

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^(ref 4)
- **Heparin use and dosing:** No consensus agreed. However some local cardiologists may choose to use low molecular weight heparin once ACT has normalised^(ref 4) - (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 | Contraindicated |

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/mm³, 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