ABCIXIMAB

ACTIONS
Chimeric monoclonal antibody.
Prevents binding of fibrinogen to platelets, by occupying glycoprotein IIb/IIIa receptor, thereby blocking platelet aggregation.

INDICATIONS
- Prevention of ischaemic cardiac complications in percutaneous coronary intervention (PCI);
- Prior to the planned intervention, if unstable angina is refractory to conventional therapy.

DOSAGE & ADMINISTRATION

PERCUTANEOUS CORONARY INTERVENTION
- **IV BOLUS:** 0.25mg/kg, administered over ONE minute using 0.2-5 micron filter, 10-60 minutes prior to the intervention, followed by
- **IV INFUSION** at a dose of 0.125 microgram/kg/minute, to a maximum of 10 micrograms/minute) over 12 hours.

UNSTABLE ANGINA (deferred for 18-24 hours)
- **IV BOLUS:** 0.25mg/kg, administered over ONE minute using 0.2-5 micron filter followed by
- **IV INFUSION:** 10 micrograms/kg/minute, commencing 18-24 hours before the planned intervention, and ceasing one hour after the completion of the intervention

**IV Bolus:**

<table>
<thead>
<tr>
<th>Weight (kg)</th>
<th>Dose (mg)</th>
<th>Bolus (mL)</th>
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<tbody>
<tr>
<td>50</td>
<td>12.5</td>
<td>6.3</td>
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<tr>
<td>60</td>
<td>15</td>
<td>7.5</td>
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<td>70</td>
<td>17.5</td>
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<td>80</td>
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<td>10</td>
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<td>90</td>
<td>22.5</td>
<td>11.2</td>
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<tr>
<td>100</td>
<td>25</td>
<td>12.5</td>
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**IV Infusion:**
Withdraw 4.7mL from the ReoPro vial. Inject 4.5mL (9mg) via a sterile, non-pyrogenic low protein binding 0.2-5micron filter into a 500mL bag diluent (Concentration is 18microgram/mL), infuse using an infusion pump at the calculated infusion rate.

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<tr>
<th>Weight (kg)</th>
<th>Infusion (mL/hr)</th>
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## ABCIXIMAB

**Concord Repatriation General Hospital**  
**Intensive Care Unit Drug Guidelines**

### MONITORING
- Monitor baseline PT, APTT, CrCl, FBC, platelet count (PLT), haemoglobin (HB) and haematocrit (Hct); bleed from GIT, genitourinary, pulmonary and retroperitoneal sites.
- After starting, monitor HB and Hct at 12 hours and 24 hours, and PLT count at 2–4 hours and 24 hours.

### ADVERSE REACTIONS
Anaphylaxis; Bleeding; Thrombocytopenia; hypotension, chest pain, arrhythmias; nausea, dyspepsia; anaemia; dyspnoea; UTI, retention, renal failure; back pain, headache, fever, puncture site pain, abdominal pain, fatigue, rash, anxiety.

### CONTRAINDICATION
Absolute: Known sensitivity to Abciximab; Active or recent bleeding; History of CVA within past 2 years, or CVA with significant residual; Neurological deficit; Bleeding diathesis; Recent oral anticoagulants within 7 days (unless PT less than or equal to 1.2 times control); Intracranial neoplasm, AVM or aneurysm; Severe uncontrolled hypertension.

Relative: major surgery or trauma within past 6 weeks; Thrombocytopenia (under 100,000/microlitre); Recent (within 6 weeks); Presumed or documented history of vasculitis; Use of IV dextran prior to PTCA or intent to use it during PTCA.

### PRECAUTIONS
Anticoagulation (e.g. heparin, thrombolytics)
Increased incidence of bleeding with heparin in the presence of Abciximab.

### COMPATABILITY
- Sodium Chloride 0.9%, glucose 5%, stable in both infusions for 12 hours.
- Ysite: Adenosine, atropine, bivalirudin, fentanyl, metoprolol, midazolam.

Syringe compatibility: Not recommended. Should not be administered with other drugs.

### INCOMPATIBILITY
Do not administer with other drugs or blood products except as above.
Not to be used with filters composed of acrylic polymer of PVC and polyethylene cast on a non-woven nylon substrate.

### TRADE NAMES
ReoPro

### REFERENCES:

### REVISED BY:
- Arlene Adriano CNS, 2012
- Katina Skylas ICU CNC May 2013
- Najat Nizam-Nahhas Pharmacist August 2013

### AUTHORISED BY:
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### ENDORSED:
CRGH Drug Committee December 2013

### REVISION DUE:
December 2016