

Drug-Drug Interaction Scripts for E-mails and Conversations with PCM

Trimethoprim-Sulfamethoxazole/Warfarin Drug-Drug Interaction

A prescription for Trimethoprim/Sulfamethoxazole (Bactrim) has been received for your patient on Warfarin (Coumadin) therapy. Strongly consider an alternative antibiotic as a 50% or greater increase in INR often occurs within 48-72 hours. If Trimethoprim/Sulfa must be used warfarin monitoring and dose adjustment is required every 2-3 days until stable and then again as trimethoprim/sulfamethoxazole is discontinued. Alternatives may include: cephalexin, nitrofurantoin, clindamycin.

Metronidazole-Warfarin Drug –Drug Interaction

A prescription for Metronidazole (Flagyl) has been received for your patient on Warfarin (Coumadin) therapy. Strongly consider an alternative antibiotic as a 50% or greater increase in INR often occurs within 48-72 hours. If Metronidazole must be used warfarin monitoring and dose adjustment is required every 2-3 days until stable and then again as metronidazole is discontinued. Alternatives may include amoxicillin (bacterial vaginosis) or clindamycin.

Cimetidine-Warfarin Drug-Drug Interaction

A prescription for cimetidine has been received for your patient on warfarin (Coumadin) This interaction causes an increased INR in most patients. This interaction can be avoided by using alternative therapies such as: ranitidine, famotidine or, if needed, lansoprazole or omeprazole.

NSAID-Warfarin Drug-Drug Interaction (diclofenac, etodolac, ibuprofen, indomethacin, ketorolac, meclofenamate, nabumetone, naproxen, piroxicam, sulindac, tolmetin)

A prescription for NSAID or COXII has been received for your patient on warfarin (Coumadin) All standard NSAID's when added to warfarin therapy increased risk of bleeding through a reversible antiplatelet effect and their ability to cause GI erosions. Some NSAID's increase INR- etodolac, indomethacin, ketorolac, meclofenamate, nabumetone, piroxicam, sulindac. The safest agents for pain in patients on warfarin: acetaminophen (doses of less than 2000mg/d) or salsalate (no antiplatelet effect). COX-II agents (meloxicam, NDR - celecoxib, rofecoxib) have been associated with GI bleed (although at a lower rate than standard NSAID's) and can elevate the INR. meloxicam, (NDR - celecoxib, rofecoxib) Other less favorable alternatives: NSAID's that do not prolong the INR including diclofenac, ibuprofen, naproxen and tolmetin However they effect platelet function and cause GI erosions.

Recommended follow-up for all agents except salsalate and acetaminophen): re-educate patient regarding signs/symptoms of GI bleed and repeat INR in one week.

Enzyme Inducers and Warfarin Drug-Drug Interaction: (dicloxacillin, rifampin, barbiturates, carbamazepine, phenytoin, primidone)

A prescription for an enzyme inducer has been received for your patient on warfarin (Coumadin). This interaction increases the metabolism of warfarin and decreases INR.

Please consider alternative therapy if patient is on, dicloxacillin, and rifampin or monitor every 2-3 days during therapy and when therapy discontinued.

If patient is on ongoing stable therapy with barbiturates, carbamazepine, phenytoin, or primidone, the Anticoagulation Clinic will need to monitor frequently, usually weekly, during initiation, any dose increase, decrease or discontinuation. The patient or prescriber must notify the Anticoagulation Clinic for any change in dose or discontinuation of this drug.

Enzyme Inhibitors and Warfarin Drug-Drug Interaction (amiodarone, fenofibrate, gemfibrozil, propafenone, androgen, danazol, fluvoxamine, tamoxifen, zafirlukast)

A prescription for an enzyme inhibitor has been received for your patient on warfarin (Coumadin). This interaction reduces the metabolism of warfarin and increases INR.

Strongly consider alternative therapy if patient is on androgen, danazol, fluvoxamine, tamoxifen or zafirlukast. If patient has ongoing therapy with amiodarone, fenofibrate, gemfibrozil, INH, propafenone, the anticoagulation clinic will need to monitor every 3-7 days during initiation, dose increases, dose decreases or discontinuation until stable (amiodarone up to 4-8 weeks). . The patient or prescriber must notify the Anticoagulation Clinic for any change in dose or discontinuation of this drug.