



GUIDELINES FOR THE USE OF EPTIFIBATIDE (INTEGRILIN™) in Acute Coronary Syndrome

INDICATIONS:

Eptifibatide, in combination with aspirin and un-fractionated heparin is indicated in the treatment of patients with acute coronary syndrome (UA/NQMI) including patients who are to be managed medically and those undergoing percutaneous coronary intervention (PCI)

CONTRAINDICATIONS:

- Active internal bleeding or a history of bleeding diathesis within the previous 30 days
- History of intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm
- SERUM CREATININE ≥ 4.0 mg/dL, or dependency on renal dialysis
- Platelet count $< 100,000/\text{mm}^3$
- History of CVA within 30 days or any history of hemorrhagic stroke
- Recent (within six weeks) major surgery or trauma
- History, symptoms, or findings suggestive of aortic dissection
- Severe uncontrolled hypertension (systolic blood pressure > 200 mmHg and/or diastolic blood pressure > 110 mmHg)
- Concomitant use of another parenteral GP IIb/IIIa inhibitor
- Known hypersensitivity to any component of the product.

Dosage and Administration of Eptifibatide

Eptifibatide Dosing

1. Bolus with 180 mcg/kg over 1-2 minutes.
2. If Calculated CrCl ≥ 50 ml/min, follow bolus with continuous infusion at 2 mcg/kg/min for at least 18-24 hours after intervention. If Calculated CrCl < 50 ml/min, follow bolus with continuous infusion at 1 mcg/kg/min for at least 18-24 hours after intervention.
3. **If Patient presents in the Cath Lab within 2 hours of first bolus, re-bolus with 180 mcg/kg over 1-2 minutes. If presents > 2 hours DO NOT re-bolus (Platelet inhibition should be therapeutic)**
4. DO NOT use eptifibatide if serum creatinine is ≥ 4.0 mg/dL.
5. Start aspirin and unfractionated heparin or enoxaparin, if not previously done and PCI has not been done.
6. Obtain platelet count 3 hours after initial eptifibatide bolus (see below).

Anticoagulation along with Eptifibatide (Heparin or Enoxaparin):

1. **Unfractionated Heparin**
 - a. Bolus with 60 units/kg (maximum of 4000 units) and start infusion at 12 units/kg/hour (maximum of 1000 units/hour).
 - b. Follow adjustment algorithm for "ACS" heparin protocol for a target aPTT of 50-70 seconds.
2. **Enoxaparin (Lovenox)**
 - a. Give 1 mg/kg SC q 12 hours. (If CrCl 30-50 ml/min, consult package insert for specific dosing, renal impairment)

Management of Eptifibatide with Cardiac Catheterization/Intervention

Diagnostic cardiac catheterization

1. Continue heparin or enoxaparin, continue eptifibatide.
2. Proceed to complete the diagnostic cardiac catheterization

Percutaneous coronary intervention

1. Test the ACT before proceeding with the intervention
2. Give boluses of heparin IV aiming for a target ACT of 200-230 seconds.
3. Test the ACT after heparin boluses to ensure ACT is in the target range. Give additional heparin as required.
4. Monitor ACT's every 90 minutes during the procedure to maintain a target ACT of 200-230 seconds. **Management of the patient post-procedure:**

If coronary intervention was not performed:

1. Eptifibatide may be discontinued or continued if clinically indicated, even if sheaths are to be removed.
2. Remove sheaths when ACT < 150 seconds, or use a vascular closure device.
3. Continue aspirin. If clinically indicated, restart heparin or enoxaparin ≥ 4 hours after sheath removal if eptifibatide infusion is continued.

If percutaneous coronary intervention was performed:

1. Do not place patient on immediate post-procedural IV heparin.
2. Remove sheaths when ACT < 150 seconds while still on eptifibatide, or use a vascular closure device.
3. Only if clinically necessary, restart IV heparin or SQ enoxaparin ≥ 4 hours after sheath removal.
4. Continue eptifibatide for at least 18-24 hours after the procedure.
5. Continue ASA (clopidogrel if coronary stent).

Management of a Patient Receiving Eptifibatide if a Major Bleeding Complication Occurs

1. Immediately discontinue eptifibatide. Perform platelet transfusions (10-pack initially) as required to control bleeding.
2. Immediately discontinue heparin or enoxaparin. Administer protamine as required to control bleeding.

Management of Patient on Eptifibatide if Cardiac Surgery

(Duration of platelet inhibition is 4-8 hours)

1. Discontinue eptifibatide 3-6 hours prior to surgery or as close to that time as possible.
2. Perform platelet transfusions only as required to control bleeding after surgery.
3. Consider dialysis if < 4 hrs since discontinuing eptifibatide.

Management of Post-Eptifibatide Thrombocytopenia

For platelet count $> 100,000$:

- Do not alter treatment.

For platelet count 40,000-100,000:

- Redraw stat platelet count (green top tube). If similar count of $< 100,000$, immediately discontinue eptifibatide.
- Perform platelet transfusions only as required to control bleeding.
- Repeat platelet count q 12 hours until $> 100,000$.

For platelet count $< 40,000$

- Immediately discontinue eptifibatide.
- Perform platelet transfusion as required to control bleeding or consider administering to maintain platelet count $\geq 40,000$.
- Repeat platelet count q 12 hours until $> 100,000$.

Questions, Assistance, or Referrals: