PRESCRIBING INFORMATION

ARIXTRA (fondaparinux sodium) 5mg/0.4ml, 7.5mg/0.6ml & 10mg/0.8ml solution for injection, pre-filled syringe

Please refer to Summary of Product Characteristics (SmPC) before prescribing.

Indications: Treatment of adults with acute Deep Vein Thrombosis (DVT) and treatment of acute Pulmonary Embolism (PE), except in haemodynamically unstable patients or patients who require thrombolysis or pulmonary embolectomy.

Presentation: Solution for injection. The solution is a clear and colourless to slightly yellow liquid. Arixtra 5mg/0.4ml: Each pre-filled syringe (0.4 ml) contains 5 mg of fondaparinux sodium. Arixtra 7.5ml/0.6ml: Each pre-filled syringe (0.6 ml) contains 7.5 mg of fondaparinux sodium. Arixtra 10mg/0.8ml: Each pre-filled syringe (0.8 ml) contains 10 mg of fondaparinux sodium.

Dosage and administration: The recommended dose of fondaparinux is 7.5 mg (patients with body weight ≥ 50, ≤ 100kg) once daily administered by subcutaneous injection. For patients with body weight < 50 kg, the recommended dose is 5 mg. For patients with body weight > 100 kg, the recommended dose is 10 mg. Treatment should be continued for at least 5 days and until adequate oral anticoagulation is established (International Normalised Ratio 2 to 3). Concomitant oral anticoagulation treatment should be initiated as soon as possible and usually within 72 hours. The average duration of administration in clinical trials was 7 days and the clinical experience from treatment beyond 10 days is limited. *Elderly patients* - No dosing adjustment is necessary. In patients ≥ 75 years, fondaparinux should be used with care, as renal function decreases with age *Renal impairment* - Fondaparinux should be used with caution in patients with moderate renal impairment There is no experience in the subgroup of patients with both high body weight (>100 kg) and moderate renal impairment (creatinine clearance 30-50 ml/min). In this subgroup, after an initial 10 mg daily dose, a reduction of the daily dose to 7.5 mg may be considered, based on pharmacokinetic modelling. Fondaparinux should not be used in patients with severe renal impairment (creatinine clearance < 30 ml/min). *Hepatic impairment* - No dosing adjustment is necessary in patients with either mild or moderate hepatic impairment. In patients with severe hepatic impairment, fondaparinux should be used with care as this patient group has not been studied. *Paediatric population* - Fondaparinux is not recommended for use in children below 17 years of age due to a lack of data on safety and efficacy. *Method of administration* – Fondaparinux is administered by deep subcutaneous injection while the patient is lying down. Sites of administration should alternate between the left and the right anterolateral and left and right posterolateral abdominal wall. To avoid the loss of medicinal product when using the pre-filled syringe do not expel the air bubble from the syringe before the injection. The whole length of the needle should be inserted perpendicularly into a skin fold held between the thumb and the forefinger; the skin fold should be held throughout the injection.

Contraindications: Hypersensitivity to the active substance, sodium chloride, hydrochloric acid or sodium hydroxide. Active clinically significant bleeding. Acute bacterial endocarditis. Severe renal impairment defined by creatinine clearance < 30 ml/min.

Warnings and precautions: Fondaparinux is intended for subcutaneous use only. Do not administer intramuscularly. There is limited experience from treatment with fondaparinux in haemodynamically unstable patients and no experience in patients requiring thrombolysis, embolectomy or insertion of a vena cava filter. *Haemorrhage* - Fondaparinux should be used with caution in patients who have an increased risk of haemorrhage, such as those with congenital or acquired bleeding disorders (e.g. platelet count <50,000/mm3), active ulcerative gastrointestinal disease and recent intracranial haemorrhage or shortly after brain, spinal or ophthalmic surgery and in special patient groups as outlined below. As for other anticoagulants, fondaparinux should be used with caution in patients who have undergone recent surgery (<3 days) and only once surgical haemostasis has been established. Agents that may enhance the risk of haemorrhage should not be administered concomitantly with fondaparinux. These agents include desirudin, fibrinolytic agents, GP IIb/IIIa receptor antagonists, heparin, heparinoids, or Low Molecular Weight Heparin (LMWH). During treatment of VTE, concomitant therapy with vitamin K antagonist should be administered in accordance with the information of interaction with other medicinal products. Other antiplatelet medicinal products (acetylsalicylic acid, dipyridamole, sulfinpyrazone, ticlopidine or clopidogrel), and NSAIDs should be used with caution. If co-administration is essential, close monitoring is necessary. *Spinal / Epidural anaesthesia* - In patients receiving fondaparinux for treatment of VTE rather than prophylaxis, spinal/epidural anaesthesia in case of surgical procedures should not be used. *Elderly patients* - The elderly population is at increased risk of bleeding. As renal function generally decreases with age, elderly patients may show reduced elimination and increased exposure of fondaparinux. Above the age of 65, incidences of bleeding events in patients receiving the recommended regiment in the treatment of DVT or PE increased with age. Fondaparinux should be used with caution in elderly patients. *Low body weight* - Clinical experience is limited in patients with body weight <50 kg. Fondaparinux should be used with caution at a daily dose of 5 mg in this population. *Renal impairment* - The risk of bleeding increases with increasing renal impairment. Fondaparinux is contra-indicated in severe renal impairment (creatinine clearance <30 ml/min) and should be used with caution in patients with moderate renal impairment (creatinine clearance 30-50 ml/min). The duration of treatment should not exceed that evaluated during clinical trial (mean 7 days). *Severe hepatic impairment* - The use of fondaparinux should be considered with caution because of an increased risk of bleeding due to a deficiency of coagulation factors in

patients with severe hepatic impairment. *Patients with Heparin Induced Thrombocytopenia* - Fondaparinux should be used with caution in patients with a history of HIT. The efficacy and safety of fondaparinux have not been formally studied in patients with HIT type II. Fondaparinux does not bind to platelet factor 4 and does not usually cross-react with sera from patients with Heparin Induced Thrombocytopenia (HIT) type II. However, rare spontaneous reports of HIT in patients treated with fondaparinux have been received. *Latex Allergy* - The needle shield of the pre-filled syringe contains dry natural latex rubber that has the potential to cause allergic reactions in latex sensitive individuals.

Interaction with other medicinal products: Bleeding risk is increased with concomitant administration of fondaparinux and agents that may enhance the risk of haemorrhage. In clinical studies performed with fondaparinux, oral anticoagulants (warfarin) did not interact with the pharmacokinetics of fondaparinux; at the 10 mg dose used in the interaction studies, fondaparinux did not influence the anticoagulation monitoring (INR) activity of warfarin. Platelet inhibitors (acetylsalicylic acid), NSAIDs (piroxicam) and digoxin did not interact with the pharmacokinetics of fondaparinux. At the 10 mg dose used in the interaction studies, fondaparinux did not influence the bleeding time under acetylsalicylic acid or piroxicam treatment, nor the pharmacokinetics of digoxin at steady state.

Pregnancy and lactation: There is no adequate data from the use of fondaparinux in pregnant women. Fondaparinux should not be prescribed to pregnant women unless clearly necessary. Breast-feeding is not recommended during treatment with fondaparinux. There are no data available on the effect of fondaparinux on human fertility.

Effects on ability to drive and use machines: No studies on the effect on the ability to drive and to use machines have been performed.

Undesirable 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). Common (≥1/100 to <1/10): bleeding (gastrointestinal, haematuria, haematoma, epistaxis, haemoptysis, utero-vaginal haemorrhage, haemarthrosis, ocular, purpura, bruise). *Other Adverse Effects:* For uncommon, rare, very rare and unknown undesirable effects, please refer to SmPC.

Legal Category: POM Marketing Authorisation Number: **PLGB 46302/0232, PLGB 46302/0233 and PLGB 46302/0229. MAH: Mylan Products Limited NHS Price: 5 mg/0.4ml x 10 - £116.53, 7.5 mg/0.6 ml x 10 - £116.53 and 10 mg/0.8 ml x 10 - £116.53, Date of Revision of Prescribing Information: January 2023. ARX-2023-0018**

The SmPC for this product, including adverse reactions, precautions, contra-indications, and method of use can be found at: http://www.mhra.gov.uk/Safetyinformation/Medicinesinformation/SPCandPILs/index.htm and from Mylan Medical Information, Building 4, Trident Place, Hatfield Business Park, Mosquito Way, Hatfield, Hertfordshire, AL10 9UL, phone no. 01707 853000, Email: info.uk@viatris.com

Please continue to report suspected adverse drug reactions and device failures with any medicine or vaccine to the MHRA through the Yellow Card Scheme. It is easiest and quickest to report adverse drug reactions and device failures online via the Yellow Card website: https://yellowcard.mhra.gov.uk/ or search for MHRA Yellow Card in the Google Play or Apple App Store. Alternatively, you can report via some clinical IT systems (EMIS/SystmOne/Vision/MiDatabank) or by calling the Commission on Human Medicines (CHM) free phone line: 0800-731-6789. Adverse reactions/events and device failures should also be reported to MAH at e-mail address: pv.uk@viatris.com.