Neuro.Wiki

Drugs that Interact with Warfarin

Drugs and foods that change the INR in patients on warfarin. Severity reflects the strength of the interaction; monitor INR closely whenever any is started or stopped.

Drugs that increase INR (↑ bleeding risk)

Category	Drugs
Severe interaction	
Antimicrobials	Sulfamethoxazole/TMP (Bactrim), Metronidazole, antifungal "-azoles" (fluconazole, voriconazole, ketoconazole, miconazole)
Other	Amiodarone, Acetaminophen (high-dose/sustained), Tamoxifen, Fluorouracil, Capecitabine
Moderate interaction	
Antimicrobials	Azithromycin, Ciprofloxacin, Moxifloxacin, Levofloxacin, Clarithromycin, Erythromycin, Doxycycline, Isoniazid
Gastric	Omeprazole, Lansoprazole, Cimetidine
Cholesterol	Fenofibrate, Gemfibrozil, Statins (esp. fluvastatin, lovastatin, simvastatin)
Nervous system	Quetiapine, SSRIs/SNRIs (paroxetine, fluoxetine, sertraline, citalopram, duloxetine, venlafaxine)
Other	Allopurinol, Levothyroxine, Fish oil (high-dose), Cranberry (large amounts)

Drugs that decrease INR (↑ clotting risk)

Category	Drugs
Severe interaction	
Nervous system	Barbiturates, Phenobarbital, Carbamazepine, Primidone, Phenytoin (chronic; early may ↑ INR), St. John's Wort
Anti-TB	Rifampin
Moderate interaction	
Antimicrobials	Dicloxacillin, Nafcillin, Griseofulvin
Gastric	Sucralfate, Cholestyramine, Colestipol
Cardiac	Bosentan
Endocrine	Estrogens / oral contraceptives, Raloxifene, Propylthiouracil, Methimazole, Spironolactone
Other	Azathioprine, Sulfasalazine, Mesalamine, Ribavirin, Vitamin K, Coenzyme Q10, Ginseng, Green tea (large amounts)

Dietary modification

Vitamin-K–rich foods (decrease INR): no need to avoid them, but be *consistent* with the daily amount to avoid INR swings — kale, spinach, Brussels sprouts, parsley, collard/mustard greens, chard, cabbage, endive, turnip greens, green tea, canola & soybean oil.
Foods that increase INR: alcohol and grapefruit — avoid, or keep to small, consistent amounts.

> **Note:** antiplatelets (aspirin, clopidogrel), DOACs, and NSAIDs raise **bleeding risk without necessarily raising the INR** — still avoid/co-manage carefully. Strongest INR-raisers act via **CYP2C9 inhibition** (plus vitamin-K / clotting-factor effects): **azoles, TMP-SMX, metronidazole, amiodarone, fluconazole**.