

## Supplementary file for review

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**Supplementary Table 1: Showing the list of questions for which opinion was elicited as per the rounds**

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### Round 1

- Q1) In melasma what affects your choice of therapy.
- a) Extent/severity of melasma
  - b) Woods lamp examination
  - c) Dermatoscopic evaluation
  - d) Previous therapies taken
  - e) All of the above
- Other:
- Q2) What history do you take before starting oral tranexamic acid in melasma patients?
- a) Risk factors for thromboembolism
  - b) OCP intake
  - c) Seizures
  - d) Use of oral anticoagulant
  - e) History of cardiovascular disease/coronary artery disease
  - f) History of recurrent abortions
  - g) Family history (any relevant)
- Other:
- Q3) Can oral tranexamic acid be prescribed in all cases of melasma?
- a) Yes
  - b) No, only in resistant cases
- Other:
- Q4) What formulation of tranexamic acid is preferred as first choice for treating melasma?
- a) Oral
  - b) Topical
  - c) Intradermal
  - d) Peel
- Other:
- Q5) Give a ranking to your preferred formulation of tranexamic acid to treat melasma?
- a) Oral > Topical > Intradermal
  - b) Topical > Intradermal > Oral
  - c) Intradermal > Oral > Topical
  - d) Topical > Oral > Intradermal
  - e) Oral > Intradermal > Topical
  - f) Intradermal > Topical > Oral
- Other:
- Q6) Do you prefer to use oral tranexamic acid alone or in combination with other agents in treating melasma?
- a) Alone
  - b) Along with sunscreen
  - c) Topical tranexamic acid
  - d) Hydroquinone
  - e) Triple combination
  - f) Azelaic acid
  - g) Kojic acid
  - h) With physical procedures
  - i) Lasers/lights
- Other:
- Q7) Which investigations do you order before starting oral tranexamic acid in patients of melasma?
- a) None
  - b) Coagulation profile
  - c) Complete haemogram
  - d) LFT
  - e) KFT
  - f) Lipid profile
  - g) Special tests: protein C, protein S.
- Other:
- Q8) Baseline investigations prior to oral tranexamic acid initiation:
- a) Not required at all
  - b) Required in all patients
  - c) Required in selected patients with high risk only
- Other:
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**Supplementary Table 1: (Continued)**

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- Q9) Do you need follow up investigation after initiating oral tranexamic acid in patients of melasma?  
a) Not required  
b) After 1 month  
c) After 3 months  
d) After 6 months  
Other:
- Q10) Which investigations do you repeat during follow-up visits in melasma patients being treated with oral tranexamic acid?  
a) Coagulation profile  
b) LFT  
c) KFT  
d) All of the above  
e) All of the baseline investigations  
Other:
- Q11) How long do you generally prescribe oral tranexamic acid to treat melasma in your practice?  
a) <3 months  
b) 3 months  
c) 6 months  
d) 1 year  
e) 2 years  
f) >2 years  
Other:
- Q12) What oral dose of tranexamic acid is preferred in your practice to treat melasma?  
a) <250 mg  
b) 250 mg once daily  
c) 250 mg twice daily  
d) >500 mg  
Other:
- Q13) Which side effects pertaining to oral tranexamic acid have you observed in your practice?  
a) Oligomenorrhea  
b) Abdominal pain/cramps  
c) Headache  
d) Palpitation  
e) Urticaria/rash  
f) No side effects reported till date  
Other:
- Q14) Intradermal tranexamic acid is given at what duration interval in your practice to treat melasma?  
a) Weekly  
b) Fortnightly  
c) 3 weekly  
d) 4 weekly  
e) not used at all  
Other:
- Q15) What is the place of oral tranexamic acid in the therapy ladder of melasma?  
a) First line  
b) Second line  
c) Third line  
Other:
- Q16) How do you stop oral tranexamic acid in melasma patients in your practice?  
a) Stop right away  
b) Taper and stop  
c) Give prolonged maintenance low dose  
Other:
- Q17) Have you seen relapse in melasma after stopping oral tranexamic acid in your practice?  
a) Yes  
b) No  
Other:
- Q18) Would you repeat a course of oral tranexamic acid to treat melasma in your practice?  
a) Never  
b) Always  
c) Often  
d) Rarely  
Other:
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**Supplementary Table 1: (Continued)**


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- Q19) At what interval would you repeat a course of oral tranexamic acid in your practice?  
 a) After 3 months  
 b) After 6 months  
 c) After 1 year  
 d) Not using rotational therapy at all  
 Other:
- Q20) What percentage of melasma patients has achieved remission with oral tranexamic acid in your practice?  
 a) <25%  
 b) 25–50%  
 c) 50–75%  
 d) >75%  
 Other:
- Q21) Other indications where oral tranexamic acid is tried in your practice?  
 a) Lichen planus pigmentosus  
 b) Riehl's melanosis  
 c) Post inflammatory pigmentation  
 d) Periorbital darkening  
 Other:
- Q22) What percentage reduction have you observed in melasma at the end of oral tranexamic acid therapy?  
 a) <25%  
 b) 25–50%  
 c) 50–75%  
 d) >75%  
 Other:
- Q23) What is the most important barrier to starting oral tranexamic acid?  
 a) Not convinced of efficacy  
 b) Unfavorable risk profile  
 c) Possibility of medicolegal complication  
 d) Investigations adding to the therapy cost  
 e) Difficulty in counseling the patients  
 f) Lack of experience  
 g) None  
 Other:
- Q24) Which side effects are reported in your practice with the use of intradermal/topical tranexamic acid?  
 a) Pain  
 b) Irritation/Erythema  
 c) Mottled hypopigmentation  
 d) Acneiform eruptions  
 e) Rebound hyperpigmentation  
 f) Not used  
 Other:

**Round 2**

- Q1) What history is to be taken before starting oral tranexamic acid in melasma patients?  
 a) Risk factors for thromboembolism  
 b) OCP intake  
 c) Seizures  
 d) Use of oral anticoagulant  
 e) History of cardiovascular disease/coronary artery disease  
 f) History of recurrent abortions  
 g) Family history (any relevant)  
 h) Varicose vein  
 i) Menstrual disorders  
 j) Bleeding disorders  
 k) Concurrent medication intake (other than anticoagulants)
- Q2) Can oral tranexamic acid be prescribed in all cases of melasma?  
 a) Yes, in all cases  
 b) In cases with evident vascular component, on clinical and dermoscopy  
 c) Yes, in any case without contraindication  
 d) No, only in resistant cases  
 e) Only in those cases of dermal melasma
- Q3) What formulation of tranexamic acid is preferred as first choice for treating melasma?  
 a) Oral  
 b) Topical  
 c) Intradermal  
 d) Peel  
 f) Combination of oral and topical
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*(Continued)*

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**Supplementary Table 1: (Continued)**

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- Q4) Should oral tranexamic acid be used alone or in combination with other agents in treating melasma?
- Alone
  - Along with sunscreen
  - Topical tranexamic acid
  - Hydroquinone
  - Triple combination
  - Azelaic acid
  - Kojic acid
  - With Physical procedures
  - Lasers/lights
  - Antioxidants
  - All of the above
- Q5) Which investigations should be ordered before starting oral tranexamic acid in patients of melasma?
- None
  - Coagulation profile
  - Complete haemogram
  - LFT
  - KFT
  - Lipid profile
  - Special tests: protein C, protein S.
  - HbA1c
  - Thyroid profile
- Q6) Baseline investigations prior to oral tranexamic acid initiation?
- Not required at all
  - Required in all patients
  - Required in selected patients with high risk only
- Q7) Do you need follow up investigation after initiating oral tranexamic acid in patients of melasma?
- Not required
  - After 1 month
  - After 3 months
  - After 6 months
- Q8) Which investigations should be repeated during follow-up visits in melasma patients being treated with oral tranexamic acid?
- Coagulation profile
  - LFT
  - KFT
  - All of the above
  - All of the baseline investigations
  - None
- Q9) How long should oral tranexamic acid be prescribed?
- <3 months
  - 3 months
  - 6 months
  - 1 year
  - 2 years
  - >2 years
- Q10) What oral dose of tranexamic acid is preferred to treat melasma?
- <250 mg
  - 250 mg once daily
  - 250 mg twice daily
  - 500 mg once daily
  - >500 mg
  - 500 mg SR
  - 250 to start with, after 1 month 500 mg
- Q11) Intradermal tranexamic acid is given at what duration interval in your practice to treat melasma?
- Weekly
  - Fortnightly
  - 3 weekly
  - 4 weekly
  - Not used at all
- Q12) What is the place of oral tranexamic acid in the therapy ladder of melasma?
- First line
  - Second line
  - Third line
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*(Continued)*

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**Supplementary Table 1: (Continued)**


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Q13) How to stop oral tranexamic acid in melasma patients in practice?

- a) Stop right away
- b) Taper and stop
- c) Give prolonged maintenance low dose
- d) Don't give
- e) Bi weekly maintenance dose
- f) Start on topical tranexamic acid

Q14) Should you repeat a course of oral tranexamic acid to treat melasma?

- a) Never
- b) Always
- c) Often
- d) Rarely
- e) Based on repeat clinical and dermoscopy assessment

Q15) At what interval should you repeat a course of oral tranexamic acid?

- a) After 3 months
- b) After 6 months
- c) After 1 year
- d) Not using rotational therapy at all
- e) Depends on the severity of the recurrence

**Round 3**

Q1) Can oral tranexamic acid be prescribed in all cases of melasma?

- a) Yes, in all cases
- b) In cases with evident vascular component, on clinical & dermoscopy
- c) Yes, in any case without contraindication
- d) No, only in resistant cases
- e) Only in those cases of dermal melasma

Q2) Do you need follow up investigation after initiating oral tranexamic acid in patients of melasma?

- a) Not required
- b) After 1 month
- c) After 3 months
- d) After 6 months

Q3) Which investigations should be repeated during follow-up visits in melasma patients being treated with oral tranexamic acid? (Can choose more than one)

- a) Coagulation profile
- b) LFT
- c) KFT
- d) All of the above
- e) All of the baseline investigations

Q4) How long should oral tranexamic acid be prescribed?

- a) <3 months
- b) 3 months
- c) 6 months
- d) 1 year
- e) 2 years
- f) >2 years

Q5) What oral dose of tranexamic acid is preferred to treat melasma?

- a) <250 mg
- b) 250 mg once daily
- c) 250 mg twice daily
- d) 500 mg once daily
- e) >500 mg
- f) 500 mg SR
- f) 250 to start with, after 1 month 500 mg

Q6) How to stop oral tranexamic acid in melasma patients in practice?

- a) Stop right away
  - b) Taper and stop
  - c) Give prolonged maintenance low dose
  - d) Don't give
  - e) Bi weekly maintenance dose
  - f) Start on topical tranexamic acid
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**Supplementary Table 1: (Continued)**

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- Q7) Should you repeat a course of oral tranexamic acid to treat melasma?
- a) Never
  - b) Always
  - c) Often
  - d) Rarely
  - e) Based on repeat clinical and dermoscopy assessment
- Q8) At what interval should you repeat a course of oral tranexamic acid?
- a) After 3 months
  - b) After 6 months
  - c) After 1 year
  - d) Not using rotational therapy at all
  - e) Depends on the severity of the recurrence
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