Use of Fondaparinux (Arixtra®) in Acute Coronary Syndrome

INDICATION

Fondaparinux is indicated for treatment of **ACS and NSTEMI** in patients who are **NOT** scheduled to undergo PCI within 120 minutes of diagnosis.

This treatment replaces Enoxaparin 1mg/kg twice daily. Other ACS treatment i.e. antiplatelet agents should be prescribed as normal.

If a patient is potentially to undergo PCI within 2 hours of the prescribed fondaparinux dose then fondaparinux should be omitted and unfractionated heparin used. Treatment with fondaparinux is normally stopped after revascularisation but can be continued up to day 8 at the discretion of the consultant. If fondaparinux is to be continued post procedure, it can be given no sooner than 3 hours after sheath removal or before 24 hours after the last dose.

MODE OF ACTION

Fondaparinux is a synthetic and selective inhibitor of activated Factor Xa. It therefore inhibits thrombin generation and clot formation. It does not inactivate thrombin and has no effect on platelets.

DOSAGE

The dose is 2.5 mg given by subcutaneous injection once daily.

Fondaparinux is contraindicated in patients with creatinine clearance of < 20 ml/min. In patients with estimated creatinine clearance < 20 ml/min, unfractionated heparin should be used. Online calculator available at: [http://www.medednhsl.com/sites/phcalx/cockcroftgault-ibw.asp](http://www.medednhsl.com/sites/phcalx/cockcroftgault-ibw.asp)

INSTRUCTIONS FOR USE

- Do not expel the air bubble from the pre-filled syringe
- Create a skin fold between the thumb and forefinger, insert the whole length of the needle at a 90 degree angle and administer the whole contents of the syringe.
- Use the leg or abdominal wall, alternating sites daily.
- The device has an automatic needle withdrawal system which will activate when the needle is removed from the skin.

ADVERSE EFFECTS

The most commonly reported serious adverse reactions reported with fondaparinux are bleeding complications (various sites including rare cases of intracranial/ intracerebral and retroperitoneal bleedings) and anaemia. Note that fondaparinux is associated with less bleeding than low molecular weight heparin for ACS.

Check patient is not already anticoagulated with therapeutic warfarin or a DOAC.

Approved by Dr Malekian March 2018
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