

### Fondaparinux Information

From 1<sup>st</sup> February 2010 fondaparinux will replace enoxaparin (Clexane®) for the treatment of unstable angina and NSTEMI.

#### Unstable Angina / NSTEMI

**Dose:**

Fondaparinux 2.5mg SC\* od

\*(do not expel air bubble from syringe prior to SC administration)

**Contraindications:**

- As for Clexane®
- Renal impairment (CrCl < 20ml/min): Use Clexane® 1mg/kg SC od

**Duration:**

NSTEMI – Minimum 48 hours, continue until patient has been pain free for 24 hours.

Unstable angina – Continue until patient has been pain free for 24 hours.

#### Additional Notes:

Fondaparinux 2.5mg is not suitable for indications where a therapeutic level of anticoagulation is required (e.g. mechanical prosthetic valve, AF with high risk of cardiac thromboembolism, venous thromboembolism). If an ACS patient is admitted on **warfarin**, switch to full dose Clexane®.

Fondaparinux should not be administered within 6 hours **prior to angiogram / PCI**.

**Following PCI**, fondaparinux should be resumed no sooner than 2 hours after sheath removal. (note: sheath removal should be no sooner than 6 hours after the last dose of fondaparinux unless a closure device or radial approach was used).

Patients due to undergo **cardiac surgery** should not receive fondaparinux during the 24 hours before surgery. Fondaparinux may be restarted 48 hours post-operatively.

**Switching from Clexane® to fondaparinux:** Stop Clexane® and administer fondaparinux when the next Clexane® dose would have been due.