

YOUR PATIENTS are complicated.



Innohep[®] is indicated for the treatment of acute symptomatic deep vein thrombosis with or without pulmonary embolism when administered in conjunction with warfarin sodium. The safety and effectiveness of **Innohep**[®] were established in hospitalized patients.

Spinal or epidural hematomas can occur with the associated use of low molecular weight heparins and spinal/epidural anesthesia or spinal puncture, which can result in long-term or permanent paralysis. The risk of hematomas is increased by the use of postoperative indwelling epidural catheters or by the concomitant use of drugs affecting hemostasis such as NSAIDs, platelet inhibitors, or other anticoagulants. Patients should be frequently monitored for signs and symptoms of neurological impairment. If neurological compromise is noted, urgent treatment is necessary (see Full Prescribing Information).

Patients with active major bleeding, patients with (or a history of) heparin-induced thrombocytopenia, or patients with known sensitivity to heparin, tinzaparin sodium injection (or any of its constituents), or pork products should not be treated with **Innohep**[®]. **Innohep**[®] should be used with extreme caution in conditions with increased risk of hemorrhage. Bleeding is the most common adverse event associated with **Innohep**[®], and can occur in any tissue or organ. The most common adverse events in controlled clinical trials with **Innohep**[®] were injection site hematomas (16%), abnormal elevations of AST (8.8%) and ALT (13%), urinary tract infections (3.7%), pulmonary embolism (2.3%), and chest pain (2.3%). Other bleeding events associated with **Innohep**[®] at a frequency of $\geq 1\%$ were epistaxis (1.9%), hemorrhage (1.5%),