

Enoxaparin: U.S. Food and Drug Administration-Approved Indications, Dosages, and Treatment Durations

The U.S. Food and Drug Administration (FDA)-approved indications, standard dosages, and treatment durations for enoxaparin are provided in Table 1 below. The recommended prophylaxis and treatment dosage regimens for patients with severe renal impairment are provided in Table 2 below.



Table 1: Enoxaparin FDA-Approved Indications, Standard Dosages, and Treatment Durations¹

Indication	Standard Dosages* and Treatment Durations
DVT prophylaxis, abdominal surgery	40 mg subcutaneously once a day for 7 to 10 days [†]
DVT prophylaxis, knee replacement surgery	30 mg subcutaneously every 12 hours for 7 to 10 days [‡]
DVT prophylaxis, hip replacement surgery	30 mg subcutaneously every 12 hours; or 40 mg subcutaneously once a day for 7 to 10 days [‡] followed by 40 mg subcutaneously once a day for 3 weeks
DVT prophylaxis in medical patients	40 mg subcutaneously once a day for 6 to 11 days [‡]
Acute DVT with or without PE, inpatient treatment	1 mg per kg subcutaneously every 12 hours (with warfarin); or 1.5 mg per kg subcutaneously once a day (with warfarin), for at least 5 days and until a therapeutic oral anticoagulant effect has been achieved [§]
Acute DVT without PE, outpatient treatment	1 mg per kg subcutaneously every 12 hours (with warfarin) for at least 5 days and until a therapeutic oral anticoagulant effect has been achieved [§]
Unstable angina and NSTEMI	1 mg per kg subcutaneously every 12 hours (with 100 mg to 325 mg of oral aspirin once a day) for at least 2 days, and until clinical stabilization (usually 2 to 8 days)
Acute STEMI in patients younger than 75 years old	30 mg single intravenous (IV) bolus plus a 1 mg per kg subcutaneous dose (maximum of 100 mg for the first 2 doses only) followed by 1 mg per kg subcutaneously every 12 hours (with 75 mg to 325 mg of aspirin once daily, unless contraindicated). An optimal duration of therapy has not been established but it is likely to be at least 8 days [#]
Acute STEMI in patients 75 years old or older	0.75 mg per kg subcutaneously every 12 hours (maximum of 75 mg for the first 2 doses only; with 75 mg to 325 mg of aspirin once daily, unless contraindicated); do not give an initial IV bolus. An optimal duration of therapy has not been established but it is likely to be at least 8 days [#]
Acute STEMI managed with PCI	If the last subcutaneous dose was administered less than 8 hours before balloon inflation, additional dosing is not necessary; if the last subcutaneous dose was administered more than 8 hours before balloon inflation, an IV bolus of 0.3 mg per kg should be given

DVT = deep vein thrombosis PE = pulmonary embolism NSTEMI = non-Q-wave elevation myocardial infarction STEMI = ST-segment elevation myocardial infarction PCI = percutaneous coronary intervention

* An adjustment should be made to the standard dosage regimen in patients with severe renal failure.

[†] Enoxaparin was administered for up to 12 days in clinical trials.

[‡] Enoxaparin was administered for up to 14 days in clinical trials.

[§] Until International Normalization Ratio (INR) is 2 to 3. Enoxaparin was administered for up to 17 days in clinical trials.

^{||} Enoxaparin was administered for up to 12.5 days in clinical trials.

[#] In clinical trials, enoxaparin was administered for eight days or until hospital discharge, whichever came first.

Table 2: Enoxaparin Dosage Regimens for Patients with Severe Renal Impairment*2

Indication	Dosage Regimen
DVT prophylaxis, abdominal surgery	30 mg subcutaneously once a day
DVT prophylaxis, knee replacement surgery	30 mg subcutaneously once a day
DVT prophylaxis, hip replacement surgery	30 mg subcutaneously once a day
DVT prophylaxis in medical patients during acute illness	30 mg subcutaneously once a day
Acute DVT with or without PE, inpatient treatment	1 mg per kg subcutaneously once a day (with warfarin)
Acute DVT without PE, outpatient treatment	1 mg per kg subcutaneously once a day (with warfarin)
Unstable angina and NSTEMI	1 mg per kg subcutaneously once a day (with aspirin)
Acute STEMI in patients younger than 75 years old	30 mg intravenous (IV) bolus plus a 1 mg per kg subcutaneous dose followed by 1 mg per kg subcutaneously once a day (with aspirin)
Acute STEMI in patients 75 years old or older	1 mg per kg subcutaneously once a day (with aspirin); do not give IV bolus

DVT = deep vein thrombosis PE = pulmonary embolism NSTEMI = non-Q-wave elevation myocardial infarction STEMI = ST-segment elevation myocardial infarction
 * Creatinine clearance less than 30 ml per minute.

References

- ¹ Lovenox® (enoxaparin) prescribing information. (2011, April 20). Retrieved August 16, 2011, from http://www.accessdata.fda.gov/drugsatfda_docs/label/2011/020164s093lbl.pdf
- ² Lovenox® (enoxaparin) prescribing information. (2011, April 20). Retrieved August 16, 2011, from http://www.accessdata.fda.gov/drugsatfda_docs/label/2011/020164s093lbl.pdf

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