Pharmabase Innovations

Common Therapeutic INR Ranges

Indication	INR Range
DVT Prophylaxis after hip or knee arthroplasty or hip fracture surgery	2-3
Treatment of VTE (DVT/PE)	2-3
Atrial Fibrillation	2-3
Myocardial Infarction • Low/high risk (with aspirin) • High risk, large anterior MI (with aspirin<100mg/day) High risk: large anterior MI, significant Heart Failure, intracardiac thrombus, thromboembolism	 2-3 2-3
Antiphospholipid Syndrome • No risk factors • Frequent thromboembolic events with goal INR or additional risk factors[1]	 2-3 2.5-3.5
Valvular Heart Disease	2-3
Aortic Valve Replacement (AVR) and/or Mitral Valve Replacement (MVR)	
Bioprosthetic (tissue) Valve • Aortic Valve (AVR) • Mitral Valve (MVR)	 2-3 2-3
Mechanic Prosthetic Valve • Mitral Valve (MVR) – all mitral valves with or without risk factors for thromboembolism[1]	 2.5-3.5
Aortic Valve (AVR) • Caged ball or caged disk • Modern aortic valve in a patient with normal left atrium and in sinus rhythm • Modern aortic valve with atrial fibrillation or other risk factor(s) for thromboembolism[1]	 2.5-3.5 2-3 2.5-3.5

[1]**Thromboembolism Risk Factors:**

Atrial Fibrillation, Left atrium enlargement, Low left-ventricular ejection fraction, Age<70, Prior thromboembolism, Hypercoagulable state

Possible Drug Interactions when given with Warfarin

Drugs that can lead to an increase in INR	Drugs that may decrease INR
Amiodarone	Aprepitant
Fluconazole	Carbamazepine
Itraconazole	Cholestyramine
Ketoconazole	Cyclosporine
Voriconazole	Nafcillin
Metronidazole	Nevirapine
Trimethoprim/Sulfamethoxazole	Phenobarbital
Celecoxib	Phenytoin – chronic use may decrease INR
Disulfram	Rifabutin
Doxycycline, Tetracycline	Rifampin
Fenofibrate, Gemfibrozil	Rifaximin
Ciprofloxacin, Levofloxacin, Moxifloxacin	Ritonovir
Isoniazid	Sucralafate
Azithromycin, Clarithromycin, Erythromycin	
Phenytoin – biphasic effect, may initially increase INR	
Propafenone	
Saquinavir	
Simvastatin	

Disclaimer: This reference is not considered to be accepted as a protocol or policy, nor are intended to replace clinical judgment.

References:

Ansell J, Hirsh J, Hylek E, Jacobson A,et al. Pharmacology and Management of the Vitamin K Antagonists: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (9th Edition).

Holbrook AM, Pereira JA, Labiris R, McDonald H, Douketis JD, Crowther M, Wells PS. Systematic overview of warfarin and its drug and food interactions. Arch Intern Med. 2005 May 23;165(10):1095-106.

Disclaimer: This reference is not considered to be accepted as a protocol or policy, nor are intended to replace clinical judgment.