

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

Indication	The prevention of major cardiovascular events in patients presenting with acute coronary syndromes without ST elevation (NSTEMI-ACS) not undergoing coronary angiography for at least 4 hours and up to 48 hours after diagnosis.
Dose	<p>See dosing table on next page & additional information for dose adjustments / contraindications.</p> <p>Loading infusion: 0.4 micrograms/kg/min given over 30 minutes initiated upon diagnosis, followed by</p> <p>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.</p> <p>The entire treatment duration should not exceed 108 hours.</p>
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	<ol style="list-style-type: none"> 1. In renal impairment (CrCl <30ml/min): reduce the dose by 50%. 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. 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 NSTEMI-ACS patients managed with an early invasive strategy <u>4-48 hours after diagnosis</u>			
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 NSTEMI-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
88-95	22 ml/hr	11 ml	6 ml/hr
96-104	24 ml/hr	12 ml	6 ml/hr
105-112	26 ml/hr	13 ml	7 ml/hr
113-120	28 ml/hr	14 ml	7 ml/hr
121-128	30 ml/hr	15 ml	8 ml/hr
129-137	32 ml/hr	16 ml	8 ml/hr
138-145	34 ml/hr	17 ml	9 ml/hr
146-153	36 ml/hr	18 ml	9 ml/hr

References

1. SPC Aggrastat 12.5mg/50ml infusion bags. Updated on eMC 25/06/2020. Accessed October 2023.
2. Medusa Injectable Medicines Guide – Tirofiban (Intravenous-Adult) Version 8 10/01/23. Accessed October 2023
3. Brayfield A (ed), Martindale: The Complete Drug Reference. [online] London: Pharmaceutical Press <<http://www.medicinescomplete.com/>> (accessed November 2023).

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