

warfarin 4-6 hours after dose reduction; argatroban therapy can be stopped when the combined INR on warfarin and argatroban is >4. Repeat INR measurement in 4-6 hours; if INR is below therapeutic level, argatroban therapy may be restarted. Repeat procedure daily until desired INR on warfarin alone is obtained.

Note: The American College of Chest Physicians recommends monitoring chromogenic factor X assay when transitioning from argatroban to warfarin (Hirsh, 2008). Factor X levels <45% have been associated with INR values >2 after the effects of argatroban have been eliminated (Arpino, 2005).

Prefilter administration for continuous renal replacement therapy (CRRT) in critically-ill patients with HIT (unlabeled use; Link, 2009): 0.1-1.5 mcg/kg/minute. **Note:** Loading dose of 100 mcg/kg was administered during clinical trial; however, this may be unnecessary.

Percutaneous coronary intervention (PCI): I.V.:

Initial: Begin infusion of 25 mcg/kg/minute and administer bolus dose of 350 mcg/kg (over 3-5 minutes). ACT should be checked 5-10 minutes after bolus infusion; proceed with procedure if ACT >300 seconds. Following initial bolus:

ACT <300 seconds: Give an additional 150 mcg/kg bolus, and increase infusion rate to 30 mcg/kg/minute (recheck ACT in 5-10 minutes)

ACT >450 seconds: Decrease infusion rate to 15 mcg/kg/minute (recheck ACT in 5-10 minutes)

Once a therapeutic ACT (300-450 seconds) is achieved, infusion should be continued at this dose for the duration of the procedure.

If dissection, impending abrupt closure, thrombus formation during PCI, or inability to achieve ACT >300 seconds: An additional bolus of 150 mcg/kg, followed by an increase in infusion rate to 40 mcg/kg/minute may be administered.

Note: Post-PCI anticoagulation, if required, may be achieved by continuing infusion at a reduced dose of 2-10 mcg/kg/minute, with close monitoring of aPTT.

Pediatric Heparin-induced thrombocytopenia (dosing based on limited data from critically-ill patients): I.V.:

Initial dose: 0.75 mcg/kg/minute

Maintenance dose: Patient may not be at steady-state but measure aPTT after 2 hours; adjust dose until the steady-state aPTT is 1.5-3 times the initial baseline value, not exceeding 100 seconds; dosage may be adjusted in increments of 0.1-0.25 mcg/kg/minute. **Note:** Frequent dosage adjustments may be required to maintain desired anticoagulant activity.

Renal Impairment Removal during hemodialysis and continuous venovenous hemofiltration is clinically insignificant. No dosage adjustment required.

Hepatic Impairment Decreased clearance and increased elimination half-life are seen with hepatic impairment; dose should be reduced.

Children: Initial dose: 0.2 mcg/kg/minute; adjust dose in increments of ≤0.05 mcg/kg/minute

Adults: Initial dose for moderate hepatic impairment is 0.5 mcg/kg/minute. **Note:** During PCI, avoid use in patients with elevations of ALT/AST (>3 times ULN); the use of argatroban in these patients has not been evaluated.

Administration

I.V. Solution must be diluted to 1 mg/mL prior to administration.

Monitoring and Teaching Issues

Laboratory Monitoring Hemoglobin, hematocrit; baseline aPTT prior to start of therapy. Patient may not be at steady-state but check aPTT 2 hours after start of therapy to adjust dose, keeping the steady-state aPTT 1.5-3 times the initial baseline value (not exceeding 100 seconds).

Physical Assessment Assess patient for use cautions. Assess potential for interactions with drugs that affect platelet function or coagulation. Monitor for abnormal bleeding, GI pain, epistaxis, hematuria, and irritation at infusion site. Observe bleeding precautions.

Patient Education This medication can only be administered by intravenous infusion and you will be monitored with blood tests during therapy. You may have a tendency to bleed easily; use electric razor, brush teeth with soft brush, floss with waxed floss, avoid all scissors or sharp instruments (knives, needles, etc), and avoid injury or bruising. Report stomach cramping or pain, dark or bloody stools, blood in urine, acute headache or confusion, respiratory difficulty, nosebleed, or bleeding from gums.

◆ **8-Arginine Vasopressin** see Vasopressin on page 1851

◆ **Aricept®** see Donepezil on page 569

◆ **Aricept® ODT** see Donepezil on page 569

◆ **Aridol™** see Mannitol on page 1146

◆ **Arimidex®** see Anastrozole on page 128

Aripiprazole (ay ri PIP ray zole)

U.S. Brand Names Abilify Discmelt®; Abilify®

Index Terms BMS 337039; OPC-14597

Generic Availability (U.S.) No

Pharmacologic Category Antipsychotic Agent, Atypical

Medication Safety Issues

Sound-alike/look-alike issues:

Abilify® may be confused with Ambien®

ARIPiprazole may be confused with proton pump inhibitors (dexlansoprazole, esomeprazole, lansoprazole, omeprazole, pantoprazole, RABEprazole)