South London
Cardiac and Stroke Network

Guidance on the Use of Fondaparinux in ACS (Unstable Angina / Non ST Elevation MI)

Fondaparinux sodium is a synthetic pentasaccharide that inhibits activated factor X. It is recommended by NICE for use in patients with Unstable angina (UA) or non ST-elevation MI (NSTEMI).

Fondaparinux is ONLY approved for use for the treatment of Acute Coronary Syndromes (UA / NSTEMI) at [add hospital name or delete statement if not accurate]

On admission with ACS (not STEMI)

- Aspirin 300mg should be given as soon as possible after a diagnosis of ACS has been made.
- Patients should be assessed for their risk of future cardiovascular (CV) events using an appropriate risk scoring system, such as TIMI or GRACE. The calculated risk of future CV events should be used to guide further management strategies
- Clopidogrel 300-600mg* should be given as early as possible to all patients, except those considered to be at a very low risk of CV events. The 600mg dose is recommended for patients in whom early intervention (<24 hours) is planned. Clopidogrel should be continued at a dose of 75mg daily in line with SLCSN clopidogrel guidance
- Fondaparinux 2.5mg S/C daily should be given if angiography / intervention is **NOT** planned within 24 hours. Where early angiography / intervention is planned unfractionated heparin (UFH) is preferred
- Fondaparinux should be given once daily for at least 48 hours after admission up to a maximum of 8 days or until discharge, whichever is sooner
- If the patient is undergoing PCI, fondaparinux should be omitted on the morning of the procedure – if not omitted, additional UFH (50-100unit/kg adjusted to ACT) can be given to reduce the risk of catheter-related thrombosis; although bleeding risk will increase
- Fondaparinux **should not** be used in patients with eGFR < 20 ml/min – use unfractionated heparin instead. No dosage reduction for fondaparinux is required for the treatment of ACS patients with eGFR ≥ 20 ml/min (Note: dose adjustment is required for non-ACS indications for fondaparinux)
- On cessation of fondaparinux therapy for ACS, all patients should be assessed for risk of venous thromboembolism and initiated on appropriate thromboprophylaxis if needed in line with local guidance

Administration of Fondaparinux

- Fondaparinux should be 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.
- **Do not expel the air bubble** from the syringe before the injection to avoid the loss of medicinal product from the pre-filled syringe. The air bubble helps to minimise bruising at the site of 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. The site should not be rubbed when the needle is removed.

References

1. SPC for Arixtra 2.5mg (fondaparinux): www.medicines.org.uk accessed 22/10/10
2. NICE clinical guidance 94: Unstable angina and NSTEMI
3. CURRENT / OASIS-7 investigators. 2010. Dose Comparisons of Clopidogrel and Aspirin in Acute Coronary Syndrome. NEJM 2010: 363: 930-942
4. FUTURA / OASIS-8 Investigators 2010. Low dose versus standard dose unfractionated heparin for PCI in ACS with fondaparinux. JAMA 2010: 0OI:10.1001/jama.2010.1320

**alternative antiplatelet agents including prasugrel and ticagrelor are also available see: www.slcsn.nhs.uk for prescribing guidance*

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