

13. Warfarin Drug Interactions

This guide is intended as a quick reference to highlight significant interactions between warfarin and commonly prescribed medicines or complimentary medicines. It is not intended to be exhaustive or give detailed information. Prescribers should refer to the SPC or the BNF for further information.

Interacting Drug	Potential problem	Comment
Alcohol	Increases anticoagulant effect of warfarin	Fluctuations in prothrombin time in heavy drinkers or patients with liver disease.
Allopurinol	Increases anticoagulant effect of warfarin	Uncommon but unpredictable interaction – monitor INR more closely when allopurinol started.
Aminoglutethimide	Reduces anticoagulant effect of warfarin	Effect appears to be related to dose of aminoglutethimide. May need up to four times the dose of warfarin.
Amiodarone	Increases anticoagulant effect of warfarin	The onset of this interaction may be slow and may persist after amiodarone has been withdrawn.
Amitriptyline	Unpredictable increase or reduction in anticoagulant effect	Monitor INR closely. INR may be difficult to control in patients taking tricyclic antidepressants.
Anabolic Steroids (e.g. danazol, stanozolol)	Increases anticoagulant effect of warfarin	Interaction develops rapidly, possibly within 2 or 3 days.
Aspirin	Increases anticoagulant effect of warfarin	Avoid aspirin as an analgesic – use Paracetamol as a safer alternative. Low dose aspirin 75mg daily appears not to interact to any clinically relevant extent but may increase the risk of bleeding due to antiplatelet effect.
Azapropazone	Increases anticoagulant effect of warfarin	Significant risk of bleeding. Concurrent use NOT recommended.
Azathioprine	Reduces anticoagulant effect of warfarin	Warfarin dose may need to be increased when azathioprine started and reduced if azathioprine is stopped.
Barbiturates (e.g., Phenobarbital)	Reduces anticoagulant effect of warfarin	May require 30-60% increase in warfarin dose. The reduction in anticoagulant effects begins within a week, reaching a maximum after about 3 weeks and may still be evident up to 6 weeks after stopping the barbiturate.
Bezafibrate	Increases anticoagulant effect of warfarin	Bleeding is likely if the anticoagulant dose is not reduced appropriately (between one-third to one-half and then adjusted as per INR).

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Boldo	May increase anticoagulant effect of warfarin	Modest rise in INR seen in a patient taking Boldo and Fenugreek.
Carbamazepine	Reduces anticoagulant effect of warfarin	Dose of warfarin may need to be increased (up to double dose). Oxcarbamazepine does not appear to interact.
Cefaclor	Increases anticoagulant effect of warfarin	Cefuroxime, cefalexin or cefradine are safer alternatives.
Celecoxib	Increases anticoagulant effect of warfarin	Rare cases of increased INR and bleeding reported.
Cimetidine	Increases anticoagulant effect of warfarin	Unpredictable but common interaction. Use ranitidine instead.
Ciprofloxacin	May increase the anticoagulant effect of warfarin	Rare and unpredictable interaction. Monitor INR. Use alternative antibiotic if possible.
Ciprofibrate	Increases anticoagulant effect of warfarin	Bleeding is likely if the anticoagulant dose is not reduced appropriately (between one-third to one-half and then adjusted as per INR).
Clarithromycin	Increases anticoagulant effect of warfarin	Marked increase in INR has been reported. If a macrolide is required, Azithromycin is a safer alternative.
Clofibrate	Increases anticoagulant effect of warfarin	Bleeding is likely if the anticoagulant dose is not reduced appropriately (between one-third to one-half and then adjusted as per INR).
Clopidogrel	Mild bleeding can occur even though INRs remain stable and within range	Increased risk of bleeding due to antiplatelet effect. Manufacturer advises avoid concomitant use.
Colestyramine	Reduces anticoagulant effect of warfarin by preventing the absorption of warfarin.	Separating the dosages as much as possible may minimise the effects of this interaction.
Coenzyme Q10	Reduces anticoagulant effect	Monitor INR. Avoid use of products containing coenzyme Q10.
Oral contraceptives	Reduces anticoagulant effect of warfarin	Generally avoided in thromboembolic disorders.
Co-proxamol	Increases anticoagulant effect of warfarin	Uncommon and unpredictable. Use Paracetamol as a safer alternative.
Corticosteroids	Variable response	Low to moderate doses can increase or decrease the anticoagulant effect of warfarin. High doses have been reported to increase the anticoagulant effects. Monitor INR.

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Cranberry Juice	Increases anticoagulant effect of warfarin	Avoid use in patients taking warfarin.
Cytotoxics	Increases anticoagulant effect of warfarin reported with some cytotoxics	Refer patients on concurrent cytotoxic agents to secondary care for management of anticoagulation.
Danshen	Increases anticoagulant effect of warfarin	Advise patients not to use Danshen whilst taking warfarin.
Devil's Claw	Increases anticoagulant effect of warfarin	Bleeding disorders visible on the skin (purpura) have been reported.
Diclofenac	Cases of bleeding reported with concomitant use.	Unpredictable – monitor INR & adverse effects. Avoid if possible. Ibuprofen or Naproxen are less likely to interact with warfarin.
Diflunisal	Increases anticoagulant effect of warfarin	Unpredictable – monitor.
Dipyridamole	Mild bleeding sometimes occur even though INRs remain stable and within range.	Increased risk of bleeding due to antiplatelet effect.
Disulfiram	Increases anticoagulant effect of warfarin	Review concurrent use of warfarin in patients requiring Disulfiram.
Dong quai (<i>Angelica sinensis</i>)	Reports of marked increases anticoagulant effect of warfarin	Advise patients not to use Dong quai whilst taking warfarin. Increased bleeding time & bruising.
Erythromycin	Increases anticoagulant effect of warfarin	Serious but unpredictable. The elderly are at greater risk. Monitor closely.
Esomeprazole		Monitor INR if adding or stopping esomeprazole.
Fenofibrate	Increases anticoagulant effect of warfarin	Bleeding is likely if the anticoagulant dose is not reduced appropriately (between one-third to one-half and then adjusted as per INR).
Feverfew	Altered bleeding time reported	Advise patients not to use Feverfew whilst taking warfarin. Monitor INR.
Fluconazole	Increases anticoagulant effect of warfarin	Monitor and reduce warfarin dose accordingly.
Flurbiprofen	Cases of bleeding reported with concomitant use.	Unpredictable – monitor INR & adverse effects. Avoid if possible.
Flutamide	Increases anticoagulant effect of warfarin	Monitor and reduce warfarin dose as necessary.
Garlic	Case reports of increased anticoagulant effect of warfarin	Advise patients NOT to take garlic supplements. Regular ingestion of foods containing garlic should not pose a problem.

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Gemfibrozil	Increases anticoagulant effect of warfarin	Bleeding is likely if the anticoagulant dose is not reduced appropriately (between one-third to one-half and then adjusted as per INR).
Gingko Biloba	Isolated reports of increased risk of bleeding	Advise patients not to use Gingo Biloba whilst taking warfarin.
Ginseng	Reports of spontaneous bleeding in patients using Ginseng without anticoagulants	Ginseng contains antiplatelet components, so avoid use in patients taking warfarin.
Grapefruit juice	Increases anticoagulant effect of warfarin	May cause a modest rise in INR.
Glucagon	Large doses (≥ 50 mg over 2 days) increase anticoagulant effect of warfarin	Reduce dose of warfarin & monitor INR closely. Smaller doses (total of 30mg) are reported not to interact.
Glucosamine	Reports of increases in INRs	Patients on warfarin are recommended not to take Glucosamine.
Glucosamine / Chondroitin	Increased risk of bleeding	Chondroitin has anticoagulant activity and should be avoided in warfarin patients.
Griseofulvin	Reduces anticoagulant effect of warfarin	Unpredictable (effects some but not all patients) – monitor INR.
Indometacin	Indometacin inhibits platelet aggregation and so prolongs bleeding	Avoid NSAIDs in patients taking warfarin if possible. If concurrent use essential, monitor INR closely.
Influenza vaccine	Usually safe & uneventful, but small numbers of bleeding episodes reported	Evidence shows that influenza vaccination in those taking warfarin is normally safe & uneventful. Advise patient to report any unexplained bleeding.
Itraconazole	Case report of increased anticoagulant effect of warfarin	Monitor and reduce dose if necessary. Advise patients to report any unexplained bruising or bleeding.
Ketoconazole	Case reports of increased anticoagulant effect of warfarin	Monitor and reduce dose if necessary. Elderly at greater risk. Advise patients to report any unexplained bruising or bleeding.
Ketorolac (oral)	Serious risk of gastrointestinal bleeding	Oral Ketorolac is contra-indicated in patients taking warfarin.
Metronidazole	Increases anticoagulant effect of warfarin	If concurrent use cannot be avoided, reduce the warfarin dose by between one-third and one-half and monitor closely.
Miconazole	Increases anticoagulant effect of warfarin	Avoid -Potentially serious interaction. Use Nystatin instead.

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Non-Steroidal Anti-inflammatory Drugs (NSAIDs)	NSAIDs irritate stomach lining and reduce platelet aggregation	Avoid where possible. If concomitant use cannot be avoided, monitor INR and adverse events. Ibuprofen or Naproxen are less likely to interact with warfarin.
Omeprazole	Increases anticoagulant effect of warfarin	A small change in INR may be seen. Occasionally clinically significant interactions occur. Use Lansoprazole as an alternative.
Papaya	Increases anticoagulant effect of	Avoid use in patients taking warfarin. Monitor INR.
Paracetamol	Increases anticoagulant effect of warfarin when large doses are used over a	Intermittent use (<2.5g/week) unlikely to effect INR. A reduction in warfarin dose may be needed for regular paracetamol users.
Penicillins	Increases and decreases in the anticoagulant effect of warfarin have been	Uncommon and unpredictable effect. Close monitoring of INR recommended.
Phenytoin	Can increase or reduce anticoagulant effect of warfarin	Monitor INR and adjust dose of warfarin accordingly.
Piroxicam	Increases anticoagulant effect of warfarin	Avoid NSAIDs in patients taking warfarin if possible. If concurrent use essential, monitor INR closely and reduce dose of warfarin if necessary. Ibuprofen or Naproxen are less likely to interact with warfarin.
Rifampicin / Rifabutin	Markedly reduces anticoagulant effect of warfarin	Monitor closely. Reduces anticoagulant effect within 5-7 days. Warfarin dose may need to be double or trebled and reduced on stopping Rifampicin or Rifabutin.
Simvastatin	Generally small, clinically irrelevant increase in anticoagulant	Monitor initially or after dose increases of Simvastatin.
St John's Wort	Moderate reduction in the anticoagulant effects of warfarin	CSM advises stopping St John's Wort and adjusting the dose of warfarin as necessary.
Sulindac	Increases anticoagulant effect of warfarin	Uncommon and unpredictable – monitor INR. Avoid NSAIDs where possible. Ibuprofen or Naproxen less likely to interact.
Thyroid hormones	Increases anticoagulant effect of warfarin	Monitor and adjust warfarin dose as necessary. Warfarin dose may need to be changed as thyroxine doses are altered.

Vitamin K	Anticoagulant effects of warfarin are reduced or abolished	Vitamin K may be present in enteral feeds, health foods, food supplements, some green vegetables, green tea. If patients are "warfarin resistant" consider
Tamoxifen	Markedly increases anticoagulant effect of warfarin	Monitor and reduce warfarin dose as necessary – may need to reduce dose by half.

