Genesis Health System Administrative Policy

Р	olicy Title:	Enoxaparin Prophylaxis Dosing Adjustments Based on Weight	Effective Date:	10/01/2022
D	epartment:	Pharmacy	Reviewed/Revise	d: 09/15/2022
	wner itle:	Clinical Pharmacist	Review Cycle:	Biennial
0	wner Signa	ture:	Page 1 of	
by	•	ature here (must be signed or to uploading into Policy		
I.	POLICY	/ :		
	; ; !	This Protocol is intended to be adjustments to enoxaparin for include therapeutically-dosed a DVT prophylaxis in the form of weight.	DVT prophylaxis banticoagulants. It w	ased on weight. This does not rill allow pharmacists to adjust
II.	APPLIC	CABLE BUSINESS UNITS:		
	☐ All GH	IS Business Units:		
	Crossi Genes Genes Genes Genes Genes Genes Genes Genes Genes	ent Laundry town Square sis Accountable Care Organiza sis Convenient Care sis EAP sis Family Medical Center sis FirstMed Pharmacy sis Health Group sis Health Group, Aledo Rural He sis Health Group, Erie Rural He sis Health Services Foundation sis Home Medical Equipment sis Hospice	tion Health Clinic ealth Clinic	Genesis Medical Center, Aledo Genesis Medical Center, Davenport Genesis Medical Center, DeWitt Genesis Medical Center, Silvis Genesis Occupational Health Genesis Philanthropy Genesis Psychology Associates Genesis VNA Genesis Workplace Services Genesis Workers Comp Plan & Trust
III.	APPLIC	CABLE ORGANIZATIONAL R	OLES:	
	Pharm	nacists		
IV.	PURPO	SE:		

To standardize dosing of subcutaneous enoxaparin for DVT prophylaxis

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V. DEFINITIONS:

DVT Prophylaxis: Deep vein thrombosis prophylaxis

SQ: subcutaneous

VI. GENERAL CONSIDERATIONS:

- Pharmacists will use actual body weight to adjust enoxaparin for DVT prophylaxis
- Weight cutoffs will be: < 50 kg, 50-120 kg, and > 120 kg
- Enoxaparin dose adjustments based on weight can be overridden by the practitioner writing "Dose Dispense as Written" in the comment field in Cerner

VII. PRACTICE/PROCEDURE:

Enoxaparin

Weight	Dose
< 50 kg	30 mg SQ daily
50-120 kg	40 mg SQ daily
> 120 kg	40 mg SQ bid

^{*}Higher doses (> 40 mg bid) for prophylaxis will not be decreased automatically by pharmacy

VIII. REFERENCES:

- 1. Rumbaugh K, Schmidt L. Venous Thromboembolism Prophylaxis Guidelines. Vanderbilt University Medical Center Multidisciplinary Surgical Critical Care. https://www.vumc.org/trauma-and-scc/sites/vumc.org.trauma-and-scc/files/public_files/Manual/VTE%20Prophylaxis%20Guideline%20Update%20-%20Final%20Sept%202018.pdf. Publication date unavailable. Updated October 2018. Accessed September 28, 2022.
- 2. Sebaaly J, Covert K. Enoxaparin Dosing at Extremes of Weight: Literature Review and Dosing Recommendations. *Ann Pharmacother*. 2018;52(9):898-909. doi:10.1177/1060028018768449
- 3. Wang T-F, Milligan PE, Wong CA, Deal EN, Thoelke MS, Gage BF. Efficacy and safety of high-dose thromboprophylaxis in morbidly obese inpatients. *Thrombosis and haemostasis*. 2014;111(1):88-93. doi:10.1160/TH13-01-0042.
- 4. Joy M, Tharp E, Hartman H, et al. Safety and Efficacy of High-Dose Unfractionated Heparin for Prevention of Venous Thromboembolism in Overweight and Obese Patients. *Pharmacotherapy*. 2016;36(7):740-748. doi:10.1002/phar.1775
- Beall J, Woodruff A, Hempel C, Wovkulich M, Zammit K. Efficacy and Safety of High-Dose Subcutaneous Unfractionated Heparin Prophylaxis for the Prevention of Venous Thromboembolism in Obese Hospitalized Patients. *Hospital pharmacy*. 2016;51(5):376-381. doi:10.1310/hpj5105-376

IX. SUPERSEDES:

^{*}Provider may specify DAW in the order comments if desired

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N/A

X. CROSS REFERENCE:

N/A

XI. ENDORSEMENTS:

GMC Pharmacy and Therapeutics Committee, 11/22