

Inhixa (enoxaparin biosimilar) switch: Information sheet

Introduction

From November 2023, Royal Cornwall Hospitals NHS Trust and some Cornwall Partnership Trust hospitals will be moving from using mainly Dalteparin (Fragmin) as the low molecular weight heparin (LMWH) of first choice to the Enoxaparin sodium biosimilar product, Inhixa,

Inhixa will be listed as first choice LMWH on the formulary for the RCHT facing population.

This factsheet, aimed at GPs, practice nurses/pharmacists and community pharmacists, summarises the key information and practical considerations associated with Inhixa. Information on biosimilars is available for healthcare professionals at NHS England » Biosimilar medicines

Full prescribing information (SmPC) and Patient Information Leaflets (PIL) for Inhixa are available at www.medicines.org.uk

Indications and Dose

Inhixa is given by injection, it is indicated for the treatment and prophylaxis of DVT and PE and recommended doses for Inhixa are detailed in the SmPC and PIL. Inhixa is available as standard strength (100mg/ml) pre-filled syringes containing 20mg, 40mg, 60mg, 80mg or 100mg enoxaparin, or as higher strength (150mg/ml) pre-filled syringes containing 120mg or 150mg enoxaparin to accommodate for adjustments for extremes of body weight.

Cost

Inhixa brand of enoxaparin has the same list price as the Clexane brand, its originator product and is of a similar list price to the Fragmin (dalteparin) product.

Patients can be reassured that the Inhixa biosimilar brand has been manufactured to the same high standards as Clexane.

Prescribing and Dispensing

The MHRA recommends that it is good practice to prescribe all biological medicines by brand name to ensure that automatic substitution doesn't occur when the medicine is dispensed or administered.

Patients should ideally remain on the same brand, and any decision on switching should involve the prescriber in consultation with the patient.

NHS Cornwall and Isles of Scilly Integrated Care Board

Call us on 01726 627 800 Email us at ciosicb.contactus@nhs.net Visit our website: cios.icb.nhs.uk



Part 2S, Chy Trevail, Beacon Technology Park, Dunmere Road, Bodmin, PL31 2FR Chair: John Govett

Chief executive officer: Kate Shields

With more than one brand of enoxaparin available, prescribers may need to adjust their current practice such that continuation of enoxaparin (Inhixa) prescribing from hospital maintains the Inhixa brand.

Prescribers and pharmacists will need to take care to select the correct product for prescribing or dispensing.

Pharmacists receiving a generic enoxaparin prescription should take necessary steps to try and confirm the brand required before dispensing. If this is not possible, or if the required brand is not available, a professional judgement will need to be made, taking into account the clinical urgency for supply. In most cases, supplying something will be better than supplying nothing. Ensure that patients switching brands receive counselling on differences in administration technique.

Administration

Practice staff will need to ensure they select the correct product for administration. Administration instructions for Inhixa are detailed in the Patient Information Leaflet (PIL). Administration is essentially the same as for the previously used dalteparin product Fragmin, but a key difference lies with the needle guard. With Inhixa the needle guard has to be activated by holding the plunger down when withdrawing the needle and pressing it down further after withdrawal of the needle.

Healthcare professionals and patients accustomed to using dalteparin (Fragmin) may need specific training on this, and it may be that some patients do not have the strength or dexterity to release the needle guard with Inhixa and may be better suited to Clexane.

Another concern is that the labels and calibrations on Inhixa syringes may be difficult to see, so this should also be assessed when training patients.

All patients should receive training before self-injecting enoxaparin and staff will need to ensure patients are taught administration with the appropriate brand.

On dispensing Inhixa, pharmacists should check patients' understanding and capability of safe administration and highlight any concerns to the prescriber.

References/Further information

NHS England NHS England » Biosimilar medicines

British Biosimilars Association: BBA - Facts about biosimilars (britishbiosimilars.co.uk)

MHRA Drug Safety Update (2022): Biosimilar products - GOV.UK (www.gov.uk)

European Medicines Agency: Biosimilar medicines: Overview | European Medicines Agency;

Biosimilars in the EU

Information guide for healthcare professionals (europa.eu)

<u>Understanding biological and biosimilar medicines – SPS - Specialist Pharmacy Service –</u>

The first stop for professional medicines advice

Company contact details

Techdow Pharma Ltd
The Surrey Research Park Office, Surrey Technology Centre, 40 Occam Road, Guildford, Surrey, GU2 7YG
Medical Information Direct Line 01483 928 995
medinfo@techdow.co.uk

Version control

Version number	Revision date	Revision by	Nature of revisions
1			New information
			sheet
1.1	05/02/2025	ICB Medicines Optimisation team	Updated Medical Information Direct Line telephone number