Gloucestershire Hospitals NHS Foundation Trust

# Enoxaparin (Inhixa®)

# Dosing Guide for Prophylaxis of Venous Thromboembolism

## in Adult Medical and Surgical Patients (non-pregnant)

If, based on VTE risk assessment, a patient is deemed to have a need for pharmacological VTE prophylaxis, the first-line choice of prophylaxis will be a low molecular weight heparin (LMWH). In Gloucestershire Hospitals, our LMWH of choice is enoxaparin (Inhixa®).

Body weight, renal function (calculated as creatinine clearance [CrCl] using Cockcroft-Gault equation – eGFR should not be used as it is not equivalent) and individual contraindications/bleeding risk factors should be checked before prescribing.

A CrCl calculator is available via: Creatinine Clearance (Cockcroft-Gault Equation) (mdcalc.com)†

**Patients with creatinine clearance over 30ml/min (via subcutaneous injection)**

| | |
|---|---|
| Weight less than 50kg | Enoxaparin 20mg ONCE daily |
| Weight 50-100kg | Enoxaparin 40mg ONCE daily |
| Weight over 100kg | Enoxaparin 40mg TWICE daily* |

For VTE prophylaxis in patients with very high body weight (i.e. greater than 150kg), higher doses of up to 60mg BD may be required. The need for such doses should be assessed on an individual patient basis, taking into account individual risk factors for VTE.

**Patients with creatinine clearance 15-30ml/min (via subcutaneous injection)**

| | |
|---|---|
| Weight up to and including 100kg | Enoxaparin 20mg ONCE daily |
| Weight over 100kg | Enoxaparin 40mg ONCE daily* |

For VTE prophylaxis in patients with very high body weight (i.e. greater than 150kg), higher doses of up to 60mg OD may be required. The need for such doses should be assessed on an individual patient basis, taking into account individual risk factors for VTE.

**Patients with creatinine clearance less than 15ml/min**, including dialysis (via subcutaneous injection)**

| | |
|---|---|
| All patients | Enoxaparin 20mg ONCE daily |

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**Patients with Epidural In Situ** (refer to GHNHSFT Policy A2165 ('Anticoagulants, Antiplatelets and spinal/epidural Anaesthesia)
OR
**Patients Undergoing Elective Orthopaedic Surgery (TKR/THR)**

Creatinine clearance over 30ml/min (via subcutaneous injection):

| | |
|---|---|
| Weight less than 50kg | Enoxaparin 20mg ONCE daily |
| Weight over 50kg | Enoxaparin 40mg ONCE daily |

Creatinine clearance less than 30ml/min, including dialysis** (via subcutaneous injection):

| | |
|---|---|
| All patients | Enoxaparin 20mg ONCE daily |

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

* Off-label dose approved by GHNHSFT VTE Committee.

** 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.

**References**


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