

# Cangrelor

- Intravenous P2Y12 inhibitor
- Adequate platelet inhibition for PCI within 2 minutes of administration
- Return of platelet function within 1hr after discontinuation



# Cangrelor

- Access is restricted to high risk PCI with all of the following:
  - No enteral access
  - Poor candidate for epifibatide (elderly, poor renal function, low body weight)
  - Intervention planned within 24hr
- Administered as a 30mcg/kg bolus followed by 4mcg/kg/min infusion
  - Infusion continued for at least 2hr or for duration of pci, then dose reduced to 0.75mg/kg/min

# Cangrelor

- Not commonly used so may be an overlooked source of bleeding/coagulopathy
- When enteral access is available, patients will be reloaded with an oral p2y12 and cangrelor immediately discontinued on administration of clopidogrel/ticagrelor/prasugrel
- No routine lab monitors

# Cangrelor

- Also used for bridging to cardiac surgery
  - In patients whom an oral P2Y12 is inappropriate due to half life
- Dose is 0.75mcg/kg/min continuous IV infusion with no bolus