SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

STOP 500 (Tranexamic Acid Tablets)

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

STOP 500

Each Film Coated Tablet Contains: Tranexamic Acid BP 500 mg
For excipients: see 6.1.

3. PHARMACEUTICAL FORM

STOP 500 Tablets are White, oval, caplet shape, film coated, scored tablets.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Tranexamic Acid 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:

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

Posology

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.

Pediatric population:
This should be calculated according to bodyweight at 25mg/kg per dose at the adult dosing frequencies. However, data on efficacy, posology and safety for these indications are limited.
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:

Serum Creatinine(µmol/l)	**Oral Dose**	**Dose Frequenc**
120-249	15 mg/kg body weight	twice daily
250-500	15 mg/kg body weight	daily

Method of administration
Oral administration
STOP 500 tablets should be swallowing whole with a glass of water. Do not broken, crush or chew the tablets. Never change the dose of your medicine without talking to your doctor first. Continue to take your tablets for as long as your doctor recommends.

4.3 Contraindications
Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

- Severe renal failure 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 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 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.

Important information about some of the ingredients of Tranexamic Acid tablets

Sodium:

This medicinal product 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/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:
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).
The following undesirable effects have been reported

Immune system disorders

Very rare: Hypersensitivity reactions including anaphylaxis

Gastrointestinal disorders

Very rare: Digestive effects such as nausea, vomiting and diarrhoea my occur but disappear when the dosage is reduced

Nervous system disorders

Not known: Convulsions particularly in case of misuse (refer to sections 4.3 and 4.4)

Skin and subcutaneous tissue disorders Rare:

Allergic skin reactions.

Vascular disorders Rare:

thromboembolic events. Very rare: Arterial or venous thrombosis at any sites

Eye disorders Rare:

impaired colour vision and other visual disturbances, retinal/artery occlusion

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. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.

4.9 Overdose

Symptoms:

Signs and symptoms may include nausea, vomiting, orthostatic symptoms and/or hypotension, dizziness, headache and convulsions.

Management/*Treatment:*

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

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 crossed 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

Maize Starch
Microcrystalline cellulose
Copovidone (PVPK30)
Purified Talc

Magnesium Stearate
Croscarmellose Sodium
Colloidal Silicon Dioxide
Unique Coat FCNAQ.

6.2 Incompatibilities
Not applicable

6.3 Shelf life
36 Months

6.4 Special precautions for storage
Store below 30°C.
Protect from light & moisture.
Store in the original packing.
Keep all medicines out of reach or children

6.5 Nature and contents of container
Packing of STOP 500
Aluminium-aluminium blister.
Pack sizes: 3 strips of 10 tablets

6.6 Special precautions for disposal and other handling
No special requirements.

7. MARKETING AUTHORIZATION HOLDER AND MANUFACTURING SITE ADDRESSES

MAH:
Syner-med Pharmaceutical (Kenya) Ltd., Oayatri House, Opp Samee. Park, Masai Road, Off Mombasa Road, Nairobi, Kenya.

Manufacturing site address:
Zest Pharma Limited
Plot No. 275, Sector "f" Sanwer Road,
Indore, 452 015 (M.P), India

8. MARKETING AUTHORIZATION NUMBER

H2019/CTD5059/1248ER

9. DATE OF FIRST REGISTRATION/ RENEWAL OF THE REGISTRATION

Date of first authorization: 08/04/2019
Date of latest renewal: 06/04/2026

10. DATE OF REVISION OF THE TEXT

April 2026