SUMMARY OF PRODUCT CHARACTERISTICS

1 NAME OF THE MEDICINAL PRODUCT

Hexakapron Tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

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

Excipient with known effect:
Each tablet contains 0.504-0.756 mg of sodium.
For excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Tablets.
White, round flat beveled tablet engraved "TEVA" on one side and bisecting line on the other.

The tablet can be divided into equal halves.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

Treatment of hemorrhage occurring in some forms of surgery, including prostatectomy.
Hematuria.
Menorrhagia.
Hereditary angioneurotic edema.

4.2 Posology and method of administration

Dosage and Administration
Doses should be reduced in renal impairment.

Adults
The recommended standard dosage is 2-3 tablets, 2-3 times daily.

For the indications listed below, specific recommendations are made as follows: (please refer also to the Physicians' Prescribing Information for Hexakapron injection)

Prostatectomy
Following I.V. administration (refer to the Physicians' Prescribing Information for the injection), 2-3 Hexakapron tablets, 2-3 times daily, until macroscopic hematuria is no longer present.

Dental Surgery
Factor VIII or IX concentrates and Hexakapron 10 mg/kg body weight should be administered intravenously immediately before surgery. Following surgery, 25 mg/kg body weight should be administered orally, 3-4 times daily, for 6-8 days. As a rule, it is not necessary to administer factor VIII or IX concentrates following surgery.

Hematuria
2-3 tablets, 2-3 times daily, until macroscopic hematuria is no longer present.

Menorrhagia
2-3 tablets, 3-4 times daily, for 3-4 days. Hexakapron therapy should be initiated only after heavy bleeding has started. Use of the drug should be restricted to not more than three menstrual cycles.

Hereditary Angioneurotic Edema
Some patients are aware of the onset of the illness. A suitable treatment for these patients is 2-3 tablets, intermittently, 2-3 times daily for several days. Other patients are treated continuously at this dosage.

Children
Dosage should be calculated according to body weight, as 25 mg/kg orally.

Method of administration
Route of administration: Oral

4.3 Contraindications
Hypersensitivity to the active substance or any of the excipients listed in section 6.1.
Severe renal impairment because of risk of accumulation,
Active thromboembolic disease.
History of venous or arterial thrombosis
Fibrinolytic conditions following consumption coagulopathy
History of convulsions

4.4 Special warnings and precautions for use
In case of haematuria of renal origin (especially in haemophilia), there is a risk for urinary obstruction at the lower levels of the tract. If left untreated, urinary obstruction may lead to serious consequences such as renal insufficiency, urinary tract infection, hydronephrosis, and anuria. Therefore, close monitoring is recommended for those patients with haematuria or risk of haematuria from the upper urinary tract.

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.

Tranexamic acid 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 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.

Cases of convulsions have been reported in association with tranexamic acid treatment. In cardiac surgery, most of the cases were reported following intravenous (i.v.) injection of tranexamic acid in high doses.

Excipients

This medicine contains less than 1 mmol sodium (23 mg) per tablet, that is to say essentially 'sodium-free'.

4.5 Interaction with other medicinal products and other forms of interaction

Tranexamic acid will counteract the thrombolytic effect of fibrinolytic preparations.

4.6 Fertility, 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.

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

Hexakapron Tablets 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/l0), common (≥1/100 and <1/10), uncommon (≥1/1000 and <1/100), rare (≥ 1/10,000 and <1/1000) and very rare (<1/10,000) including isolated reports, not known (cannot be estimated from the available data).

Immune system disorders
Very rare: Hypersensitivity reactions including anaphylaxis

Eye disorders
Rare: Color vision disturbances, retinal/artery occlusion

Vascular disorders
Rare: Thromboembolic events
Very rare: Arterial or venous thrombosis at any sites

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

Nervous system disorders
Frequency not known: Convulsions particularly in cases of misuse (refer to sections 4.3 and 4.4)

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Any suspected adverse events should be reported to the Ministry of Health according to the National Regulation by using an online form:
https://sideeffects.health.gov.il

4.9 Overdose
Signs and symptoms may include 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
Peak plasma Tranexamic acid concentration is obtained immediately after intravenous administration (500mg). Then concentration decreases until the 6th hour. Elimination half-life is about 3 hours.

Distribution
Tranexamic acid administered parenterally is distributed in a two compartment model. Tranexamic acid is delivered in the cell compartment and the cerebrospinal fluid with delay. The distribution volume is about 33% of the body mass.
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 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
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

Microcrystalline cellulose
Sodium starch glycolate
Magnesium stearate
Methylcellulose
Talc
Colloidal silicon dioxide.

6.2 Incompatibilities

None known.

6.3 Shelf life

The expiry date of the product is indicated on the packaging materials.

6.4 Special precautions for storage

Store in a dry place below 25ºC in the original package to protect from light.

6.5 Nature and contents of container

Hexakapron tablets are packed in PVC/aluminium blisters.
The pack size is 20 or 30 tablets.
Not all pack sizes may be marketed.

6.6 Special precautions for disposal

No special requirements.
Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. LICENCE HOLDER AND MANUFACTURER

Teva Israel Ltd.
124 Dvora HaNevi'a St., Tel Aviv 6944020

8. REGISTRATION NUMBER

016.35.24864

This leaflet was revised in August 2023 according to MOH guidelines.