# Tirofiban infusion for NSTE-ACS patients to be managed with an early invasive strategy 4 - 48hours after diagnosis

**Written and prepared by Umi Quinn (Rotational pharmacist) and Dominic Moore (Advanced Pharmacist- Specialist Medicine)**
**Checked by: Dr Bhandari (Consultant Cardiologist)**
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| **Indication** | The prevention of major cardiovascular events in patients presenting with acute coronary syndromes without ST elevation (NSTE-ACS) not undergoing coronary angiography for at least 4 hours and up to 48 hours after diagnosis. |
| **Dose** | **See dosing table on next page.**<br><br>**Loading infusion:** 0.4 micrograms/kg/min given over 30 minutes initiated upon diagnosis, followed by<br><br>**Maintenance infusion:** 0.1 micrograms/kg/min. May be continued during coronary angiography and should be maintained for 12-24 hours post PCI/atherectomy until the patient is stable.<br><br>The entire treatment duration should not exceed 108 hours. |
| **Preparation** | Ready-made 250ml infusion bag containing tirofiban 50micrograms/ml. |
| **Administration** | Intravenous infusion using an infusion pump – see dosing table for infusion rates. |
| **Shelf-life** | See product expiry date. Once opened, use immediately. |
| **Additional information** | 1. In renal impairment (CrCl <30ml/min): reduce the dose by 50%.<br>2. Risk of bleeding and thrombocytopenia - monitor platelet count, haemoglobin and haematocrit before treatment, 2-6 hours after start of treatment (or 1 hour if patient has previously received a GPIIb/IIIa receptor antagonist) and then at least once daily during treatment.<br>3. Contraindicated in patients with a high risk of bleeding (i.e. history of stroke in last 30 days or haemorrhagic stroke, history of intracranial disease (aneurysm, neoplasm or arteriovenous malformation), clinically relevant bleeding within last 30 days, severe hypertension, coagulation abnormalities (abnormal platelet count or function, or INR >1.5) |

**Table 1**

| **Tirofiban dosing table for NSTE-ACS patients managed with an early invasive strategy 4-48 hours after diagnosis** | | | |
|---|---|---|---|
| In patients with severe kidney failure (**creatinine clearance <30mL/min**), the dosage of tirofiban should be **reduced by 50% (see table 2)** | | | |
| **Patient Weight (kg)** | **30min loading infusion** | | **Maintenance infusion rate** |
| | **Infusion rate** | **Volume to be infused** | |
| 30-37 | 16 ml/hr | 8 ml | 4 ml/hr |
| 38-45 | 20 ml/hr | 10 ml | 5 ml/hr |
| 46-54 | 24 ml/hr | 12 ml | 6 ml/hr |
| 55-62 | 28 ml/hr | 14 ml | 7 ml/hr |
| 63-70 | 32 ml/hr | 16 ml | 8 ml/hr |
| 71-79 | 36 ml/hr | 18 ml | 9 ml/hr |
| 80-87 | 40 ml/hr | 20 ml | 10 ml/hr |
| 88-95 | 44 ml/hr | 22 ml | 11 ml/hr |
| 96-104 | 48 ml/hr | 24 ml | 12 ml/hr |
| 105-112 | 52 ml/hr | 26 ml | 13 ml/hr |
| 113-120 | 56 ml/hr | 28 ml | 14 ml/hr |
| 121-128 | 60 ml/hr | 30 ml | 15 ml/hr |
| 129-137 | 64 ml/hr | 32 ml | 16 ml/hr |
| 138-145 | 68 ml/hr | 34 ml | 17 ml/hr |
| 146-153 | 72 ml/hr | 36 ml | 18 ml/hr |

**Table 2**

| **For patients with severe renal failure (CrCl <30ml/min): Tirofiban dosing table for NSTE-ACS patients managed with an early invasive strategy 4-48 hours after diagnosis** | | | |
|---|---|---|---|
| For patients with a CrCl of above 30ml/min, please refer to table 1. | | | |
| **Patient Weight (kg)** | **30min loading infusion** | | **Maintenance infusion rate** |
| | **Infusion rate** | **Volume to be infused** | |
| 30-37 | 8 ml/hr | 4 ml | 2 ml/hr |
| 38-45 | 10 ml/hr | 5 ml | 3 ml/hr |
| 46-54 | 12 ml/hr | 6 ml | 3 ml/hr |
| 55-62 | 14 ml/hr | 7 ml | 4 ml/hr |
| 63-70 | 16 ml/hr | 8 ml | 4 ml/hr |
| 71-79 | 18 ml/hr | 9 ml | 5 ml/hr |
| 80-87 | 20 ml/hr | 10 ml | 5 ml/hr |
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**References**


1. SPC Aggrastat 50 mcg/ml Solution for infusion. Updated on eMC 08-Jan-2014.
2. Correvio medical information - Aggrastat dosing poster.
3. Medusa Injectable Medicines Guide – Tirofiban (Intravenous-Adult) Date published 30/03/15