

Enoxaparin (Inhixa®)

Dosing Guidance for Treatment of Venous Thromboembolism

in Adult Medical and Surgical Patients (non-pregnant)

In Gloucestershire Hospitals, the LMWH of choice for the prophylaxis and treatment of venous thromboembolism (VTE) in adult inpatients is enoxaparin (Inhixa®).

In the treatment of VTE, the dose of enoxaparin is based on body weight. Patients must therefore be weighed to ensure an accurate dose of enoxaparin is prescribed, and the weight documented on EPR. Renal function must also be checked prior to prescribing (calculated as creatinine clearance [CrCl] using [Cockcroft-Gault equation](#)[†] – eGFR should not be used as it is not equivalent). Patients with CrCl less than 30ml/min should receive a reduced dose of enoxaparin – see below section on renal impairment.

Inhixa® is supplied as pre-filled syringes of 20mg, 40mg, 60mg, 80mg, 100mg, 120mg and 150mg. Standard doses are rounded to the nearest syringe size.

Standard dosing of Inhixa® for treatment of VTE in CrCl >30ml/min: 1.5mg/kg OD SC	
40-47kg	60mg OD
48-59kg	80mg OD
60-73kg	100mg OD
74-88kg	120mg OD
89-109kg	150mg OD
110-125kg	180mg OD (100mg + 80mg)
126-150kg	1.5mg/kg split dose (dose divided BD and rounded to nearest syringe size. This may lead to asymmetric dosing – see example below)
Over 150kg	Discuss with haematology

A dose of **1mg/kg BD** should be used in the following **high-risk patients**:

- Symptomatic PE requiring hospital admission
- Proximal (iliac vein) thrombosis

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1mg/kg BD dosing can also be considered in patients with the following risk factors, if felt necessary based on individual patient assessment:

- Obesity
- Cancer
- Recurrent VTE

Doses should be rounded to the nearest syringe sizes. This may result in asymmetric dosing. For example, a patient weighing 90kg and requiring 1mg/kg BD dosing could receive 100mg OM and 80mg ON.

Renal Impairment

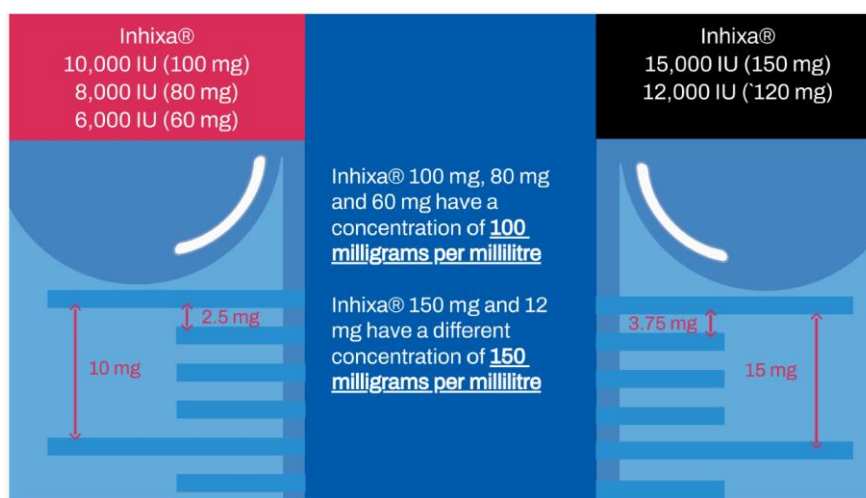
For patients with severe renal impairment (**CrCl less than 30ml/min**) the dose of enoxaparin for the treatment of VTE is **1mg/kg once daily SC***. The dose should be rounded to the nearest 10mg for ease of administration, as follows:

Weight range	Renal dose	Additional Administration Information
45-54kg	50mg OD	0.5ml from 60mg syringe
55-64kg	60mg OD	-
65-74kg	70mg OD	0.7ml from 80mg syringe
75-84kg	80mg OD	-
85-94kg	90mg OD	0.9ml from 100mg syringe
95-104kg	100mg OD	-
105-114kg	110mg OD	60mg + 0.5ml (50mg) from 60mg syringe
115-124kg	120mg OD	-
125-134kg	130mg OD	80mg + 0.5ml (50mg) from 60mg syringe
135-144kg	140mg OD	80mg + 60mg
145-154kg	150mg OD	-

Doses greater than 150mg will also require multiple syringes to be used. The dose is not capped.

Additional Administration Information

When using partial syringes, be aware that the 60mg, 80mg and 100mg syringes are 100mg/ml strength, but the 120mg and 150mg syringes are a higher 150mg/ml strength. The graduations on the syringes differ accordingly:



Note: the 20mg and 40mg syringes are not graduated and cannot be used for partial doses (be aware that there is a barcode on the syringe barrel – this is not a graduation marking).

References

Brayfield A, Ed; Martindale: The Complete Drug Reference [online]; London: Pharmaceutical Press, via <http://www.medicinescomplete.com>

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Czupryn M and Exline C; Dosing of enoxaparin in morbidly obese patients: A retrospective cohort; Hospital Pharmacy 2018 Vol 53 (5) 331-337

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Gloucestershire Hospitals NHS Foundation Trust; Prophylaxis and Treatment of VTE in Renal Impairment; Approved September 2020, Review Date September 2023

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Shaikh SA and Regal RE; Dosing of enoxaparin in renal impairment; P&T 2017 Vol 42 (4) 245-249

Summary of Product Characteristics for Inhixa 60mg/0.6ml solution for injection, last updated 27/04/2022. Accessed online via the Electronic Medicines Compendium <http://www.medicines.org.uk>

University Hospitals Sussex; Enoxaparin (Inhixa) Administration Chart for Therapeutic Anticoagulation; Review date May 2025

† MDCalc is not a registered medical device. Healthcare professionals must exercise their own clinical judgement when using this tool to calculate creatinine clearance.

* Following EU harmonisation of the Summary of Product Characteristics in 2017, enoxaparin is no longer licensed for use if CrCl is <15ml/min. However, the local nephrologists consider this acceptable practice, given the difficulties with alternative approaches and the extensive local experience with enoxaparin in this group of patients.