With once-daily anticoagulation, ARIXTRA provides...

EFFICACY *with ease*

FPO

Please see Important Safety Information on page 28 and accompanying complete Prescribing Information, including **BOXED WARNING** regarding epidural and spinal hematomas

ONCE-DAILY
ARIXTRA®
(fondaparinux sodium) for Injection

1A recommendations from the ACCP across all indications*

[Ref. #/ CHEST Guidelines/TK]

FDA-approved indications

[Ref. #/ ARIXTRA PI/Indications and Usage]

Venous thromboembolism (VTE) treatment	Grade
Deep vein thrombosis (DVT)†	1A
Pulmonary embolism (PE)†‡	1A
VTE prophylaxis	
Hip fracture surgery	1A
Hip fracture surgery including extended prophylaxis	1A
Knee replacement surgery	1A
Hip replacement surgery	1A
Abdominal surgery§	1A*

A grade of 1A signifies a strong recommendation based on high-quality evidence.

About ACCP Guidelines recommendations[1]:

- Grades of 1 or 2 respectively confer a strong or weaker recommendation
- Grades of A, B, or C respectively indicate high-quality evidence, moderate-quality evidence, or low-quality evidence

ACCP Guidelines also include the following recommendations:

- Acute DVT and PE: VKA together with LMWH, UFH, or ARIXTRA—grade 1A
- HFS: LMWH, UFH, and adjusted-dose VKA—grade 1B; HFS extended prophylaxis: LMWH and adjusted-dose VKA—grade 1C
- TKRS: LMWH and adjusted-dose VKA—grade 1A
- HRS: LMWH and adjusted-dose VKA—grade 1A
- Abdominal surgery*: LMWH and LDUH—grade 1A

[Ref. #/ CHEST Guidelines/TK]

ARIXTRA is contraindicated in patients with severe renal impairment (creatinine clearance <30 mL/min) and for prophylaxis in patients <50 kg.

*Abdominal surgery indication is included generally in section 2.1.2 and 2.1.3 in ACCP Guidelines regarding general surgery on page 394S–396S.
†When administered in conjunction with warfarin.
‡When initial therapy is started in the hospital.
§For patients at risk for thrombotic complications.

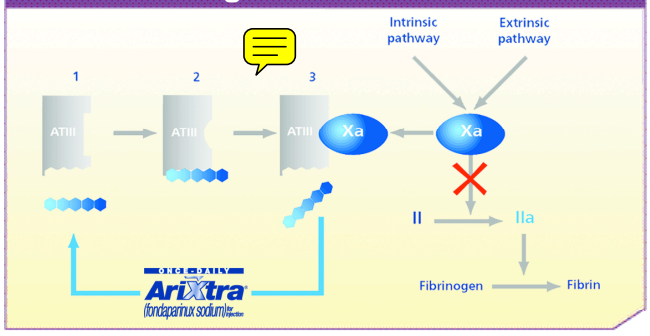
Spinal/Epidural Hematomas: When epidural/spinal anesthesia or spinal puncture is employed, patients anticoagulated or scheduled to be anticoagulated with low–molecular-weight heparins, heparinoids or fondaparinux sodium are at risk of developing an epidural or spinal hematoma, which can result in long-term or permanent paralysis. The risk of these events may be higher with postoperative use of indwelling epidural catheters or concomitant use of drugs affecting hemostasis. The risk also appears to be increased by traumatic or repeated epidural or spinal puncture. Patients should be frequently monitored for signs and symptoms of neurological impairment (see **BOXED WARNING**).

Please see Important Safety Information on page 28 and accompanying complete Prescribing Information, including **BOXED WARNING** regarding epidural and spinal hematomas.

ONCE-DAILY
ARIXTRA®
(fondaparinux sodium) for injection
EFFICACY *with ease*

ARIXTRA specifically inhibits Factor Xa

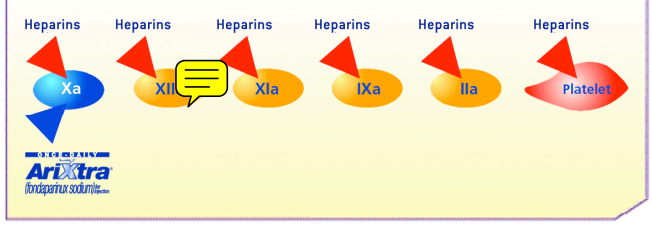
ARIXTRA acts exclusively on coagulation Factor Xa



[Ref. #/ ARIXTRA PI/P2/Pharmacodynamics/¶1,2]

The only FDA-approved agent that specifically targets Factor Xa

Action of ARIXTRA compared with heparins



Heparins = unfractionated heparin and low–molecular-weight heparin.

[Ref. #/ Hirsh, et al/p65S/Table 1; p64S/col2/¶6 Hirsh. Fuster/p1451/Fig 2]

Please see Important Safety Information on page 28 and accompanying complete Prescribing Information, including **BOXED WARNING** regarding epidural and spinal hematomas.

ONCE DAILY ArixTra® (fondaparinux sodium) for Injection
EFFICACY *with ease*

ARIXTRA—A synthetic nonheparin anticoagulant...

Unique properties of ARIXTRA

Synthetic
- Made exclusively by chemical synthesis and NOT from animal origin

[Ref. #/ ARIXTRA PI/Description/¶1]

Specific
- ARIXTRA acts exclusively on Factor X (Xa)

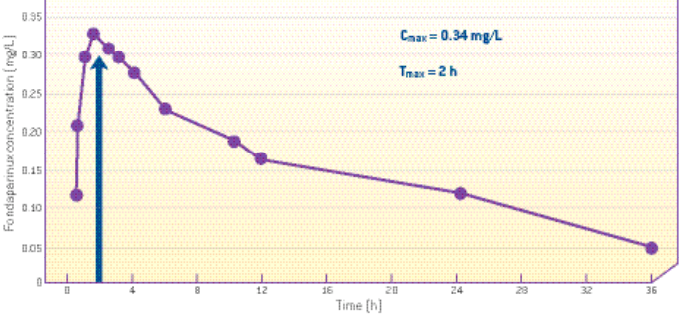
[Ref. #/ ARIXTRA PI/Description/¶1]

Simple
- Always dosed once daily across all its indications

[Ref. #/ ARIXTRA PI/Dosage and Administration/¶1]

...with a predictable pharmacokinetic profile

Plasma concentration after injection



Plasma fondaparinux concentrations after a single subcutaneous dose of 2.5 mg in young healthy male subjects.

[Ref. #/ ARIXTRA PI/ Pharmacokinetics/¶1]

Please see Important Safety Information on page 28 and accompanying complete Prescribing Information, including **BOXED WARNING** regarding epidural and spinal hematomas.

ONCE-DAILY
ARIXTRA® (fondaparinux sodium) for injection
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Incidence and consequences of VTE

Incidence

- More than 250,000 hospitalizations occur each year due to VTE
- Overall mortality rate within 1 month of diagnosis
  - —**12%** for PE
  - —**6%** for DVT [Ref. #/ TK]

Consequences

- Acute PE
- Recurrent VTE
- Highest within first 6-12 months
  - —**17%** within 2 years following initial treatment
  - —**30%** within 10 years following initial treatment

[Ref. #/ TK]

10% of hospital deaths can be attributed to PE

Patients with cancer account for almost 18% of all new VTE events

Cancer patients are at greater risk for VTE than noncancer patients [Ref. #/ TK]

- 8-fold increase in risk for VTE in cancer patients vs noncancer patients
- Patients with cancer have an increased risk of recurrent VTE
- The 1-year suvival rate for cancer patients with VTE is 12% compared with 36% in those without VTE ($p<0.001$)

[Ref. #/ TK]

Surgery increases the risk of VTE in cancer patients

- Cancer patients undergoing surgery are more likely to experience VTE than those who are not having surgery
  - —2 times the risk for DVT
  - —3 times the risk for fatal PE
  - —Fatal PEs occur 2 to 3 times more often in surgical patients with cancer than in the general population

Predictive factors for increased risk of VTE in cancer patients [Ref. #/ TK]

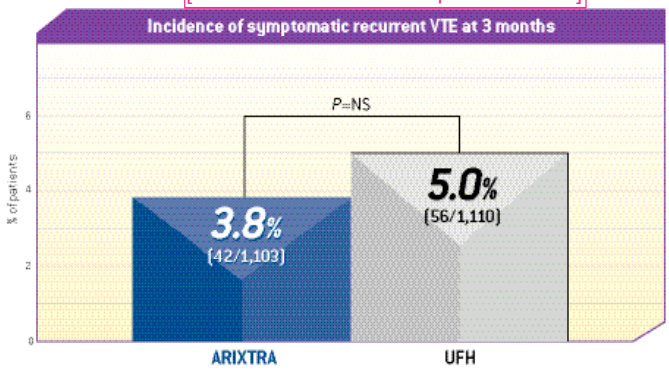
- Likelihood increases with the number of risk factors
  - —Inpatient treatment
  - —Prior DVT
  - —Family history of DVT
  - —Chemotherapy
  - —Elevated C-reactive protein (CRP)

Please see Important Safety Information on page 28 and accompanying complete Prescribing Information, including **BOXED WARNING** regarding epidural and spinal hematomas.

RECOMMENDED 1A

Once-daily ARIXTRA was as effective as a bolus plus continuous infusion of unfractionated heparin (UFH)...

[Ref. #/ Matisse PE/NEJM/p1697/Results]



- Patients were treated with once-daily ARIXTRA or a continuous infusion of UFH for 5 to 9 days
- A vitamin K antagonist (warfarin) was begun within 72 hours after initiation of the study treatment and was continued for 3 months [Ref. #/ Matisse PE/NEJM/p1695/Methods]

Patient characteristics: [Ref. #/ Matisse PE/NEJM/p1698/Table 1]

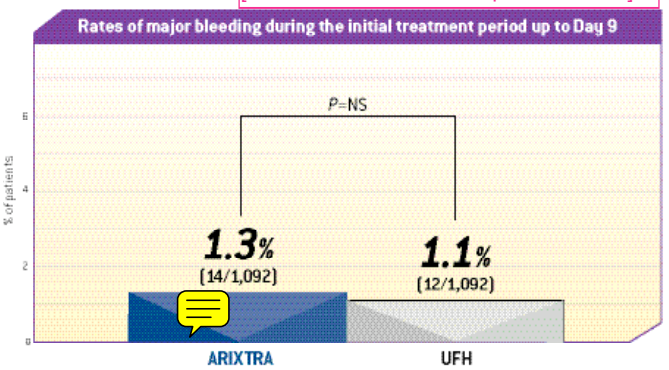
Patients were 63 ± 16.2 years old; patient body weight ranges were 81 ± 18.9 kg with 12% of patients weighing >100 kg; 26.4% of patients were admitted to an ICU

Risk factors:

- Previous VTE: 21.7%
- Active cancer: 10.2%
- History of cancer: 5.6%
- Surgery or trauma within the previous 3 months: 14%
- Known prothrombotic state: 5.3%
- Two or more of the above risk factors: 21.8%

...with a low incidence of major bleeding

[Ref. #/ Matisse PE/NEJM/p1700/Table 3]



Bleeding was defined as major if it was clinically overt and associated with a decrease in hemoglobin of ≥2 units of packed red blood cells or whole blood, was retroperitoneal or intracranial, occurred in a critical organ, or contributed to death.

[Ref. #/ Matisse PE/NEJM/p1700/Table 3]

Büller HR, Davidson BL, Decousus H, et al: MATISSE Investigators. Subcutaneous fondaparinux versus intravenous unfractionated heparin in the initial treatment of pulmonary embolism. ***New England Journal of Medicine.*** October 30, 2003.

FPO

ARIXTRA is FDA approved for inpatient and outpatient treatment of PE†

[Ref. #/ ARIXTRA PI/Indications and Usage]

Please see Important Safety Information on page 28 and accompanying complete Prescribing Information, including **BOXED WARNING** regarding epidural and spinal hematomas.

†When initial therapy is started in the hospital.

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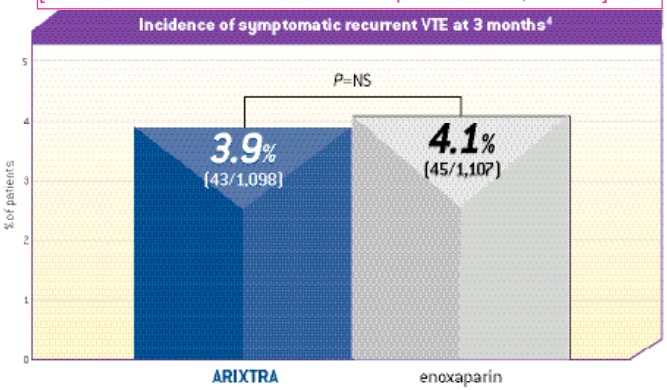
EFFICACY *with ease*

RECOMMENDED 1A RECOMMENDED

Once-daily ARIXTRA was as effective as twice-daily enoxaparin...

[Ref. #/ Matisse DVT/Ann intern Med/p867/Results; Table 3]



The MATISSE DVT trial: [Ref. #/ Matisse DVT/Ann intern Med/p869/¶1-3]

- Patients were treated with once-daily ARIXTRA or twice-daily enoxaparin for 5 to 9 days
- A vitamin K antagonist (warfarin) was begun within 72 hours after initiation of the study treatment and was continued for 3 months

Patient characteristics: [Ref. #/ Matisse DVT/Ann intern Med/p870/Table 1]

Patients were 61 ± 16.7 years old; patient body weight ranged were 79 ± 17.4 kg with 10.9% of patients weighing >100 kg

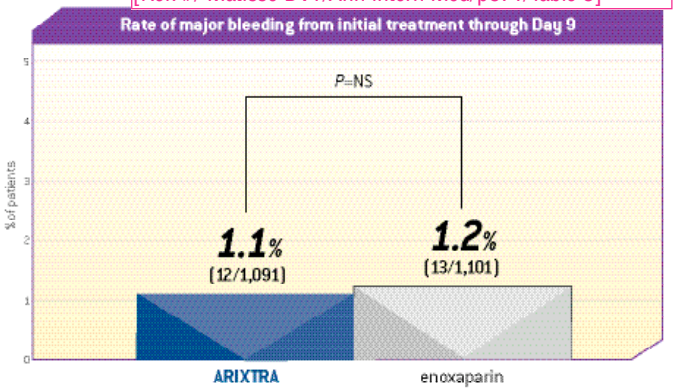
Risk factors:

- Previous VTE: 24.9%
- Active cancer: 11.5%
- History of cancer: 18.4%
- Surgery or trauma within the previous 3 months: 22.9%
- Known prothrombotic state: 5.3%
- Two or more of the above risk factors: 26.7%

Please see Important Safety Information on page 28 and accompanying complete Prescribing Information, including **BOXED WARNING** regarding epidural and spinal hematomas.

...with a low incidence of major bleeding

[Ref. #/ Matisse DVT/Ann intern Med/p871/Table 3]



Bleeding was defined as major if it was clinically overt and associated with a decrease in the hemoglobin level of 2 g/dL or more, led to a transfusion of 2 or more units of red blood cells or whole blood cells, was retroperitoneal or intracranial, occurred in a critical organ, or contributed to death. [Ref. #/ Matisse DVT/Ann intern Med/p869/C2/¶2]

Büller HR, Davidson BL, Decousus H, et al: MATISSE Investigators. Fondaparinux or enoxaparin for the initial treatment of symptomatic deep venous thrombosis: a randomized trial. ***Annals of Internal Medicine***. June 1, 2004.

FPO

Unlike enoxaparin, ARIXTRA is always dosed once daily across all its indications in inpatient and outpatient settings

[Ref. #/ ARIXTRA PI/Dosage and Administration/¶1]

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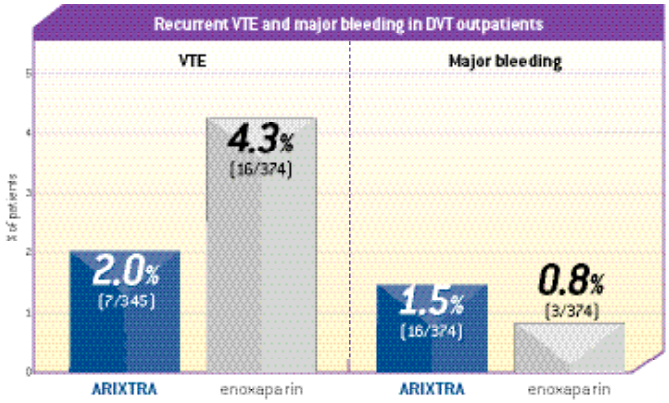
RECOMMENDED 1A RECOMMENDED

ARIXTRA—appropriate for outpatient therapy

[Ref. #/ TK]



Patient characteristics in the MATISSE DVT trial

31.4% of patients received ARIXTRA on an outpatient basis

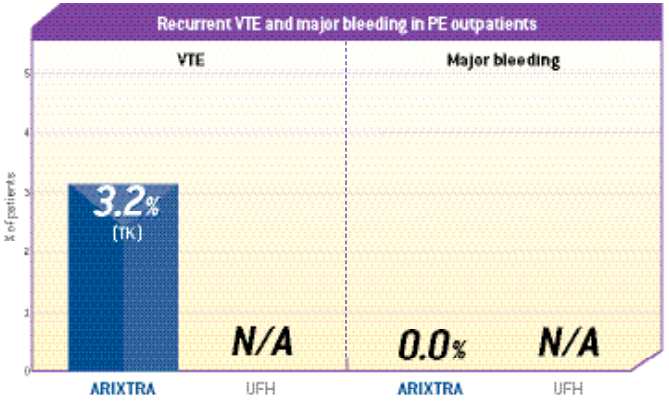
33.8% of patients received enoxaparin on an outpatient basis

- 48% of study patients received ARIXTRA or enoxaparin outside of the hospital for 3 more days
- 16% of study participants received ARIXTRA or enoxaparin entirely outside the hospital for treatment of DVT

ARIXTRA was administered once daily vs twice-daily enoxaparin

[Ref. #/ TK]

[Ref. #/ TK]



Patient characteristics in the MATISSE PE trial

- 14.5% of the patients treated with ARIXTRA continued therapy on an outpatient basis
- None of the patients in the UFH arm of the study received treatment as outpatients

[Ref. #/ TK]

Unlike enoxaparin, ARIXTRA is always dosed once daily in the outpatient setting

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EFFICACY *with ease*

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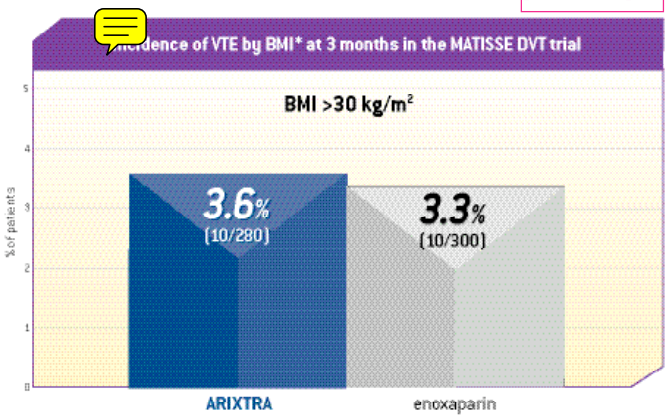
RECOMMENDED 1A RECOMMENDED

ARIXTRA provided proven efficacy, even in obese patients...

[Ref. #/ TK]

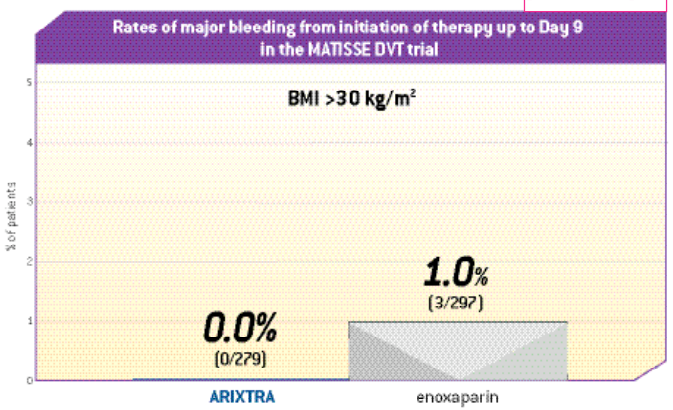


*BMI = body mass index.

- The weight range of patients treated with ARIXTRA in the MATISSE DVT trial was 35 kg to 159 kg, and was 33 kg to 176 kg in the MATISSE PE trial [Ref. #/ TK]

...with a low incidence of major bleeding

[Ref. #/ TK]



Bleeding was defined as major if it was clinically overt and associated with a decrease in the hemoglobin level of 2 g/dL or more, led to a transfusion of 2 or more units of red blood cells, was retroperitoneal or intracranial, occurred in a critical organ, or contributed to death.

[Ref. #/ TK]

For the treatment of DVT or PE in patients weighing >100 kg, ARIXTRA is always dosed 10 mg once daily†

Please see Important Safety Information on page 28 and accompanying complete Prescribing Information, including **BOXED WARNING** regarding epidural and spinal hematomas.

†Initiate concomitant warfarin therapy within 72 hours.

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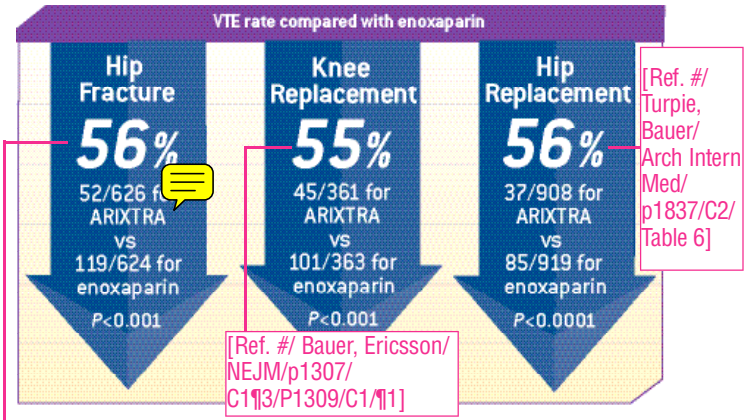
RECOMMENDED 1A

[Ref. #/ Ann Intern Med/Turpie/p1816/C1/¶2]

ARIXTRA significantly reduced the rate of VTE by 55% vs enoxaparin...

[Ref. #/ Ann Intern Med/Turpie/p1816/C1/¶2/Table 5]

The primary efficacy endpoint in these 4 studies was the presence of VTE up to Day 11



[Ref. #/ Turpie, Bauer/ Arch Intern Med/ p1837/C2/ Table 6]

[Ref. #/ Bauer, Ericsson/ NEJM/p1307/ C1¶3/P1309/C1/¶1]

- In a fourth clinical study, ARIXTRA reduced VTE by 26% (48/797 for ARIXTRA vs 66/797 for enoxaparin, *P*=NS) following hip replacement surgery

[Ref. #/ Turpie PENTATHLON 2000/Lancet/p1724/C1/¶2-4]

[Ref. #/ NEJM/p1300/C1,C2/¶1]

...with no difference in clinically relevant bleeding

Clinically relevant bleeding was defined by the study authors to be "fatal," "in a critical organ," or "leading to another operation"

	ARIXTRA (n=3,616) n (%)	enoxaparin (n=3,621) n (%)
Major bleeding (*P*=0.008)	96 (2.7)	[illegible] (1.9)
Fatal	0	1 (<0.1)
In critical organ	0	1 (<0.1)
Leading to another operation	12 (0.3)	10 (0.3)
Bleeding Index ≥2*	84 (2.3)	63 (1.6)

*Bleeding Index (BI) was defined as the number of units of packed red blood cells or whole blood transfused plus the difference between prebleeding and postbleeding hemoglobin in g/dL.

- In a separate analysis, major bleeding with ARIXTRA was 1.9% when the first injection of ARIXTRA was given 6 to 8 hours after surgical closure

In the knee-replacement study and 1 hip-replacement study, enoxaparin was administered 30 mg twice daily 12 to 24 hours after surgery. In the other 2 studies, enoxaparin was administered 40 mg once a day starting preoperatively when possible. In each study, ARIXTRA was administered 2.5 mg once daily starting 6 hours postoperatively.

ARIXTRA is contraindicated for prophylaxis in patients with body weight <50 kg and in patients with creatinine clearance <30mL/min.

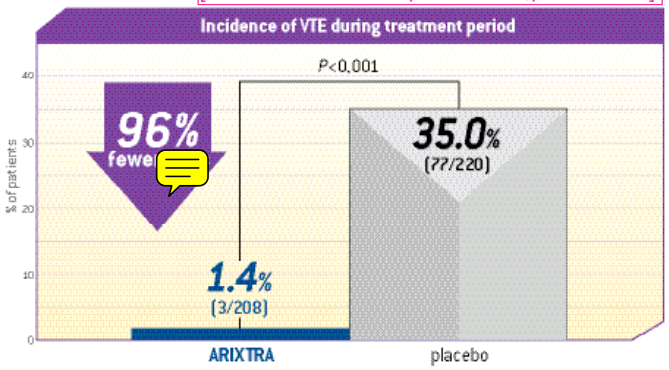
Please see Important Safety Information on page 28 and accompanying complete Prescribing Information, including **BOXED WARNING** regarding epidural and spinal hematomas.

ONCE-DAILY ARIXTRA (fondaparinux sodium) for injection

EFFICACY *with ease*

With extended therapy, ARIXTRA continued to protect against VTE...

[Ref. #/ Penthifra Plus/p1339/C1/¶3;p1338/C1/¶4]



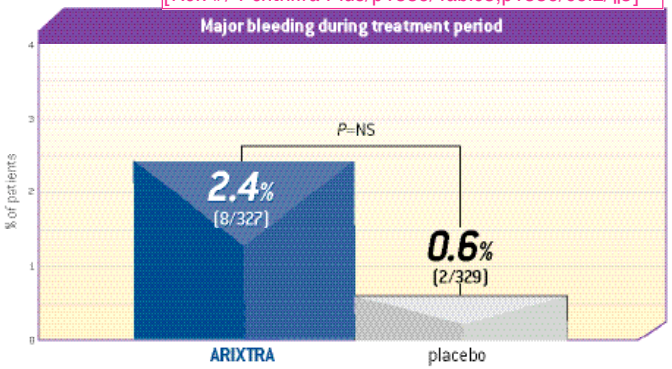
Extending therapy with ARIXTRA for 21 ± 2 days for an additional 31 days resulted in 96% fewer VTEs.

The PENTHIFRA Plus trial was a randomized, double-blind study in which patients received either ARIXTRA 2.5 mg SC once daily or placebo for 21 ± 2 days. Prior to randomization, all patients received ARIXTRA for 7 ± 1 days.

- 72% (22/30) of symptomatic VTEs occurred during follow-up between Day 11 and Day 49 following hip fracture surgery

...with a low incidence of major bleeding

[Ref. #/ Penthifra Plus/p1339/Table3;p1339/col2/¶3]



Major bleeding was defined as clinically overt bleeding that was fatal, bleeding at critical site or leading to an intervention, or with a bleeding index (BI) ≥ 2. BI was defined as the number of units of transfused packed RBC or whole blood plus the difference between prebleeding and postbleeding hemoglobin in g/dL.

Eriksson BI, Lassen MR: PENTHIFRA Plus Investigators. Duration of prophylaxis against venous thromboembolism with fondaparinux after hip fracture surgery: a multicenter, randomized, placebo-controlled, double-blind study. ***Archives of Internal Medicine***. June 9, 2003.

FPO

Only ARIXTRA is FDA approved for prophylaxis and extended prophylaxis following hip fracture surgery

[Ref. #/ PI/Section1.1]

ONCE-DAILY ARIXTRA® (fondaparinux sodium) for injection

EFFICACY *with ease*

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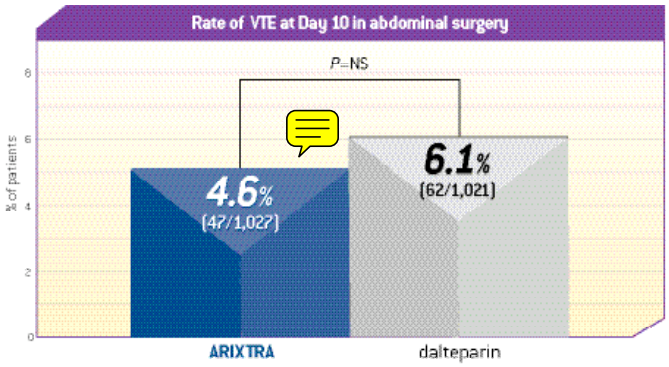
ARIXTRA helped protect most high-risk* patients...

[Ref. #/ Pegasus/P1215/C2/¶1215/C2/¶1]



The incidence of VTE was:

- In cancer-related surgery, 7.7% (55/712) in the dalteparin group vs 4.7% (33/696) for ARIXTRA
- In non–cancer-related surgery, 2.3% (7/309) for dalteparin vs 4.2% (14/331) for ARIXTRA

[Ref. #/ Pegasus/P1216//C2/¶1;P1217/C1/Table 4]

Patient characteristics:

~70% patients were >60 years old; mean patient body weight of 74 kg with many obese patients (16% men; 30% women)

Risk factors:

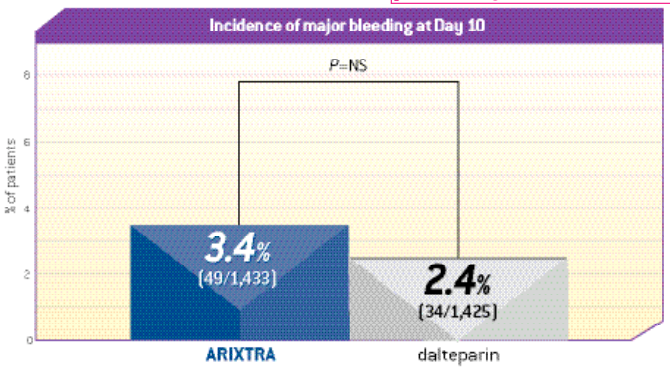
- Surgery for cancer: 69%
- Previous VTE: 3.6%
- ≥3 risk factors: ~62%

*High risk of thromboembolic complications.

Please see Important Safety Information on page 28 and accompanying complete Prescribing Information, including **BOXED WARNING** regarding epidural and spinal hematomas.

...undergoing abdominal surgery

[Ref. #/ Pegasus/P1217/C1/¶2]



Major bleeding was defined as fatal bleeding or bleeding that was retroperitoneal, intracranial, intraspinal, or involved any other critical organ; leading to reoperation or intervention; or with a bleeding index (BI) ≥2.0. BI was defined as the number of units of transfused packed RBC or whole blood plus the difference between prebleeding and postbleeding hemoglobin in g/dL

- In cancer-related surgery, major bleeding was 2.5% (25/987) for dalteparin vs 3.4% (32/954) for ARIXTRA
- In non–cancer surgery, the rate of major bleeding events was 2.1% (9/438) for dalteparin vs 3.5% (17/479) for ARIXTRA [Ref. #/ Pegasus/P1217/C1/¶2]
- 97.2% of patients in the group treated with ARIXTRA were free from major bleeding when the dose was administered 6 to 8 hours after closure

Agnelli G, Bergqvist D, Cohen AT, Gallus AS, Gent M; PEGASUS Investigators. Randomized clinical trial of postoperative fondaparinux versus perioperative dalteparin for prevention of venous thromboembolism in high-risk abdominal surgery. ***British Journal of Surgery***. June 2005.

FPO

Patients undergoing gynecologic and urologic surgeries were included in a separate study

[Ref. #/ Apollo/P.1858/C1/Table 1]

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Aligning patient care with quality initiatives...

2006—

VTE guidelines incorporated into quality reporting to CMS

- VTE-1: Surgery patient with recommended VTE prophylaxis ordered
- VTE-2: Surgery patients who received appropriate VTE prophylaxis within 24 hours prior to surgical incision time to 24 hours after end of surgery time

[Ref. #/ TK]

2008—

Joint Commission implemented Patient Safety Standard 3E, which includes the following objectives

- Reduce the likelihood of patient harm associated with the use of anticoagulation therapy
- Adopt standardized practices to reduce the risk of adverse events
- Provide education regarding anticoagulation therapy to prescribers, staff, patients, and families

[Ref. #/ TK]

2009—

Prevention of VTE is the essential goal of current quality measures

- In fact, without appropriate and timely anticoagulation, Medicare will not cover costs associated with treating DVT events following hip or knee replacement surgery

[Ref. #/ TK]

...and once-daily ARIXTRA

Simple once-daily dosing

- Convenient prefilled syringes—no measuring or calculating required
- Automatic needle-stick retraction

[Ref. #/ ARIXTRA PI/Section 1.1]

Making anticoagulation easier for providers and patients [Ref. #/ TK]

- A reimbursement resource center to answer questions related to reimbursement, benefit verifications, coding, coverage, and claims-related issues. Call 1-866-ARIXTRA and select option 5
- Simple-to-understand patient education materials for ARIXTRA
- A patient starter kit for ARIXTRA

FPO

*In quality initiatives, ARIXTRA is included for surgical prophylaxis following hip or knee replacement, hip fracture, and abdominal surgeries**

Please see Important Safety Information on page 28 and accompanying complete Prescribing Information, including **BOXED WARNING** regarding epidural and spinal hematomas.

*in patients at risk for thromboembolic complications.

ONCE-DAILY
ArixTra®
(fondaparinux sodium) for injection
EFFICACY with ease

Simple once-daily dosing for TREATMENT of VTE

Patient weight	Daily dose of ARIXTRA	
<50 kg	5 mg	 ORANGE
50–100 kg	**7.5 mg**	 MAGENTA
>100 kg	10 mg	 VIOLET

[Ref. #/ TK]

- Concomitant treatment with warfarin sodium should be initiated as soon as possible, usually within 72 hours
- A therapeutic oral anticoagulant effect (INR of 2.0 to 3.0) should be established prior to discontinuation of ARIXTRA
- The usual duration of administration of ARIXTRA is 5–9 days

Simple once-daily dosing for PROPHYLAXIS of VTE

Patient weight	Daily dose of ARIXTRA	
≥50 kg*	2.5 mg	 BLUE

*Contraindicated for prophylaxis in patients <50 kg. [Ref. #/ ARIXTRA PI/P18/¶2-8]

- The initial dose should be given 6–8 hours after surgery, after hemostasis has been established
  —Administration before 6 hours after surgery has been associated with an increased risk of major bleeding
- The usual duration of administration for ARIXTRA is 5–9 days
  —In patients undergoing hip fracture surgery, ARIXTRA is recommended for 32 days

Please see Important Safety Information on page 28 and accompanying complete Prescribing Information, including **BOXED WARNING** regarding epidural and spinal hematomas.

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Important Safety Information

[Ref. #/ ARIXTRA PI/P9/¶1-12;P10/¶1-8]

Spinal/Epidural Hematomas

When epidural/spinal anesthesia or spinal puncture is employed, patients anticoagulated or scheduled to be anticoagulated with low–molecular-weight heparins, heparinoids or fondaparinux sodium are at risk of developing an epidural or spinal hematoma, which can result in long-term or permanent paralysis. The risk of these events may be higher with postoperative use of indwelling epidural catheters or concomitant use of drugs affecting hemostasis. The risk also appears to be increased by traumatic or repeated epidural or spinal puncture. Patients should be frequently monitored for signs and symptoms of neurological impairment (see **BOXED WARNING**).

Contraindications

ARIXTRA is contraindicated in patients with severe renal impairment (creatinine clearance <30 mL/min); patients with body weight <50 kg undergoing hip fracture, hip replacement or knee replacement surgery, and abdominal surgery (prophylaxis only); patients with active major bleeding; bacterial endocarditis; patients with thrombocytopenia associated with a positive in vitro test for antiplatelet antibody in the presence of fondaparinux sodium; or patients with hypersensitivity to fondaparinux sodium.

Warnings and Precautions

ARIXTRA is not intended for intramuscular administration.

ARIXTRA cannot be used interchangeably with heparin, low–molecular-weight heparins or heparinoids, as they differ in manufacturing process, anti-Xa and anti-IIa activity, units, and dosage.

The risk of hemorrhage with ARIXTRA increases with decreasing renal function. ARIXTRA should be used with caution in patients with moderate renal impairment. Renal function should be assessed periodically in patients receiving ARIXTRA and should be discontinued immediately in patients who develop severe renal impairment.

ARIXTRA, like other anticoagulants, should be used with extreme caution in conditions with increased risk of hemorrhage.

Thrombocytopenia can occur with ARIXTRA. If the platelet count falls below 100,000/mm^3, ARIXTRA should be discontinued.

Because routine coagulation tests such as prothrombin time (PT) and activated partial thromboplastin time (aPTT) are relatively insensitive measures of ARIXTRA activity and international standards of heparin or LMWH are not calibrators to measure anti-Factor Xa activity of ARIXTRA, if during ARIXTRA therapy unexpected changes in coagulation parameters or major bleeding occurs, ARIXTRA should be discontinued.

Administration of ARIXTRA before 6 hours after surgery has been associated with an increased risk of major bleeding.

ARIXTRA should be used with caution in elderly patients.

Indications

ARIXTRA is indicated for the prophylaxis of deep vein thrombosis (DVT), which may lead to pulmonary embolism (PE) in patients undergoing hip fracture (including extended prophylaxis), knee replacement, hip replacement, or abdominal (who are at risk for thromboembolic complications) surgeries.

ARIXTRA Injection is indicated for the treatment of acute deep vein thrombosis (DVT) when administered in conjunction with warfarin sodium, and the treatment of acute pulmonary embolism (PE) when administered in conjunction with warfarin sodium when initial therapy is administered in the hospital.

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ARIXTRA®
(fondaparinux sodium) for injection
EFFICACY with ease

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Patients reported satisfaction with self-injection

- 95% of patients surveyed found self-administration to be "very or somewhat easy"
- 93% reported that they were "very or somewhat satisfied" with self-injection

[Ref. #/ TK]

Please see Important Safety Information on page 28 and accompanying complete Prescribing Information, including **BOXED WARNING** regarding epidural and spinal hematomas.

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ARIXTRA—Efficacy with ease

ARIXTRA—a synthetic, nonheparin anticoagulant

[Ref. #/ ARIXTRA PI/P1/description]

*1A recommended by the ACCP across all FDA-approved indications**

[Ref. #/ ARIXTRA PI/Indications and Usage]

Simple once-daily dosing across all its indications

–In the inpatient and outpatient settings

[Ref. #/ ARIXTRA PI/Indications and Usage]

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Please see Important Safety Information on page 28 and accompanying complete Prescribing Information, including **BOXED WARNING** regarding epidural and spinal hematomas.

*Abdominal surgery indication is included generally in section 2.1.2 and 2.1.3 in ACCP guidelines regarding general surgery on page 394S–396S.

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