Inhixa (enoxaparin sodium) solution for injection in pre-filled syringes 2000IU (20mg) in 0.2mL; 4000IU (40mg) in 0.4mL; 6000IU (60mg) in 0.6mL; 8000IU (80mg) in 0.8mL; 10000IU (100mg) in 1.0mL.

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ABBREVIATED PRESCRIBING INFORMATION
Inhixa (enoxaparin sodium) solution for injection in pre-filled syringes 2000IU (20mg) in 0.2mL; 4000IU (40mg) in 0.4mL; 6000IU (60mg) in 0.6mL; 8000IU (80mg) in 0.8mL; 10000IU (100mg) in 1.0mL.

Please refer to the Summary of Product Characteristics (SmPC) before prescribing Inhixa.

Presentation: Inhixa comes in prefilled syringes of: 0.2mL contains 2000IU (20mg) enoxaparin sodium; 0.4mL contains 4000IU (40mg) enoxaparin sodium; 0.6mL contains 6000IU (60mg) enoxaparin sodium; 0.8mL contains 8000IU (80mg) enoxaparin sodium; 1.0mL contains 10000IU (100mg) enoxaparin sodium.

Indication: Prophylaxis of venous thromboembolism, particularly in orthopaedic, general or oncolgogical surgery. Prophylaxis of venous thromboembolism in patients bedridden due to acute illnesses (40mg/0.4mL).

DVT treatment, without or with pulmonary embolism. Treatment of unstable angina and non-Q-wave myocardial infarction, in combination with acetylsalicylic acid (ASA). Acute STEMi treatment, including conservatively treated patients and percutaneous coronary angioplasty patients (60mg/0.6 mL; 80mg/0.8 mL and 100 mg/1 mL). Blood clot prevention in extracorporeal circulation during haemodialysis.

Dosage and administration: For adult use. Venous thromboembolism (surgery): s.c. injection, 20 mg daily for 7-10 days, given 2 hours before surgery. In high-risk patients, give 40mg daily, 12 hours before surgery. Venous thromboembolism (bedridden): s.c. injection, 40 mg daily for 6-14 days. DVT: s.c. injection at either 1.5mg/kg body weight once daily for 5 days, or 1 mg/kg body weight twice daily for 5 days. In cases of thromboembolic complication, give 1 mg/kg body weight twice daily for 5 days. Oral anticoagulants should be started when appropriate. Unstable angina & non-Q-wave myocardial infarction (combined with oral ASA): s.c. injection, 1 mg/kg bw every 12 hours with oral ASA; 100mg: 325mg once daily, for 2-8 days. Acute STEMi: 30 mg i.v. injection, plus 1mg/kg s.c. injection, followed by 1mg/kg s.c. injection every 12 hours, for up to 8 days. In cases of PCI, if last s.c. injection was >8 hours before balloon inflation, administer 0.3 mg/kg body weight via i.v. bolus. Bolus dosing should not be used in the elderly. Prevention of extracorporeal thrombus: 1 mg/kg body weight introduced in the intra-arterial line at start of dialysis is usually sufficient for a 4-hour session. If fibrin rings become visible, a further dose of 0.5-1 mg/kg bw may be given. In high haemorrhage risk, reduce dose to 0.3 mg/kg bw for double vascular access or 0.75 mg/kg for single vascular access.

Dose adjustment is necessary in the elderly (>75 years) and in severe renal impairment (creatinine clearance < 30 ml/min): refer to SmPC.

Contraindications: Hypersensitivity to the active substance, heparin or its derivatives. Acute bacterial endocarditis, severe blood coagulation disorders, major bleeding, thrombocytopenia in patients with a positive in-vitro aggregation test in the presence of enoxaparin, active gastric and/or duodenal ulceration, stroke (excluding apoplexy after the blockage of the arteries), increased risk of bleeding. Warnings and Precautions: Use caution in case of increased risk of bleeding. Exercise extreme caution in cases of heparin-induced thrombocytopenia; risk may persist for several years. Monitor platelet count. If platelets decrease by 30% or more, immediately discontinue treatment and monitor patients with low body weight. Observe obese patients carefully for signs of thromboembolism. Measurements of APTT and ACT are unsuitable for monitoring enoxaparin activity. Risk assessment and clinical monitoring are the best indicators. Anti-Xa activity monitoring should be considered in patients with increased bleeding risk. Interactions: agents affecting haemostasis should be discontinued prior to enoxaparin therapy unless clearly necessary. Breastfeeding: Not recommended. Undesirable effects: Haemorrhage, thrombocytopenia, allergic reaction, hepatic enzyme increases, urticaria, pruritis, erythema, injection site reactions including pain and haematoma have been commonly reported. Refer to the SmPC for a full list of adverse events. Legal Category: POM.

Pack size and price: Supplied in 10 packs, priced at: £16.69 (2000IU); £24.32 (4000IU); £31.41 (6000IU); £44.10 (8000IU); £57.84 (10000IU). MA Numbers: EU/1/1132/010; EU/1/1132/014; EU/1/1132/016; EU/1/1132/018; EU/1/1132/020. MA Holder: Techdow Europe AB, Banégatan 36, 75237 Uppsala, Sweden. Full SmPC available from Techdow Europe AB or from www.medicines.org.uk.

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