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

Eptifibatide (Accord and Kensington) 20mg in 10mL (for Loading dose)

Eptifibatide (Accord and Kensington) 75mg in 100mL (for Maintenance 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 [ref 1]

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** (see section 5.1 of SPC- trials)

- Use the 20mg/10ml vial

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 2]
- **Heparin use and dosing:** No consensus agreed. However some local cardiologists may choose to use low molecular weight heparin once ACT has normalised [ref 2] - (unlicensed). Nurses to request written instruction for clarity and patient safety.
- Use the 0.75mg/ml, 100ml vial

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)
See under Further Information below where weight >121kg		

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

- Although no maximum weight is stated in the licence, the pivotal trials (PURSUIT, ESPRIT, IMPACT-II) capped weight-based dosing at 121 kg, with heavier patients dosed as 121 kg; therefore, safety and exposure data above this weight are limited

Storage

Store in a refrigerator between 2 and 8^{0}C

References

SPC Accord downloaded EMEA 12/02/2026

1. Injectable medicines guide Medusa downloaded 21/02/2023

2. Cardiology meeting inhouse at UHGÂ - 20 Sept 2019

Therapeutic classification

Antithrombotic agent

Search synonym Integrilin