

ENOXAPARIN DOSING IN MODERATE RENAL INSUFFICIENCY (B1), Lian Chang, Lisa Lee, Randell Miyahara. Veterans Affairs Palo Alto Healthcare System (VAPAHCS), Palo Alto, CA (lian.chang@va.gov) IRB received.

Recent studies suggest that enoxaparin accumulation occurs in patients with moderate renal insufficiency; however, the manufacturer does not have adjusted dosing recommendations for this population. Based on the literature, the VAPAHCS Anticoagulation Clinic routinely reduces the enoxaparin dose to approximately 80% of the usual recommended dose to avoid bleeding complications. This practice, however, has not been validated since antiXa levels are not routinely monitored. The objective of this study is to assess the efficacy of an 80% enoxaparin dosing regimen in patients with moderate renal insufficiency by measuring antiXa levels. This is a prospective, nonrandomized, open label study that will include patients with moderate renal insufficiency (defined as CrCl 30 to 60 ml/min by Cockcroft Gault) who require enoxaparin bridge therapy. Patients will be bridged with approximately 80% of the calculated enoxaparin treatment dose. AntiXa levels will be measured at their peak, 3 to 4 hours after administration of enoxaparin and after at least the third dose of enoxaparin when the level has reached steady state. Complete blood counts will be measured every 3 days during enoxaparin therapy to monitor for heparin induced thrombocytopenia and anemia. The primary outcome is the percentage of patients with antiXa levels within the therapeutic range of

1.0 to 2.0 IU/mL and 0.5 to 1.0 IU/mL for once-daily and twice-daily enoxaparin dosing, respectively. Full results will be discussed.