

# Drug-drug interactions between dicloxacillin/flucloxacillin and DOACs

**First published:** 16/11/2020

**Last updated:** 23/04/2024

Study

Planned

## Administrative details

### EU PAS number

EUPAS38060

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### Study ID

38061


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### DARWIN EU® study

No

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### Study countries

 Denmark

 Netherlands

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### Study description

Direct oral anticoagulants (DOACs) are a group of anticoagulants that include dabigatran, rivaroxaban, apixaban, and edoxaban. They are used to reduce the

risk of stroke and systemic embolism (SE) in patients with non-valvular atrial fibrillation (NVAf) and as prophylaxis against deep vein thrombosis (DVT) and pulmonary embolism (PE). They were developed as alternatives to vitamin-K antagonists (VKA) such as warfarin, and studies have shown that they are just as safe and effective in prevention of stroke in patients with NVAf. DOACs are more convenient than warfarin due to wider therapeutic range meaning that routine blood tests are not required. Previous studies have investigated co-administration of dicloxacillin and warfarin, which leads to higher risk of strokes and SE. Whether or not a similar association between DOACs and dicloxacillin/flucloxacillin exists, has never been assessed. With this cohort study we aim to investigate if co-administration of dicloxacillin/flucloxacillin leads to increased risk of strokes or SE in patients using DOACs.

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## Study status

Planned

## Research institutions and networks

### Institutions

#### University of Southern Denmark (SDU)

 Denmark


**First published:** 01/02/2024

**Last updated:** 27/03/2024

**Institution**

**Educational Institution**

## Division of Pharmacoepidemiology & Clinical Pharmacology (PECP), Utrecht Institute for Pharmaceutical Sciences (UIPS), Utrecht University

 Netherlands

**First published:** 01/03/2010


**Last updated:** 23/05/2024

**Institution**

**Educational Institution**

**ENCePP partner**

## Pharmacoepi center, University of Southern Denmark

 Denmark

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**Last updated:** 27/07/2023

**Institution**

**Educational Institution**

**ENCePP partner**

## Contact details

### Study institution contact

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**Study contact**

[apottegaard@health.sdu.dk](mailto:apottegaard@health.sdu.dk)

### Primary lead investigator

Anton Pottegård

Primary lead investigator

## Study timelines

### **Date when funding contract was signed**

Planned: 13/11/2020

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### **Study start date**

Planned: 01/01/2021

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### **Date of final study report**

Planned: 02/08/2021

## Sources of funding

- Other

## More details on funding

None

## Study protocol

[Protocol-EU-PAS.pdf](#) (717.17 KB)

## Regulatory

## Was the study required by a regulatory body?

No

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## Is the study required by a Risk Management Plan (RMP)?

Not applicable

## Methodological aspects

### Study type

### Study type list

#### **Study type:**

Non-interventional study

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#### **Scope of the study:**

Assessment of risk minimisation measure implementation or effectiveness

#### **Main study objective:**

To investigate if co-administration of dicloxacillin/flucloxacillin leads to increased risk of strokes or systemic embolism in patients using DOACs

## Study Design

### **Non-interventional study design**

Cohort

## Study drug and medical condition

## **Anatomical Therapeutic Chemical (ATC) code**

(B01AE07) dabigatran etexilate

dabigatran etexilate

(B01AF01) rivaroxaban

rivaroxaban

(B01AF02) apixaban

apixaban

(B01AF03) edoxaban

edoxaban

(J01CE02) phenoxymethylpenicillin

phenoxymethylpenicillin

(J01CF01) dicloxacillin

dicloxacillin

(J01CF05) flucloxacillin

flucloxacillin

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## **Medical condition to be studied**

Ischaemic stroke

Embolism arterial

## **Population studied**

### **Age groups**

- Adults (18 to < 46 years)
  - Adults (46 to < 65 years)
  - Adults (65 to < 75 years)
  - Adults (75 to < 85 years)
  - Adults (85 years and over)
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## **Special population of interest**

Hepatic impaired

Immunocompromised

Pregnant women

Renal impaired

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## **Estimated number of subjects**

200000

# Study design details

## **Outcomes**

To estimate the hazard ratios (HR) for the four DOACs (dabigatran, rivaroxaban, apixaban, edoxaban) with a 95% CI comparing the group treated with dicloxacillin/flucloxacillin vs. group treated with phenoxymethylpenicillin, and vs. no treatment with antibiotics. - To calculate number needed to treat for one additional patient to be harmed (NNTH) - Performing subgroup analysis (age, sex, or intake of dicloxacillin or flucloxacillin) - Extend follow-up period from 5-20 days to 5-30 days - Analyze if indication for DOAC treatment had any influence - Subgroup analysis excluding specific patient groups

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## **Data analysis plan**

Risks, hazard ratio using Cox regression, odds ratio using conditional logistic regression

## Data management

## ENCePP Seal

The use of the ENCePP Seal has been discontinued since February 2025. The ENCePP Seal fields are retained in the display mode for transparency but are no longer maintained.

## Data sources

### Data source(s)

Danish registries (access/analysis)

PHARMO Data Network

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### Data source(s), other

Danish Registries (access/analysis), PHARMO Data Network

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### Data sources (types)

[Administrative healthcare records \(e.g., claims\)](#)

[Drug dispensing/prescription data](#)

## Use of a Common Data Model (CDM)

### CDM mapping

No

## Data quality specifications

### Check conformance

Unknown

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**Check completeness**

Unknown

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**Check stability**

Unknown

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**Check logical consistency**

Unknown

## Data characterisation

**Data characterisation conducted**

No