the PDIs had a pharmacokinetic mechanism. The most frequent enzymatic systems involved in those interactions were: CYP3A4 (71.8%), CYP2C19 (10.8%), CYP2D6 (7.6%) and CYP1A2 (2.8%). The type of PDIs with higher severity and risk ratings were decrease in OAA absorption (80.0% major severity and 41.3% X risk) and induction of concurrent medication metabolism (87.1% major severity and 29.0% X risk) (p<0.001). The induction of concurrent medication metabolism was the PDI with the higher reliability (73.3% good reliability) (p<0.001).

Conclusion and relevance Half of the patients treated with targeted OAs presented at least one PDI with concurrent medicines. More than half of PDIs had high risk and severity ratings, and their main mechanism was pharmacokinetic. Therefore, PDIs have an important impact on the management of patients treated with OAs.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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