Direction for Grain

Insert specification : 40± 15% GSM Bible paper
with **2 Horizontal & 1 Vertical** folds as equal distance.
Reason of artwork : New/Export(Commercial)
Insert Size : L (120) x H (260) mm
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Artwork Code No.: 20125732
Country : Tanznia/Kenya/Malawi/Zambia (Unosource Pharma)
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Front

260.00 mm

For the use of a Registered Medical Practitioner or a Hospital or a Laboratory only.

UNOTATION

Tranexamic Acid Injection BP

COMPOSITION
Each ml contains:
Tranexamic Acid BP 100 mg
Water for Injections BP q.s.

PHARMACEUTICAL FORM
Solution for Injection

Clear colourless to yellowish liquid filled in transparent glass ampoule with yellow colour ring on neck

THERAPEUTIC INDICATIONS
Local fibrinolysis:
For short term use in prophylaxis and treatment in patients at high risk of per - and post-operative haemorrhage following:
a) Prostatectomy
b) Confiscation of the cervix
c) Surgical procedures and dental extractions in haemophiliacs

General fibrinolysis:
a) Haemorrhagic complications in association with thrombolytic therapy.
b) Haemorrhage associated with disseminated intravascular coagulation with predominant activation of the fibrinolytic system.

DOSAGE AND ADMINISTRATION
Route of administration: by slow intravenous injection.

Local fibrinolysis:
The recommended standard dose is 5-10ml (500-1000mg) by slow intravenous injection (1 ml/min), three times daily. Following an initial intravenous injection, subsequent treatment may proceed by intravenous infusion. Following addition to a suitable diluent, Tranexamic Acid Injection may be administered at a rate of 25-50 mg/kg body wt/day.

General fibrinolysis:
1) In disseminated intravascular coagulation with predominant activation of the fibrinolytic system, usually a single dose of 10ml (1g) is sufficient to control bleeding.

2) Neutralisation of thrombolytic therapy; 10mg/kg body wt by slow intravenous injection.

Children:
In children, the dosage is in the region of 20 mg/kg/day. However, data on efficacy, posology and safety for these indications is limited.

Elderly patients:

No reduction in dosage is necessary unless there is evidence of renal failure.

CONTRAINDICATIONS
- Hypersensitivity to tranexamic acid.
- History of venous or arterial thrombosis
- History of convulsions
- Intrathecal and intraventricular injection, intracerebral application (risk of cerebral oedema and convulsions)

SPECIAL WARNINGS AND PRECAUTIONS
The indications and method of administration indicated above should be followed strictly:

- Intravenous injections should be given very slowly
- Tranexamic acid should not be administered by the intramuscular route.
- Due to the risk of cerebral oedema and convulsions, intrathecal or intraventricular injection and intracerebral application are contra-indicated. In patients with a history of convulsion, tranexamic acid should not be administered.
- In case of haematuria of renal origin, there is a risk of mechanical anuria due to formation of a ureteral clot.
- In patients with renal insufficiency, because of the risk of accumulation. The dose should be reduced according to the following table:

Serum Creatinine	Dose iv	Dose Frequency
120-250 mcmol/l	10 mg/kg	Twice daily
250-500 mcmol/l	10 mg/kg	Every 24th hour
> 500 mcmol/l	5 mg/kg	Every 24th hour

- In massive haematuria from the upper urinary tract (especially in haemophilia) since, in a few cases, ureteric obstruction has been reported.
- In patients with disseminated intravascular coagulation (DIC) treatment must be restricted to those in whom there is predominant activation of the fibrinolytic system with acute severe bleeding. Characteristically, the haematological profile approximates to the following: reduced euglobulin clot lysis time; prolonged prothrombin time; reduced plasma levels of fibrinogen, factors V and VIII, plasminogen and alpha-2 macroglobulin; normal plasma levels of P and P complex; i.e. factors II (prothrombin), VIII and X; increased plasma levels of fibrinogen degradation products; a normal platelet count. The foregoing presumes that the underlying disease state does not of itself modify the various elements in this profile. In such acute cases a single dose of 1g tranexamic acid is frequently sufficient to control bleeding. The fibrinolytic activity in the blood will be reduced for about 4 hours if renal function is normal. Anticoagulation with heparin should be instigated in order to prevent further fibrin deposition. Administration of Tranexamic Acid Injection in DIC should be considered only when appropriate haematological laboratory facilities and expertise are available. Tranexamic Acid Injection must not be administered in DIC with predominant activation of the coagulation system.
- Before use of TXA, 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.

DRUG INTERACTIONS
The solution for injection may be mixed with the following solutions: dextrose 5%, sodium chloride 0.9%, dextran 40 in 5% dextrose and dextran 40 in 0.9% sodium chloride

Tranexamic Acid Solution for Injection may be mixed with Heparin.

PREGNANCY AND LACTATION
Pregnancy
Although there is no evidence from animal studies of a teratogenic effect, the usual caution with the use of drugs in pregnancy should be observed.

Breastfeeding
Tranexamic acid passes into breast milk to a concentration of approximately one hundredth of the concentration in the maternal blood. Therefore, any antifibrinolytic effect in the infant is unlikely.

EFFECTS ON ABILITY TO DRIVE AND USE MACHINES
Not applicable.

UNDESIRABLE EFFECTS
Very rare adverse events have been reported:

Gastro-intestinal disorders:
Digestive effects such as nausea, Vomiting and Diarrhoea.

Cardio-vascular disorders:
Malaise with hypotension, with or without loss of consciousness

arterial or venous thrombosis at any sites

Nervous system disorders:
Dizziness, Convulsions

General disorders:
Hypersensitivity reactions including anaphylaxis

OVERDOSAGE
Symptoms may be nausea, vomiting, orthostatic symptoms and/or hypotension.

Maintain a high fluid intake to promote renal excretion. Anticoagulant treatment should be considered.

There is a risk of thrombosis in predisposed individuals.

PHARMACODYNAMIC PROPERTIES
Tranexamic acid is a competitive inhibitor of plasminogen activation, and at much higher concentrations, a noncompetitive inhibitor of plasmin, i.e., actions similar to aminocaproic acid. The antifibrinolytic activity of tranexamic acid is about 10 times more potent *in vitro* than aminocaproic acid.

Tranexamic acid binds more strongly than aminocaproic acid to both the strong and weak receptor sites of the plasminogen molecule in a ratio corresponding to the difference in potency between the compounds. Tranexamic acid in a concentration of 1 mg/mL does not aggregate platelets *in vitro*.
Tranexamic acid in concentrations up to 10 mg/mL blood has no influence on the platelet count, the coagulation time or various coagulation factors in whole blood or citrated blood from normal subjects. However, tranexamic acid in concentrations of 10 mg/mL and 1 mg/mL blood prolongs the thrombin time.

PHARMACOKINETIC PROPERTIES
Absorption
Peak plasma TXA concentration is obtained immediately after IV administration (500mg). Then concentration decreases until the 6th hour. Elimination half-life is about 3 hours.

Distribution
TXA is delivered in the cell compartment and the cerebrospinal fluid with delay. The distribution volume is about 33% of the body mass.

Metabolism
Only a small fraction of the drug is metabolized (less than 5%).

Elimination
TXA 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). Plasma concentrations are increased in patients with renal insufficiency.

STORAGE CONDITIONS
Store below 30°C. Protected from light & moisture.
Keep all medicines out of reach of children.

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PRESENTATION
Unotation Injection is available in a 5 ml Ampoule.

Product from
Unosource Pharma Ltd.
Manufactured by:
Akums Drugs & Pharmaceuticals Ltd.
2,3,4 & 5, Sector-6B, I.I.E., SIDCUL,
Ranipur, Haridwar-249 403, INDIA.

120.00 mm