kidneys (kidney failure).
- You have a blood clot in your blood vessels (called a ‘thrombosis’).

If any of the above applies to you talk to your doctor or pharmacist.

Check with your doctor before taking Tranexamic Acid tablets if:
- You have blood in your urine.
- You have ever had any uncontrollable bleeding.
- You have disseminated intravascular coagulation (DIC), a disease where your blood starts to clot throughout your body.
- You have been taking medicine to treat a hereditary disease called angioneurotic oedema (HANO) every day for a long time.
- If so, you may need to have regular eye tests and also blood tests to check your liver is working properly.
- You are a woman with irregular periods.
- You have a history of blood clots in your blood vessels (called a ‘thrombosis’).
- Anyone in your family has suffered from blood clots in their blood vessels.
- You have kidney disease.

If any of the above apply to you, talk to your doctor or pharmacist.

Tell your doctor if you are taking any of the following medicines:
- Fibrinolytic drugs (used to help dissolve blood clots), such as streptokinase. This is because tranexamic acid will stop these drugs working.
- Any other medicine, including medicines obtained without a prescription.

Pregnancy and breast-feeding
If you are pregnant, trying to become pregnant or breast-feeding ask your doctor or pharmacist for advice before taking Tranexamic Acid tablets.

3. HOW TO TAKE TRANEXAMIC ACID TABLETS

Always take Tranexamic Acid tablets exactly as your doctor has told you.

Important:
Your doctor will choose the dose that is right for you. Your dose will be shown clearly on the label that your pharmacist puts on your medicine. If it does not, or you are not sure, ask your doctor or pharmacist.

continued over
How to take the tablets:
Remember: Your medicine should always be taken with a glass of water. The tablets should be swallowed whole. Do not crush or chew them.

Adults and the elderly:
- The usual dose is 2 or 3 tablets taken two to three times daily
- The exact dose you take will depend on why you have been prescribed these tablets
- Follow your doctor's instructions about how many tablets to take, when to take them and for how long.

Children:
- Your doctor will tell you exactly how much medicine you should give your child. They will work out the dose according to how much your child weighs.

Patients with kidney problems:
- Your doctor will tell you how much to take. The dose you take may be lower than the usual adult dose.

If you take more Tranexamic Acid tablets than you should
If you accidentally take too much of your medicine, immediately tell your doctor or go to the nearest hospital casualty department.
Taking too many Tranexamic Acid tablets may make you feel sick, be sick or be dizzy or light-headed upon standing.

If you forget to take Tranexamic Acid tablets
Do not take a double dose to make up for a missed dose. Simply take the next dose as planned. If you have any further questions about the use of this medicine, ask your doctor or pharmacist.

4. POSSIBLE SIDE EFFECTS
Like all medicines Tranexamic Acid tablets can cause side effects, although not everybody gets them.

If you notice any changes in your eyesight or an allergic skin reaction developing, stop taking Tranexamic Acid tablets and tell your doctor immediately.

Side effects that may occur with Tranexamic Acid tablets are:

Common side effects (affects less than 1 in 10 people)
- Feeling sick
- Being sick
- Diarrhoea.
These are usually mild and pass very quickly, but if they continue, tell your doctor or pharmacist.

Rare side effects (affects less than 1 in 1,000 people)
- Problems with your eyesight, especially your colour vision
- A blood clot in your eye. This may cause bleeding in the eye, or a loss of vision
- Itchy, red or swollen skin
- A blood clot in your blood vessels (called a thrombosis). There may be no symptoms or you may feel pain, swelling, warmth and aching around the area.

If any of the side effects gets serious, or if you notice any side effects not listed in this leaflet, please tell your doctor or pharmacist.

5. HOW TO STORE TRANEXAMIC ACID TABLETS
Keep out of the reach and sight of children.
Do not use Tranexamic Acid tablets after the expiry date on the carton. The expiry date refers to the last day of that month.
Do not store above 30 °C. Store in the original package.
Medicines should not be disposed of via wastewater or household waste. Return any medicine you no longer need to your pharmacist.

6. FURTHER INFORMATION
What Tranexamic Acid tablets contains:
- The active substance is tranexamic acid. Each film-coated tablet contains 500 mg tranexamic acid.
- The other ingredients are:
  - Tablet core: Cellulose microcrystalline, povidone K90, croscarmellose sodium, silica colloidal anhydrous, t alc, magnesium stearate;
  - Film coating: methacrylate polymers, titanium dioxide (E171), t alc, magnesium stearate, macroglol (8000).

What Tranexamic Acid tablets looks like
Tranexamic Acid tablets are white to off white, capsule shaped, biconvex film-coated tablets. They are marked with TXA 500 with a break line. The tablets come in blister packs containing 60 tablets.

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This leaflet was last approved in 02/2011
Labelling