

Patient Information screen

[Left column]

[headline]

LOVENOX[®] Dosing Guide

[Copy]

Welcome to the LOVENOX[®] Dosing Guide. This tool is designed to calculate recommended dosing and duration of therapy for all LOVENOX[®] indications and their respective patient populations. Simply enter the patient's age, weight, and creatinine clearance (CrCl). If you don't know the creatinine clearance, enter the serum creatinine to calculate. On the following screens, select the indication and patient population to see the appropriate treatment. This process will only require 3 or 4 steps, as shown by the red progress bar at the top of the page, dependent upon the patient information selected.

[headline]

Patient Information

[copy]

Please enter patient information.

[tool copy/buttons]

All fields are required.

Gender: Male Female

Age (years):

Weight (lb):

Patient Creatinine

Patient Creatinine Clearance

<30 mL/min

≥30 mL/min

Other mL/min

Patient Serum Creatinine Level: mg/dL

Creatinine Clearance^a: mL/min [patient's CrCl result appears here]

[footnote]

^aThe Cockcroft-Gault equation was used to calculate the creatinine clearance. The equation can be found in: Cockcroft DW, Gault MH. Prediction of creatinine clearance from serum creatinine. *Nephron*. 1976;16(1):31-41.

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[Right column]

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Patient Information:

Indication:

Patient Type:

Creatinine Clearance:

Treatment Selection Screen

[Left column]

[headline]

Treatment Selection

[copy]

Select a specific treatment plan.

[tool copy/buttons]

- Prophylaxis of deep vein thrombosis (DVT)
- Treatment of acute DVT
- Prophylaxis of ischemic complications in unstable angina and non-Q-wave myocardial infarction (UA/NSTEMI)
- Treatment of acute ST-segment elevation myocardial infarction (STEMI)

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[Right column]

[copy—indication and pt type remains ghosted until information is entered on this and subsequent screens]

Patient Information:

Gender: [result displays here]

Age (years): [result displays here]

Weight (lb): [result displays here]

Indication:

Patient Type:

Creatinine Clearance:

[result displays here; eg: ≥ 30 mL/min]

Indication Screen; Prophylaxis Indication selected, CrCl ≥ 30 mL/min

[Left column]

[headline]

Indication Selection

[copy]

Select a patient population.

LOVENOX[®] is indicated for the prophylaxis of deep venous thrombosis (DVT), which may lead to pulmonary embolism (PE).

[tool copy/buttons]

- Medical patients at risk for thromboembolic complications due to severely restricted mobility during acute illness
- Hip-replacement surgery, during and following hospitalization
- Hip-replacement surgery with extended prophylaxis
- Knee-replacement surgery
- Abdominal surgery patients at risk for thromboembolic complications

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[Right column]

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Patient Information:

Gender: [result displays here]

Age (years): [result displays here]

Weight (lb): [result displays here]

Indication:

[result displays here]

Patient Type:

Creatinine Clearance:

[result displays here; eg: ≥ 30 mL/min]

Indication Screen; Prophylaxis Indication selected, CrCl is < 30 mL/min

[Left column]

[headline]

Indication Selection

[copy]

Select a patient population.

LOVENOX[®] is indicated for the prophylaxis of deep vein thrombosis (DVT), which may lead to pulmonary embolism (PE).

[tool copy/buttons]

- Medical patients at risk for thromboembolic complications due to severely restricted mobility during acute illness
- Hip-replacement surgery, during and following hospitalization
- Knee-replacement surgery
- Abdominal surgery patients at risk for thromboembolic complications

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[Right column]

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Patient Information:

Gender: [result displays here]

Age (years): [result displays here]

Weight (lb): [result displays here]

Indication:

[result displays here]

Patient Type:

Creatinine Clearance:

[result displays here; eg: <30 mL/min]

Patient Population Screen; Treatment of Acute DVT Indication selected, any CrCl

[Left column]

[headline]

Patient Population Selection (Treatment of Acute DVT)

[copy]

Select a patient group from the 2 options below:

[tool copy/buttons]

Inpatients with acute deep vein thrombosis (DVT), **with or without pulmonary embolism (PE)**

(in conjunction with warfarin sodium therapy)

Outpatients with acute DVT, **without PE**

(in conjunction with warfarin sodium therapy)

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Patient Information:

Gender: [result displays here]

Age (years): [result displays here]

Weight (lb): [result displays here]

Indication:

[result displays here]

Patient Type:

Creatinine Clearance:

[result displays here; eg: ≥ 30 mL/min]

Secondary Patient Population Screen, Treatment Indication selected, Inpatient population selected, CrCl is ≥ 30 mL/min

[headline]

Indication Selection (Treatment of Acute DVT)

[copy]

Select the appropriate specific dosing scheme from the list below:

[tool copy/buttons]

1.5 mg/kg SC once daily (at the same time every day, in conjunction with warfarin sodium therapy)

1 mg/kg SC every 12 hours (in conjunction with warfarin sodium therapy)

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[footnote]

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[Right column]

[copy]

Patient Information:

Gender: [result displays here]

Age (years): [result displays here]

Weight (lb): [result displays here]

Indication:

[result displays here]

Patient Type:

[result displays here]

Creatinine Clearance:

[result displays here; eg: ≥ 30 mL/min]

Secondary Patient Population Screen, Prophylaxis Indication selected, Hip-replacement surgery selected, CrCl is ≥ 30 mL/min

[headline]

Dosing Scheme Selection (Hip-replacement Patient)

[copy]

Select the appropriate specific dosing scheme from the list below:

[tool copy/buttons]

30 mg SC every 12 hours (initiated 12 to 24 hours postoperatively)^a

40 mg SC once daily may be considered (initiated 12 ± 3 hours preoperatively)

[footnote]

^aProvided hemostasis has been established at the wound site.

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[Right column]

[copy]

Patient Information:

Gender: [result displays here]
Age (years): [result displays here]
Weight (lb): [result displays here]

Indication:

[result displays here]

Patient Type:

[result displays here]

Creatinine Clearance:

[result displays here; eg: ≥ 30 mL/min]

Dosing Protocol Pages

Dosing Protocol screen, Prophylaxis, Medical, ≥ 30 mL/min

[headline]

LOVENOX[®] Dosing Protocol

[copy]

Gender: [result appears here]

Age (years): [result appears here]

Weight (lb): [result appears here]

Indication: Prophylaxis of DVT

Patient Population: Medical patients at risk for thromboembolic complications due to severely restricted mobility during acute illness^a

Creatinine Clearance: ≥ 30 mL/min (in patients with severe renal impairment [CrCl <30 mL/min], dosage should be adjusted accordingly)

Dosing Result: 40 mg SC once daily

Duration of Therapy: Usual: 6 to 11 days
Administered up to 14 days in the controlled clinical trial

[footnotes]

^aLOVENOX[®] is indicated for the prophylaxis of DVT, which may lead to PE, in medical patients who are at risk for thromboembolic complications due to severely restricted mobility during acute illness.

LOVENOX[®] requires no dose adjustments with moderate (CrCl=30 to 50 mL/min) and mild (CrCl=50 to 80 mL/min) renal impairment; all such patients should be observed carefully for signs and symptoms of bleeding.

LOVENOX[®] may be largely neutralized (up to 60%) by the slow IV injection of protamine sulfate (1% solution).

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Dosing Protocol screen, Prophylaxis, Medical, <30 mL/min

[headline]

LOVENOX[®] Dosing Protocol

[copy]

Gender: [result appears here]

Age (years): [result appears here]

Weight (lb): [result appears here]

Indication: Prophylaxis of DVT

Patient Population: Medical patients at risk for thromboembolic complications due to severely restricted mobility during acute illness^a

Creatinine Clearance: <30 mL/min

Dosing Result: **30 mg SC once daily** (in patients with severe renal impairment [CrCl <30 mL/min], dosages have been adjusted accordingly)^b

Duration of Therapy: Usual: 6 to 11 days
Administered up to 14 days in the controlled clinical trial

[footnotes]

^a**LOVENOX[®] is indicated for the prophylaxis of DVT, which may lead to PE, in medical patients who are at risk for thromboembolic complications due to severely restricted mobility during acute illness.**

^bDoes not apply to hemodialysis patients.

LOVENOX[®] requires no dose adjustments with moderate (CrCl=30 to 50 mL/min) and mild (CrCl=50 to 80 mL/min) renal impairment; all such patients should be observed carefully for signs and symptoms of bleeding.

LOVENOX[®] may be largely neutralized (up to 60%) by the slow IV injection of protamine sulfate (1% solution).

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Dosing Protocol screen, Prophylaxis, Hip-replacement, ≥ 30 mL/min, 30 mg

[headline]

LOVENOX[®] Dosing Protocol

[copy]

Gender: [result appears here]

Age (years): [result appears here]

Weight (lb): [result appears here]

Indication:	Prophylaxis of DVT
Patient Population:	Hip-replacement surgery, during and following hospitalization ^a
Creatinine Clearance:	≥ 30 mL/min (in patients with severe renal impairment [CrCl <30 mL/min], dosage should be adjusted accordingly)
Dosing Result:	30 mg SC every 12 hours (initiated 12 to 24 hours postoperatively) provided hemostasis has been established at the wound site
Duration of Therapy:	Usual: 7 to 10 days Administered up to 14 days in clinical trials Following the initial phase of thromboprophylaxis in hip-replacement surgery patients, it is recommended that continued prophylaxis with LOVENOX [®] 40 mg once a day is administered by SC injection for 3 weeks

[footnotes]

^a**LOVENOX[®] is indicated for the prophylaxis of DVT, which may lead to PE, in patients undergoing hip-replacement surgery, during and following hospitalization.**

LOVENOX[®] requires no dose adjustments with moderate (CrCl=30 to 50 mL/min) and mild (CrCl=50 to 80 mL/min) renal impairment; all such patients should be observed carefully for signs and symptoms of bleeding.

LOVENOX[®] may be largely neutralized (up to 60%) by the slow IV injection of protamine sulfate (1% solution).

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Dosing Protocol screen, Prophylaxis, Hip-replacement, ≥ 30 mL/min, 40 mg

[headline]

LOVENOX[®] Dosing Protocol

[copy]

Gender: [result appears here]

Age (years): [result appears here]

Weight (lb): [result appears here]

Indication: Prophylaxis of DVT

Patient Population: Hip-replacement surgery, during and following hospitalization^a

Creatinine Clearance: ≥ 30 mL/min (in patients with severe renal impairment [CrCl <30 mL/min], dosage should be adjusted accordingly)

Dosing Result: **40 mg SC once daily may be considered**
(initiated 12 ± 3 hours preoperatively)

Duration of Therapy: Usual: 7 to 10 days
Administered up to 14 days in clinical trials

[footnotes]

^a**LOVENOX[®] is indicated for the prophylaxis of DVT, which may lead to PE, in patients undergoing hip-replacement surgery, during and following hospitalization.**

LOVENOX[®] requires no dose adjustments with moderate (CrCl=30 to 50 mL/min) and mild (CrCl=50 to 80 mL/min) renal impairment; all such patients should be observed carefully for signs and symptoms of bleeding.

LOVENOX[®] may be largely neutralized (up to 60%) by the slow IV injection of protamine sulfate (1% solution).

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Dosing Protocol screen, Prophylaxis, Hip-replacement, <30 mL/min

[headline]

LOVENOX[®] Dosing Protocol

[copy]

Gender: [result appears here]

Age (years): [result appears here]

Weight (lb): [result appears here]

Indication:	Prophylaxis of DVT
Patient Population:	Hip-replacement surgery, during and following hospitalization ^a
Creatinine Clearance:	<30 mL/min
Dosing Result:	30 mg SC once daily (in patients with severe renal impairment [CrCl <30 mL/min], dosages have been adjusted accordingly) ^b
Duration of Therapy:	Usual: 7 to 10 days Administered up to 14 days in clinical trials

[footnotes]

^a**LOVENOX[®] is indicated for the prophylaxis of DVT, which may lead to PE, in patients undergoing hip-replacement surgery, during and following hospitalization.**

^bDoes not apply to hemodialysis patients.

LOVENOX[®] requires no dose adjustments with moderate (CrCl=30 to 50 mL/min) and mild (CrCl=50 to 80 mL/min) renal impairment; all such patients should be observed carefully for signs and symptoms of bleeding.

LOVENOX[®] may be largely neutralized (up to 60%) by the slow IV injection of protamine sulfate (1% solution).

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Dosing Protocol screen, Prophylaxis, Continued prophylaxis in hip-replacement, ≥ 30 mL/min

[headline]

LOVENOX[®] Dosing Protocol

[copy]

Gender: [result appears here]

Age (years): [result appears here]

Weight (lb): [result appears here]

Indication: Prophylaxis of DVT

Patient Population: Extended prophylaxis in hip-replacement surgery^a

Creatinine Clearance: ≥ 30 mL/min (in patients with severe renal impairment [CrCl <30 mL/min], dosage should be adjusted accordingly)

Dosing Result: **40 mg SC once daily** (following initial phase of thromboprophylaxis at 30 mg SC every 12 hours or 40 mg SC once daily for 7 to 10 days)

Duration of Therapy: 3 weeks recommended

[footnotes]

^aLOVENOX[®] is indicated for the prophylaxis of DVT, which may lead to PE, in patients undergoing hip-replacement surgery, during and following hospitalization.

LOVENOX[®] requires no dose adjustments with moderate (CrCl=30 to 50 mL/min) and mild (CrCl=50 to 80 mL/min) renal impairment; all such patients should be observed carefully for signs and symptoms of bleeding.

LOVENOX[®] may be largely neutralized (up to 60%) by the slow IV injection of protamine sulfate (1% solution).

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Dosing Protocol screen, Prophylaxis, Knee-replacement, ≥ 30 mL/min

[headline]

LOVENOX[®] Dosing Protocol

[copy]

Gender: [result appears here]

Age (years): [result appears here]

Weight (lb): [result appears here]

Indication:	Prophylaxis of DVT
Patient Population:	Knee-replacement surgery ^a
Creatinine Clearance:	≥ 30 mL/min (in patients with severe renal impairment [CrCl <30 mL/min], dosage should be adjusted accordingly)
Dosing Result:	30 mg SC every 12 hours (initiated 12 to 24 hours postoperatively) provided hemostasis has been established at the wound site
Duration of Therapy:	Usual: 7 to 10 days Administered up to 14 days in clinical trials

^aLOVENOX[®] is indicated for the prophylaxis of DVT, which may lead to PE, in patients undergoing knee-replacement surgery.

LOVENOX[®] requires no dose adjustments with moderate (CrCl=30 to 50 mL/min) and mild (CrCl=50 to 80 mL/min) renal impairment; all such patients should be observed carefully for signs and symptoms of bleeding.

LOVENOX[®] may be largely neutralized (up to 60%) by the slow IV injection of protamine sulfate (1% solution).

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Dosing Protocol screen, Prophylaxis, Knee-replacement, <30 mL/min

[headline]
LOVENOX[®] Dosing Protocol

[copy]
Gender: [result appears here]
Age (years): [result appears here]
Weight (lb): [result appears here]

Indication: Prophylaxis of DVT

Patient Population: Knee-replacement surgery^a

Creatinine Clearance: <30 mL/min

Dosing Result: **30 mg SC once daily** (in patients with severe renal impairment [CrCl <30 mL/min], dosages have been adjusted accordingly)^b

Duration of Therapy: Usual: 7 to 10 days
Administered up to 14 days in clinical trials

^aLOVENOX[®] is indicated for the prophylaxis of DVT, which may lead to PE, in patients undergoing knee-replacement surgery.

^bDoes not apply to hemodialysis patients.

LOVENOX[®] requires no dose adjustments with moderate (CrCl=30 to 50 mL/min) and mild (CrCl=50 to 80 mL/min) renal impairment; all such patients should be observed carefully for signs and symptoms of bleeding.

LOVENOX[®] may be largely neutralized (up to 60%) by the slow IV injection of protamine sulfate (1% solution).

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Dosing Protocol screen, Prophylaxis, Abdominal, ≥ 30 mL/min

[headline]

LOVENOX[®] Dosing Protocol

[copy]

Gender: [result appears here]

Age (years): [result appears here]

Weight (lb): [result appears here]

Indication:	Prophylaxis of DVT
Patient Population:	Abdominal surgery patients at risk for thromboembolic complications ^a
Creatinine Clearance:	≥ 30 mL/min (in patients with severe renal impairment [CrCl <30 mL/min], dosage should be adjusted accordingly)
Dosing Result:	40 mg SC once daily (initiated 2 hours prior to surgery)
Duration of Therapy:	Usual: 7 to 10 days Administered up to 12 days in clinical trials

[footnotes]

^a**LOVENOX[®] is indicated for the prophylaxis of DVT, which may lead to PE, in patients undergoing abdominal surgery who are at risk for thromboembolic complications.**

LOVENOX[®] requires no dose adjustments with moderate (CrCl=30 to 50 mL/min) and mild (CrCl=50 to 80 mL/min) renal impairment; all such patients should be observed carefully for signs and symptoms of bleeding.

LOVENOX[®] may be largely neutralized (up to 60%) by the slow IV injection of protamine sulfate (1% solution).

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Dosing Protocol screen, Prophylaxis, Abdominal, <30 mL/min

[headline]

LOVENOX[®] Dosing Protocol

[copy]

Gender: [result appears here]

Age (years): [result appears here]

Weight (lb): [result appears here]

Indication:	Prophylaxis of DVT
Patient Population:	Abdominal surgery patients at risk for thromboembolic complications ^a
Creatinine Clearance:	<30 mL/min
Dosing Result:	30 mg SC once daily (in patients with severe renal impairment [CrCl <30 mL/min], dosages have been adjusted accordingly) ^b
Duration of Therapy:	Usual: 7 to 10 days Administered up to 12 days in clinical trials

[footnotes]

^a**LOVENOX[®] is indicated for the prophylaxis of DVT, which may lead to PE, in patients undergoing abdominal surgery who are at risk for thromboembolic complications.**

^bDoes not apply to hemodialysis patients.

LOVENOX[®] requires no dose adjustments with moderate (CrCl=30 to 50 mL/min) and mild (CrCl=50 to 80 mL/min) renal impairment; all such patients should be observed carefully for signs and symptoms of bleeding.

LOVENOX[®] may be largely neutralized (up to 60%) by the slow IV injection of protamine sulfate (1% solution).

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**Dosing Protocol screen, Treatment of acute DVT, Inpatient ≥ 30 mL/min,
1.5 mg/kg**

[headline]

LOVENOX[®] Dosing Protocol

[copy]

Gender: [result appears here]

Age (years): [result appears here]

Weight (lb): [result appears here]

Indication: Treatment of acute DVT

Patient Population: **Inpatients** with acute DVT, **with or without PE^a**

Creatinine Clearance: **≥ 30 mL/min** (in patients with severe renal impairment [CrCl <30 mL/min], dosage should be adjusted accordingly)

Dosing Result: **1.5 mg/kg SC once daily** (at the same time every day; in conjunction with warfarin sodium therapy)

Duration of Therapy: Average: 7 days
Continue for a minimum of 5 days and until a therapeutic oral anticoagulation effect has been achieved (INR=2.0–3.0)
Administered up to 17 days in controlled clinical trials

[footnotes]

^aLOVENOX[®] is indicated for the inpatient treatment of acute DVT, with or without PE, when administered in conjunction with warfarin sodium.

LOVENOX[®] requires no dose adjustments with moderate (CrCl=30 to 50 mL/min) and mild (CrCl=50 to 80 mL/min) renal impairment; all such patients should be observed carefully for signs and symptoms of bleeding.

LOVENOX[®] may be largely neutralized (up to 60%) by the slow IV injection of protamine sulfate (1% solution).

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**Dosing Protocol screen, Treatment of acute DVT, Inpatient ≥ 30 mL/min,
1 mg/kg**

[headline]

LOVENOX[®] Dosing Protocol

[copy]

Gender: [result appears here]

Age (years): [result appears here]

Weight (lb): [result appears here]

Indication: Treatment of acute DVT

Patient Population: **Inpatients** with acute DVT, **with or without PE^a**

Creatinine Clearance: **≥ 30 mL/min** (in patients with severe renal impairment [CrCl <30 mL/min], dosage should be adjusted accordingly)

Dosing Result: **1 mg/kg SC every 12 hours** (in conjunction with warfarin sodium therapy)

Duration of Therapy: Average: 7 days
Continue for a minimum of 5 days and until a therapeutic oral anticoagulation effect has been achieved (INR=2.0–3.0)
Administered up to 17 days in controlled clinical trials

[footnotes]

^aLOVENOX[®] is indicated for the inpatient treatment of acute DVT, with or without PE, when administered in conjunction with warfarin sodium.

LOVENOX[®] requires no dose adjustments with moderate (CrCl=30 to 50 mL/min) and mild (CrCl=50 to 80 mL/min) renal impairment; all such patients should be observed carefully for signs and symptoms of bleeding.

LOVENOX[®] may be largely neutralized (up to 60%) by the slow IV injection of protamine sulfate (1% solution).

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Dosing Protocol screen, Treatment of acute DVT, Inpatient <30 mL/min

[headline]

LOVENOX[®] Dosing Protocol

[copy]

Gender: [result appears here]

Age (years): [result appears here]

Weight (lb): [result appears here]

Indication:	Treatment of acute DVT
Patient Population:	Inpatients with acute DVT, with or without PE^a
Creatinine Clearance:	<30 mL/min
Dosing Result:	1 mg/kg SC once daily (in conjunction with warfarin sodium therapy; in patients with severe renal impairment [CrCl <30 mL/min], dosages have been adjusted accordingly) ^b
Duration of Therapy:	Average: 7 days Continue for a minimum of 5 days and until a therapeutic oral anticoagulation effect has been achieved (INR=2.0–3.0)

[footnotes]

^a**LOVENOX[®] is indicated for the inpatient treatment of acute DVT, with or without PE, when administered in conjunction with warfarin sodium.**

^bDoes not apply to hemodialysis patients.

LOVENOX[®] requires no dose adjustments with moderate (CrCl=30 to 50 mL/min) and mild (CrCl=50 to 80 mL/min) renal impairment; all such patients should be observed carefully for signs and symptoms of bleeding.

LOVENOX[®] may be largely neutralized (up to 60%) by the slow IV injection of protamine sulfate (1% solution).

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Dosing Protocol screen, Treatment of acute DVT, Outpatient ≥ 30 mL/min

[headline]

LOVENOX[®] Dosing Protocol

[copy]

Gender: [result appears here]

Age (years): [result appears here]

Weight (lb): [result appears here]

Indication:	Treatment of acute DVT
Patient Population:	Outpatients with acute DVT, without PE^a
Creatinine Clearance:	≥ 30 mL/min (in patients with severe renal impairment [CrCl <30 mL/min], dosage should be adjusted accordingly)
Dosing Result:	1 mg/kg SC every 12 hours (in conjunction with warfarin sodium therapy)
Duration of Therapy:	Average: 7 days Continue for a minimum of 5 days and until a therapeutic oral anticoagulation effect has been achieved (INR=2.0–3.0) Administered up to 17 days in controlled clinical trials

[footnotes]

^a**LOVENOX[®] is indicated for the outpatient treatment of acute DVT, without PE, when administered in conjunction with warfarin sodium.**

LOVENOX[®] requires no dose adjustments with moderate (CrCl=30 to 50 mL/min) and mild (CrCl=50 to 80 mL/min) renal impairment; all such patients should be observed carefully for signs and symptoms of bleeding.

LOVENOX[®] may be largely neutralized (up to 60%) by the slow IV injection of protamine sulfate (1% solution).

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Dosing Protocol screen, Treatment of acute DVT, Outpatient <30 mL/min

[headline]

LOVENOX[®] Dosing Protocol

[copy]

Gender: [result appears here]

Age (years): [result appears here]

Weight (lb): [result appears here]

Indication: Treatment of acute DVT

Patient Population: Outpatients with acute DVT, without PE^a

Creatinine Clearance: <30 mL/min

Dosing Result: 1 mg/kg SC once daily
(in conjunction with warfarin sodium therapy; in patients with severe renal impairment [CrCl <30 mL/min], dosages have been adjusted accordingly)^b

Duration of Therapy: Average: 7 days
Continue for a minimum of 5 days and until a therapeutic oral anticoagulation effect has been achieved (INR=2.0–3.0)

[footnotes]

^aLOVENOX[®] is indicated for the outpatient treatment of acute DVT, without PE, when administered in conjunction with warfarin sodium.

^bDoes not apply to hemodialysis patients.

LOVENOX[®] requires no dose adjustments with moderate (CrCl=30 to 50 mL/min) and mild (CrCl=50 to 80 mL/min) renal impairment; all such patients should be observed carefully for signs and symptoms of bleeding.

LOVENOX[®] may be largely neutralized (up to 60%) by the slow IV injection of protamine sulfate (1% solution).

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Dosing Protocol screen, Prophylaxis in UA/NSTEMI, ≥ 30 mL/min

[headline]

LOVENOX[®] Dosing Protocol

[copy]

Gender: [result appears here]

Age (years): [result appears here]

Weight (lb): [result appears here]

Indication:	Prophylaxis of ischemic complications in UA/NSTEMI
Patient Population:	UA/NSTEMI patients ^a
Creatinine Clearance:	≥ 30 mL/min (in patients with severe renal impairment [CrCl <30 mL/min], dosage should be adjusted accordingly)
Dosing Result:	1 mg/kg SC every 12 hours (in conjunction with oral aspirin therapy 100 mg to 325 mg once daily)
Duration of Therapy:	Usual: 2 to 8 days Minimum: 2 days and continued until clinical stabilization Administered up to 12.5 days in clinical trials

[footnotes]

^a**LOVENOX[®] is indicated for the prophylaxis of ischemic complications of UA and non-Q-wave MI when concurrently administered with aspirin.**

LOVENOX[®] requires no dose adjustments with moderate (CrCl=30 to 50 mL/min) and mild (CrCl=50 to 80 mL/min) renal impairment; all such patients should be observed carefully for signs and symptoms of bleeding.

LOVENOX[®] may be largely neutralized (up to 60%) by the slow IV injection of protamine sulfate (1% solution).

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Dosing Protocol screen, Prophylaxis in UA/NSTEMI, <30 mL/min

[headline]

LOVENOX[®] Dosing Protocol

[copy]

Gender: [result appears here]

Age (years): [result appears here]

Weight (lb): [result appears here]

Indication: Prophylaxis of ischemic complications in UA/NSTEMI

Patient Population: UA/NSTEMI patients^a

Creatinine Clearance: <30 mL/min

Dosing Result: **1 mg/kg SC once daily**
(in patients with severe renal impairment [CrCl <30 mL/min], dosages have been adjusted accordingly; in conjunction with oral aspirin therapy 100 mg to 325 mg once daily)^b

Duration of Therapy: Usual: 2 to 8 days
Minimum: 2 days and continued until clinical stabilization

[footnotes]

^aLOVENOX[®] is indicated for the prophylaxis of ischemic complications of UA and non-Q-wave MI when concurrently administered with aspirin.

^bDoes not apply to hemodialysis patients.

LOVENOX[®] requires no dose adjustments with moderate (CrCl=30 to 50 mL/min) and mild (CrCl=50 to 80 mL/min) renal impairment; all such patients should be observed carefully for signs and symptoms of bleeding.

LOVENOX[®] may be largely neutralized (up to 60%) by the slow IV injection of protamine sulfate (1% solution).

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Dosing Protocol screen, Treatment of acute STEMI, <75 yrs, ≥30 mL/min

[headline]

LOVENOX[®] Dosing Protocol

[copy]

Gender: [result appears here]

Age (years): [result appears here]

Weight (lb): [result appears here]

Indication:	Treatment of acute STEMI
Patient Population:	Acute STEMI patients <75 years ^a
Creatinine Clearance:	≥30 mL/min (in patients with severe renal impairment [CrCl <30 mL/min], dosage should be adjusted accordingly)
Dosing Result:	30 mg single IV bolus plus 1 mg/kg SC followed by 1 mg/kg every 12 hours (maximum 100 mg for each of the first 2 SC doses only, followed by 1 mg/kg dosing for the remaining doses). In pivotal trial, first SC dose was given within 15 minutes of the IV bolus
Duration of Therapy:	LOVENOX [®] treatment duration in the pivotal clinical trial was 8 days or until hospital discharge, whichever came first. An optimal treatment duration is not known, but it is likely to be longer than 8 days

[footnotes]

Thrombolytic therapy (fibrin-specific or non-fibrin-specific)

When LOVENOX[®] is administered in conjunction with a thrombolytic, LOVENOX[®] should be given between 15 minutes before and 30 minutes after the start of fibrinolytic therapy.

Patients transitioned to percutaneous coronary intervention (PCI)

If the last LOVENOX[®] SC administration was given:

- <8 hours before balloon inflation, no additional dosing needed
- >8 hours before balloon inflation, administer LOVENOX[®] 0.3 mg/kg IV bolus

All patients should receive acetylsalicylic acid (ASA) as soon as they are identified as having STEMI, and maintained with 75 mg to 325 mg once daily, unless contraindicated.

^aLOVENOX[®] has been shown to reduce the rate of the combined endpoint of recurrent MI or death in patients with acute STEMI receiving thrombolysis and being managed medically or with PCI.

LOVENOX[®] requires no dose adjustments with moderate (CrCl=30 to 50 mL/min) and mild (CrCl=50 to 80 mL/min) renal impairment; all such patients should be observed carefully for signs and symptoms of bleeding.

LOVENOX[®] may be largely neutralized (up to 60%) by the slow IV injection of protamine sulfate (1% solution).

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Dosing Protocol screen, Treatment of acute STEMI, ≥75 yrs, ≥30 mL/min

[headline]

LOVENOX[®] Dosing Protocol

[copy]

Gender: [result appears here]

Age (years): [result appears here]

Weight (lb): [result appears here]

Indication: Treatment of acute STEMI

Patient Population: Acute STEMI patients ≥75 years^a

Creatinine Clearance: ≥30 mL/min (in patients with severe renal impairment [CrCl <30 mL/min], dosage should be adjusted accordingly)

Dosing Result: **No initial IV bolus;** 0.75 mg/kg SC every 12 hours (maximum 75 mg for each of the first 2 SC doses only, followed by 0.75 mg/kg dosing for the remaining doses)

Duration of Therapy: LOVENOX[®] treatment duration in the pivotal clinical trial was 8 days or until hospital discharge, whichever came first. An optimal treatment duration is not known, but it is likely to be longer than 8 days

[footnotes]

Thrombolytic therapy (fibrin-specific or non-fibrin-specific)

When LOVENOX[®] is administered in conjunction with a thrombolytic, LOVENOX[®] should be given between 15 minutes before and 30 minutes after the start of fibrinolytic therapy.

Patients transitioned to percutaneous coronary intervention (PCI)

If the last LOVENOX[®] SC administration was given:

- <8 hours before balloon inflation, no additional dosing needed
- >8 hours before balloon inflation, administer LOVENOX[®] 0.3 mg/kg IV bolus

All patients should receive acetylsalicylic acid (ASA) as soon as they are identified as having STEMI, and maintained with 75 mg to 325 mg once daily, unless contraindicated.

^aLOVENOX[®] has been shown to reduce the rate of the combined endpoint of recurrent MI or death in patients with acute STEMI receiving thrombolysis and being managed medically or with PCI.

LOVENOX[®] requires no dose adjustments with moderate (CrCl=30 to 50 mL/min) and mild (CrCl=50 to 80 mL/min) renal impairment; all such patients should be observed carefully for signs and symptoms of bleeding.

LOVENOX[®] may be largely neutralized (up to 60%) by the slow IV injection of protamine sulfate (1% solution).

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Dosing Protocol screen, Treatment of acute STEMI, <75 yrs, <30 mL/min

[headline]

LOVENOX[®] Dosing Protocol

[copy]

Gender: [result appears here]

Age (years): [result appears here]

Weight (lb): [result appears here]

Indication: Treatment of acute STEMI

Patient Population:	Acute STEMI patients <75 years ^a
Creatinine Clearance:	<30 mL/min
Dosing Result:	30 mg single IV bolus plus 1 mg/kg SC followed by 1 mg/kg SC <i>once daily</i> (in patients with severe renal impairment [CrCl <30 mL/min], dosages have been adjusted accordingly) ^b
Duration of Therapy:	LOVENOX [®] treatment duration in the pivotal clinical trial was 8 days or until hospital discharge, whichever came first

[footnotes]

Thrombolytic therapy (fibrin-specific or non-fibrin-specific)

When LOVENOX[®] is administered in conjunction with a thrombolytic, LOVENOX[®] should be given between 15 minutes before and 30 minutes after the start of fibrinolytic therapy.

Patients transitioned to percutaneous coronary intervention (PCI)

If the last LOVENOX[®] SC administration was given:

- <8 hours before balloon inflation, no additional dosing needed
- >8 hours before balloon inflation, administer LOVENOX[®] 0.3 mg/kg IV bolus

All patients should receive acetylsalicylic acid (ASA) as soon as they are identified as having STEMI, and maintained with 75 mg to 325 mg once daily, unless contraindicated.

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Dosing Protocol screen, Treatment of acute STEMI, ≥ 75 yrs, < 30 mL/min

[headline]

LOVENOX[®] Dosing Protocol

[copy]

Gender: [result appears here]

Age (years): [result appears here]

Weight (lb): [result appears here]

Indication:	Treatment of acute STEMI
Patient Population:	Acute STEMI patients ≥ 75 years ^a
Creatinine Clearance:	<30 mL/min
Dosing Result:	No initial IV bolus; 1 mg/kg SC <i>once daily</i> (in patients with severe renal impairment [CrCl < 30 mL/min], dosages have been adjusted accordingly) ^b
Duration of Therapy:	LOVENOX [®] treatment duration in the pivotal clinical trial was 8 days or until hospital discharge, whichever came first

[footnotes]

Thrombolytic therapy (fibrin-specific or non-fibrin-specific)

When LOVENOX[®] is administered in conjunction with a thrombolytic, LOVENOX[®] should be given between 15 minutes before and 30 minutes after the start of fibrinolytic therapy.

Patients transitioned to percutaneous coronary intervention (PCI)

If the last LOVENOX[®] SC administration was given:

- < 8 hours before balloon inflation, no additional dosing needed
- > 8 hours before balloon inflation, administer LOVENOX[®] 0.3 mg/kg IV bolus

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