



Drug FAQs for Members

FREQUENTLY ASKED QUESTIONS

Warfarin (Coumadin[®]) or Dabigatran (Pradaxa[®]) How do these blood thinners compare?

I just heard about a new drug I can take instead of warfarin. What is it?

Recently, the FDA (Food and Drug Administration) approved a new blood thinner medication called dabigatran (Pradaxa[®]). Dabigatran and warfarin have many different features. One difference is that warfarin is approved for various conditions that lead to blood clots. These conditions include heart valve replacements, hip and knee joint replacements, hereditary blood clotting problems, or heart conditions like atrial fibrillation. In the United States, dabigatran is only approved for use in patients who have atrial fibrillation and at risk for having a stroke. With atrial fibrillation, part of the heart does not beat normally, and this sometimes leads to the formation of blood clots. If a clot makes its way from the heart to the brain, this can result in a stroke.

What are some advantages of dabigatran over warfarin?

- Dabigatran does not require frequent laboratory tests. Warfarin requires routine laboratory test monitoring and dosage adjustment to make sure that blood levels are not too high or too low.
- Dabigatran does not have the many serious interactions with foods and drugs that warfarin does.
- Results from one study (called the RE-LY study) showed that compared to warfarin, dabigatran may give slightly better stroke prevention, with similar chances for bleeding on either blood thinner.

What are some disadvantages of dabigatran over warfarin?

- Dabigatran is known to cause more stomach pain and/or stomach upset than warfarin.
- Dabigatran should be used cautiously in people with kidney problems, and dose adjustments are sometimes required.
- In emergencies that involve bleeding, there are currently no medications available to reverse the effects of dabigatran. In contrast, the effects of warfarin can be reversed by giving vitamin K.
- Compared to warfarin, dabigatran has been associated with a very slight increase in the incidence of heart attacks.

- Warfarin has been used effectively for blood clot prevention since the 1950's. Because warfarin has been available for such a long time, we know a lot about this medication and have a lot of experience using it. Dabigatran is new, and our knowledge and experience with its use is very limited. More information about its effectiveness, ease of use, and potential side effects will take some time to learn.

What are the side effects of dabigatran? Are they similar to warfarin?

- Dabigatran and warfarin can both cause bleeding or bruising as an unwanted side effect. This occurs because both medications prevent clots by thinning the blood.
- Dabigatran may also commonly cause indigestion, upset stomach or burning, and stomach pain.
- Both dabigatran and warfarin must be taken as directed by your doctor without missing doses to minimize stroke and bleeding risks.

Do I have to watch my medications and diet with dabigatran?

- We are aware of many drug and food interactions with warfarin. The only known serious drug interaction with dabigatran is with rifampin and they should not be taken together.
- Dabigatran can be taken with or without food.

Is dabigatran available at Kaiser Permanente?

- Dabigatran is available at our pharmacies, but it comes with a brand co-pay because it is a brand-only, non-formulary drug.
- Because warfarin is a generic, it is available with a lower generic co-pay.
- Overall costs for dabigatran compared to warfarin will vary and can be discussed individually.

I have atrial fibrillation. How do I know which medication is best for me? Whom should I talk to if I want to take dabigatran?

Talk to your health care professional to help decide. There are many factors to consider when determining if warfarin or dabigatran is the best choice for you – stroke risk, bleeding risks, kidney function, personal and family factors, and financial considerations are just a few. Each person should be evaluated individually to decide which blood thinner is best for them. Some people with atrial fibrillation do not need to take a blood thinner at all. Others may only need to take aspirin, while those with high enough stroke risk should take either warfarin or dabigatran. Kaiser Permanente health care professionals generally agree that people who are stable and well controlled on warfarin should continue with warfarin therapy.