

# Eptifibatide intravenous for adults

## Who can administer

Administration RESTRICTED - see [Appendix 1](#)

## Important information

- For use at the request of **consultant cardiologists**
- For **peri-operative management** refer to the SPC
- There are **two strengths** of this drug. **Read vial and check carefully.**

## Available preparations

Integrilin 75mg in 100ml infusion (for maintenance)

Integrilin 20mg in 10ml vial (For loading dose)

## Reconstitution

Already in solution

## Infusion fluids

Not required- already in solution

## Methods of intravenous administration

### **Bolus intravenous injection**

- Administer required dose over 1 to 2 minutes

### **Continuous intravenous infusion**

- Administer as per dose overleaf

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## Dose in adults

### Loading dose



- Give 180micrograms/kg as a bolus injection over one to two minutes, **repeat bolus dose after TEN minutes** (unlicensed, ref 3)
- Use the 20mg/10ml vial- see picture

LOADING DOSE TO GIVE	30kg	40kg	50kg	60kg	70kg	80kg	90kg	100kg	110kg	120kg
ml of 2mg/ml vial to give	2.7ml	3.6ml	4.5ml	5.4ml	6.3ml	7.2ml	8.1ml	9ml	9.9ml	10.8ml

## Continuous (maintenance) infusion



- Administer at a rate of 2micrograms/kg/minute (see maintenance dose table below)
- The drug may be used for up to 72 hours, until initiation of coronary artery bypass graft (CABG) surgery, or until discharge from the hospital (whichever occurs first). If Percutaneous Coronary Intervention (PCI) is performed during eptifibatide therapy, continue the infusion for 20-24 hours post-PCI for an overall maximum duration of therapy of 96 hours.
- Review need for maintenance after 12 hours<sup>(ref 4)</sup>
- **Heparin use and dosing:** No consensus agreed. However some local cardiologists may choose to use low molecular weight heparin once ACT has normalised<sup>(ref 4)</sup> - (unlicensed). Nurses to request written instruction for clarity and patient safety.
- Use the 0.75mg/ml, 100ml vial- see picture

Eptifibatide maintenance dose table		
Weight	Maintenance dose (mg/hour)	Maintenance dose (mg/hour)
	ml/hour using a 75mg/100ml infusion	
	CrCl>50ml/min	CrCl 30 to 50ml/min
40kg	4.8mg/hour (6.4ml/hour)	2.4mg/hour (3.2ml/hour)
50kg	6mg/hour (8ml/hour)	3mg/hour (4ml/hour)
60kg	7.2mg/hour (9.6ml/hour)	3.6mg/hour (4.8ml/hour)
70kg	8.4mg/hour (11.2ml/hour)	4.2mg/hour (5.6ml/hour)
80kg	9.6mg/hour (12.8ml/hour)	4.8mg/hour (6.4ml/hour)
90kg	10.8mg/hour (14.4ml/hour)	5.4mg/hour (7.2ml/hour)
100kg	12mg/hour (16ml/hour)	6mg/hour (8ml/hour)
110kg	13.2mg/hour (17.6ml/hour)	6.6mg/hour (8.8ml/hour)
120kg	14.4mg/hour (19.2ml/hour)	7.2mg/hour (9.6ml/hour)

Renal impairment	
CrCl 30 to 50ml/min	Reduce continuous infusion dose to 1microgram/kg/minute
CrCl less than 30ml/min	<b>Contraindicated</b>

## Hepatic impairment

- Administer with caution to patients in whom coagulation could be affected
- **Contraindicated** in clinically significant hepatic impairment

## Monitoring

- Before the infusion starts, monitor PT, aPTT, serum creatinine, platelet count, haemoglobin, haematocrit levels
- Monitor haemoglobin, haematocrit and platelet counts prior to treatment, within six hours of administration and at least once daily thereafter while on therapy and immediately at clinical signs of unexpected bleeding tendency
- If the platelet count falls below 100,000/mm<sup>3</sup>, further platelet counts are required to rule out pseudothrombocytopenia
- In patients undergoing PCI, measure ACT also

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## Further information

- The US prescribing information suggests a maximum dosing weight of 121kg.
- The Irish license does not suggest any such maximum dose

## Storage

Store in a refrigerator between 2 and 8°C

## References

1. SPC Jan 1st 2021
2. Injectable medicines guide Medusa downloaded 21/02/82023
3. 2018 ESC/EACTS Guidelines on myocardial revascularization
4. Cardiology meeting inhouse at UHG as represented by views of Dr Nash et al. (20 Sept 2019).

## Therapeutic classification

Antithrombotic agent