



FAST FACTS ABOUT ANGIOMAX

Indications and Usage

- Angiomax with provisional glycoprotein (GP) IIb/IIIa inhibitor is indicated for use as an anticoagulant in patients undergoing PCI
- Angiomax is intended for use with aspirin and has been studied only in patients receiving concomitant aspirin

Pharmacokinetics

- Angiomax is a highly specific antithrombotic agent
- Directly inhibits both circulating and clot-bound thrombin and its effects on platelets
- Rapid onset of action
- 25 minute half-life for patients with normal renal function
 - Half-life in patients with severe renal impairment increases from 25 to 57 minutes and to 3.5 hours in dialysis-dependent patients
- Linear, predictable response

Dosage and Administration

- The recommended dose of Angiomax is an intravenous (IV) bolus dose of 0.75 mg/kg
- This should be followed by an infusion of 1.75 mg/kg/h for the duration of the PCI procedure
 - Continuation of the infusion for up to 4 hours postprocedure is optional, at the discretion of the treating physician
- Five minutes after the bolus dose has been administered, activated clotting time (ACT) should be checked and an additional bolus of 0.3 mg/kg should be given if needed

Instructions for Administration

Angiomax is intended for IV injection and infusion after dilution.

- To each 250-mg vial add 5 mL of Sterile Water for Injection, USP. Gently swirl until all material is dissolved
- Each reconstituted vial should be further diluted in 50 mL of 5% Dextrose in Water or 0.9% Sodium Chloride for Injection to yield a final concentration of 5 mg/mL (eg, 1 vial in 50 mL; 2 vials in 100 mL; 5 vials in 250 mL)
- The dose to be administered is adjusted according to the patient's weight

Special Population - Renally Impaired Patients

- No reduction in the bolus dose is needed
- If the creatinine clearance is less than 30 mL/minute, reduction of the infusion rate to 1.0 mg/kg/h should be considered
- If a patient is on hemodialysis, the infusion should be reduced to 0.25 mg/kg/h
- ACT should be monitored in renally impaired patients

1. Reed MD et al. *Pharmacotherapy*. 2002;22:105S-111S. 2. Mehta S et al. *Cath Lab Digest*. 2004;12:1-4. 3. Minutello RM et al. Angiomax facilitates early sheath removal after coronary angioplasty: The AFRICA Study [abstract 340]. 15th Transcatheter Cardiovascular Therapeutics Meeting; 2003. 4. Schussler JM et al. *Am J Cardiol*. 2004;94:1417-1419.

Optional Low-Rate Post-PCI Infusion

- After 4 hours of the initial infusion, an additional infusion may be initiated at a rate of 0.2 mg/kg/h for up to 20 hours, if needed
- If the low-rate infusion is used after the initial infusion, a lower concentration bag of 0.5 mg/mL should be prepared

Switching Information

- From unfractionated heparin (UFH) to Angiomax¹
 - For patients started on UFH before PCI, wait until 30 minutes after the last dose of UFH before starting Angiomax for PCI
- From low-molecular-weight heparin (LMWH) to Angiomax¹
 - For patients started on LMWH before PCI, wait 8 hours after the last LMWH dose before starting Angiomax for PCI

IV Line Incompatibilities

- Alteplase, amiodarone HCl, amphotericin B, chlorpromazine HCl, diazepam, dobutamine HCl (at 12.5 mg/mL),* prochlorperazine edisylate, reteplase, streptokinase, vancomycin HCl

*Dobutamine HCl at a concentration of up to 4 mg/mL was reported to be physically compatible with Angiomax; however, at a concentration of 12.5 mg/mL it was observed to be physically incompatible.

Femoral Sheath Removal

- Angiomax levels fall rapidly when Angiomax is discontinued
- In most patients, sheaths generally can be removed 2 hours after Angiomax discontinuation without ACT monitoring, reducing access-site complications^{2,3,4}
- Sheath removal has not been studied in dialysis-dependent patients. Follow standard hospital protocol for this population

Safety Considerations

- Angiomax is contraindicated in patients with active major bleeding or hypersensitivity to Angiomax or its components
- The most common ($\geq 10\%$) adverse events for Angiomax were back pain, pain, nausea, headache, and hypotension
- An unexplained fall in blood pressure or hematocrit, or any unexplained symptom, should lead to serious consideration of a hemorrhagic event and cessation of Angiomax administration

For additional information call
1-800-ANGIOMAX (1-800-264-4662) or visit www.ANGIOMAX.com
PLEASE SEE ACCOMPANYING FULL PRESCRIBING INFORMATION.

Angiomax[®] (bivalirudin)
FOR INJECTION
REPLACE HEPARIN. IMPROVE OUTCOMES.