Formulary Guidance: Dosing Tables - Enoxaparin

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Prophylaxis for Medical and Surgical Patients

Enoxaparin s/c

Weight (kg)	eGFR > 30 mL/min/1.73m²	eGFR 15-29 mL/min/1.73m²	GFR less than 15 mL/min/1.73m² OR on HD
< 45	20mg EVE	20mg EVE	20mg EVE
45 - 99.9	40mg EVE	20mg EVE	
100 - 149.9	40mg BD	40mg EVE	
> 150	60mg BD	60mg EVE	

Fondaparinux s/c

(If Enoxaparin is contraindicated / unsuitable / not tolerated OR a non-porcine based product required)

CrCl > 50 mL/min	*CrCl 20-50 mL/min*	*CrCl < 20 mL/min OR on HD*
2.5mg EVE	*1.5mg EVE*	*Contraindicated*

*If the patient will require a procedure or surgery – Fondaparinux should be avoided until after due to the long half-life – AVOID IN LATEX ALLERGY

Treatment Doses

Treatment – Standard Enoxaparin s/c doses – CrCl ≥ 30 mL/min

Weight (kg)	Dose *(1.5mg/kg OD – Dose-banded)*	Peak Anti-Xa (IU/mL)
< 48	60mg EVE	*If patient weighs greater than 100kg and received treatment for more than 5 days, monitor peak anti-Xa levels. Samples should be taken 3 - 4 hours after the dose.*
48 - 59.9	80mg EVE	
60 - 73.9	100mg EVE	
74 - 88.9	120mg EVE	
89 - 99.9	150mg EVE	
100 - 125.9	180mg EVE	*Therapeutic range:*
≥ 126	*Refer to high risk doses below*	*1.0-2.0 IU/ml in once-daily dosing*

Treatment – High-Risk Enoxaparin s/c doses* – CrCl ≥ 30 mL/min

If < 126kg: 5-10 days treatment, then switch to standard treatment doses (as table above)
If ≥ 126kg: Continue twice daily dosing and adjust doses as per Peak Anti-Xa levels

Weight (kg)	Dose *(1mg/kg BD – Dose-banded)*	Peak Anti-Xa (IU/mL)
< 48	40mg BD	*If patient weighs greater than 100kg and has received treatment for more than 5 days, monitor peak anti-Xa levels. Samples should be taken 3 - 4 hours after the morning dose.*
48 - 73.9	60mg BD	
74 - 88.9	80mg BD	
89 - 109.9	100mg BD	
110 - 130.9	120mg BD	
131 - 159.9	150mg BD	
160 - 199.9	180mg BD	*Therapeutic range:*
≥ 200	Discuss with Haematology	*0.5-1.0 IU/ml in twice-daily dosing*

*for those at high risk of recurrence or extension of clot (patients with symptomatic PE, recurrence or extension of VTE whilst on anticoagulation, antiphospholipid syndrome, luminal cancer who are unsuitable for DOAC or who weigh ≥ 126kg)

Treatment – Renal Enoxaparin s/c doses – CrCl 15–29.9 mL/min

Weight (kg)	Dose *(1mg/kg OD – Dose-banded)*	Peak Anti-Xa (IU/mL)
< 48	40mg EVE	*For patients with CrCl 15-29 ml/min monitor peak anti-Xa levels on day 2-3 of LMWH to ensure therapeutic anticoagulation. Samples should be taken 3 - 4 hours after administration.*
48 - 73.9	60mg EVE	
74 - 88.9	80mg EVE	
89 - 109.9	100mg EVE	
110 - 130.9	120mg EVE	
131 - 159.9	150mg EVE	
160 - 199.9	180mg EVE	*Therapeutic range:*
≥ 200	Discuss with Haematology	*1.0-2.0 IU/ml in once-daily dosing*

Treatment – CrCl < 15mL/min – Unfractionated heparin recommended

(use heparin prescription & monitoring chart)

$$\frac{\text{CrCl}}{(\text{mL/min})} = \frac{(140 - \text{Age}) \times \text{Weight (kg)} \times (1.23 \text{ if Male, } 1.04 \text{ if Female})}{\text{Serum Creatinine (micromol/L)}}$$

EVE = Evening | OD = Once-daily | BD = Twice-Daily
HD = Haemodialysis | < = Less than | > = Greater than
≥ = Greater than or equal to | IU = Units | s/c = Subcutaneous

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