

## Question

Can patients with nonvalvular atrial fibrillation receiving anticoagulation treatment with FombuCyn® (cynthaxaban) also take Fionnogrel?

## Medical Information Answer

Thank you for your question “Can patients with nonvalvular atrial fibrillation receiving anticoagulation treatment with FombuCyn® (cynthaxaban) also take Fionnogrel?”

Cynthaxaban is contraindicated in patients also taking Cytochrome P450 3A4 (CYP3A4) inducing or inhibiting agents. Although Fionnogrel does not fall into this category of drugs, we have limited safety data with this drug combination.<sup>1</sup>

In the phase-4 clinical trials for Cynthaxaban, patients taking Frankugrel and Josegrel were excluded from trial participation. Furthermore, less than 5% of patients taking Fionnogrel were included in the study. As such, we have inadequate safety and efficacy information with this drug combination.<sup>2</sup>

A systematic review recently published in the New England Journal of Medicine by Gregory et.al, showed that co-administration of cynthaxaban and fionnogrel resulted in increased bleeding time to 45 minutes in about 20 to 30% of patients. This amounted to roughly one and half times the maximum increase seen with either drug alone. The pharmacokinetics of neither drug was changed.<sup>3</sup>

You are advised as always to use your best clinical judgment in your decision making.

## References

1. ABC Pharma. FombuCyn® (cynthaxaban) [package insert]. U.S. Food and Drug Administration. Website.[https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2023/123456Orig1s006lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/123456Orig1s006lbl.pdf)  
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2. Emmanuel D, Kenneth N, Joseph M, et al. Cynthaxaban versus Sarfarin in Non-Valvular Atrial Fibrillation. The STEP 4 Randomized Clinical Trial. *JAMA*. 2021;444(14):1234-4567. doi:10.1001/jama.2021.9999
3. Gregory CN, Solange RD, et al. Cynthaxaban Plus Mono Versus Dual Antiplatelet Therapy in Acute Coronary Syndromes: A Systematic Review. *J Am Coll Cardiol*. 2021;66(7):899-930. Doi: 10.2222/jjacc.2021.06.111