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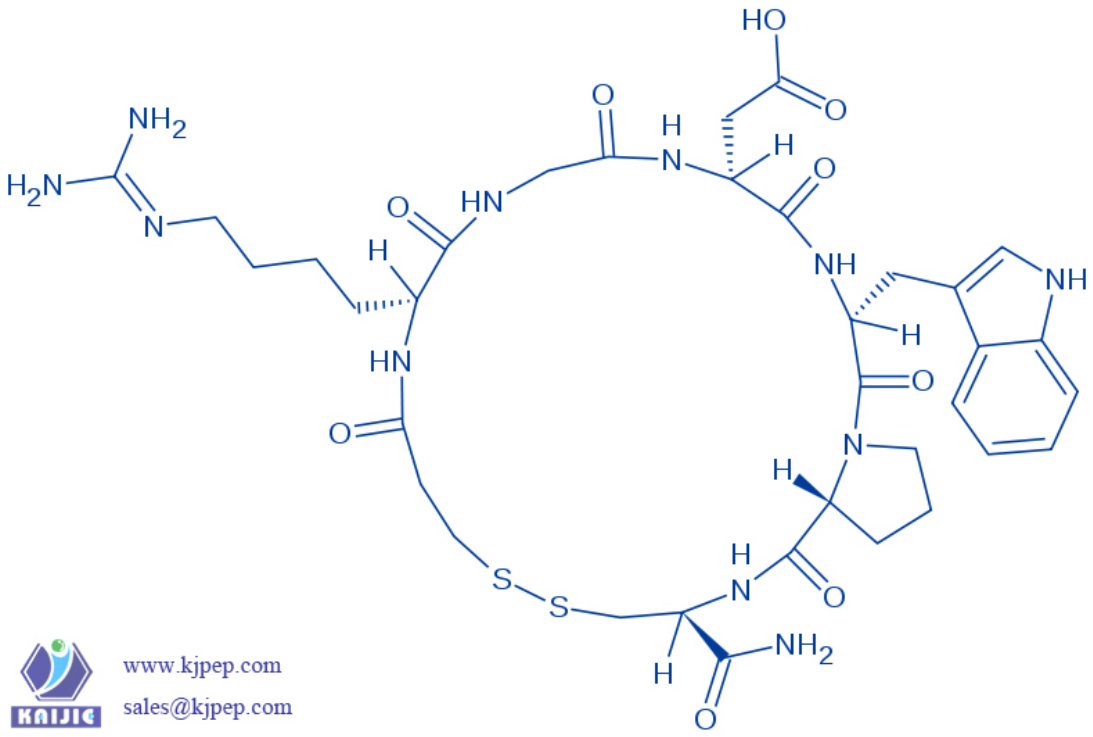
About Author

Chengdu Kaijie Biopharm Co, Ltd. (KJBP) is one of leading peptide manufacturers in Asia. With its highest capacity of production in China and the outstanding quality of peptide products, Kaijie holds a unique position.

Eptifibatide



1.US Trade Name: Integrilin

2.How Supplied

2.1.Integrilin :

Intravenous Solution: 0.75 MG/ML, 2 MG/ML

3.Adult Dosing

Acute coronary syndrome, With or without percutaneous coronary intervention: IV bolus 180 mcg/kg actual body weight (ABW) (maximum 22.6 mg) as soon as possible, followed by 2 mcg/kg ABW/min (maximum 15 mg/hr) infusion until discharge or CABG surgery, up to 72 hr; if undergoing PCI while receiving eptifibatide, continue the infusion up to discharge, or for up to 18-24 hr after procedure, whichever comes first, allowing for up to 96 hr of therapy.

Percutaneous coronary intervention: IV bolus 180 mcg/kg actual body weight (ABW) (maximum 22.6 mg) administered immediately before the initiation of PCI followed by 2 mcg/kg ABW/min (maximum 15 mg/hr) infusion and a second 180 mcg/kg ABW bolus 10 min after the first bolus; continue infusion until discharge, or for up to 18-24 hr, whichever comes first; a minimum of 12 hr of infusion is recommended.

4.Dose Adjustments

Renal impairment: acute coronary syndrome, CrCl < 50 mL/min, 180 mcg/kg actual body weight (maximum 22.6 mg) IV bolus as soon as possible, followed by 1 mcg/kg/min (maximum 7.5 mg/hr) infusion

renal impairment: percutaneous coronary intervention, CrCl < 50 mL/min, 180 mcg/kg actual body weight (maximum 22.6 mg) IV bolus immediately before PCI, followed by 1 mcg/kg/min (maximum 7.5 mg/hr) infusion and a second 180 mcg/kg bolus administered 10 min after the first.

5.Mechanism of Action

Systemic: Eptifibatide inhibits platelet aggregation by reversibly binding to the platelet receptor glycoprotein (GP) IIb/IIIa of human platelets, thus preventing the binding of fibrinogen, von Willebrand factor, and other adhesive ligands . Inhibition of platelet aggregation occurs in a dose- and concentration-dependent manner.

6. Distribution

Systemic: Vd: 185 mL/kg (in patients with coronary artery disease)

7. Excretion

Systemic: Renal, 50%

8.Adverse Effects

Cardiovascular: Hypotension

Hematologic: Bleeding, Minor (3-12%)

Hematologic: Bleeding, Major (up to 11%)

Neurologic: Intracerebral hemorrhage (<1%)